

**HSD All Staff Message: Behavioral Health Staffing Update**

**William Walker** to: William Walker

Bcc: Warren Hayes

12/20/2013 05:11 PM

I wanted to let you know of a staffing change in our Behavioral Health Division.

Steven Grolnic-McClurg left his position with us as Director of Mental Health Services on December 13 to join the City of Berkeley as their Manager of Mental Health Services. We wish him well in his new position.

As you know, the Behavioral Health Division has been working hard over the past two years to create an integrated system that provides improved care for community residents with complex behavioral health needs. The focus has been on breaking down silos between the systems of care and maximizing resources while designing an infrastructure to support these integration efforts. This included combining our Mental Health, Homeless and Alcohol and Other Drugs services. These efforts are closely aligned with those occurring at the state level and in similar communities regarding the development of behavioral health services.

In order to better conform to statute and regulation and current California practice, I am recommending that Cynthia Belon, L.C.S.W. be appointed to Acting Mental Health Director as part of her duties as Behavioral Health Director. I presented this to the Mental Health Commission on Thursday and will be bringing the formal request for her permanent appointment to the Board of Supervisors in January.

I am working with Cynthia and our Personnel Officer to identify an appropriate administrative structure that better reflects our integration efforts, which will likely include the creation of the Deputy Director for Behavioral Health. This position will have oversight for many of the day-to-day operations, particularly in the mental health programs.

Please feel free to contact me with any questions.

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12/19/13

Report to MH Commission:

Per my prior email to you, this is to provide you with another update regarding the closure of Mental Health Consumer Concerns (MHCC) and the plan for delivery of services during the transition period.

**Mental Health Wellness and Recovery Centers Transition Plan**

MHCC created a Steering Committee composed of consumers from the three Wellness Centers, staff, and the Board of Directors. Behavioral Health staff Vic Montoya, Adult Mental Health Program Chief, and Susan Medlin, Office for Consumer Empowerment Coordinator, met with the MHCC Steering Committee to discuss a transition plan for delivery of services that will provide continuity of care for consumers in all three regions of the County.

For the period beginning January 1, 2014, until such time as a new contract is in place, Behavioral Health/Mental Health will be offering similar services as have been provided at the MHCC Wellness Centers, at the Adult Mental Health clinics in all three regions of the County. These services will be provided weekdays, and will include a Continental breakfast and lunch. Transportation to the Centers will be available by providing bus tickets and/or rides to the three locations. We have submitted a request for approval to hire temporary staff, with the goal of hiring MHCC staff to assist in providing these services at our sites during the transition. An example of the activities to be provided is attached.

**Future Mental Health Wellness and Recovery Center Services**

In October 2013, the Behavioral Health Division issued a Request for Proposals from qualified community-based providers to develop and operate three distinct Mental Health Recovery Centers in the East, West and Central regions of Contra Costa County. Applicants responded to a Request for Proposals (RFP) by providing a work plan narrative, budget and budget justification, and description of their qualifications. It is our intent to use Mental Health Services Act and Realignment dollars to fund the operation of the Mental Health Recovery Centers, with the approval of the Board of Supervisors. The initial contract period for these funds will be up to 18-months. The total amount available for the contract is \$1,312,500 for the initial 18-month contract and up to \$875,000 for subsequent contract years.

Six proposals were received in response to the RFP. A representative review team of subject matter experts including a consumer and family member discussed and scored each proposal based on the criteria established in the RFP. Based upon the review team's recommendation, the Behavioral Health Services Division will be entering into contract negotiations with Recovery Innovations.

Recovery Innovations is a primarily peer-run community-based organization that operates programs in five States and in New Zealand. They have programs located in California within the Counties of Alameda, San Diego, Ventura, Kern and Riverside.

Vic Montoya has spoken with the landlords for each existing Center, all of whom have expressed interest in continuing to lease their properties to the new provider. Recovery Innovations has already received a draft contract from one landlord; a draft contract for the second site is coming via USPS and they are talking with the third landlord today.

Behavioral Health is currently working with the proposed Contractor to finalize the budget and will be entering the contract request into the system by end of week.

**Patients' Rights Advocacy Transition Plan**

Patients' rights advocacy is a State-mandated service. It is our intent to hire patients' rights advocates employed by MHCC to provide these services on our behalf during the transition.

**Future Patients' Rights Advocacy Services**

The Mental Health Association of Alameda County has been selected to provide patients' rights services in our County, and the contract is in process, to be effective January 7, 2014. This contract will be funded with the same total payment limit of \$255,620 that funded the contract with MHCC (Realignment) with the approval of the Board of Supervisors. The initial contract period for these funds will be up to 12-months. The contract request for these services has already been entered into the system.

We anticipate a smooth transition with no disruption in service delivery.

## Agency Profile.

Founded by Eugene Johnson in 1990 as META Services, an Arizona non-profit corporation, Recovery Innovations developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges growing throughout 1990's to become the crisis system for the Phoenix metropolitan area. In 1999, Recovery Innovations began pioneering an innovative initiative: the creation of the new discipline of Peer Support Specialist. Now, 13 years later, this experience has transformed the Recovery Innovations workforce to one in which Peer Support Specialists and professionals work together on integrated teams to deliver recovery-based services. The Recovery Innovations experiences had a global impact on the mental health field serving as a demonstration that recovery from mental illness and/or addiction is possible. For additional information on Recovery Innovations' transformation see Ashcraft and Anthony (p.12-21).<sup>3</sup> Based on this transformation experience, Recovery Innovations operates recovery-based mental health services in 21 communities in five states and New Zealand and has provided recovery training and transformation consultation in 27 states and five countries abroad.

In 2000, Recovery Innovations began a strategic recovery transformation of its service delivery system with several key components:

A new mission statement making recovery the central purpose of the organization.

Creating a governance structure with persons in recovery and family members on the Board of Directors.

Converting traditional treatment services, like day treatment, to recovery education by creating a licensed post-secondary educational institution, the Recovery Education Center.

Implementing a trauma informed "no-force-first" practice in all our services by the elimination of restraint and seclusion and coercive practices.

Developing self-help and self-management skill training. For example, over 300 Wellness Recovery Action Plan (WRAP) and Wellness and Empowerment in Life and Living (WELL) classes a month are provided by Recovery Innovations of Arizona.

Developing peer support services and employing over 400 Peer Support Specialists in complimentary roles in all services.

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<sup>3</sup> Ashcraft Lori, Anthony Bill, "The Story of Transformation: An Agency Fully Embraces Recovery", Behavioral Health Care Tomorrow (April, 2005).

Recreating existing programs and developing new programs aligned with recovery values. Some examples include:

The peer operated “Living Room” program as an innovative crisis alternative where people can stay overnight as a guest in a safe comfortable setting and hear the message of hope and recovery from a peer who has been there. Today, the “Living Room” program is imbedded in our six crisis Recovery Response Centers that serve as the front door to mental health and addiction services with an integrated team of peers and professionals using the principles of “no-force-first” that have eliminated seclusion and restraint rooms in all our centers.

A peer operated supported housing program for people with serious mental illness and for homeless individuals with substance use and co-occurring disorders that resulted in 72% of program participants achieving the goal of “housing self-sufficiency” within an average of one year.

In the Peer Advocacy Services program, Peer Support Specialists work on all the units of the 180 bed Maricopa County psychiatric inpatient hospital. A SAMHSA/NIDDR funded research project, a random clinical trial of peer support with an involuntary treatment population, has been completed with our research partner, Boston University Center for Psychiatric Rehabilitation.

Our Peer Recovery Team (PRT) program that since 2004 has served as a recovery alternative to case management services for people with serious mental illness that uses peer Recovery Coaches working in complimentary roles in case management clinics to put the person in charge of their service plan. Today our PRT provides services in Phoenix, Tacoma, Wenatchee WA, and San Diego CA.

The Recovery Innovations service delivery model developed over the last ten years has recovery outcomes demonstrated through program evaluation studies conducted by the Center for Psychiatric Rehabilitation Boston University. The studies found a host of positive changes in quality of life, symptoms, substance use, housing independence, interpersonal relationships, and employment<sup>4</sup>.

During FY14, Recovery Innovations holds a total of 28 contracts in seven states and New Zealand including contracts with five counties in California. In addition, Recovery Opportunity Center continues to have multiple contracts for training and consultation throughout the US and in England, Scotland, and New Zealand.

Funder	Location	Type of Service	Effective Date	Annual \$
<b>Arizona</b>				
Magellan	Maricopa County, AZ	Crisis; RRC. Recovery Ed. Peer Support. Housing	1990	\$14,605,155
HUD, DES, ADHS	Maricopa County, AZ	Supported Housing, Training	Multiple	\$1,325,718

<sup>4</sup> Rogers, Sally, “META Services, Inc. Program Evaluation Results.” Center for Psychiatric Rehabilitation Boston University, July 2006.

Funder	Location	Type of Service	Effective Date	Annual \$
<b>California</b>				
San Diego County	San Diego, CA	Peer Support, Recovery Education	2006, Multiple	\$1,374,995
Ventura County	Oxnard, CA	Peer Support, Recovery Education	2008	\$1,319,927
Alameda County	Oakland, CA	Recovery Coaching, Recovery Education	2010	\$1,362,242
Kern County	Bakersfield, CA	Crisis; Living Room	2010	\$1,666,047
Riverside County	Riverside, CA	Peer Support, Recovery Education, Safe Havens	2007, Multiple	\$2,311,937
<b>Delaware</b>				
Wellness City	Wilmington, DE	Wellness City; Supported Housing	2012	\$3,319,205
Recovery Response Center	Ellendale DE	Crisis; Recovery Response Center	2012	\$2,910,000
Restart	Statewide	TCM and Respite	2012	\$2,480,000
Community Bldg	Statewide	Supported Housing	2013	\$2,370,252
<b>North Carolina</b>				
Durham Center	Durham, NC	Wellness City; Peer Support, Recovery Education	2009	\$488,749
Five County	Henderson, NC	Crisis; RRC	2009	\$2,369,274
East Carolina BH	New Bern and Greenville, NC	Wellness City; Peer Support, Recovery Education	2009	\$1,236,670
<b>Texas</b>				
Recovery Response Center	Houston, TX	Crisis; RRC	Jan 2014	
<b>Washington</b>				
Optum Health	Pierce Co, WA	Crisis; Recovery Response Center, Supported Housing	2009, Multiple	\$6,123,762
Chelan Douglas RSN	Wenatchee, WA	Wellness City; Crisis, outpatient.	2010, Multiple	\$3,528,000
<b>New Zealand</b>				
Counties Manukau	Auckland, NZ	Peer Support, Recovery Ed	2010	\$500,000

### Recovery Innovations Employees.

Recovery Innovations has one of the largest peer workforces in the world with 55% of its total workforce, 429 individuals employed as Peer Support Specialists working in dedicated peer support roles in clinics, communities, and in peer-run programs. In direct service programs, our peer support employees comprise 61% of our total staff.

Recovery Innovations has a rich history of starting new peer-run non-profit organizations and supporting them until they become free-standing as their own 501.c.3 corporations. In Phoenix, Survivors Educating Loving Friends and Families, Inc. (SELFF) was organized by Recovery Innovations in 1994 and after one year spun off as its own free-standing corporation. SELFF still operates today. Consumers in Action, Inc. (CIA) was organized in 1999 as a peer advocacy organization and today provides peer led recovery services in north Phoenix under the DBA "Visions of Hope." In 2001, Gene Johnson partnered with Mary Ellen Copeland to create the Copeland Center for Wellness and Recovery. Recovery Innovations hosted and served as the fiscal agent for the Copeland Center for two years until it was incorporated by Mary Ellen and Ed Anthes in Vermont in 2003 as a free standing non-profit corporation.

Recovery Innovations also has extensive experience transitioning peer run centers and organizations. In 2006, two peer centers in North Carolina, Oasis in New Bern and Hope Station in Greenville, operated by the Local Management Entity with County funding, were transferred to Recovery Innovations. Both Centers were first created with the consultation of well-known peer trainer and consultant, Sheri Meade, and directed by Steven Pocklington who later became the first CEO hired by Recovery Innovations for the Copeland Center. In Durham, NC, in 2007, a local peer organization operating a drop-in center, the Empowerment Center, was transitioned to Recovery Innovations under contract with the Durham Center, the Local Management Entity. These three NC centers continue today to be operated by Recovery Innovations as *Wellness Cities*. In 2007, Recovery Innovations began providing the administrative support for the peer-run organization, Jefferson Transitional Programs in Riverside County, CA. Although JTP provided important peer services throughout Riverside including three peer centers and two Safe Havens, it was experiencing serious financial and human resource management breakdown, on the verge of having its contracts with the County cancelled. Under the guidance and infrastructure provided by Recovery Innovations, JTP's credibility was restored and last year the JTP non-profit corporation was transferred to Recovery Innovations with approval from the CA Secretary of State and operates today as Recovery Innovations Riverside with a bright future of expanding peer services.

Besides extensive experience implementing new programs and services in multiple locations in CA and the U.S., Recovery Innovations also has rapidly and successfully transitioned major systems of care incorporating its recovery practices and peer support into mainstream mental health services. In North Carolina in 2001, the Local Management Entity in Jacksonville, NC

was given thirty day termination notice by its crisis provider. Within 30 days, this critical community service would terminate. Recovery Innovations was contacted and agreed to step in. A successful seamless transition was completed for the crisis phones, mobile crisis and facility-based services including the renovation and licensing of the 16-bed facility. Half of the staff employed and trained were new Peer Support Specialists. In Wenatchee, WA, in 2000, the adult mental health system for Medicaid recipients serving a two county region in central Washington, including crisis services, facility-based crisis, and adult outpatient services was transitioned from a local Federally Qualified Health Center to Recovery Innovations within a 45 day period. A peer staffed Living Room was licensed and a *Wellness City* created as the framework to deliver outpatient services.

Change can be difficult. We understand this and will be sensitive to the opinions and needs of those currently receiving services in the existing Contra Costa recovery centers as well as the staff, family/friends and other stakeholders. We propose the following dates and activities to transition the existing recovery centers to Recovery Innovations. While we have proposed to begin services in January as required by the RFP, we are prepared to get started sooner should that be desired or needed.

December 2013. Upon award of contract, Recovery Innovations will immediately be on the ground in Contra Costa County to partner with CCBH and MHCC to develop and execute a transition plan. On a rapid timeline Recovery Innovations will interview and offer existing staff of the MHCC Recovery Centers the opportunity to be considered for employment by Recovery Innovations. Their experience, knowledge, and commitment will be an important asset in completing a smooth transition. Additional recruiting of peer leaders and peer employees may be initiated as required. Employment offers would be made no later than December 20, 2013 to assure a smooth staff and program transition.

January 1 – January 10, 2014. Open House events will be scheduled daily at staggered times between the three centers. These Open Houses will include an introduction to the Recovery Innovations vision and plan and will introduce the new and/or transitioned staff to the current participants and community. Information will be presented in a casual format and open to all who wish to attend. The welcoming nature of these meetings would provide everyone a chance to get to know each other. During these meetings there will be time set aside for the participants and the community to ask questions, present comments and concerns. Anyone interested will be invited to participate in the weekly collaborative transition team meeting to offer their wisdom, wants and possibilities for the new centers.

During the first two weeks of Recovery Innovations providing services, we will mirror much of the existing services so that continuity of services will exist for citizens as we all get to know one another.

January 13 – February 7, 2014. Weekly Collaborative Transition Team meetings will be held every week at an agreed on time and place. These meetings will allow for open involvement by any interested citizens in the possibility finding new locations to meet the need of the growing Wellness Cities. The meetings will provide mutual learning and sharing opportunities for both Recovery Innovations, citizens, citizen supporter and stakeholder to broaden and deepen each other's knowledge and beliefs around what is ideal services and programming for the highest good of all who participate. Input and participation of CCBH will be welcomed.



The three Wellness Cities (Recovery Centers) will be open half days for these four weeks of service so that the Recovery Innovations staff can fully participate in training: the New Employee Celebration, Recovery Innovations Peer Employment Training and Recovery Coaching Training. In order to build a strong recovery team time and attention must be given to ensure everyone is highly skilled and competent in their roles and responsibilities. This time will also give the team a chance to do team building exercises so all three Wellness Cities can begin working together as one overall team. The Collaborative Transition Team will help decide how best to keep citizens needs met while the team attends the above training.

The services delivered during this period would be more fluid and reflect some of the Wellness City concepts with the contribution of the Collaborative Transition Team.

February 10 – June 2014 (3-4 months). The Collaborative Transition Team along with Recovery Innovations real-estate representative will actively explore possible new Wellness City locations and opportunities. It is hoped that new locations/facilities will be identified with the capacity to serve more citizens while improving safety, accessibility, and a healing environment.

Services delivered will be fully defined and expanded based on all the input and collaboration between the three centers and key stakeholders.



### Assumptions

- MHSa component funding allocations will adhere to statutory and regulatory requirements
- County personnel costs are budgeted at actual costs for filled positions, top range salary for vacant positions, and are inclusive of direct and indirect support costs.
- MHSa Fund receipts reflect the three year average of state estimates for each of the three years.
- Listed budget amounts reflect a full twelve month annualized amount, and are the same for FY 14-15, 15-16 and 16-17.
- Inflationary impact and program/plan element changes will be reflected in subsequent yearly Plan Updates.

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Workforce Education and Training (WET)	445,339	21
Innovation (INN)	946,187	22
*Capital Facilities and Technology (CF/TN)	<u>600,000</u>	23
	<b>Total 40,497,775</b>	
MHSa Fund Ledger		24

\*One time only costs for construction of the assessment and recovery center and electronic medical record system are not included.

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### Community Services and Supports

• Full Service Partnerships (FSP)		13,292,373
– Children	2,887,332	
– Transition Age Youth	2,779,927	
– Adults	4,835,514	
– Older Adults	2,789,600	
• Crisis Residential Center		2,017,019
• Assessment and Recovery Centers		3,625,000
• Housing Services		4,838,469
• System Development		4,700,000
• Administrative Support		<u>1,900,000</u>
	<b>Total CSS</b>	<b>30,372,861</b>

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### FSP Children

<u>County Positions</u>	<u>#</u>	<u>Plan Element</u>	<u>Budget</u>
- Psychiatric	1	Assessment Team	
- Program Manager	1	Assessment Team	
- Clinical Specialist	1	Assessment Team	
- MH Specialist	2	Assessment Team	
- Community Support Worker	3	Parent Partner	
<b>Total Salaries and Benefits</b>			<b>800,000</b>
<u>Contracts</u>		<u>Program</u>	
- Seneca Family (START)		FSP Personal Svcs Coord	562,915
- Lincoln Center		Multi-discipline Family Therapy	874,417
- CDF		Multi-systemic Therapy	650,000
<b>Total Operating Expenses</b>			<b>2,087,332</b>
<b>Children's Services Total</b>			<b>2,887,332</b>

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### FSP Transition Age Youth

<u>County Positions</u>	<u>#</u>	<u>Plan Element</u>	<u>Budget</u>
<b>Total Salaries and Benefits</b>			<b>0</b>
<u>Contracts</u>		<u>Program</u>	
- Fred Finch		FSP West	1,400,643
- Youth Homes		FSP East	665,000
- Contractor TBD		FSP Central	314,285
<b>Total Operating Expenses</b>			<b>2,779,927</b>
<b>Transitional Age Youth Total</b>			<b>2,779,927</b>

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### FSP Adult

<u>County Positions</u>	<u>#</u>	<u>Plan Element</u>	<u>Budget</u>
- Program Supervisor	2	FSP Support	
- Cprk	1	FSP Support	
- Clinical Specialist	3	FSP Support	
- Clinical Specialist	3	FSP Liaison	
- Clinical Specialist	4	Rapid Access	
- Registered Nurse	1	Rapid Access	
- Family Nurse Practitioner	1	Wellness Nurses	
<b>Total Salaries and Benefits</b>			<b>1,900,000</b>
<u>Contracts</u>		<u>Program</u>	
- Family Unites		FSP West	101,006
- Rubicon Programs - Bridges to Home		FSP West/Central	928,813
- Arka - Bridges to Home		FSP Central/West	768,590
- CHAA - Bridges to Home		FSP Central/West	123,422
- Home Center		FSP East	907,683
<b>Total Operating Expenses</b>			<b>2,935,514</b>
<b>Adult Services Total</b>			<b>4,835,514</b>

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### FSP Older Adult

County Positions	#	Plan Elements	Budget
- Program Manager	1	Intensive Case Management	
- Program Supervisor	1	Intensive Case Management	
- Clerk	2	Intensive Case Management	
- Psychiatric	3	Intensive Case Management	
- Clinical Specialist	6	Intensive Case Management	
- Clinical Specialist	3	IMPACT	
- Community Support Worker	3	Intensive Case Management	
- Registered Nurse	3	Intensive Case Management	
<b>Total Salaries and Benefits</b>			<b>2,200,000</b>
<b>Contracts</b>			
<u>Program</u>			
- Contract Psychiatrist	3	Intensive Case Management	589,600
<b>Total Operating Costs</b>			<b>589,600</b>
<b>Older Adult Services Total</b>			<b>2,789,600</b>

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### Crisis Residential Center

County Positions	#	Plan Element	Budget
<b>Total Salaries and Benefits</b>			<b>0</b>
<b>Contracts</b>			
<u>Program</u>			
- Telecare		Crisis Residential Center	2,017,019
<b>Total Operating Costs</b>			<b>2,017,019</b>
<b>Crisis Residential Center Total</b>			<b>2,017,019</b>

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### Assessment and Recovery Centers

County Positions	#	Program	Budget
- To Be Determined	ARC		
<b>Total Salaries and Benefits</b>			<b>2,750,000</b>
<b>Contracts</b>			
<u>Program</u>			
- Recovery Innovations		Recovery Centers	875,000
<b>Total Operating Costs</b>			<b>875,000</b>
<b>Assessment and Recovery Center Total</b>			<b>3,625,000</b>

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### Housing Services

County Positions	#	Plan Elements	Budget
- Residential Services Coordinator	1	Transition Team	
- Clinical Specialist	2	Transition Team	
- MH Specialist	1	Transition Team	
<b>Total Salaries and Benefits</b>			<b>400,000</b>
Contracts		Programs	
- Shelter, Inc		Supported Housing	1,693,666
- Williams		Augmented Board & Care	28,702
- Gods Grace		Augmented Board & Care	31,416
- Debras		Augmented Board & Care	4,950
- Oak Hill		Augmented Board & Care	31,120
- Woodhaven		Augmented Board & Care	33,500
- Crestwood		Augmented Board & Care	413,653
- Modesto Residential		Augmented Board & Care	110,000
- United Family Care		Augmented Board & Care	271,500
- Bonita House		Supported Housing	300,000
<b>Total Operating Costs</b>			<b>2,766,469</b>
Intra-County Transfer		Program	
- Homeless Division		Shelter Beds	1,672,000
<b>Housing Services Total</b>			<b>4,838,469</b>

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### System Development - 1

County Positions	#	Plan Element	Budget
- Financial Services Supervisor	1	Medi-Cal/SSA Planning	
- Financial Services Specialist	1	Medi-Cal/SSA Planning	
- Clinical Specialist	3	Waves Management	
- MH Program Manager	1	Children's Wraparound	
- Medical Records Technician	1	Children's Wraparound	
- MH Specialist	4	Children's Wraparound	
- Community Support Worker	12	Children's Wraparound	
- Clinical Specialist	3	Evidence Based Practices	
- Clinical Specialist	3	Adult Probation	
- Community Support Worker	1	Psychiatric Emergency Services	
- Community Support Worker	3	Transportation Support	
- Clerk	4	Administrative Support	
- Clinical Specialist	2	Quality Assurance	
- Clinical Specialist	2	Utilization Review	
- Pharmacist	1	Medical Monitoring	
<b>Total Salaries and Benefits</b>			<b>4,400,000</b>

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### System Development - 2

		Budget
<b>Contracts</b>	<b>Program</b>	<b>Total Operating Costs</b>
		<b>0</b>
<b>Intra-County Transfer</b>	<b>Program</b>	
- CCWH Staff	Insurance & Transition Team	300,000
<b>System Development Total</b>		<b>4,700,000</b>

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### Administrative Support

County Positions	#	Plan Element	Budget
- Clerical Supervisor	1	Administrative Support	
- Clerk	5	Administrative Support	
- Administrative Analyst	2	Administrative Support	
- Accountant	1	Administrative Support	
- Planner/Evaluator	2	Administrative Support	
- Clinical Coordinator	2	Administrative Support	
- AHS Project Manager	2	Administrative Support	
- Program Chief	2	Administrative Support	
- MISA Manager	1	Administrative Support	
- Family Service Coordinator	1	Administrative Support	
- Nursing Program Manager	1	Administrative Support	
- Utilization Review Coordinator	1	Administrative Support	
		<b>Total Salaries and Benefits</b>	<b>1,800,000</b>
		<b>Program</b>	
		Community Planning	100,000
		<b>Total Operating Costs</b>	<b>100,000</b>
		<b>Administrative Support Total</b>	<b>1,900,000</b>

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### Prevention and Early Intervention

• Prevention	6,447,781
• Early Intervention – Project First Hope	<u>1,685,607</u>
<b>Total PEI</b>	<b>8,133,388</b>

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### Prevention - 1

County Positions	#	Plan Elements	Budget
- Program Supervisor	1	PEI Admin Support	
- Planner/Evaluator	2	PEI Admin Support	
- Mental Health Project Manager	1	PEI Admin Support	
- Clinical Specialist	5	Families in Juvenile Justice System	
- Clinical Specialist	1	Supporting Older Adults	
- Clinical Specialist	1	Suicide Prevention	
- Clinical Specialist	2	Primary Care Salons	
- Community Support Worker	8	Office of Consumer Empowerment	
- Coordinator - OCE	1	Office of Consumer Empowerment	
		<b>Total Salaries and Benefits</b>	<b>2,400,000</b>

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### Innovation

County Positions	#	Plan Element	Budget
- Mental Health Project Manager	1	MHN Administrative Support	
- Clinical Specialist	1	Perinatal Depression	
- Public Health Nurse	1	Perinatal Depression	
- Community Health Worker	1	Perinatal Depression	
- Clinical Specialist	1	Trauma Groups	
- Community Support Worker	1	Wellness Coaches	
<b>Total Salaries and Benefits</b>			<b>400,000</b>
<b>Contracts</b>			
<b>Program</b>			
- Rainbow Community Center		LGBTQ Youth Support	420,187
- Community Violence Solutions		Reluctant to Rescue	126,000
<b>Total Operating Costs</b>			<b>546,187</b>
<b>Innovation Total</b>			<b>946,187</b>

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### Capital Facilities and Technology

County Positions	#	Plan Element	Budget
- Clerk	2	Data Administrative Support	
- Administrative Analyst	1	Data Administrative Support	
- Finance/Evaluator	2	Data Administrative Support	
- Clinical Specialist	1	Data Admin Support	
<b>Total Salaries and Benefits</b>			<b>600,000</b>
<b>Contracts</b>			
<b>Program</b>			
<b>Total Operating Costs</b>			<b>0</b>
<b>Innovation Total</b>			<b>600,000</b>

NOTE: The FY 13-14 Plan Update includes a one time Capital Facilities approval to spend \$8,725,275 for the construction of the Assessment and Recovery Center and the implementation of the Electronic Medical Records System. It is estimated that this one-time outlay will be applied as an intra-county transfer against the MHSA Fund in fiscal years 12-13, 13-14, and 14-15. Because this is not an ongoing expense it is not included in the budget structure.

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### MHSA Fund Ledger

Estimated fund balance as of July 1, 2014	37,408,332
Estimated funds anticipated for FY 14-15	+33,305,440
Funds available for FY 14-15	70,713,772
FY 14-15 estimated expenditures	-40,497,775
Estimated fund balance as of July 1, 2015	30,215,997
Estimated funds anticipated for FY 15-16	+33,305,440
Funds available for FY 15-16	63,521,437
FY 15-16 estimated expenditures	-40,497,775
Estimated fund balance as of July 1, 2016	23,023,662
Estimated funds anticipated for FY 16-17	+36,635,984
Funds available for FY 16-17	59,659,646
FY 16-17 estimated expenditures	-40,497,775
Estimated fund balance as of July 1, 2017	19,161,871
Prudent Reserve	7,125,250

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## Consumer/Family Focus Groups

**REVISED**



WELLNESS · RECOVER · RESURGENCE

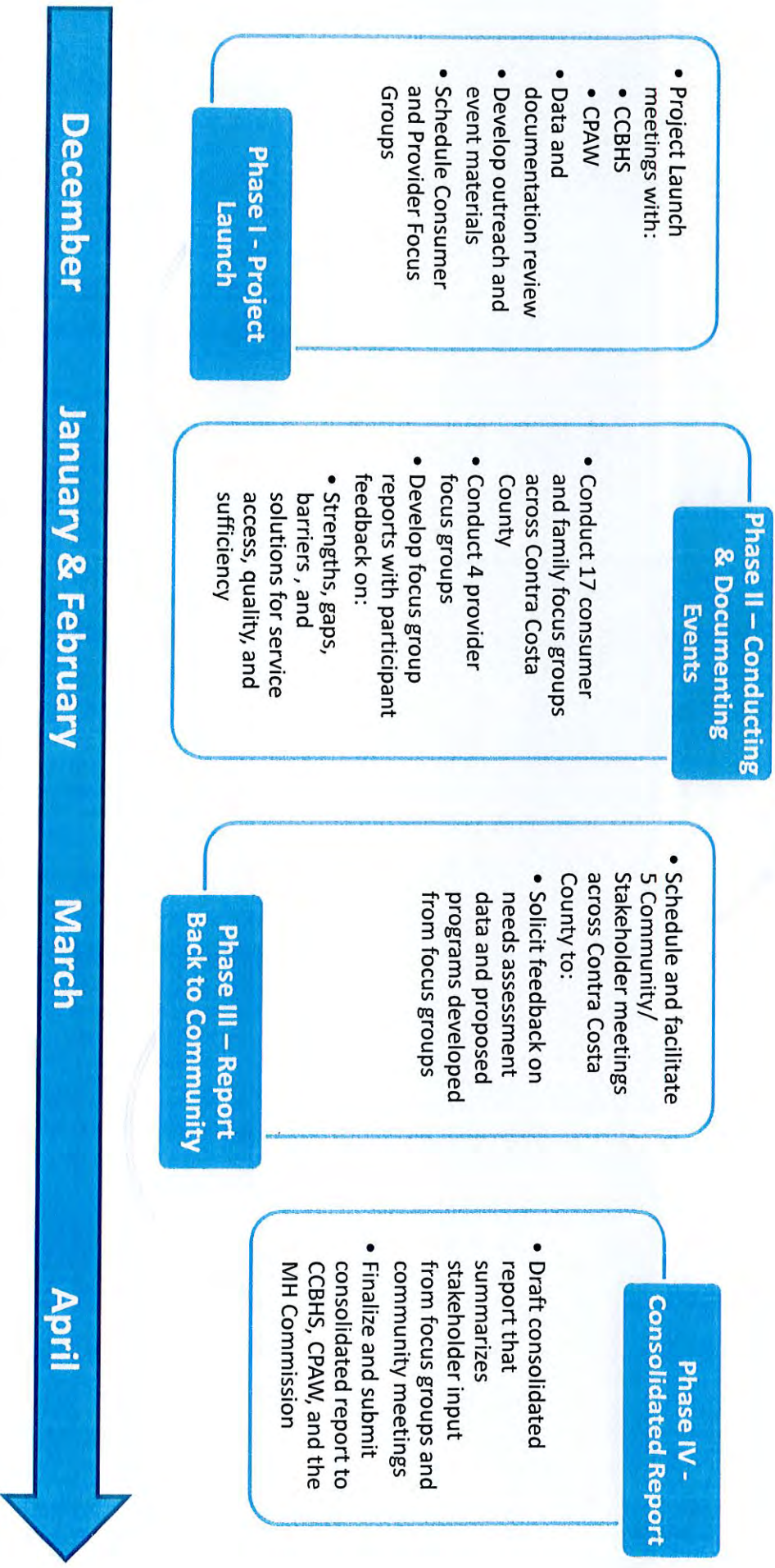
West County	Central County	East County
Children/Parents	Children/Parents Central* & East County	
Transition Age Youth	Transition Age Youth	Transition Age Youth
Adults	Adults	Adults
Older Adults	Older Adults Central* & East County	
People experiencing Homelessness	People experiencing Homelessness	Latino Community
Latino Community	Latino Community	
Asian Pacific Islander Community	LGBTQ	

### Provider Focus Groups

One per Age Group
1. Children Providers (ages 0 – 15)
2. TAY Providers (ages 16 – 24)
3. Adult Providers (ages 25 – 59)
4. Older Adult Providers (ages 60+)

\*Combined Central & East County focus groups for Children/Parents and Older Adults will be hosted in Central County.

## Community Planning Process Facilitation Timeline



Funded by the Mental Health Services Act in partnership with Contra Costa Mental Health

Prepared by *Resource Development Associates* | December 23, 2013

## CPAW AGENDA ITEM READINESS WORKSHEET

**CPAW Meeting Date:** January 9, 2014

**Name of Committee/ Individual:** Membership Committee

**1. Agenda Item Name:** Membership Committee Recommendations

**2. Desired Outcome:** Update CPAW on Membership Committee activities and obtain endorsement to proceed. .

**3. Brief Summary:** The Membership Committee met on Monday, January 6 to:

- Continue work on a draft orientation and training curriculum for new and current CPAW members.
- Continue to analyze the characteristics and affiliations of current CPAW members to inform recruiting efforts and recommendations to the Director for membership.
- Consider a recent application for membership.

**4. Background:**

- CPAW commissioned the Membership Committee to develop a curriculum for training new and current members. At the December meeting the Committee provided input for topics to be covered. At the January meeting the Committee provided input on a preliminary first draft. A second draft will be available for CPAW consideration at the February CPAW meeting. If approved, the training curriculum should be available for implementation in March.
- The Membership Committee considered initial analysis regarding characteristics and affiliations, and asked for additional analysis for the February Membership Committee meeting. Recruiting recommendations as well as considerations for recommending membership acceptance to the Mental Health Director will be presented at the CPAW March meeting. In the interim, applications will continue to be accepted and considered. There are still CPAW members who have not completed the characteristics/affiliation portion of the new application. These individuals will be approached and encouraged to assist the Membership Committee complete the analysis.
- An application for membership was considered. An interview with the prospective member is being scheduled.

**5. Specific Recommendation:** That CPAW endorse the Membership Committee's continuing work on 1) developing a training curriculum for CPAW members, 2) recommendations for recruitment and membership composition, and 3) considering new applications. CPAW members are encouraged to recruit individuals who can add value to CPAW's advisory capacity. Consumers and their family members who are currently



receiving services from Contra Costa Mental Health continue to be a priority. The new application is available on line, and can be completed on line or downloaded and submitted via hard copy.

**6. Anticipated Time Needed on Agenda:** 15 minutes

**7. Who will report on this item?** Kathi McLaughlin

# CPAW Meeting Calendar

## January 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			<b>1</b> 	<b>2</b> CPAW Steering Committee - 3-5pm - 2425 Bisso Ln., Concord	<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b> CPAW Membership Committee - 3-5pm - 1340 Arnold Dr. Ste. 200, Martinez	<b>7</b>	<b>8</b> Social Inclusion - 10am-12pm - 2118 Willow Pass Rd. Ste. 500, Concord	<b>9</b> CPAW - 3-6pm - 2425 Bisso Ln., Concord	<b>10</b>	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b> CPAW Housing Committee - 9-10:30am - 1340 Arnold Dr. Ste. 112, Martinez	<b>16</b>	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b> 	<b>21</b>	<b>22</b> CPAW Aging/Older Adult Committee - 2-3:30 pm - 2425 Bisso Ln. Ste. 100, Concord	<b>23</b>	<b>24</b>	<b>25</b>
<b>26</b>	<b>27</b> CPAW Innovation Committee - 2-4pm - 1340 Arnold Dr. Ste. 112, Martinez	<b>28</b> CPAW Children's Committee - 3:30-5pm - 1340 Arnold Dr. Ste. 200, Martinez	<b>29</b>	<b>30</b> CPAW Steering Committee - 3-5pm - 2425 Bisso Ln., Concord	<b>31</b>	