Stakeholder Sharing

(CPAW Meeting – May 6, 2021)

Highlights of news to share and areas discussed at recent Contra Costa Behavioral Health Services (CCBHS) supported stakeholder meetings:

Adult Committee

- Meetings canceled until further notice.

Aging and Older Adult Committee (March 24th, April 15th)

March 24th

- The Older Adult COVID-19 Workgroup discussed the Anti-Asian and Pacific Islander sentiments and acts of violence and hate, including murders and assaults in the Bay Area, over the past year. Many of these violent acts have targeted API elders. Discussed wanting to collaborate with the API COVID-19 Workgroup on an outreach project. Discussed possibly doing a postcard or flyer campaign similar to the United Against Hate campaign that has been happening in several cities and counties. This campaign would include resources related to reporting hate crimes, and resources for victims of crimes. We discussed broadening this campaign to be against hate towards all historically marginalized communities.
- Brainstormed with Oravanh Thammasen, West Center Director, Contra Costa County Family Justice Alliance, on ideas for 2 Public Service Campaigns that they will be launching in 2021 with funding through the Elder Abuse Prevention Project (funded by the California Office of Emergency Services). Discussed possibly doing a campaign related to COVID-19 Vaccine scams and myths and/or the anti-API violence against elders.
- Discussed plans for a Comcast commercial campaign that will also be funded through the EAPP (which is funded by Cal OES). Discussed there still being a need to get the word out about the COVID-19 vaccine, vaccine scams, myths, anxiety, and confusion. Discussed wanting this information to be available in multiple languages if possible. The commercial will be in both English and Spanish and will have some subtitles in Chinese and Tagalog.
- Discussed other ways to do outreach related to the COVID-19 vaccine, including information in other languages. Discussed needing people to know that the vaccine is free, does not require health insurance and that people won't be asked about their immigration status. Discussed ways to get the Adult Ambassadors involved.

April 15th

- The Older Adult COVID-19 Workgroup met again and reviewed the scripts for our Comcast commercial on COVID-19 vaccine scams, and feedback was provided.
- We discussed questions and concerns that the group had related to In-Home Support Services. Annie Barrett, In-Home Supportive Services (IHSS) Division Manager, was able to answer these questions, and will return to the next meeting to provide additional information. She also referred our workgroup to other resources to get additional information, including informing us that Public Authority provides oversight for the IHSS caregivers. Discussed ways to report fraud, abuse and neglect.
- We viewed the Contra Costa Health Services video, "Health Equity Conversation-COVID-19 Myths & Misinformation." The group described the video as powerful, and greatly appreciated the apology, empathy and understanding that was displayed in response to questions related to health inequities and racism throughout the history of medicine. Discussed venues to share the video to different groups. The video will be translated into different languages.
- Our next meetings are scheduled for 4/28/21 and 5/26/21 from 2pm to 3:30pm.

Alcohol and Other Drugs (AOD) Advisory Board (March 24th)

- Topic: La Familia Counseling Center Expansion in Contra Costa County. Fatima Matal Sol announced the expansion of women and adolescent treatment in West and Central County. La Familia serves approximately 10,000 individuals each year through outreach and treatment. La Familia is funded by the County AODS for pregnant and/parenting women and up to sixty days postpartum. Services for Adolescents are funded by County Probation. There is currently no waitlist for services.
- Effective March 17th, clients will no longer be placed at Person Under Investigation (PUI) hotels. Residential facilities' staff are following CDSC guidelines and will be trained on COVID-19 vaccines for Mental Health and Substance Use Clients April 7th.
- The Community Awareness Committee is planning for the People Who Make a Difference Awards. The deadline for nomination forms is April 23rd.
- Fatima Matal Sol stated that due to the help from the MEDS Coalition, Narcan kits were distributed to homeless shelters.
- **The next AOD Advisory Board meeting will be May 26th from** 4:00 to 6:15 pm. The Agendas for the AOD Advisory Board meetings are located at https://cchealth.org/aod/board/meetings.php

Behavioral Health Care Partnership (BHCP) (April 20th)

- Update will be provided at the CPAW meeting.

Children, Teens and Young Adults Committee

- Update will be provided at the CPAW meeting.

Health, Housing and Homeless Services (H3) (April 1st)

April 1st

- The Council on Homelessness meeting was held on April 1st and a "State of the System" summary was provided.
- New Contra Costa (CoC) goal to decrease unsheltered homelessness by 75% by 2024, with a 30% decrease in year 1 and 30% in year 2. Part of All Home Regional Action plan

May Meeting Information

- **Council on Homelessness meeting 5/6 from 1 pm – 3 pm. Location:** Join the meeting via WebEx at the following link:
  https://contracosta.webex.com/contracosta/j.php?MTID=m77579552d11a6c321e8f149032825667
  Call in information: +1-408-826-0365 US Toll Access Code: 146 246 8230
- **CoC Learning Hub: CoC Learning Hub: "Behavioral Health Services For People Experiencing Homelessness"**
  Monday, May 10, 2021; 1:00 pm – 3:00 PM. Meeting link:
  https://contracosta.webex.com/contracosta/j.php?MTID=m11aabd8c2f1afd1a5a1c6a0680ba575a
  Join by Phone: 1-844-517-1271 US Toll Free **Meeting number:** 146 435 7538

Innovation Committee

- The Innovation Committee did not meet in April. The next meeting will be Monday, May 24th from 2:30 pm – 4:00 pm via Zoom.

Mental Health Commission (MHC) (April 7th)

- Started the "Get to know your Commissioner" - a quick introduction from the new District IV commissioners - Kathy Maibaum and Michael Coyle PhD
- Received a presentation on the 9/29/20 County settlement with the Prison Law office regarding improvements at the Martinez and West County Jails, including (focused) on the area of mental health, required medical and mental health plans to improved treatment of inmates and improvement that has already been made to date with David Seidner (Mental Health Program Chief Detention Health) and Dr. Jessica Hamilton (Medical Director, Detention Health Services)
- Committee updates segment re-instituted. Updates included:
    - Executive Committee - By-law changes and questions, proposal for new by-law from Cmsr. Leslie May regarding absences due to unforeseen circumstances and the possibility of an alternate for a short Leave of Absence (LOA).
    - Justice Systems Committee - Work / research on conservatorship and the issues surrounding communication between custody intake and conservator notification.
    - Quality of Care Committee: Site Visit Planning and Testing, Crisis Intervention RIE involvement
    - MHSA-Finance Committee - Overview, Budget and Goals.
- VOTE on By-laws changes were postponed to next meeting in May:
    - Mandatory committee membership
    - By-law change in how period of absence is defined
- Behavioral Health Services Director's Report
- The next Mental Health Commission will be May 5th from 4:30 - 6:30 pm via Zoom.

Quality of Care Committee (QC)

- The Quality of Care Committee did not meet in April. The next meeting will be May 20th from 3:30 - 5:00 pm via Zoom.

Reducing Health Disparities (RHD) (April 5th)

- Update will be provided at the CPAW meeting.

Social Inclusion (April 8th)

- The committee engaged in sharing information and resources on COVID-19 vaccination, including learning about how the vaccine works and background on how history of medical mistreatment has resulted in vaccine mistrust among various marginalized communities.
- We continued planning for our May celebration of Mental Health Awareness Month, including:
    - Finalizing Social Inclusion t-shirt and face mask specifications
    - Ideas for activities and guest speakers
    - Ways to use the Each Mind Matters online toolkit
- Join us for our Mental Health Awareness Month Celebration on Zoom Thursday, May 13th at a special earlier start time: 1:00 to 3:30 PM. Access the May 13th meeting via online video conference with this link: https://cchealth.zoom.us/j/96176731835 or via telephone conference by dialing 1-646-518-9805 then entering Meeting ID: 961 7673 1835 #
- For more information on Social Inclusion and the May 13th celebration, email Roberto.Roman@cchealth.org or call (925) 957-5105.

Suicide Prevention (April 23rd)

- There was a presentation from Ahmad Bahrami, Division Manager from Fresno County Department of Behavioral Health, regarding their Suicide Prevention Follow-Up Call Program - a newly approved Innovation project.
- The Youth Sub-Committee met for the fourth time on 4/26/21. At this meeting we discussed the best way to engage youth stakeholders. Two students from Las Lomas High school attended and provided input. It was determined supporting youth in creating their own committee comprised of all students from throughout the county is preferred over youth joining the existing sub-committee. This youth committee would meet in the evenings, more frequently, and balance education/resource sharing with activism. Ideally, an adult or youth liaison would join both meetings from time to time to share information.
- The next Coalition meeting will debrief the recent tragedies at Las Lomas High School and learning about the postvention activities that followed. The sub-committee will be discussing ways to support youth in creating their own student-led county-wide meeting independent of, but connected to, ours.
- The larger Coalition will hold its next meetings on 5/28/21 from 9-10:30am. A new day and time for the youth sub-committee will need to be determined now that accommodating youth at the meeting is no longer the priority per youth feedback. The committees will meet via Zoom.

System of Care Committee (March 10th)

- The System of Care Committee did not meet in April. Meetings are currently being held every other month. Next meeting is scheduled for Wednesday, May 12th from 10:00 am to 11:30 am via Zoom.

Training Advisory Workgroup (TAW) (April 13th)

- Update will be provided at the CPAW meeting.

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.

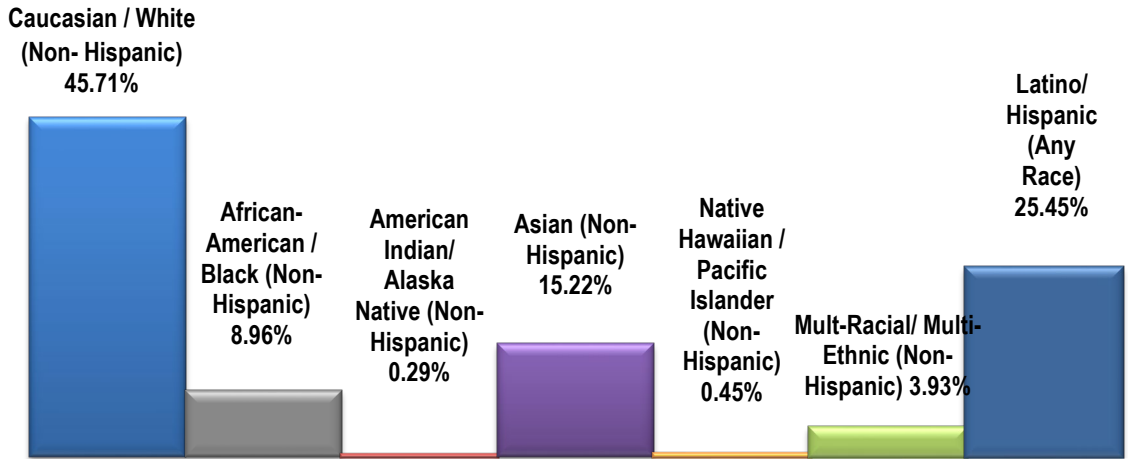
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning 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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Mental Health Services Act (MHSA)
Program and Fiscal Review

I. **Date of On-site Review:** November 20, 2019
Date of Exit Meeting: December 17, 2020
***Please see addendum at the end of the report.**

II. **Review Team:** Genoveva Zesati and Jennifer Bruggeman

III. **Name of Program:** National Alliance on Mental Illness (NAMI) Contra Costa (CC)
2151 Salvio Street, Suite V, Concord, CA 94520

IV. **Program Description.** NAMI CC (NAMI) is a non-profit organization that provides outreach, education, training, support and advocacy to families and individuals in need of support in relation to mental health. NAMI CC has been assisting people and families affected by mental illness in Contra Costa for over 30 years. Originating as an agency that offered services and supports predominantly through satellite locations in partnership with other community agencies, to NAMI CC's present location and office opening in Concord in 2018; NAMI CC offers trainings and services free to the community. Services continue to be offered at the NAMI CC Office in Concord; and throughout various satellite locations throughout Contra Costa County in partnerships with other community-based organizations (CBOs), faith centers, local law enforcement agencies, health centers and schools.

NAMI CC contracts with Contra Costa County Behavioral Health Services (BHS) to provide the Family Volunteer Support Network (FVSN) and the Family Psycho Education Program (FPEP), under two contracts. The FVSN services are intended to provide Contra Costa County residents access to trained staff and volunteers that can educate family members and other individuals on understanding and learning about mental health, it's challenges and how to better support their loved ones experiencing mental health challenges.

Under the FVSN, NAMI CC is contracted to extend outreach throughout the County for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers, prepare individuals for volunteer service in their agency, while also continuing to partner with agencies such as other community-based organizations (CBOs), faith centers, local law enforcement agencies, health centers and schools to provide training opportunities. NAMI CC works to provide a comprehensive training curriculum that prepares volunteers for their role in supporting family members of persons experiencing mental health issues.

As NAMI CC's FVSN is a more recently established program, NAMI CC should continue efforts to build partnerships with key BHS staff, including Family Partners (Children's System of Care) and Family Support Workers (Adult System of Care)

Programs; as well as the Office for Consumer Empowerment to better coordinate family support efforts.

Under the FPEP there are four components of training which are offered; including Family-to-Family; offered in Spanish and Mandarin, FaithNet, NAMI Basics, and Conversations with Local Law Enforcement. Under the Family-to-Family training, NAMI CC is tasked with developing and implementing training to help address the unique needs of Spanish, Mandarin and Cantonese speaking communities by helping families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.

Through the FaithNet training, NAMI CC provides a mental health spirituality curriculum targeting faith leaders and the faith -based communities in the County, who have congregants or loved ones with severe and persistent mental illness to better equip faith leaders to understand mental health issues; and their roles as first responders at times.

NAMI Basics training is mirrored on the Family-to-Family training and covers the normative stages of emotional reactions to mental illness, recognizing that mental illnesses are biological brain disorders and getting an accurate diagnosis, discussing treatment, acknowledging the impact of mental illness the family, the importance of record keeping, and advocacy. This specific training is offered in Spanish, as NAMI CC's De Familia a Familia and in Mandarin; allowing for families and individuals to learn about mental health challenges in other languages.

NAMI CC has also started holding Conversations with Local Law Enforcement in 2019 to support clients/consumers and families to have conversation with law enforcement through BHS's Crisis Intervention Training (CIT), as well as six other community conversations held in partnership with local law enforcement agencies throughout the County. The purpose is 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. In maintaining transparency, this program component was newly implemented in 2019 and was not considered nor was documentation required in this Program Review, as program was in its first few months of existence.

V. Purpose of Review. BHS is committed to evaluating the effective use of funds provided by the Mental Health Services Act (MHSA). As a result, a comprehensive program and fiscal review was conducted of NAMI CC. The results of this review are contained herein and will assist in a) improving the services and supports that are provided, b) more efficiently supporting the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward bettering services; we appreciate this opportunity to collaborate with the staff/ volunteers/ and board participating in this program/plan element in order to review past and current efforts, and plan.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Met	Staff, Board, volunteers and family members indicate the program meets the values of the MHSA.
2. Serve the agreed upon target population.	Met	Agreed upon target served in FVSN contract. Agreed upon target served in FPEP contract.
3. Provide the services for which funding was allocated.	Met	Under FVSN, program is allocating staff to support various roles of family members supporting loved ones with mental health challenges. Under FPEP contract, program provided the agreed upon number of trainings, and exceeded some trainings by double the goal.
4. Meet the needs of the community and/or population.	Met	In FVSN contract, reporting and input provided shows community is being served. Under FPEP, program seems to be serving indicated population. County staff and program shall communicate and coordinate better to capture participant feedback.
5. Serve the number of individuals that have been agreed upon.	Met	Under FVSN contract, program meets and exceeds the numbers of individuals agreed upon. Under FPEP contract, program met the number of individuals agreed upon.
6. Achieve the outcomes that have been agreed upon.	Met	Under both contracts, it seems that outcomes have been achieved.
7. Quality Assurance	Partially Met	Program has no reported grievance. However, grievance procedures are not clearly posted visibly in organization. Staff/ volunteers, program participants did not seem to be familiar with knowing formal process of how to file a grievance.
8. Ensure protection or confidentiality of protected health information.	Met	NAMI CC does not collect health information. Program has privacy policies in place to safeguard confidential or sensitive information.
9. Staffing sufficient for the program	Met	Staffing for FTE equivalent documentation tracked in electronic report and accounting program. Please also include clear documentation for average number of hours worked per week and total amount of MHSA funding for each staff member in the Cost Report.
10. Annual independent fiscal audit	Not Applicable	Independent fiscal audit not required at this time.

11. Fiscal resources sufficient to deliver and sustain the services	Met	NAMI CC is working to diversify funding sources and has established line of credit to withstand revenue interruptions.
12. Oversight sufficient to comply with generally accepted accounting principles	Met	Some of the fiscal documents submitted were not going through a sound check and balance system of verification by at least two individuals. Program has since established formal procedure in working with board.
13. Documentation sufficient to support invoices	Partially Met	Program is using established software program with appropriate supporting documentation protocol. However, there was an incident found of duplicate billing early on, prior to software program being established. Program will move forward with correction.
14. Documentation sufficient to support allowable expenditures	Partially Met	Method of accounting for personnel time and operating costs appear to be supported. However, information for staff hours and associated costs must also be identified on Cost Report.
15. Documentation sufficient to support expenditures invoiced in appropriate fiscal year	Met	No billings noted for previous fiscal year expenses.
16. Administrative costs sufficiently justified and appropriate to the total cost of the program	Met	Contract budget reflects about 15% of indirect or administrative expenses.
17. Insurance policies sufficient to comply with contract	Met	Necessary insurance is in place
18. Effective communication between contract manager and contractor	Met	The County and program have communication, as needed.

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

1 **Deliver services according to the values of the Mental Health Services Act (MHSA)** - (California Code of Regulations Section 3320 – MHSA General Standards). Does the program/plan element collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, is it culturally and linguistically sensitive, and client and family driven?

Method. Advisory Board, staff, client/consumers/peers, and family member interviews were conducted.

Discussion. During the site visit, the executive leadership that was interviewed included three members of the Advisory Board, along with the Executive Director. For the fiscal review, the Executive Administrator and Executive Director participated. In the interview with line staff, six NAMI CC staff members were

interviewed. Five were Family Systems Volunteer Coordinators and one was the Lead Volunteer Coordinator. 8 program participants/ NAMI volunteers were interviewed and provided input. Approximately, 12 surveys from program participants were received. About half of the surveys provided input, with some of the survey questions not being completed. Responses ranged in answers with most volunteer/ staff/ family surveys stating a positive evaluation of the program, with a few answers from participants stating to be unclear on how the program su pported them. Below is a summary of survey responses. The survey included 12 questions. The first seven questions address the MHSA general standards and the remaining five questions ask about the overall quality and importance of the program.

Survey Results:

Questions	**Responses: n=12**				
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1	I don't know n/a
Help me improve my health and wellness.	Average score: 3.66 **(n=12)**				
Allow me to decide what my own strengths and needs	Average score: 3.72 **(n=11)**				
Work with me to determine the services that are most helpful	Average score: 3.5 **(n=12)**				
Provide services that are sensitive to my cultural background.	Average score: 3.75 **(n=12)**				
Provide services that are in my preferred language	Average score: 3.41 **(n=12)**				
Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.08 **(n=12)**				
Are open to my opinions as to how services should be provided	Average score: 3.6 **(n=12)**				
What does this program do well?	• The environment provided makes it feel welcome. • Support and integration. • Welcomes everyone and has great culture. • Help people with mental illness. • Provide a voice for the voiceless, is really involved with the families, pays attention to cultural backgrounds • Much information and resources • Communication • Provides a place to volunteer and help build resume				

<table>
<tr><td>What does this program need to improve upon?</td><td colspan="4">• Can fitness or cooking workshops (self-care training) be an option
• Must think about and create new plans or programs for the future
• Including the aspect of nutrition and how that affects mental health
• More community events that link everyone together
• Offering peer services
• Programs for Peers – program does have a peer group but would like to strengthen.</td></tr>
<tr><td>. What needed services and supports are missing?</td><td colspan="4">• Cooking or fitness workshops
• Isolation support, stronger outreach, more accessibility, non-stressful environment in place for those in crisis, greater connection to alternative sources of support
• Information and services based on nutrition and holistic methods to improve mental health
• Respiration exercises to reduce anxiety
• Fundraising/ budget for peer programs
• Peer support</td></tr>
<tr><td rowspan="2">. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?</td><td>Very Important
4</td><td>Important
3</td><td>Somewhat Important
2</td><td>Not Important
1</td></tr>
<tr><td colspan="4">Average score: 3.5 (n=10)</td></tr>
<tr><td>. Any additional comments?</td><td colspan="4">• Thank you!
• I would like to offer these services to my community.
• The program overall is great for me and my peers. We would like more support.</td></tr>
</table>

Client/Consumer/Volunteer Interviews

The client/consumer/volunteer interview was conducted and involved eight participants. The length of time each participant had been involved ranged from one year to a few days with NAMI CC.

Some of what was stated by the groups when asked how NAMI CC has helped them was that the education provided helped them to understand loved ones and let them know they are not alone. Some stated it's a place where they are understood and able to give back. Some volunteers voiced that they are learning office skills and enjoy being at NAMI CC. Some stated that it gives them structure and that there are multiple cultures and languages served.

When asked what was missing or things that NAMI CC could improve upon, some of the suggestions included:

- Need more locations, more outreach to youth. They should have a youth center and support group and use more social media.
- Dance, or affirmations such as self-care, holistic approaches and the better use of libraries to connect to the community.

When asked how their time was spent as volunteers, the volunteers shared that they are directed by Gigi Crowder, Executive Director or Steven Renner, Executive Assistant. The volunteers/ participants shared that everyone at the site is very friendly and understanding and they have flexible hours, which allows them to learn a lot. Some volunteers/ participants also voiced it was fun to be at NAMI CC; they felt like a big family and felt loved and supported. Many of the volunteers interviewed were new to their role as volunteers.

Staff Interviews

Six staff members were interviewed, primarily from the FVSN program. The length of time employed with the agency ranged from a bit under two years, to the most recent being hired within the last two months, although some staff had been NAMI CC volunteers for almost 15 years hired to being staff. The staff members filled various rolls as Family Systems Volunteer Coordinators. Each staff seemed to have focused efforts ranging from suicide prevention youth specialist, the front desk or connections facilitator, the media specialist, and one consultant taking what was labeled as the *hard calls* regarding conservatorship and criminal justice involvement. There were also Latino Outreach and TAY outreach coordinators.

The staff Identified some of their challenges and gaps which included housing resources, language barriers, resources for non-English speakers, sever mental illness programs, step downs from hospital/ prison, wanting to build better relationships with Prevention and Early Intervention (PEI) programs. Some staff stated there were not enough support for teens ages 14 through 17; as well as youth younger than Transition Aged Youth (TAY).

2 **Serve the agreed upon target population.** For Workforce Education and Training (WET), does the program provide ongoing employment and/or education to individuals and families who are at risk of developing a serious mental illness or serious emotional disturbance? Does the program serve the agreed upon target population?

Method. Compare the program description and/or service work plan with a sampling of program reports.

Discussion. NAMI CC's target population is Contra Costa County residents, many whom are primarily family members or loved ones of individuals receiving public mental health services or are at risk of developing a serious mental illness. Under the FVSN, the target is to recruit and train 100 new and unduplicated volunteers annually, and work to have at minimum 40 active volunteers serve as FVSN volunteers. The target goal to serve is 350 unduplicated family members who may have a loved one experiencing mental health issues via FVSN training on an annual basis. NAMI CC is also contracted to provide training through the FPEP. This

training component includes Family to Family offered in Mandarin, De Familia a Familia (Family to Family) offered in Spanish, FaithNet, Conversations with Local Law Enforcement and NAMI Basics. At minimum 350 unduplicated individuals should be served annually through under the FPEP.
Results. Under the FVSN, the program exceeded its target goal by recruiting 130 new and unduplicated volunteers during Fiscal Year (FY) 2018-2019. Additionally, 58 remained as active volunteers. According to the annual report, over 1,000 calls were received during FY 2018-2019, along with an estimated 8-10 family members being served in the office. Although reporting submitted under the FPEP shows a total of 298 people were served, overall BHS feels that taking into account the program exceeding results under the FVSN, as well as the number of services provided is understandable for this reporting period, as the program was also tasked with opening a central office and staffing the FVSN program. The Conversations with Local Law Enforcement component was created after the time of this program review and the agency not yet under obligation to report. BHS and NAMI CC will communicate and coordinate for better reporting on both contracts and to clearly outline numbers served through each training program.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon?
Method. Compare the service work plan or program service goals with regular reports and match with case vignettes, and client/family member interviews/surveys and staff interviews.
Discussion. Monthly service summaries for the FVSN, as well as semi-annual and annual reports submitted show that the program exceeded the number of volunteers aimed to be recruited and engaged for FY 2018-2019. to continue active support in the FVSN. However, based on the interviews of volunteers, only a few shared experiences directly supporting as FVSN volunteers. Many of the interviewed volunteers had recently started volunteering at NAMI CC and when asked in what type of ways they volunteered, some responses given were not indicative of direct FVSN support. Some volunteers stated they show up to the organization and are directed by the Executive Director or Administrator. Reporting submitted under the FPEP contract show that program met the training goals established. Additionally, at least one Contra Costa Behavioral Health Services MHSA staff participated in the NAMI CC Mental Health and Spirituality Conference through the FaithNet component, as well as a NAMI CC Basics class.
Results. Under the FVSN, it seems as if the program is providing the services for which funding was allocated. It is recommended the program ensure there are some outlined guidelines for volunteers that support the FVSN. The program will work to collect and provide reporting for both contracts. Allocation/ percentage of staff time should be documented in annual Cost Report submission for each contract to ensure that it is clear what amount of staff time is being directed under each contract.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed? Has the program been authorized by the Board of Supervisors as a result of a Community Program Planning Process? Is the program consistent with the MHSA Three Year Program and Expenditure Plan?
   Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three-Year Plan. Compare with client/consumer/family member and service provider interviews. Review surveys.
   Discussion. Programming offered by NAMI CC was included in the approved MHSA Three Year Plan FY 2017-2020 under the (Workforce Education and Training) WET component. The program has been authorized by the Board of Supervisors and the Service Work Plan is consistent with the current MHSA Three-Year Program and Expenditure Plan as proposed under the WET regulations of Workforce Staffing Support and Training and Technical Assistance categories.
   Results. The feedback received in the interviews of those being served, aligns with the general goal of meeting the needs of the community and the population for which it is designated. NAMI CC Board of Directors, volunteers/ program participants shared that they enjoy having a space to feel supported, support others, and share and learn from similar lived experience. The general communication expressed by all those that participated in this program review was that they valued the support they have received at NAMI CC, especially having support from others that have lived experience of having a loved one with mental health challenges, and having support in their journey of accessing services. Under the FVSN, the program seems to meet the goals. Services also seem to be culturally sound, non-stigmatizing and working to integrate training and educational programs, when possible. Under FPEP, program seems to be serving indicated population. The organization shall work to indicate participant feedback under both the FVSN and FPEP contracts.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years?
   Method. Match program description/service work plan with history of monthly reports and verify with supporting documentation, such as logs, sign -in sheets and case files.
   Discussion. The program's target service numbers for the FVSN is to recruit 100 new and unduplicated volunteers, recruit 40 volunteers annually that successfully complete training and serve as a volunteer, serve and offer training to 350 individuals with a loved one experiencing mental health issues on an annual basis. The FVSN is a new program that was started in 2018. According to the semi-annual and yearly reports, the organization is meeting or exceeding the target number to be served under this contract. Under the FPEP the goal is to serve much of the same 350 individuals; while ensuring to offer the following number of trainings in the

various areas: Six (12)-week classes to be delivered annually for Family to Family (Mandarin and Cantonese Languages) and De Familia a Familia (Spanish language). In the NAMI Basics component of the FPEP, up to four (6) session trainings are to be held annually, with one being offered in Spanish. Under the FaithNet component, up to four events will be held annually, including one statewide conference in collaboration with the statewide Mental Health and Spirituality Initiative, and lastly; under the recently added Conversations with Local Law Enforcement, NAMI CC will support the Crisis Intervention Training (CIT) as well as hold six other conversations in partnership with local law enforcement agencies. Reporting for Conversations with Local Law Enforcement is not being considered, as this is a recently added program, with its first reporting due this year.
Results. The program seems to be serving and exceeding the number of people that have been agreed upon under the FVSN contract. Under the FPEP, the program served 298 people, versus the target goal of 350. However, as indicated before overall BHS feels that taking into account the program exceeding results under the FVSN, and the program being tasked with opening a central office and staffing the FVSN program is understandable as to why the target goal of 350 was not met under the FPEP. BHS is confident future reporting shall reflect target numbers reached.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how have the outcomes been trending?
Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan and verify validity of outcome with supporting documentation. Analyze the level of success by the context, as appropriate, may be done by examining; pre/post-intervention, control versus experimental group, year-to-year difference, comparison with similar programs, or measurement to a generally accepted standard.
Discussion. NAMI CC uses some of the training offered and developed by NAMI National. According to input received in interviews, it seems these trainings are helpful to family members, and others to better understand and become a natural support for loved ones that may have mental health challenges. As mentioned, the FVSN is new, therefore in another year or two, time will allow for better analysis of outcomes. The general feedback from those that have completed FVSN training is positive. In relation to the FPEP contract, the program offered the agreed upon trainings, while also doubling the target goal of trainings offered for De Familia a Familia (Family to Family) in Spanish.
Results. Overall, the program has met its primary objectives. Under the FVSN program, annual reports have been submitted and the feedback provided to date, supports the outcomes agreed upon.

7. **Quality Assurance.** How does the program assure quality of service provision?
Method. Review and report on results of participation in County's utilization review, quality management incidence reporting, and other appropriate means of quality of service review.
Discussion. NAMI CC does not collect client health information and as part of its quality of service review, this Program Review is taking place. The organization

provided its procedures for staff to file a grievance and described their quality assurance processes. The staff grievance procedures align with the documentation needed for employees, yet when staff were asked about how to file a grievance many did not seem to be aware of the formal process. Staff also seemed unaware of how to handle a program participant's request to file a grievance. Understanding NAMI CC is one of the programs where volunteering is part of the organization's culture, volunteers were also asked about their knowledge or right to file a grievance and did not seem to know the way to do so. It is also noted that information on how to file a grievance was not formally displayed in area that is readily available to any program participant. Staff and volunteers did share they were told about their ability to voice any issues with supervisors/ management; however, this is a conflict of interest.

Results. NAMI CC will ensure to implement and communicate the process on how to file a grievance for staff, volunteers, and program participants. The formal grievance procedure NAMI CC provided for staff, is a strong resource. It is encouraged that all staff learn and become familiar with the process in the event a volunteer or program participant would like to file a grievance. There should be a formal policy in place to address volunteers requesting to file a grievance, as well as program participants. The information should be clearly posted in an area that is visible and accessible to all. NAMI CC should also ensure that all staff and volunteers be made aware of the process to file a formal grievance. It is recommended that NAMI CC develop a written disclosure to be kept on file acknowledging that volunteers have been informed on the organization's procedure to file a grievance. For guidance, please review the grievance procedures outlined by Contra Costa County BHS as reference. If further information is needed, please reach out to MHSA staff.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act or other confidentiality or sensitive information, and how well does staff comply with the protocol?

Method. Match the HIPAA Business Associate service contract attachment (if appropriate) or other confidentiality documentation with the observed implementation of the program's protocol for safeguarding protected patient health or sensitive information.

Discussion. NAMI CC does not hold any client files, or health information and because of this, does not fall under HIPAA requirements. Written policies are in place to safeguard confidential and sensitive information.

Results. The program seems to have a protocol in place for staff when dealing with sensitive or private matters, however it was noted that there is no written policy for volunteers. It is strongly recommended that NAMI CC extend their process to counsel and advise volunteers, as well as develop a written confidentiality disclosure to be read, signed and kept on file for volunteers that may be involved with confidential matters.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continu ous quality improvement, and provide sufficient administrative support?
Method. Match history of program response, staffing, and documentation with organization chart, staff interviews and duty statements.
Discussion. NAMI CC's has staffing that equates to 6 Full Time Equivalent (FTE) under the FVSN. However, based off discussions with staff, it is noted that there has been high turnover in the agency. Additionally, the staff listed under the FPEP seem to be a separate set of individuals that only work a few hours per week and did not participate in the Program Review. Accordingly, it was noted that the breakdown of the number of hours a staff person is dedicating is being tracked in electronic programming and via spreadsheets. The program reported aggregate MHSA funds that were used to pay wages.
Results. It seems that the Executive Director, Executive Administrator and Lead Volunteer Coordinator work in FTE positions. Moving forward, the program will submit Cost Reports and will differentiate the amount each position/employee was paid during the fiscal year using MHSA funding. Accordingly, the program should work to review staffing levels as program is receiving over $600,000 in MHSA funding and may be able to possibly support the increase of staff hours to address high turnover.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings?
Method. Obtain and review audited financial statements, if applicable. Discuss any findings or concerns identified by auditors with fiscal manager.
Discussion. NAMI CC does not have a fiscal audit as the agency is below the $750,000 budget minimum that is required to obtain an external financial audit. It is noted that the program is looking ahead and being proactive by researching services and associated costs for an external financial audit, as it may be required soon due to the organization's budget growth.
Results. The agency has submitted Cost Reports which to date, suffice as fiscal reports

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element?
Method. Review audited financial statements and Board of Directors meeting minutes. Interview fiscal manager of the program.
Discussion. The organization appears to be operating within the budget constraints provided by their authorized contract amounts, and thus appears to be able to sustain their stated costs of delivering WET services for the entirety of the fiscal year. NAMI CC's financial documents indicate that the organization has been in a pattern of financial growth each year. The Board of Directors meeting minutes continue to indicate regular attention to the organization's fiscal well-being, as

exemplified by regular reports, an attention to continue to grow fiscal reserves to carry on operations for roughly 90 days without revenue, and in obtaining a $40K line of credit. Additionally, it was mentioned that NAMI CC has hired a consultant that has recommended the implementation of a finance committee. Also, all purchases over $2,500 now need 2 signatures from Board. NAMI CC also hires a CPA and current Executive Administrator has been developing more procedures and including the board. It was voiced that there is a procedure and pre-approval form for all expenditures, and no petty cash is being used. Staff use the credit card, with approval. Fundraising has gone from $40K to $261K during the last year. Other funders include: John Muir ($10K), Office of Statewide Health Planning and Development (OSHPD), and Danville Children's Guild.

Results. Fiscal resources are currently sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles?

Method. Interview with fiscal manager.

Discussion. The agency employs a well-qualified fiscal staff persona that has worked to establish protocols and more of a check and balance system. The agency also shared that it contracts with a Certified Professional Accountant (CPA). It appears the organization is working to have separation of duties and define clear procedures to support invoicing.

Results. Overall, there seems to be existing oversight to enable compliance with generally accepted accounting principles. It is strongly recommended for all documentation to be carefully reviewed and approved via signature. This includes employee reimbursements, payment authorizations, etc. Documentation should be provided by all staff for reimbursements, accompanied by signed authorization from executive leadership. Specifically, in the case of the Executive Director, all reimbursement or personal expenses that are being funded should be authorized and signed by designated individuals of the Board of Directors to create a due check and balance system. There were a couple of minor findings when reviewing the supporting documents for submitted demands. It was found that there was a duplicate billing submitted. The matter has been brought to the organization's attention and corrected. The other finding was not having all receipts for charges made on the credit card for a specific month. It is important the organization ensure that all receipts for any charges make their way to the Executive Administrator. Some charges made on the credit card for small amounts, for example for a few Lyft charges and a food purchase were not able to be supplied. It was stated that these receipts were not able to be found. This was brought the organization's attention and will be corrected. No other material or significant findings were noted and overall, the agency seems to be on track to implementing necessary protocols that better support a clear separation of duties around monthly invoicing.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing?
Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program.
Discussion. A randomly selected invoice for one month of each of the last two years was matched with supporting documentation provided by the agency. A clear and accurate connection was established between documented hours worked and submitted invoices. Additionally, the organization implemented a software program to track billing and associated costs.
Results. As previously stated, in reviewing the invoicing documentation provided, it was discovered that there was an area of duplicate billing. This seemed to be an accidental duplicate billing for staff wages in the amount of $3,000. Th is has been brought to the organization's attention and there will be a credit made to the County in a future invoice to account for the amount found in the duplicate billing.

14. **Documentation sufficient to support allowable expenditures.** Does organization have sufficient supporting documentation (payroll records and timecards, receipts, allocation bases/statistics) to support program personnel and operating expenditures charged to the program?
Method. Match random sample of one month of supporting documentation for each fiscal year (up to three years) for identification of personnel costs and operating expenditures invoiced to the county.
Discussion. Line item personnel and operating costs were reviewed for appropriateness. It seems that the method and all line items submitted were consistent with line items that are appropriate to support the service delivery. However, the organization needs to identify, and track percentage of hours paid and being worked for any staff that may be paid under both contracts. It seems as if this may only be three staff, including the Executive Director, Executive Administrator, and FVSN Lead Coordinator. This should also be reflected in both annual Cost Reports moving forward.
Results. Method of allocation of percentage of personnel time and operating costs appear to be justified, however this information needs to be documented better, specifically if staff are being paid under both contracts, and/or other funding sources.

15. **Documentation sufficient to support expenditures invoiced in appropriate fiscal year.** Do organization's financial statements/systems and year end closing entries support expenditures invoiced in appropriate fiscal year (i.e., fiscal year in which expenditures were incurred regardless of when cash flows).
Method. Reconcile year end closing entries in financial system with invoices. Interview fiscal manager of program.
Discussion. Total contract billing was within contract limits, with no billing by this agency for expenses incurred and paid in a previous fiscal year.
Results. NAMI CC appears to be implementing an appropriate year end closing system.

16. **Administrative costs sufficiently justified and appropriate to the total cost of the program.** Is the organization's allocation of administrative/indirect costs to the program commensurate with the benefit received by the program?
Method. Review methodology and statistics used to allocate administrative/indirect costs. Interview fiscal manager of program.
Discussion. The agency has an indirect rate of about 15% for the FVSN contract. Under the FPEP Contract, there are no administrative costs reflected in the contract.
Results. Administrative costs seem to be in line with most other MHSA funded programs.

17. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract?
Method. Review insurance policies.
Discussion. The program provided certificate of commercial general liability insurance, automobile liability, umbrella liability, and professional liability policies that were in effect at the time of the site visit.
Results. The program complies with contract insurance requirements.

18. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise?
Method. Interview contract manager and contractor staff.
Discussion. The program connects with the contract manager, as needed.
Results. The organization's Executive Director and Executive Administrator serve as the point of contact for NAMI CC contracts under the MHSA. The organization has usual communication with the MHSA Office and have staff regularly attend stakeholder meetings.

VIII. Summary of Results.

NAMI CC works to deliver culturally and linguistically appropriate services to address the needs of the diverse populations serves. The approach provides training to educate families, faith communities, and law enforcement about mental health challenges, to better create natural supports and educate those having a loved one or engaging with someone having mental health challenges. The organization's training efforts also supply families with support for each other and assist in connecting families to other resources and supports. NAMI CC seems to adhere to the values of MHSA in serving their target population under the FVSN. The program is exceeding the outcomes detailed in this contract. Under the FPEP contract the program seems to be serving the target population and offering the number of indicated trainings per contract agreements. NAMI CC appeared to be a financially sound organization at the time of this Program Review, and overall follows generally accepted accounting principles while maintaining documentation that supports agreed upon service expenditures; with the minor exceptions noted.

IX. Recommendations for Further Attention.

- Volunteers should be encouraged to participate in FVSN classes and have more of a formalized method to support agency. From feedback received when interviewing volunteers, it seemed many were not being given formal direction,

and instead showing up and doing things as needed. It is recommended to develop a formal process where volunteers can do follow up on calls, assist staff in training, or connect with other agencies to better strengthen partnership and referrals for families.

- BHS will work to maintain better communication around county-sponsored training opportunities for staff. County will ensure that agency leadership is receiving information on training, so that training may be funneled to line staff.
- Staff and consumers provided feedback that included: expanding evening and weekend appointment times; offering more family support classes
- Formalize verbal onboarding discussion, written materials and signage for staff, volunteers, and program participants in understanding the process and right to file a grievance.
- Fortify reporting for both contracts. Reporting must differentiate each training component under each contract, along with the totals served during the reporting period.
- Clearly outline average staff hours worked in each contract, along with amount of MHSA funds utilized to fund staffing during fiscal year.

X. Next Review Date. Tentatively scheduled for 2022.

XI. Appendices.

Appendix A – Program Description/Service Work Plan
Appendix B – Service Provider Budget
Appendix C – Yearly External Fiscal Audit
Appendix D – Organization Chart

XII. Working Documents that Support Findings.

Consumer Listing (if applicable)
Consumer, Family Member Surveys
Consumer, Family Member, Provider Interviews
County MHSA Monthly Financial Report
Progress Reports, Outcomes
Monthly Invoices with Supporting Documentation
Indirect Cost Allocation Methodology/Plan
Board of Directors' Meeting Minutes
Insurance Policies
MHSA Three Year Plan and Update(s)

Mental Health Services Act (MHSA)
Program and Fiscal Review Addendum

MHSA staff would like to note that the exit interview was conducted over a year after the initial program visit. Although the Program Review was written and finalized in late February, the exit interview was delayed with MHSA staff transitions and COVID-19 adaptations.

After discussions between MHSA staff and organization, revisions were made to original program review. Previous areas with partially met outcomes, were updated with reporting provided for Family Psycho Education Program (FPEP) contract. Discussion between MHSA staff and NAMI CC Executive Director and Executive Administrator during the exit interview; led to the agreement to include this addendum to note that NAMI CC is collecting data to report on the FPEP contract outcomes and adhere to reporting requirements.

The MHSA staff reiterates that the program and fiscal review was designed in collaboration with stakeholders in Contra Costa County for the purpose of providing stakeholders transparency on MHSA funding and programming. It serves as a method to gauge a programs ability to assist in a) improving the services and supports that are provided, b) more efficiently supporting the County's MHSA Three Year Program and Expenditure Plan or Plan Update, and c) ensure compliance with statute, regulations and policy of the MHSA and BHS.

In the spirit of continually working toward bettering services; we appreciate this opportunity to collaborate with the staff, board members and volunteers participating in this program review.

Contra Costa Behavioral Health
Stakeholder Calendar
May 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2 **NOTE:** **Reducing Health Disparities (RHD) and Training Advisory Workgroup (TAW)** meetings will be combined this month. Date TBD.	3	4	5 **Mental Health Commission (MHC):** 4:30 — 6:30 pm (Online/Telephone)	6 **CPAW:** 3:00—5:00 pm (Online/Telephone) **Counxil on Homelesness:** 1:00—3:00 pm (Online/Telephone)	7	8
9	10 **Contra Costa Learning Hub:** 1:00 — 3:00 pm (Online/Telephone)	11	12 **System of Care:** 10:00—11:30 am (Online/Telephone) **Aging /Older Adults: COVID-19 Workgroup** 2:00—3:30 pm (Online/Telephone	13 **Children's, Teens & Young Adults:** 10:30 am 12:30 pm (To Be Determined) **Social Inclusion:** 1:00—3:30 pm (Mental Health Awareness Month) (Online/Telephone)	14	15
16	17	18 **Behavioral Health Care Partnership:** 1:30—3:00 pm (Online/Telephone)	19	20 **CPAW Steering:** 2:00 — 3:00 pm (Online/Telephone) **MHC Quality of Care:** 3:30 — 5:00 pm (Online/Telephone)	21	22
23 30	24 **Innovation:** 2:30 — 4:00 pm (Online/Telephone 31	25 **Adult:** 3:00 — 4:30 pm (No Meeting)	26 **Aging /Older Adults:** 2:00—3:30 pm (Online/Telephone) **AOD Advisory Board:** 4:00 — 6:15 pm (Online/Telephone)	27	28 **Suicide Prevention Committee** 9:00 — 10:30 am (Online/Telephone)	29

Contra Costa Behavioral Health

May 2021

Committee Email Contacts**

Adults	robert.thigpen@cchealth.org
Aging and Older Adults	ellen.shirgul@cchealth.org
Alcohol & Other Drugs (AOD) Advisory Board	fatima.matalsol@cchealth.org
Behavioral Health Care Partnership (BHCP)	jennifer.tuipulotu@cchealth.org
Children, Teens & Young Adults	candace.collier@cchealth.org
Consolidated Planning Advisory Workgroup (CPAW)	audrey.montana@cchealth.org
Health, Housing & Homeless Services (H3)	jaime.jenett@cchealth.org
Innovation	jennifer.bruggeman@cchealth.org
Membership (CPAW)	audrey.montana@cchealth.org
Mental Health Commission (MHC)	angela.beck@cchealth.org
Reducing Health Disparities (RHD)	genoveva.zesati@cchealth.org
Social Inclusion	roberto.roman@cchealth.org
Steering (CPAW)	audrey.montana@cchealth.org
Suicide Prevention	jessica.hunt@cchealth.org
System of Care	genoveva.zesati@cchealth.org
Training Advisory Workgroup (TAW)	genoveva.zesati@cchealth.org

** Can also call the Mental Health Services (MHSA) Office at **(925) 313-9525** for committee meeting status updates.

Asian- Pacific Islander Community / Ally Resources

Contra Costa County Agencies

Asian Family Resource Center (AFRC): Small agency, no website, mainly serving older adults In the area.
12240 San Pablo Avenue, Richmond, CA

General Description of the Organization: AFRC provides multicultural and multilingual services, empowering the most vulnerable members of our community to lead healthy, productive and contributing lives.

Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County

Lao Family Community Development (LFCD)
https://lfcd.org/
1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806
(510) 215-1220

General Description of the Organization Founded in 1980, LFCD annually assists more than 15,000 diversek refugee, immigrant, limited English, and low income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation

Target Population: South Asian and South East Asian Families at risk for developing serious mental illness.

National Alliance on Mental Illness Contra Costa (NAMI CC)
http://www.namicontracosta.org
2151 Salvio Street, Suite V, Concord, CA 94520
(925) 942-0767

General Description of the Organization: NAMI CC has been assisting people affected by mental illness for over 30 years now. Services provide support, outreach, education, and advocacy to those affected by mental illness. NAMI's office is located in central Contra Costa County and the program has partnerships with other community and faith based organizations throughout the county that allow them to utilize their space and meet with people in their communities.

Asian- Pacific Islander Community / Ally Resources

NAMI CC's API Mandarin Support Group
Facilitated by Shelly Ji
Third Sunday of the month from 1:00pm – 3:00pm

Course focused in Chinese Community: Family-to-Family (Mandarin) serves to provides educational programs to help address the unique needs of the specified population, helping to serve Chinese community to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.

Email Shelly
(925) 765-8232
Zoom Link
Meeting ID: 990 6004 9476

Jewish Family & Community Servicesof the East Bay (JFCS East Bay)
https://jfcs-eastbay.org/
1855 Olympic Blvd. #200, Walnut Creek, CA 94596
(925) 927-2000

General Description of the Organization: Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

This agency serves refugees from different parts of the world. The groups served vary based on who is being granted refugee status in this country. During this time, they are serving Afghan, Syrian, Iranian, and Iraqi refugees.

Asian- Pacific Islander Community / Ally Resources

Other Resources

Asian Americans Advancing Justice- Bystander Intervention Trainings
https://www.advancingjustice-chicago.org/what-we-do/bystander-intervention-trainings/
Page is periodically updated with new training dates.

In this one-hour, interactive online training, participants will:

- learn about the types of disrespect and dangers that Asian and Asian American folks are facing right now and throughout history — from microaggressions to violence.
- understand what to look for in scenarios and the positive impact that bystander intervention has on individuals and communities.
- talk through five strategies (5Ds) for intervention and how to prioritize your own safety while intervening.
- practice using the 5Ds so that participants are confident intervening the next time they witness Anti-Asian harassment.

Tuesday, May 4, 9:00AM: **Register here**
Wednesday, May 5, 5:00PM: **Register here**
Thursday, May 13, 7:00PM: **Register here**
Monday, May 17, 12:30PM: **Register here**
Thursday, May 27, 1:00PM: **Register here**
Thursday, May 27, 7:00PM: **Register here**

Have questions? Check out our FAQs page!

Each Mind Matters- Asian and Pacific Islander Resources
https://www.eachmindmatters.org/mental-health/diverse-communities/api/

Stop Asian American Pacific Islander Hate
Visit: https://stopaapihate.org/

Please also read the most recent Stop AAPI Hate National Report **here.**

Women's Foundation of California
Please see information on the #StopAsianHate #StopWhiteTerrorism: Women's Foundation California Campaign here or by visiting the link below:
https://womensfoundca.org/stop-white-terrorism/?fbclid=IwAR0uz44_ZQV3vbzbnLViU3eje_heOGTKAJBGGrua5MiR6l9ywQaRZLpYoSc

The Board of Supervisors of
Contra Costa County, California

In the matter of: **Resolution No. 2021/114**

Condemning Xenophobia and Hate Crimes Against Asian American Pacific Islander (AAPI) Communities

WHEREAS, on November 10, 2020 the Contra Costa County Board of Supervisors declared racism as a public health crisis; and

WHEREAS, racism and scapegoating toward Asian American Pacific Islanders (AAPI) has persisted since the 19th century and lead to policies like the Chinese Exclusion Act of 1882, which prohibited immigration of Chinese laborers. During this time East Asians were represented as dangerous and threatening to the United States, one of many discriminating acts against immigrants from different Asian countries; and

WHEREAS, the use of anti-Asian inflammatory rhetoric blaming COVID-19 on the AAPI community has perpetuated anti-Asian stigma and increased violent hate crimes; and

WHEREAS, weaponizing this type of rhetoric is inaccurate and stigmatizing which incites fear and xenophobia, and puts individuals of Asian ancestry at risk of retaliation in addition to deterrence from accessing resources and services, appearing in public, and expressing their identity; and

WHEREAS, the belief that AAPIs are a monolithic group and achieve universal success, also known as the "model minority myth," perpetuates harmful stereotypes and masks the disparities within these communities, particularly among Southeast Asian Americans and Pacific Islanders; and

WHEREAS, the AAPI population is the fastest growing racial group in the United States; and

WHEREAS, the AAPI ethnic groups have made substantial and valuable cultural, economic, and civic contributions to the history of the United States, the State of California, and the County of Contra Costa; and

WHEREAS, over two million AAPIs are on the frontlines of the COVID–19 pandemic, working in health care, law enforcement, emergency services, food service, transportation and additional industries; and

WHEREAS, the national self-reporting center, Stop AAPI Hate, has recorded over 2,800 incidents of hate and discrimination in the United States since the pandemic began, with over 700 occurring in the Bay Area region; and

WHEREAS, Contra Costa County condemns all acts of hate and discrimination on the basis of race, ethnicity, national origin, or cultural basis; and

WHEREAS, Contra Costa County recognizes our AAPI families, friends and colleagues who face racism, as these widespread hate crimes have a traumatic rippling impact to

the AAPI community as well as the entire region; and

WHEREAS, Contra Costa County commends local community groups who have led grassroot efforts such as the civilian-led “foot strolls” in targeted areas like Oakland Chinatown with over 800 volunteers, to help protect the AAPI community; and

WHEREAS, Contra Costa County joins other cities, counties, and states across the country in affirming its commitment to the safety and well-being of citizens, non-citizens and visitors with ancestry from the Asia Pacific region and in combating racist acts targeting AAPIs.

NOW THEREFORE, BE IT RESOLVED that Contra Costa County calls upon all counties, cities, and local governments across the United States to adopt similar commitments to reaffirm their solidarity with AAPI communities and commit to combating hate by rejecting racist rhetoric and improving safety and health equity for all residents; **BE IT FURTHER RESOLVED** that this Board of Supervisors encourages the exchange of healthy dialogue and proactive education in a continued effort to value and appreciate our diversity; and **BE IT FURTHER RESOLVED** that this resolution shall become effective immediately upon passage and adoption.

_____

DIANE BURGIS
Chair, District III Supervisor

_____

JOHN GIOIA
District I Supervisor

_____

CANDACE ANDERSEN
District II Supervisor

_____

KAREN MITCHOFF
District IV Supervisor

_____

FEDERAL D. GLOVER
District V Supervisor

I hereby certify that this is a true and correct copy of an action taken
and entered on the minutes of the Board of Supervisors on the date
shown.

ATTESTED: March 30, 2021

Monica Nino, County Administrator

By: _____, Deputy

HEALTHY MINDS = HEALTHY LIVES
HEALTHY LIVES = HEALTHY COMMUNITIES
CELEBRATE MENTAL HEALTH WITH US!

ZOOM MEETING THURSDAY, MAY 13TH, 2021
SPECIAL CELEBRATION TIME: 1:00-3:30 PM

NATIVE AMERICAN HEALTH CENTER

Social Inclusion
HOPE STARTS WITH US

NAMI Contra Costa County
National Alliance on Mental Illness

RI INTERNATIONAL

PUTNAM CLUBHOUSE
purpose | hope | recovery

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Access the meeting via online video conference with this link:
https://cchealth.zoom.us/j/96176731835
To access the meeting via telephone conference,
dial 1-646-518-9805 then enter Meeting ID: 961 7673 1835 #

For more information, email
Roberto.Roman@cchealth.org or call (925) 957-5105.

See you there!