

# Mental Health Services Act (MHSA)

## Three Year Program and Expenditure Plan

FY 23/24 - 25/26



CONTRA COSTA  
**HEALTH**

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## Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for fiscal years 2023-26. MHSA Three Year Plans and Annual Updates can be found at: [Mental Health Services Act \(MHSA\) in Contra Costa County :: Behavioral Health :: Contra Costa Health Services \(cchealth.org\)](https://www.cchealth.org/mental-health-services-act).

The 23-26 Plan includes strategies to address emerging statewide initiatives that prioritize housing and related treatment services that will better serve those at risk of housing insecurity and those who are not connected to appropriate behavioral health supportive services. We look forward to continued community partnerships that have emerged since 2020 to address the COVID 19 pandemic recovery, 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 also 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.

The Three-Year Plan includes the following components:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities/ Information Technology (CF/TN)

### [Mental Health Services Act \(MHSA\) Background and Reporting Requirements](#)

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. 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. Finally, the Act requires the Three-Year Plan be developed with the active participation of local stakeholders in a Community Program Planning Process (CPPP).

Welfare and Institutions Code (WIC) Section § 5847 and California Code of Regulations (CCR) § 3310 require that MHSA plans address each of the five components listed above and annual expenditure projections for each component. MHSA Three Year Plans must be posted for a 30-day public comment period and the Mental Health Commission (local mental health board) shall conduct a public hearing at the conclusion of the public posting period (WIC § 5484). MHSA Three Year Plans and Annual Updates must be adopted by the Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of Board of Supervisor approval.

#### Core principles of MHSA

- Consumer/client and family-driven services
- Cultural responsiveness
- Focus on wellness, recovery, and resiliency
- Community collaboration
- Integrated service experiences for clients and families

#### Key Updates and New Programming for FY 23-26

- Full-Service Partnership performance indicators for FY 21-22
- Transitions Team Expansion to include new Behavioral Health Outreach Programs
- Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to acquire and develop capital projects for housing and treatment programs
- Funding to support Community Based Organizations (CBOs) during the transition to *California Advancing and Innovating Medi-Cal (CalAIM)*, a multi-year statewide initiative geared toward transforming the Medi-Cal delivery system. Due to significant changes in contract structure and payment/billing, a number of specialty mental health providers throughout the system will be eligible for one time pay-per-performance incentives

to support them during this transition to a fee for service payment structure.

- Prevention and Early Intervention (PEI) Data & Performance Indicators
- New [\*Suicide Prevention 5-Year Strategic Plan\*](#)
- Innovation project updates and new programming to increase equity and cultural responsiveness
- Investments in workforce retention and recruitment strategies
- Budget updated to reflect estimated available funding for FY 23-24

## 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 can 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

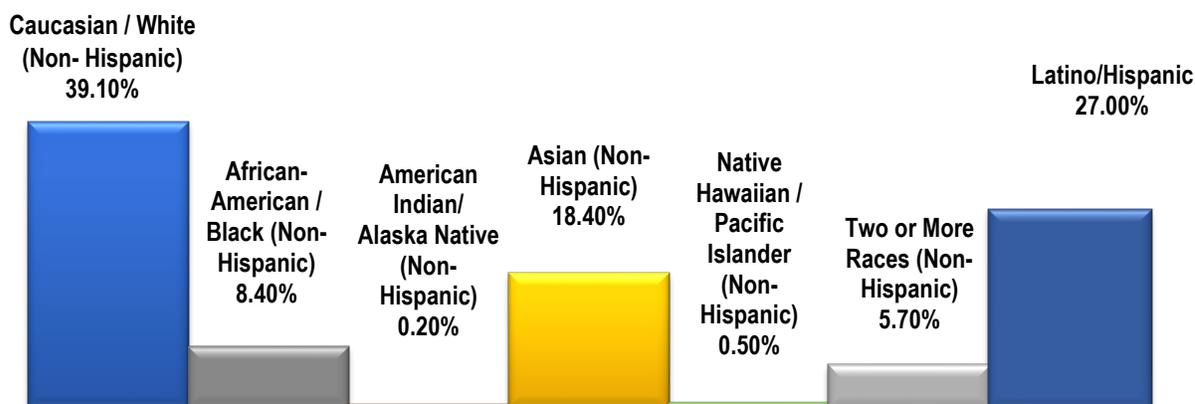
Behavioral Health Services Director

## Contra Costa County Demographics

### Contra Costa County Population Summary

According to the most recent 2020 US Census estimates, the population size in Contra Costa County is estimated at 1,165,927. It's estimated that about 8% of people in Contra Costa County are living in poverty and about 33% of the residents have public health coverage. Information released by the State of California's Department of Finance, projects that population size is expected to grow. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, about 77% of the population is 18 or older, with about 23% of the population being children. About a quarter of the residents are foreign born. The figure below was sourced from the 2020 Census Diversity Index by County.

**Figure 1: Contra Costa County 2020 Projected Racial/ Ethnic Populations**

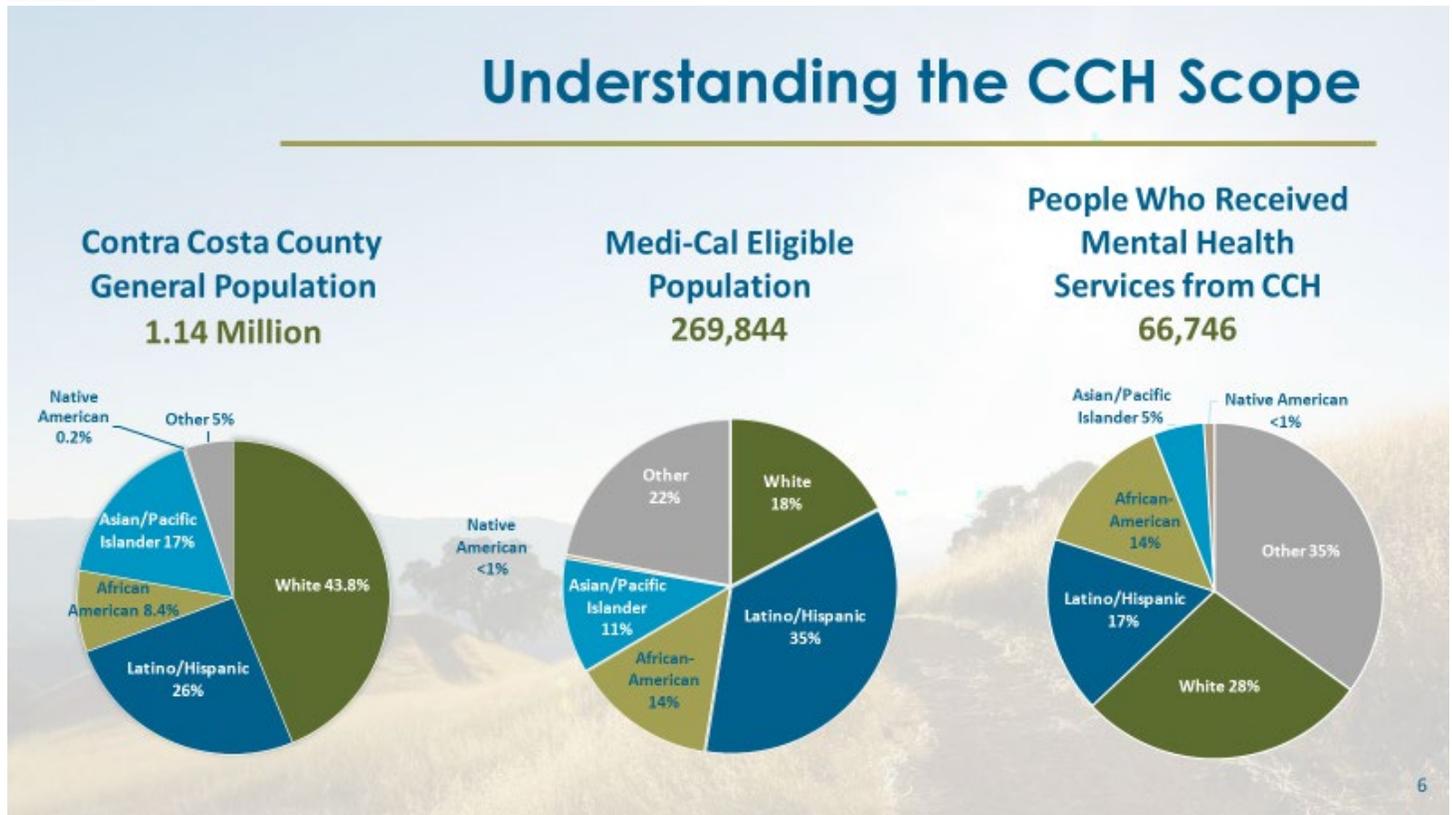


### Disparities in Utilization of Services

In Contra Costa County there are nearly 270,000 residents that are eligible for Medi-Cal services. Data shows that of this group, Latino/Hispanic and Asian/Pacific Islander communities are accessing behavioral health services at lower rates than other ethnic communities (see Figure 2). Systems wide initiatives designed to address these disparities are outlined in the Cultural Humility Plan and throughout the MHSa Three Year Plan. The most recent CHP can be found at:

[2020-2023 Cultural Humility Three Year Plan \(cchealth.org\)](https://cchealth.org/2020-2023-Cultural-Humility-Three-Year-Plan)

Figure 2



Contra Costa MHSa is proud to partner with a broad range of community-based organizations that serve diverse communities throughout the county. Below is a list of some community partners (Figure 3), as well as a graph depicting the primary populations served by our Prevention and Early Intervention (PEI) and other programs (Figure 4) through the use of MHSa funds.

Figure 3



Figure 4

### MHA Funds Used to Serve Diverse Communities

	African-American/Black	Latina/o/e / Hispanic	Asian	Children & Youth	LGBTQIA+	Indigenous / Native American	Older Adults	Recent Immigrants	Faith-Based	Peer Providers
Asian Family Resource Center			✓					✓		
Building Blocks for Kids	✓	✓		✓						
Center for Human Development	✓	✓		✓	✓		✓			✓
Child Abuse Prevention Council		✓		✓						
Contra Costa Crisis Center	✓	✓								✓
Counseling Options and Parent Education (COPE)	✓	✓		✓						
First Five	✓	✓	✓	✓						
Hope Solutions	✓	✓		✓						✓
James Morehouse Project	✓	✓	✓	✓						
Jewish Family & Community Services of the East Bay		✓	✓	✓				✓		✓
La Clínica de la Raza		✓		✓						
Lao Family Community Development			✓					✓		
Lifelong Medical Care	✓						✓			
Mental Health Connections (formerly Putnam Peer Connections Center)										✓
National Alliance for Mental Illness Contra Costa		✓	✓						✓	✓
Native American Health Center				✓		✓				✓
People Who Care	✓	✓		✓						✓
Rainbow Community Center				✓	✓					
RYSE	✓	✓	✓	✓	✓					
Stand!		✓		✓						
The Latina Center		✓		✓						
Vicente Martinez High School				✓						✓
We Care Services for Children	✓	✓		✓						

## The Community Program Planning Process

Each year CCBHS utilizes a Community Program Planning Process (CPPP) to gather meaningful stakeholder input toward accomplishing the following:

- Identify issues related to mental illness that result from a lack of behavioral health services and supports
- Analyze behavioral health needs
- Identify priorities and strategies to meet these behavioral health needs

### **MHSA Advisory Council (formerly Consolidated Planning and Advisory Workgroup - CPAW)**

<p>CCBHS continues to seek counsel from its ongoing stakeholder body, the MHSA Advisory Council (formerly CPAW), which convenes every other month. Over the years MHSA Advisory Council 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. The Advisory Council 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. The Advisory Council 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.</p>	<p><b>MHSA ADVISORY COUNCIL MEMBERSHIP SEATS</b></p> <ul style="list-style-type: none"> <li>• <i>Alcohol &amp; Other Drug Services (AOD)</i></li> <li>• <i>CBO Service Provider(s)</i></li> <li>• <i>CCBHS Service Provider(s)</i></li> <li>• <i>Consumer(s)</i></li> <li>• <i>Criminal Justice</i></li> <li>• <i>Education</i></li> <li>• <i>Faith Based Leadership</i></li> <li>• <i>Family Member(s)</i></li> <li>• <i>Family Partner – Youth</i></li> <li>• <i>Family Partner – Adult</i></li> <li>• <i>Health, Housing and Homelessness</i></li> <li>• <i>Mental Health Commission (Board)</i></li> <li>• <i>Peer Provider</i></li> <li>• <i>Underserved Population(s)</i></li> <li>• <i>Veterans</i></li> </ul>
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Community Meetings

During the fiscal year, MHSa hosts numerous public stakeholder meetings.

Meeting	Purpose	Frequency
MHSa Advisory Council – Main Meeting	Opportunity for members of the public to dialogue with the Behavioral Health Director; discuss issues relevant to MHSa, including review existing programming, funding and evaluation	Bi -Monthly
MHSa Advisory Council Sub Committee – Innovation / Systems of Care	Learn, discuss, and provide input on new and emerging MHSa related programs that impact Behavioral Health Services system of care, including programs under the Innovation component.	Quarterly
MHSa Advisory Council Sub Committee – Steering	Develop monthly agenda for Advisory Council main meeting, including identifying presentation & discussion topics	Bi-Monthly
MHSa Advisory Council Sub Committee – Membership	Review new applications for MHSa Advisory Council Membership	As Needed
Suicide Prevention Coalition	Countywide collaborative co-hosted with the Contra Costa Crisis Center. Responsible for Suicide Prevention Strategic Planning	Monthly
Youth Suicide Prevention Sub-Committee	Youth-focused collaborative that serves as a platform for networking and information sharing around issues related to youth mental health and suicide prevention	Quarterly
Reducing Health Disparities	Focus on diversity, equity, inclusion and reducing disparities within the behavioral health care system with an ongoing goal of being trauma informed, working against racism, addressing historical barriers to services, and promoting equity, wellness, recovery and resiliency both in service delivery and within the workforce. Provides input related to the annual Cultural Humility Plan.	Quarterly
Assisted Outpatient	Discussion and support around the work of County	Quarterly

Treatment Workgroup (AOT)	AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	
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### Stakeholder Incentives

Members of the community may be incentivized for participating in stakeholder events and meetings, including public forums, MHSA Advisory Council and sub-committee meetings through the use of gift cards. Gift cards of up to \$30 may be given to non-paid community members for participation in meetings and events ranging from 1-4 hours.

### MHSA Presentations and Orientation

In addition to scheduled stakeholder meetings and community events, the MHSA Team provides informational presentations upon request. Some examples include:

- Annual MHSA presentation for the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class. SPIRIT is a nine-unit college course taught in collaboration with Contra Costa College which offers peers and those with lived experience an opportunity to develop skills, obtain certification and ultimately find employment within the behavioral health care field.
- Alcohol and Other Drugs (AOD) Advisory Board
- CCBHS Access Team
- School-Based Mental Health Providers
- Cal State University East Bay – Nursing Students

In addition, MHSA staff regularly attend the Mental Health Commission (local mental health board) meetings and provide information and presentations related to MHSA, as requested. Orientations to the MHSA are provided upon request by individuals or groups. Related documents are located on the MHSA website: [Mental Health Services Act \(MHSA\) in Contra Costa County :: Behavioral Health :: Contra Costa Health Services \(cchealth.org\)](https://www.cchealth.org/behavioral-health/mental-health-services-act).

### Surveys

In November 2022, a community survey was launched through SurveyMonkey. It was distributed to at least 800 community members and offered in multiple languages. The survey was intended to elicit feedback from the community regarding prioritization of MHSA funds.

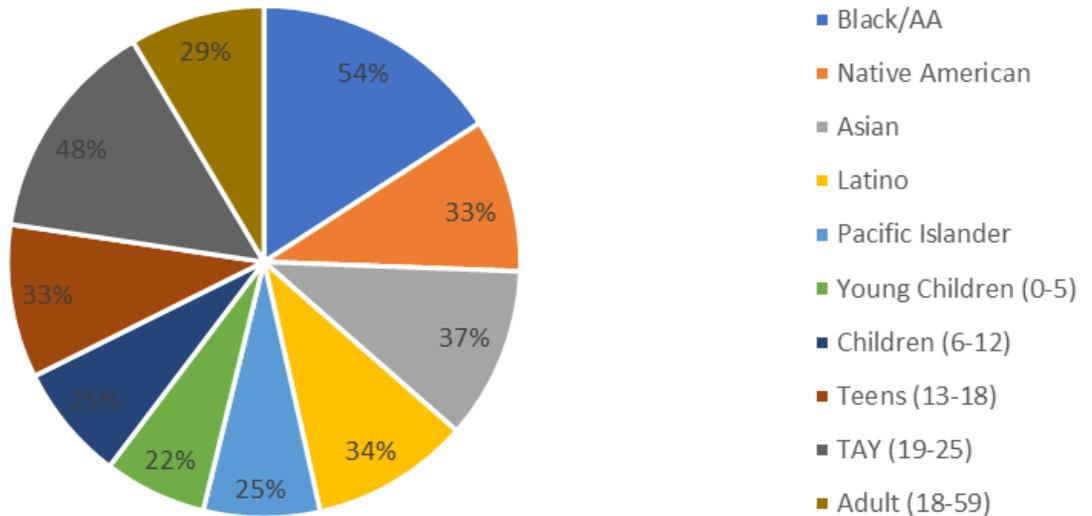
Members of the community provided responses as indicated below.

- What are the biggest barriers and gaps for people to get behavioral health resources and appropriate treatment needed for their recovery?



- What groups and/or cultural communities are not being adequately served?

## What Top 10 groups are not being adequately served by CCBHS?



Which of the following MHS funded service areas have been effective in addressing local behavioral health concerns?

1. Crisis Services (34)
2. Culturally Responsive Programs (i.e. Prevention and Early Intervention) (26)
3. Peer Wellness Centers / Early Psychosis Program (tied at 23)
4. Housing Services for people with mental health challenges (22)
5. Full-Service Partnerships (19)
6. Workforce Development Projects (including loan repayment) (11)

### Preferred Method of Providing Input

1. Electronic Survey (36)
2. Live Zoom Event (26)
3. Live In Person Event (10)
4. Contact Staff Directly (7)
5. Attend monthly public stakeholder meetings (i.e. CPAW) (6)

### Demographic Info

Age: 29% 51-65, 25% 66+, 24% 36-50, 8% 26-35

Region of Residence: 30% Central, 25% South, 23% East, 15% West, 7% Decline

Race: 49% White, 18% Black, 13% Latino, 12% Asian, 8% Decline

Identity: 54% Family member/caregiver of an adult, 39% Provider, 37% Consumer / Peer, 21% Faith Community, 20% Family member/caregiver of a child, 6% Veteran/Active Military, 2% Law Enforcement

Trends:

Zoom events preferred over In Person event. Survey most popular mode.

74% of respondents identify as family member/caregiver of adult or child with mental health issues, which is an increase from previous years.

### [Community Forums Informing the 2023-26 Three Year Plan](#)

In preparation of the 23-26 Three Year Plan, we held the following MHSA community forums:

#### *Innovation Community Forum*

- March 4, 2022

An overview of the MHSA was provided with particular focus on the Innovation component. New project ideas were reviewed and input from the community was received through small group listening sessions.

#### *Town Hall for Providers*

- October 26, 2022

Providers engaged in informational and listening sessions where they were able to identify priority populations and service needs, as well as staff training needs.

#### *Virtual Community Events*

- November 3, 2022
- November 17, 2022
- December 15, 2022

Participants were able to learn about the MHSA, engage in listening sessions, small group discussions and provide direct feedback regarding prioritization of future programming and funding related to the MHSA.

*In Person Community Mental Health Forum: **Real Talk, Real Voices, Real Solutions***

- January 21, 2023 – Richmond, CA

In collaboration with the Richminds Coalition (including over 10 service provider organizations working with underserved communities in West County), we hosted a full-day wellness event with multiple presentations and break out discussion groups. The event was focused on outreach and engagement to underserved and unserved communities of color.

**Summary.** The community program planning process identifies current and ongoing behavioral 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 array 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 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.

## The Plan

### Community Services and Supports

Community Services and Supports (CSS) 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 CSS 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 \$81,905,000 million for FY 2023-24 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 behavioral health service providers to enter into collaborative relationships with clients, called Full-Service Partnerships (FSP). Personal service coordinators develop an individualized services and support plan (or treatment 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. FSP programs are a crucial component that assists in recovery and wellness for individuals with a serious mental illness or serious emotional disturbance.

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 most 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 2021-22 data was obtained for 450 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation. Additional performance indicators were used to gauge *productive meaningful activity* (which may include: work, education, vocation / training programs and volunteerism for individuals with serious and debilitating mental health challenges) and risk of homelessness. An analysis of FSP programs has shown to generally have an impact on decreasing homelessness, incarceration, and psychiatric emergency service (PES) visits. Although there is often a positive impact on participation in productive meaningful activity, due to the COVID pandemic during the reporting period (21-22), opportunities in this area were limited. Results are below:

- A 61.2% decrease in the number of PES episodes
- A 69.9% decrease in the number of in-patient psychiatric hospitalizations
- A 47.8% decrease in the number of in-patient psychiatric hospitalization days
- 19.7% decrease in productive meaningful activity (average hours per week)
- 55.5% decrease in number of unhoused

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. EMBRACE Mental Health formerly known as (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 2023-24
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	1,001,479
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	1,069,956
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65	1,056,614
Children’s Clinic Staff	County Operated	Countywide	Support for full-service partners	603,053
Children’s Flex Fund		Countywide		50,000
Eating Disorder Treatment	TBD	Countywide		1,000,000
*CALAIM transitional support funds		Countywide		17,520,000
<b>Total</b>			<b>200</b>	<b>\$22,301,102</b>

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

- 1) Fred Finch Youth Center is 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 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 23-24
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,643,231
Transition Age Youth Full-Service Partnership	Youth Homes	Central and East County	30	794,041
County support costs (vehicles)		Countywide		24,000
*CALAIM transitional support funds		Countywide		1,121,000
<b>Total</b>			<b>100</b>	<b>\$3,582,272</b>

**Adult and Older 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 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 23-24
Full-Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,532,294
		East County	70 (Adult) 5 (Older Adult)	
Full-Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,147,773
Full-Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	297,404
*CalAIM Transitional Support Funds		Countywide		3,759,000
Adult Housing Flex Fund		Countywide		50,000
County Support Costs (vehicles)		Countywide		24,000
<b>Total</b>			<b>230</b>	<b>\$9,810,471</b>

**\*CalAIM Transitional Support Funds** – also described on pages 3-4, these are temporary funds offered in FY 23-24 to support community-based organizations who provide specialty mental health services as they transition from cost-based to fee-for-service contracts, as part of the statewide CalAIM effort. These funds were calculated through a cost survey analysis and will be offered on a pay-per-performance basis to qualified agencies to keep them whole during the transition year.

**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 MHSAs funded portion for Adult Mental Health Clinic Support:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full-Service Partners	2,477,381
<b>Total</b>				<b>\$2,477,381</b>

**Assisted Outpatient Treatment.** In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSAs 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 meets 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 MHSAs funded portion for Assisted Outpatient Treatment programming:

<b>Program/ Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,404,822
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	677,881
<b>Total</b>			<b>75</b>	<b>\$3,082,703</b>

**Wellness and Recovery Centers.** Mental Health Connections (formerly Putman Clubhouse) 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, known as Putnam Peer Connection 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, nutrition education, advocacy services and training, arts and crafts, and support groups.

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

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
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Wellness and Recovery Centers	Mental Health Connections	West, Central, East County	200	\$1,100,039
<b>Total</b>			<b>200</b>	<b>\$1,100,039</b>

**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 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.

In addition, CCBHS is in the process of developing a Request for Proposal (RFP) for a second Crisis Residential Center, following the recent closure of Neireka House.

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

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,408,428
New Crisis Residential	TBD	Countywide	TBD	TBD
<b>Total</b>			<b>200</b>	<b>\$2,408,428</b>

**MHSA Funded Housing Services.** MHSA funds for housing supports supplements that which is provided by CCBHS and the County’s Health, Housing and Homeless (H3) 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 permanent supportive housing, 4) housing continuum and resource development 5) a centralized county operated coordination team.

1) Temporary Shelter Beds. The County’s Health, Housing and Homeless Services (H3) Division operates several temporary bed facilities for adults and transitional age youth. CCBHS has a

Memorandum of Understanding (MOU) with the H3 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 1,638 bed nights per year for the Bissell Cottages, Pomona Street Apartments and McGovern House transitional living programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 2,920 bed nights for the Philip Dorn Medical Respite Shelter in Concord, which serves those in need of recuperative care following a hospital discharge.

- 2) Augmented Board and Care. The County contracts with several 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. MHSA currently funds a number of augmented board and care providers to augment clients board and care with additional agreed upon care for persons with seriously mental illness. These providers include, but are not limited to, Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An additional provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a transitional residential program, The Pathway, 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. Additional funding is also being allocated to address market competitiveness for rates being paid to small adult residential facilities and to assist older adult clients to maintain the home and placement that they have successfully lived in for many years.
- 3) Permanent Supportive Housing: Master Leased and Scattered Site. 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, maintenance and administers County-funded rental subsidies to support individuals and their families to move in and maintain their homes independently.

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 several one-time capitalization projects to create 39 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, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue (Arboleda) 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 state-run MHSA Housing Program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). Under SNHP, the County received and distributed \$1.73 million in state level MHSA funds to preserve, acquire or rehabilitate housing units, and added 5 additional units of permanent supportive housing at the St. Paul Commons in Walnut Creek. The Department of Health Care Services (DHCS) notified county mental health plans that the deadline to use SNHP funds was June 30, 2023.

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 need 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 have been developed and submitted to the state. Through the four completed funding rounds Contra Costa has or will add up to 61 permanent supportive housing units.

**Round 1** - Contra Costa was awarded competitive funding in partnership with Satellite Affordable Housing Association (SAHA) in the amount of \$1,804,920 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. During Round 1 County accepted the State's non-competitive funds in the amount of \$2,231,574 to be allocated in future funding rounds.

**Round 2** - Contra Costa was awarded funds to construct permanent supportive housing units in the Central region of the County. An award was granted to Resources for Community Development (RCD) in the amount of \$6,000,163 for 13 NPLH Units at their *Galindo Terrace* development.

**Round 3** – Selected RCD as recipient of County's non-competitive funds in the amount of \$2,231,574 for 9 units located at *699 Ygnacio Valley Rd* in Walnut Creek.

**Round 4** – CCBHS sponsored two additional projects that were awarded funds by the Department of Housing and Community Development (HCD.) The first project is an 8-unit development located in Richmond submitted in partnership with Community Housing Development Corporation and Eden Housing in the amount of \$3,718,780. A second County sponsored project was submitted by Resources for Community Development (RCD) which was awarded \$13,002,266 for 21 additional units (total of 30 dedicated NPLH units) for the project at 699 Ygnacio Valley Road that had previously been awarded non-competitive dollars during the Round 3 project period.

4) Housing Continuum and Resource Development. In the past year, and over the course of this three-year planning period, the State and Federal government have and will release multiple housing infrastructure-related grant opportunities for Counties. During fiscal year 2022/2023 CCBHS submitted projects under the Behavioral Health Continuum Infrastructure Program (BHCIP) and has submitted plans to participate the Behavioral Health Bridge Housing (BHBH) program and intends to also submit an additional plan under the Department of State Hospital Incompetent to Stand Trial and Competency Restoration program. CCBHS has also accepted an allocation from Department of Social Services to fund the Community Care Expansion Preservation program intended to stabilize existing licensed adult residential facilities (ARF) and residential care facilities for the elderly (RCFE). County intends to continue to apply for other opportunities as they are released. CCBHS recognizes supported housing for people living with a mental health condition as a priority issue and is committed to leveraging existing resources to meet that need by fortifying our existing housing continuum of care. This plan budgets funds to allow CCBHS to complete proposed projects and provides funding for any potential County required funding match needed to take advantage of historic funding opportunities. Additional funding has also been allocated to allow the CCBHS to locally fund and take advantage of potential projects that address other gaps in the housing continuum.

Finally, in order to better support clients additional funding is being allocated to emergency care funds to support clients at certain facilities while social security benefits are pending. Additionally, this budget allocates funding to support clients and Housing Services staff address the often-unforeseen challenges that arise by creating a housing flex fund. This fund may be used to address small, unplanned and/or temporary financial needs related to maintaining a home.

5) Coordination Team. The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs and services, and provides contract monitoring and quality control. A Chief of Supportive Housing Services oversees the Coordination Team and MHSAs funded housing units.

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

Plan Element	County/ Contract	Region Served	Number of MHSAs beds, units budgeted	MHSA Funds Allocated for FY 23-24
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,110,379
Augmented Board and Care *	Crestwood Healing Center	Countywide	80 beds	1,070,788

Augmented Board and Care *	Various	Countywide	335 beds	6,779,293
Master Lease	Contract	Countywide	110 units	3,163,135
Scattered Site	Contractor Operated	Countywide	39 units	State MHSA funded
CCE Preservation Match		Countywide	Varies	320,000
BHCIP/Infrastructure Program Match		Countywide	Varies	3,000,000
Coordination Team	County Operated	Countywide	Varies	1,054,003
Emergency Care Funds (ECF)		Countywide	Varies	60,000
Housing Flex Fund		Countywide	Varies	50,000
Continuum Resource Development	To be determined	Countywide	TBD	4,300,000
Total Beds/Units/New Programming			690**	\$21,907,598

\*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 22-23 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 23-24
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Intensive Care Management	County Operated	Countywide	237	3,964,286
IMPACT	County Operated	Countywide	138	433,536
<b>Total</b>			<b>375</b>	<b>\$4,397,822</b>

**Supporting Children and Young Adults.** There are two programs supplemented by MHS 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). 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 MHS funding 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 MHSAs 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 23-24
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,211,646
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	761,830
<b>Total</b>				<b>\$1,973,476</b>

**Concord Health Center.** The County’s primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. A Behavioral Health Clinician and Community Support Worker (peer) work together as a team to provide an integrated response to adults visiting the clinic for medical services who also have a co- occurring behavioral health issues.

MHSA funds additional similar positions in the regional behavioral health clinics to provide enhanced support.

The MHSAs allocation for the Concord Health Center and clinics is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Supporting all Outpatient Clinics	County Operated		Supports clients served by clinics	918,923
<b>Total</b>				<b>\$918,923</b>

**Liaison Staff.** CCBHS partners with CCRMC to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) 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 23-24
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	165,692
<b>Total</b>				<b>\$165,692</b>

**Clinic Support.** County positions are funded through MHSA to supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in direct response to identified needs surfaced in prior Community Program Planning Processes.

- 1) 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 used 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.
- 4) Transitions Team Expansion. Funds have been allocated to support a **Street Psychiatry** initiative, which will offer field-based nursing and psychiatry services to community members who are unhoused or facing other challenges that prevent them from coming into the clinic. The Transitions Team will also support a new **Mental Health Library Initiative** by fielding a team of two field-based staff (one clinician and one peer support specialist). This team will work with county libraries that have been identified as having a high number of unhoused patrons who are living with untreated mental health and substance use disorders. The team will provide outreach and engagement, linkage to community supports and services, and support to library staff.

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 23-24
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	741,930
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	158,421
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	248,568
Transition Team Expansion	County Operated	Countywide		767,238
<b>Total</b>				<b>\$1,916,157</b>

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

**Mobile Crisis Response Team (MCRT).** During the FY 2017-20 Three Year Plan the Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) with law enforcement to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers 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.

The passage of the Measure X sales tax has allowed for further expansion of crisis services in Contra Costa. The adult Mobile Crisis Response Team, formerly funded by MHSA, has now been expanded and moved under the Anyone, Anywhere, Anytime (A3) program, which is a new system for delivering safe, appropriate care to county residents who are experiencing behavioral health

emergencies. Once fully brought to scale, the program will offer 24-hour mobile crisis response teams available throughout the county, as well as the comprehensive Miles Hall Crisis Hub where a number of related services will be available to community members.

The MHSAs allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Forensic Team	County Operated	Countywide	Support to the Forensic Team	660,904
Total				\$660,904

**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 23-24
Medication Monitoring	263,226
Clinical Quality Management	849,492
Clerical Support	344,313
Total	1,457,031

2) Administrative Support.

Function	MHSA Funds Allocated for FY 23-24
Program and Project Managers	1,565,400

Clinical Coordinator	137,007
Planner/Evaluators	578,883
Family Service Coordinator	123,001
Administrative and Financial Analysts	536,697
Clerical Support	433,074
Stakeholder Facilitation (contract)	15,936
ACT/AOT Fidelity Evaluation (contract)	100,000
Evaluation and Reporting	100,000
CPP	25,000
Language (Interpreter Services)	10,000
AOD Incentive	120,000
<b>Total</b>	<b>\$3,745,000</b>

**Community Services and Supports (CSS) FY 23-24 Program Budget Summary**

<b>Full-Service Partnership (FSP Programs)</b>		<b>Number to be Served: 1,380</b>	<b>\$66,669,996</b>
	Children	22,301,102	
	Transition Age Youth	3,582,273	
	Adults – Includes total funding listed in <i>Adult Full-Service Partnership Programming table and Adult Mental Health Clinic Support table.</i>	12,287,853	
	Assisted Outpatient Treatment	3,082,702	
	Wellness and Recovery Centers	1,100,039	
	Crisis Residential Center	2,408,428	
	MHSA Housing Services	21,907,599	
<b>Non-FSP Programs (General System Development)</b>			<b>\$15,235,004</b>
	Older Adult Mental Health Program	4,397,822	

	Children’s Wraparound, EPSDT Support	1,973,476	
	Concord Health Center	918,923	
	Liaison Staff	165,692	
	Clinic Support	1,916,157	
	Forensic Team	660,904	
	Quality Assurance	1,457,030	
	Administrative Support	3,745,000	
<b>Total</b>			<b>\$81,905,000</b>

## Prevention And Early Intervention (PEI)

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 over \$11 million 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 like that conducted in 2005-2006 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.

**Plan and Service Requirements:** The PEI Community Planning Process requires local stakeholders to recognize the following parameters for this funding stream:

- All ages must be served and at least 51% of the funds must serve children and youth ages 0-25 years.
- Disparities in access to services for underserved ethnic communities must be addressed.
- All regions of the county must have access to services.
- Early intervention should be low-intensity and short duration.
- Early intervention may be higher in intensity and longer in duration for individuals experiencing first onset of psychosis associated with serious mental illness.
- Individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources.

### PEI Strategies:

- Prevention
- Early intervention
- Outreach
- Stigma and discrimination reduction
- Access and linkage to treatment
- Improving timely access to treatment
  - Suicide prevention

### PEI Priorities:

- Culture and language
- Youth outreach and engagement
- Older Adults
- Childhood trauma
- Early psychosis
- Early Identification

The figure on the next page represents both the PEI strategies documented in the California Code of Regulations (CCR) and the priorities enshrined through SB 1004 that all counties must adhere to.

Prevention and Early Intervention **STRATEGIES** and **PRIORITIES**

Build protective factors; reduce risk factors for developing a SMI. Improve mental health for people with a greater than average risk of SMI.

**PREVENTION**

**CHILDHOOD  
TRAUMA**

Prevention and early intervention to deal with the early origins of mental health needs.

MH treatment, including relapse prevention, to promote recovery for a mental illness early in emergence.

**EARLY  
INTERVENTION**

**EARLY PSYCHOSIS  
& MOOD  
DISORDERS**

Detection and intervention and mood disorder and suicide prevention programming that occurs across the lifespan.

Engage/train potential responders to recognize and to respond to early signs of a severe and disabling mental illness.

**OUTREACH**

**YOUTH  
OUTREACH AND  
ENGAGEMENT**

Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.

Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to MH diagnosis or to seeking MH services.

**STIGMA &  
DISCRIMINATION  
REDUCTION**

**CULTURE AND  
LANGUAGE**

Culturally competent and linguistically appropriate prevention and intervention.

Activities to connect people with SMI to medically necessary early care and treatment.

**ACCESS &  
LINKAGE TO  
TREATMENT**

**OLDER ADULTS**

Strategies targeting the mental health needs of older adults.

Provide culturally and linguistically appropriate mental health services as early as possible.

**IMPROVING  
TIMELY ACCESS  
TO TREATMENT**

**EARLY  
IDENTIFICATION**

Prevention and early intervention to deal with the early origins of mental health needs.

Activities that the County undertakes to prevent MH-related suicide. May be part of Prevention or Early Intervention program.

**SUICIDE  
PREVENTION**

<b>PEI Strategies &amp; Priorities Crosswalk</b>	<b>Prevention</b>	<b>Early Intervention</b>	<b>Outreach</b>	<b>Stigma &amp; Discrimination Reduction</b>	<b>Access and Linkage to Treatment</b>	<b>Improving Timely Access</b>	<b>Suicide Prevention</b>
<b>Childhood Trauma</b>	BBK		COPE First Five We Care			CAPC	
<b>Early Psychosis &amp; Mood Disorders</b>		First Hope			JMP	RCC	CCCC
<b>Youth Outreach and Engagement</b>	BBK Vicente PWC Putnam RYSE		COPE First Five Hope Solutions We Care	OCE	JMP STAND! Juvenile Justice	CHD RCC	CCCC
<b>Culture &amp; Language</b>			AFRC JFCS NAHC Latina Center			CHD CAPC La Clinica LFCD RCC	CCCC
<b>Older Adults</b>	Putnam		AFRC Hope Solutions JFCS NAHC	OCE		CHD La Clinica Lifelong LFCD RCC	CCCC
<b>Early Identification</b>	BBK		Hope Solutions Latina Center COPE We Care			CAPC	

All programs contained in the PEI component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved.

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 19-22, over 29,000 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCH to report on the following outcome indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity, primary language, and sexual orientation, enable an assessment of the impact of outreach and engagement efforts over time.
- 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.

## Evaluation Component

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; c) ensure compliance with stature, regulations, and policies. Each of the MHSA funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

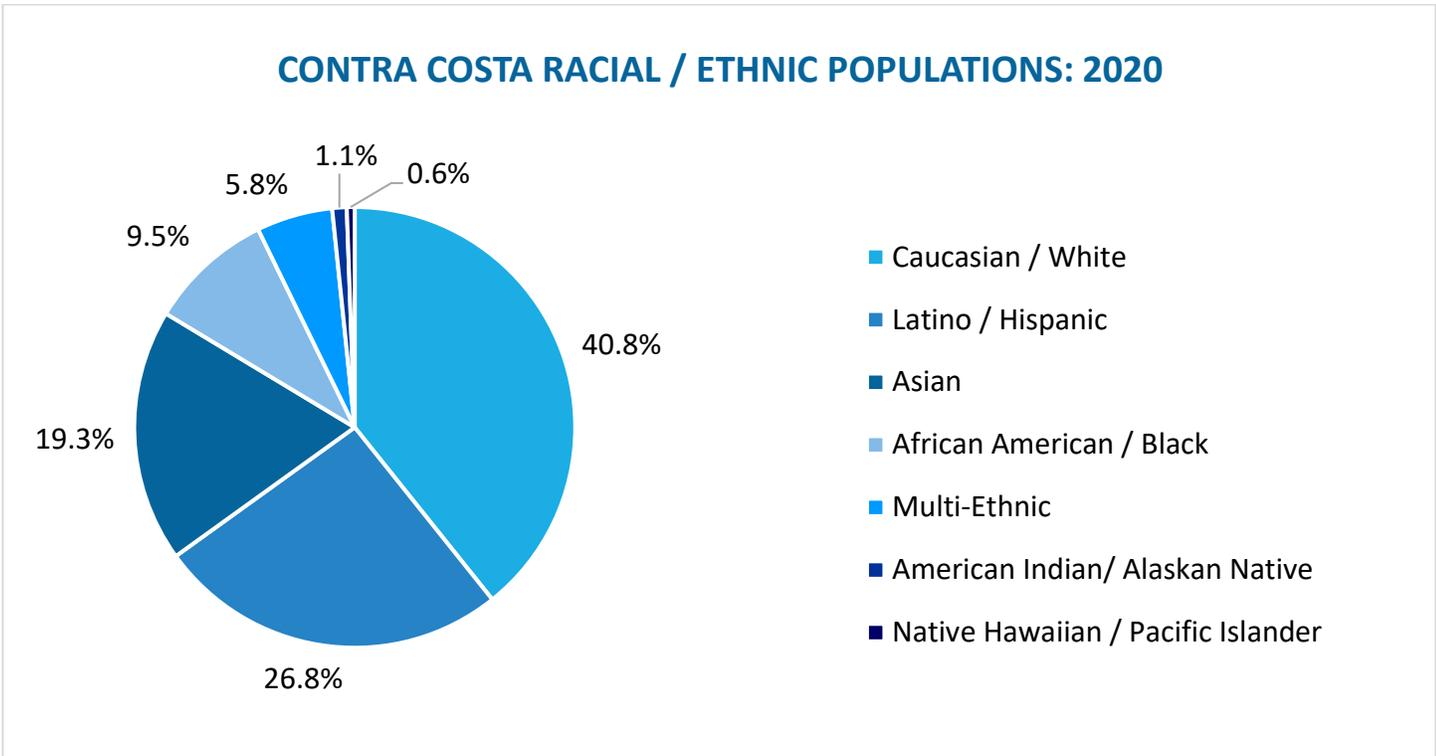
- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed 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 the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI program and fiscal reviews can be found [HERE](#). During FYs 18-20, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019, August 1, 2019, January 9, 2020, February 6, 2020. Reviews for FY 20-21 and 21-22 were not completed due to the COVID-19 pandemic. Reviews are resuming in FY 22-23 and will be available in future annual updates.

# PEI AGGREGATE DATA FY 21-22

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the [United States Census Bureau](#) and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 29,000 individuals per year during the previous three-year period, FYs 19-22. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup (CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 19-22. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants

declined to respond to demographic information, and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 19-20: 32,442; FY 20-21: 29,105; FY 21-22: 30,442

<b>TABLE 1. AGE GROUP</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
Child (0-15)	1,395	831	1,211
Transition Age Youth (16-25)	4,514	2,944	2,376
Adult (26-59)	9,096	7,204	10,029
Older Adult (60+)	2,623	3,185	5,029
Decline to State / Data Not Captured	14,814	14,941	11,798

<b>TABLE 2. PRIMARY LANGUAGE</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
English	24,071	22,766	24,169
Spanish	1,959	1,522	2,060
Other	1,033	891	1,392
Decline to State / Data Not Captured	5,393	3,926	2,852

<b>TABLE 3. RACE</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
More than one Race	646	318	488
American Indian/Alaska Native	348	136	162
Asian	1,932	1,512	2,134
Black or African American	3,262	2,251	4,040
White or Caucasian	7,537	8,270	8,737
Hispanic or Latino/a	3,849	2,812	3,510
Native Hawaiian or Other Pacific Islander	618	55	192
Other	248	142	508
Decline to State / Data Not Captured	14,104	13,842	10,709

<b>TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
African	443	309	231
Asian Indian/South Asian	1,036	754	794
Cambodian	3	2	1
Chinese	195	37	51
Eastern European	135	27	9
European	304	128	142
Filipino	33	30	39
Japanese	3	5	2
Korean	2	6	1
Middle Eastern	12	14	478
Vietnamese	152	185	217
More than one Ethnicity	463	109	78
Other	153	110	368
Decline to State / Data Not Captured	28,453	26,650	27,395

<b>TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
Caribbean	4	3	3
Central American	101	100	174
Mexican/Mexican American /Chicano	1,251	713	694
Puerto Rican	9	14	12
South American	8	23	17
Other	23	95	326

<b>TABLE 6. SEXUAL ORIENTATION</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
Heterosexual or Straight	11,553	16,400	20,926
Gay or Lesbian	99	198	214
Bisexual	156	132	141
Queer	18	21	71
Questioning or Unsure of Sexual Orientation	25	52	36
Another Sexual Orientation	82	111	68
Decline to State / Data Not Captured	20,509	12,193	8,990

<b>Table 7. Gender Assigned at Birth</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Male	10,113	7,031	7,930
Female	11,311	10,822	14,682
Decline to State / Data Not Captured	9,495	11,252	7,830

<b>TABLE 8. CURRENT GENDER IDENTITY</b>	<b>FY 19-20 # SERVED</b>	<b>FY 20-21 # SERVED</b>	<b>FY 21-22 # SERVED</b>
Man	10,263	6,846	8,008
Woman	11,281	10,696	14,319
Transgender	146	91	96
Genderqueer	11	14	24
Questioning or Unsure of Gender Identity	8	15	10
Another Gender Identity	15	68	58
Decline to State / Data Not Captured	10,718	11,377	7,927

<b>Table 9. Active Military Status</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Yes	31	81	105
No	2,873	2,894	2,983
Decline to State / Data Not Captured	29,073	26,132	27,354

<b>Table 10. Veteran Status</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Yes	103	178	124
No	3,427	3,173	3,863
Decline to State / Data Not Captured	28,912	25,756	26,455

<b>Table 11. Disability Status</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Yes	558	965	557
No	1,768	1,410	1,588
Decline to State / Data Not Captured	30,094	26,730	28,297

<b>Table 12. Description of Disability Status</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Difficulty Seeing	88	101	65
Difficulty Hearing or Have Speech Understood	77	66	46
Physical/Mobility	219	252	228
Chronic Health Condition	163	225	297
Other	36	62	575
Decline to State / Data Not Captured	25,320	28,399	6,737

<b>Table 13. Cognitive Disability</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Yes	144	115	141
No	1,327	1,983	2,461
Decline to State / Data Not Captured	25,387	27,007	27,840

<b>Table 14. Referrals to Services</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Clients Referred to Mental Health Services	1,120	964	1,141
Clients who Participated/ Engaged at Least Once in Referred Service	883	794	1,093

<b>Table 15. External Mental Health Referral</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Clients Referred to Mental Health Services	22,025	20,397	22,675
Clients who Participated/ Engaged at Least Once in Referred Service	21,849	214	544

<b>Table 16. Average Duration Without Mental Health Services</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	55.9	67.5	51.6

<b>Table 17. Average Length of Time Until Mental Health Services</b>	<b>FY 19-20 # Served</b>	<b>FY 20-21 # Served</b>	<b>FY 21-22 # Served</b>
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.5	5	4.8

## PEI PROGRAMS BY COMPONENT

PEI programs are listed within the seven strategy 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 several 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 (JFCS) 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 (NAHC) 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.
- 8) We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP (with services beginning FY 21-22). We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP, called The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
Asian Family Resource Center	Countywide	50	\$164,354
COPE	Countywide	210	\$276,720
First Five	Countywide	(Numbers included in COPE)	\$92,023
Hope Solutions	Central and East County	200	\$421,221
Jewish Family Community Services	Central and East County	350	\$190,664
Native America Health Center	Countywide	150	\$ 273,451
The Latina Center	West County	300	\$137,178
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	299	\$132,613

Total.....1,359+ ..... \$1,688,224

## 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:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
Building Blocks for Kids	West County	400	\$245,428
Vicente	Central County	80	\$202,985
People Who Care	East County	200	\$391,905
Putnam Clubhouse	Countywide	300	\$820,581
RYSE	West County	2,000	\$549,662

Total.....2,980..... \$2,210,561

## 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	MHSA Funds Allocated for FY 23-24
First Hope	Countywide	200	\$3,550,789

Total.....200 ..... \$3,550,789

## 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:

- 2) 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/acclturation.
- 3) 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.
- 4) 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	MHSA Funds Allocated for FY 23-24
James Morehouse Project	West County	300	\$115,815
STAND! Against Domestic Violence	Countywide	750	\$150,944
Experiencing Juvenile Justice	Countywide	300	\$433,535
Total.....		1,350.....	\$700,294

## 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 Clínica 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 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:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 23-24</b>
Child Abuse Prevention Council	Central and East County	120	\$192,311
Center for Human Development	East County	230	\$176,633
La Clínica de la Raza	Central and East County	3,750	\$315,771
Lao Family Community Development	West County	120	\$214,315
Lifelong Medical Care	West County	115	\$147,201
Rainbow Community Center	Countywide	1,125	\$853,161

Total.....5,460.....\$1,899,392

## 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 several 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 to raise awareness of the stigma that can accompany mental illness.

- 1) 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.
- 2) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- 3) Through the Take Action for Mental Health and Know the Signs initiatives 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. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County’s capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

The allocation for the Stigma and Discrimination Reduction category is below:

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 23-24
OCE	County Operated	Countywide	\$248,577
CalMHSA	MOU	Countywide	\$78,000

Total .....\$326,577

## 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. MHA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Associate of Suicidology (AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral hotline.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a draft countywide ***Suicide Prevention Strategic Plan*** located [here](#). A final draft of the plan is slated to be published in calendar year 2023. 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 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	MHSA Funds Allocated for FY 23-24
Contra Costa Crisis Center	Countywide	25,000	\$413,652
RFP New Funding	Countywide		250,000
Library Initiative			150,000
County Supported	Countywide	N/A	Included in PEI administrative cost
Total .....		25,000.....	\$813,652

**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:

<b>Plan Element</b>	<b>Region Served</b>	<b>Yearly Funds Allocated</b>
Administrative and Evaluation Support	Countywide	\$578,508

Total.....\$578,508

**PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2023-24**

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,688,224
Prevention	\$2,210,562
Early Intervention	\$3,550,789
Access and Linkage to Treatment	\$700,295
Improving Timely Access to Mental Health Services for Underserved Populations	\$1,899,393
Stigma and Discrimination Reduction	\$326,577
Suicide Prevention	\$813,652
Administrative, Evaluation Support	\$578,508

**Total.....\$11,768,000**

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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 behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing community program planning process that is described in the CPPP chapter of this report.

Innovation Regulations went into effect October 2015. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. As before, innovative projects accomplish one or more of the following objectives:

- Increase access to underserved groups
- Increase the quality of services, to include better outcomes
- Promote interagency collaboration
- Increase access to services.

The MHSA Advisory Council and Innovation Sub-Committee are the driving stakeholder bodies behind this work. These groups have contributed to the development of two new Innovation projects in the past year: Psychiatric Advanced Directives (PADs) and Supporting Equity Through Grants for Community-Defined Practices (both described below).

### **New Innovation Projects**

[Psychiatric Advanced Directives \(PADs\)](#). PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). Psychiatric Advanced Directives are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. The technology will be developed with peers and stakeholders, rather than for them. This project was approved in 2022, and a complete **PADs Annual Report** can be found [here](#).

[Supporting Equity Through Grants for Community Defined Practices.](#) The newest Innovation project, approved by the MHSOAC in March, 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive RFP process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement and treatment not offered within the existing Contra Costa County Behavioral Health System of Care.

In addition, two 5-year projects will reach their Innovation time limit in fall 2023 and will be absorbed into the larger system of care:

- [Room to Overcome, Achieve and Recover \(ROAR\), formerly known as Center for Recovery and Empowerment \(CORE\).](#) An evidenced-based day treatment program for youth (13-18) with co-occurring substance use and mental health disorders.
- [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.

**Links to Innovation annual reports and project proposals can be found [here](#).**

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Room to Overcome, Achieve and Recover (ROAR)	County Operated	West	80	658,412
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	454,716
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	NA	494,646
Supporting Equity Through Grants for	County Operated	Countywide	500	1,907,750

Community Defined Practices				
Administrative Support/Contract Providers	County	Countywide	Innovation Support	502,476
Total			820	\$4,018,000

## 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 clients/consumer/peers and family members who are paid or volunteer their time to support the public behavioral health effort. The purpose of this component is to develop and maintain a diverse behavioral health workforce capable of providing client/consumer/peer 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 first 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) Residency and 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, coordination for intern placements throughout the County, and managing contracts with various training providers and community based organizations who implement the various workforce education and training activities.
- 2) Supporting Family Members. A cadre of volunteers are recruited, trained and supervised for the purpose of supporting family members of persons experiencing mental health challenges. Critical to successful treatment is the need for service providers to partner with family members and loved ones of individuals experiencing mental health and wellness challenges. Family members of clients/consumers/peers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders have voiced the need to provide families and loved ones 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 and loved ones 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 system of care.

- 3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the CCBHS Older Adult Program recruits, trains and supports volunteer senior peer counselors to reach out to older adults at risk of developing mental health challenges 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 23-24
WET Coordination	County Operated	Countywide	250,152
Supporting Families	NAMI CC	Countywide	675,305
Senior Peer Counseling	County Operated	Countywide	144,512
<b>Total</b>			<b>\$1,0069,969</b>

**Training and Technical Assistance**

- 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, CCBHS workforce surveys, CCBHS’s Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified training needs prioritized for MHSa funding in the Three-Year Plan. Training is offered by various vendors primarily to CCBHS staff, CCBHS CBO staff, and when possible other Contra Costa Health staff and community partners. Training topics may include, but are not limited to: Mental Health First Aid (MHFA), Crisis Intervention Training (CIT), Culturally and Linguistically Appropriate Services (CLAS), Suicide Assessment, Law and Ethics, Health Insurance Portability and Accountability Act (HIPAA) Trans and Gender Expansive Communities, 5150 Training, Wellness Recovery Action Plan (WRAP) Co-Facilitation, Peer Training, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Trauma Informed Care, Clinical Supervision, Integrated Substance Abuse, Cultural Humility Training, Diversity, Equity and Inclusion, and other training. Other expanded training efforts are directly related to California Advancing and Innovating Medi-Cal (CalAIM) implementation to support training for both CCBHS and CBO staff.

CCBHS is also participating in the California Mental Health Services Authority (CalMHSa) Behavioral Health Workforce Programs aimed at addressing workforce staffing shortages and workforce retention strategies. Areas CCBHS is to participate in are the following; 1) Temporary Clinical Staffing/Permanent Staff Recruitment Program to support temporary and permanent

in-person staffing for behavioral health needs, specifically for hard-to-fill/retain positions; 2) Training and Certification Courses to provide virtual training and certification for staff/contracted CBOs on topics such as substance use, mental health, law and ethics, 5150, and care coordination; and 3) Medi-Cal Peer Support Specialists Offerings to provide support for peers wishing to become Medi-Cal Certified Peer Support Specialists and ensure that the SPIRIT program can become a designated and official training provider for Medi-Cal Certified Peer Support Specialists.

- 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.

The MHSa funding allocation for Training and Technical Support is summarized below:

Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 23-24
Staff Training	Various vendors	Countywide	615,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	77,142
<b>Total</b>			<b>\$692,345</b>

### **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 behavioral health experience as a client/consumer or a family member of a client/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 23-24
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	520,336 25,000
Total			50	\$545,336

### Residency and Internship Programs

Internships. CCBHS supports internship programs which place graduate level students in various County operated and community-based organizations. Emphasis is put on the recruitment of individuals who can meet the linguistic and cultural need of clients/consumers and/or the 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 50 graduate level students to participate in paid internships in both County-operated and contracted community-based agencies that lead to licensure as a Marriage and Family Therapist (MFT), Clinical Social Worker (LCSW), Professional Clinical Counselor and Clinical Psychologist.

The MHSa funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 23-24
Graduate Level Internships	County Operated	Countywide		237,350
Graduate Level Internships	Contract Agencies	Countywide		500,000
Total			TBD	\$737,350

**Financial Incentive Programs**

Loan Repayment Program. For the Three-Year Plan CCBHS is continuing its County funded Loan Repayment Program and contracting with CalMHSA to deliver payment. This program assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions with a primary focus on filling psychiatric and nurse practitioner shortages within CCBHS.

CCBHS has partnered with CalMHSA to administer the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program. This partnership is between the Bay Area counties, the California Department of Health Care Information Access (HCAI), formerly Office of Statewide Health Planning and Development (OSHPD), and CalMHSA to enhance CCBHS’s existing Loan Repayment Program. No funding is allocated in this fiscal year, as CCBHS has provided its 33% matching funds in previous years with the remaining 67% of funding provided through HCAI. This loan repayment program is 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 needs. This program focuses, but is not limited to providers such as; Registered Nurses, Psychologists, LCSWs, LMFTs, LPCCs, and peer providers prioritizing providers with language and cultural capacity to fill needs both within CCBHS and contracted CBO partners.

**Workforce Education and Training (WET) Component Budget Authorization for FY 2023-24:**

Workforce Staffing Support	1,069,969
Training and Technical Assistance	692,345
Mental Health Career Pathways	545,336
Residency and Internship Program	737,350
Financial Incentive Programs	0 (already funded)
<b>Total</b>	<b>\$3,045,000</b>

## Capital Facilities/Information Technology

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

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

### Information Technology

Electronic Mental Health Record System – Data Management. In 2017, Contra Costa adopted an electronic behavioral health record system (EHR) called Epic (ccLink). This allowed clinical documentation to become centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. The EHR system allows doctors to submit their pharmacy orders electronically, permits 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. The EHR also has data management capability by means of ongoing and ad hoc reports, which improve planning, analysis, communication and decision making to improve the overall quality of services provided.

For the upcoming three-year period, CCBHS will set aside MHSAs CFTN funds to support major new initiatives as required by CalAIM healthcare reform. One major milestone beginning July 1, 2023 involves two significant changes:

1. Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. A major part of this change involves using healthcare standard CPT/HCPCS codes for claiming/reimbursement purposes rather than local codes currently in use.
2. Epic will now be used for both clinical documentation and billing in a unified system. This integration will significantly improve efficiencies and reporting capacity.

After going live with the new billing functionality there will be a period of auditing in ccLink to ensure the correct coding is taking place, the claim cycle is tested and validated, and required

reporting is submitted correctly. Another part of the process is optimization of current and new workflows and the user experience with the system.

BHS is currently engaged in prioritizing projects for the next year and beyond. For 2023 Q3/Q4 there are a number of IT projects, including plans to expand use of MyChart – the ccLink Patient Portal; redesigning ccLink for CalAIM initiatives such as Enhanced Care Management (ECM), and optimizing the appointment scheduling for BHS.

**Capital Facilities**

Capital Facilities Project. Funds have been set aside to support upcoming Capital Facilities projects that may arise in the upcoming cycle. Pending the outcome of grant applications and the availability of potential other funding, MHSa funds may be used as one of the funding sources to support these efforts. Proposed capital facilities project ideas have been developed with stakeholder participation and include building and construction of:

- Two 16-bed social rehabilitation facilities on the border between Central and East County
- A recovery center campus that would include various programs comprising a full continuum of mental health and housing services in one location. The proposed site would be located in West County.

**Capital Facilities/ Information Technology (CFTN) Budget Authorization for**

**FY 2023-24:**

Electronic Mental Health Data Management System and Capital Facilities Projects	5,000,000
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## The Budget

Previous chapters provide detailed projected budgets for individual MHSa plan elements, projects, programs, categories and components for FY 2023-24. The following table summarizes a budget estimate of total MHSa spending authority by component.

	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
FY 23-24	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000	105,736,000

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 22-23:

<b>A. Estimated FY 2023-24 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>Prudent Reserve</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	39,161,750	12,005,758	9,913,924	1,122,231		7,579,248	69,782,911
2. Estimated new FY 23-24 funding	90,184,647	22,546,162	5,933,200				118,446,920
3. Transfers in FY 23-24	(11,000,000)			2,000,000	5,000,000	4,000,000	
4. Estimated available funding for FY 23-24	118,346,396	34,551,920	15,847,125	3,122,231	5,000,000	11,579,248	188,446,920

<b>B. Budget Authority for FY 23-24</b>	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000		105,736,000
C. Estimated FY 23-24 Unspent Fund Balance	36,441,397	22,783,920	11,829,125	77,231		11,579,248	82,710,920

<b>B. Estimated FY 2024-25 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>Prudent Reserve</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	36,441,397	22,783,920	11,829,125	77,231		11,579,248	82,710,920
2. Estimated new FY 24-25 funding	60,553,166	15,138,291	3,983,761				79,675,218
3. Transfers in FY 24-25	(8,500,000)			4,000,000	2,500,000	2,000,000	
4. Estimated available funding for FY 24-25	88,494,563	37,922,212	15,812,885	4,077,231	2,500,000	13,579,248	162,386,138
<b>B. Budget Authority for FY 24-25</b>	65,552,999	12,210,000	4,195,000	3,113,000	2,500,000		87,571,000
C. Estimated FY 24-25 Unspent Fund Balance	22,941,564	25,712,212	11,617,885	964,231		13,579,248	74,815,140

<b>C. Estimated FY 2025-26 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>Prudent Reserve</b>	<b>TOTAL</b>

1.Estimated unspent funds from prior fiscal years	45,366,562	25,712,212	11,617,885	964,231		13,579,248	97,240,138
2. Estimated new FY 25-26 funding	59,770,004	14,942,501	3,932,237				78,644,742
3. Transfers in FY 25-26	(5,500,000)			3,000,000	2,500,000		
4.Estimated available funding for FY 25-26	77,211,568	40,654,713	15,550,123	3,964,231	2,500,000	13,579,248	153,459,882
<b>B. Budget Authority for FY 25-26</b>	64,455,000	12,669,000	3,876,000	3,185,000	2,500,000		86,685,001
C. Estimated FY 25-26 Unspent Fund Balance	12,756,568	27,985,713	11,674,123	779,231	13,579,248		66,774,880

<b>Estimated Prudent Reserve for FY 23-24</b>	<b>11,579,248</b>
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund 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 an \$11,000,000 transfer in FY 2023-24

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, 2023, is \$7,579,248, and includes interest earned. The County's FY 23-24 Budget reflects an increase to the Prudent Reserve, bringing it to \$11,579,248. 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 COVID 19, the process has been put on hold for safety reasons, but has gradually resumed beginning in September 2022.

Typically, during each three-year period, the MHSa funded contract and county operated programs undergo a program and fiscal review which entails the following: site visit, 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 MHS Financial Report is generated that depicts funds budgeted versus spent funds for each program and plan element included in this plan. This enables ongoing fiscal accountability, as well as provides information with which to engage in sound planning.

## Acknowledgements

We acknowledge that this document is not a description of how Contra Costa Behavioral Health Services has delivered on the promise provided by the Mental Health Services Act. It is, however, a plan for how the County can continually improve upon delivering on the promise. We have had the honor of meeting 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.

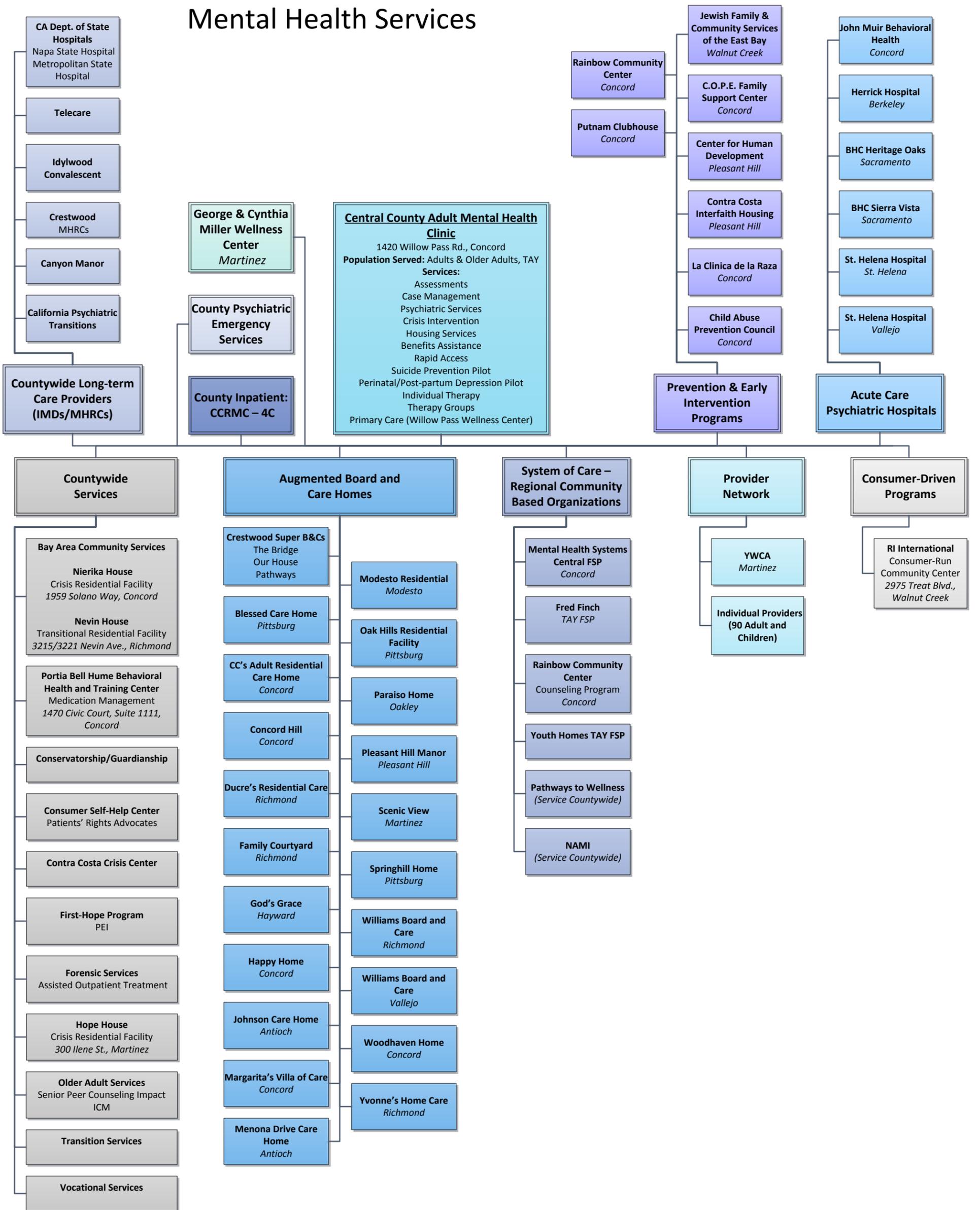
# **Appendix A**

## **Mental Health Service Maps**

Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the Contra Costa Behavioral Health Services system of care is its three county operated Children's and three county operated Adult clinics that serve the Western, Central and Eastern regions of the county.

The following six service maps provide a visual picture, or architecture, of the constellation of types of Contra Costa Mental Health's programs, and thus enable the viewer to see the inclusion of MHSA funded services as part of the entire system of care.

# Central County Adult Mental Health Services



# Central County Children's Mental Health Services

**Central County Children's Mental Health Clinic**  
 2425 Bisso, Ste. 200  
 Concord, CA 94520  
 Population Served: Children and TAY  
 Services:  
 Psychiatric Services  
 Outpatient Services  
 Parent Partners  
 Parent Project  
 PIP Program  
 Wrap Around Services  
 Cognitive Behavioral Therapy  
 Dialectical Behavior Therapy  
 Trauma Focused Cognitive Behavioral Therapy  
 Family Based Therapy for Eating Disorders

**George & Cynthia Wellness Center**  
 Martinez

**County Psychiatric Emergency Services**

**Child-Parent Psychotherapy**

**Family-Based Treatment for Eating Disorder**

**Countywide Services**

**School-Based Program Unit**

**System of Care – Community Based Organizations**

**Provider Network**

**Prevention & Early Intervention Programs**

**Residential Services**

**Contracted Psychiatric Hospitals**

- Children's Specialty Programs**  
 2425 Bisso Ln. #200  
 Concord  
 Population Served: Children & TAY  
 Child & Family Mental Health Services  
 Social Services Child Assessment Unit  
 Spirit of Caring  
 Katie A.  
 Local and National Case Management
- COFY**  
 Multi-Systemic Therapy and Functional Family Therapy
- Consumer Self-Help Center**  
 Patients' Rights Advocates
- County-Wide Assessment Team**  
 2425 Bisso Ln. #235  
 Concord  
 Population Served: Children & TAY
- First-Hope Program**  
 PEI
- Hospital & Residential Unit**  
 2425 Bisso Ln. #280  
 Concord  
 Population Served: Children & TAY  
 Hospital Liaison  
 Emergency Foster Care  
 TBS Services Coordination
- Mental Health and Probation Services**  
 202 Glacier Dr.  
 Martinez  
 Population Served: Children & TAY  
 Juvenile Hall, Juvenile Assessment and Consultation Services  
 Orin Allen Youth Rehabilitation Facility  
 Regional Probation Liaisons
- Lincoln Child Center**  
 In-Home Behavioral Services
- Lincoln**  
 Multi-Dimensional Family Therapy
- We Care**  
 0-5
- Seneca**  
 Mobile Response Team
- Start FSP Seneca**
- TBS Providers**  
 COFY  
 Seneca  
 Youth Homes  
 La Cheim  
 ASPIRAnet  
 Fred Finch Youth Center  
 Milhouse Children's Services  
 St. Vincent's School for Boys  
 Victor Community Support Services
- Core**
- Fred Finch - Avalon**  
 Dual-diagnoses residential treatment and nonpublic school
- Contra Costa Crisis Center**  
 Walnut Creek, Service Countywide

- Head Start**
- Unbundled Day Treatment**
  - Basis**  
 Mount Diablo High School, Concord
  - La Cheim Nonpublic School**  
 Antioch and El Sobrante, service Countywide
  - Seneca Olivera Nonpublic School**  
 Concord
  - Seneca Collaborative**  
 At: Pleasant Hill Middle School, Riverside MS (MDUSD)
  - La Cheim**  
 Concord
- Outpatient School-wide Mental Health Services**
  - COFY**  
 Marchus School – Elementary and Middle (CCOE)
  - Fred Finch**  
 Elementary: Bel Air, Shore Acres, Wren Ave, Meadow Homes, Ygnacio Valley  
 Middle: El Dorado, Oak Grove, Valley View  
 High: Mt. Diablo, Ygnacio Valley, Concord
  - Mt. Diablo Unified School District**  
 Elementary Schools: Sunrise  
 High Schools: Mt. Diablo, Olympic, Alliance

- Youth Services Bureau**  
 Concord
- STAND!**  
 Concord
- Fred Finch CCTAY FSP**  
 San Pablo, serves West and Central
- MDUSD Fair Oaks Wrap Clinic**  
 Concord
- Vicente Martinez High School**  
 Serves East and Central
- Rainbow Community Center**  
 Concord
- NAMI**  
 (Service Countywide)
- YWCA**  
 Martinez

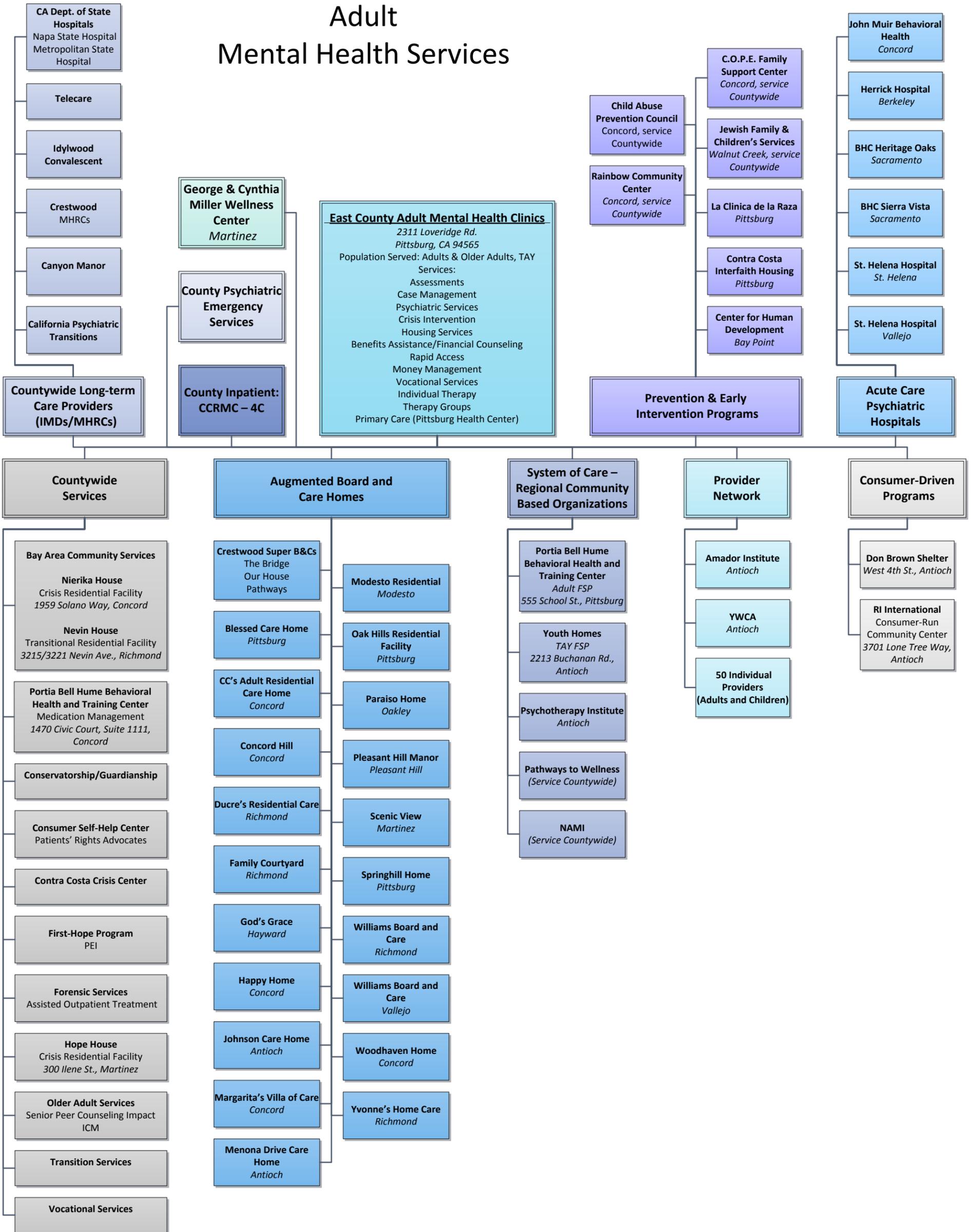
**90 Individual Providers (Adults and Children)**

- Center for Human Development**  
 Pleasant Hill
- Child Abuse Prevention Council**  
 Concord
- Contra Costa Interfaith Housing**  
 Pleasant Hill
- C.O.P.E. Family Support Center**  
 Concord
- La Clinica de la Raza**  
 Concord
- Vicente Martinez High School**  
 Martinez
- Rainbow Community Center**  
 Concord
- STAND!**  
 Concord
- Jewish Family and Community Services of the East Bay**  
 Walnut Creek

- Short-Term Residential Therapeutic Program**
- Treatment Foster Care**  
 Seneca

- John Muir Behavioral Health**  
 Concord
- Herrick Hospital**  
 Berkeley
- BHC Heritage Oaks**  
 Sacramento
- BHC Sierra Vista**  
 Sacramento
- St. Helena Hospital**  
 St. Helena
- St. Helena Hospital**  
 Vallejo

# East County Adult Mental Health Services



# East County Children's Mental Health Services

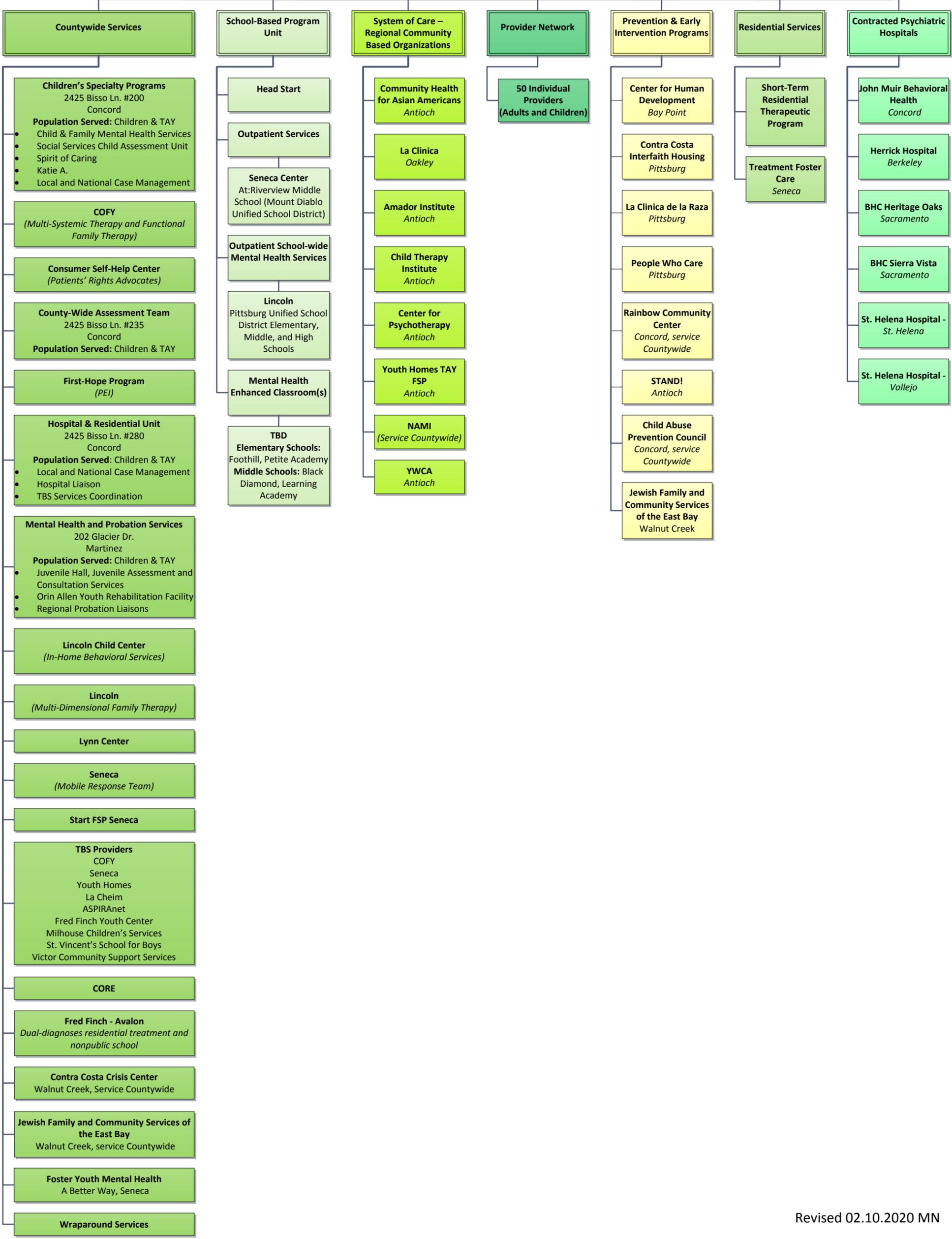
**Antioch Children's Behavioral Health**  
 2335 Country Hills Drive  
 Antioch, CA 94509  
 Population Served: Children and TAY  
 Services:  
 Head Start Program  
 Psychiatric Services  
 Outpatient Services  
 Parent Partners  
 Parent Project  
 Wrap Around Services  
 Cognitive Behavioral Therapy  
 Dialectical Behavior Therapy  
 Trauma Focused Cognitive Behavioral Therapy  
 Family Based Therapy for Eating Disorders  
 NAMI/Basics

**County Psychiatric Emergency Services**

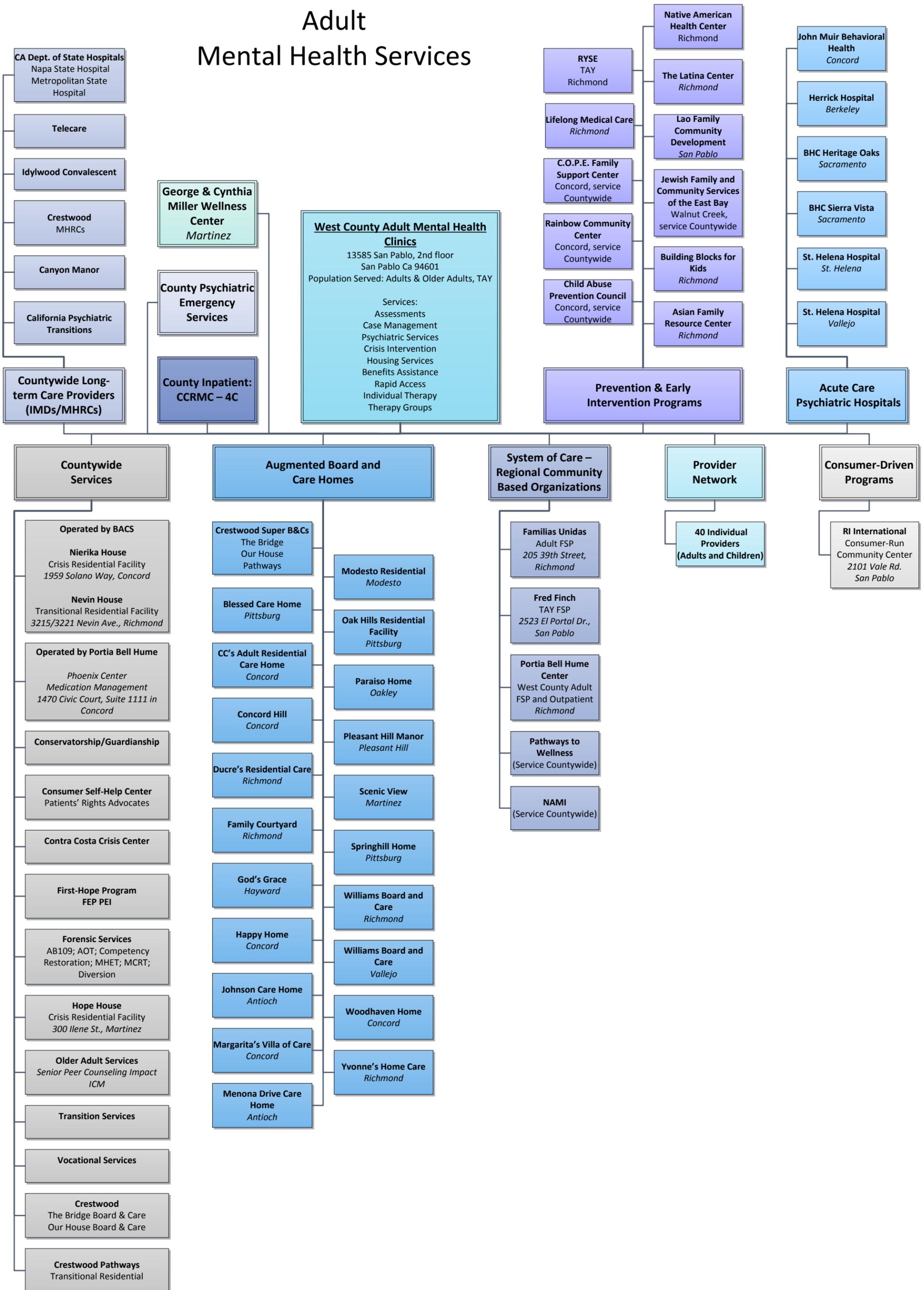
**George & Cynthia Wellness Center**  
Martinez

**Child-Parent Psychotherapy**

**Family-Based Treatment for Eating Disorder**



# West County Adult Mental Health Services



# West County Children's Mental Health Services

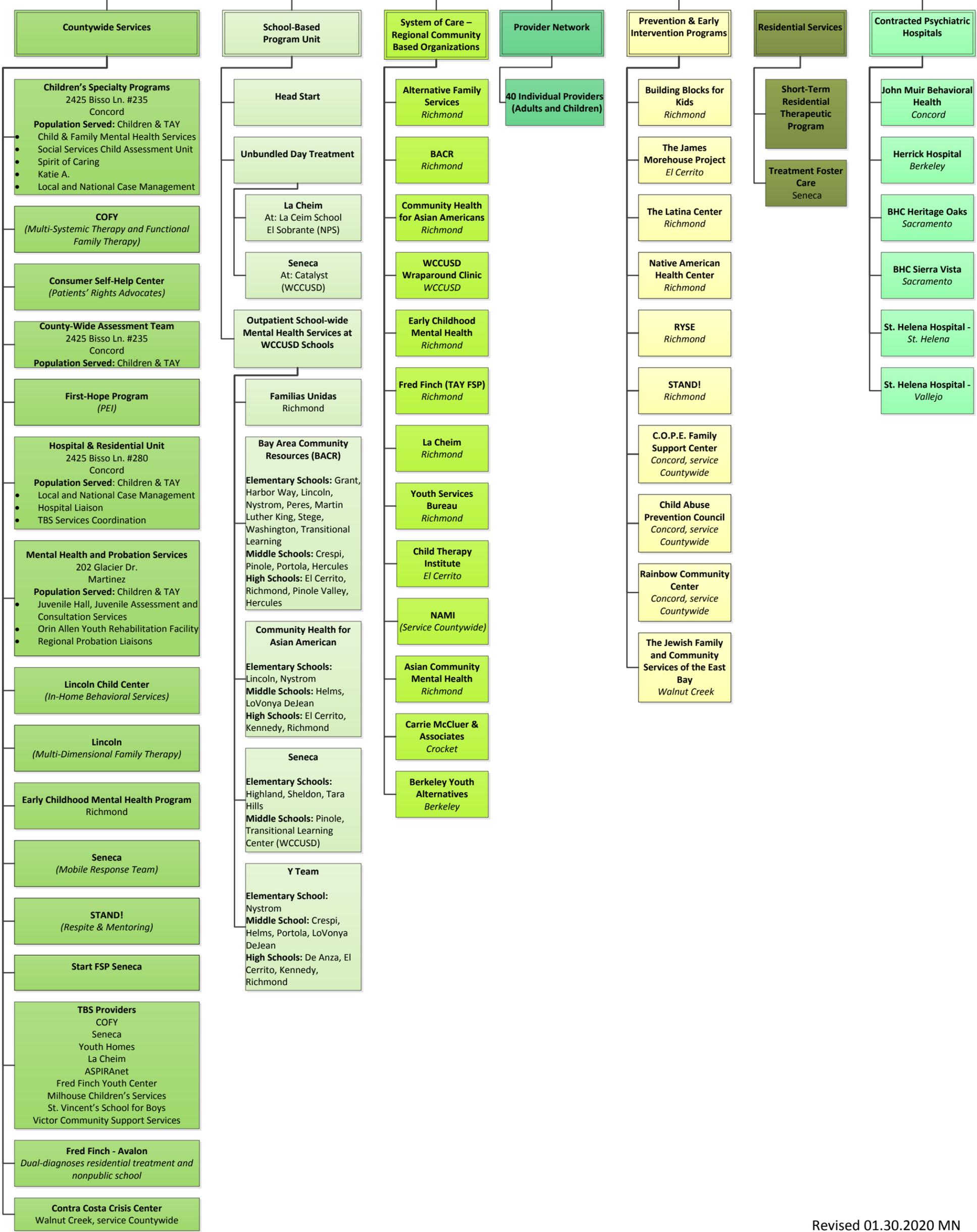
**West County Children's Mental Health Clinic**  
 303 41st Street  
 Richmond, CA  
**Population Served:** Children and TAY  
**Services:**  
 Psychiatric Services  
 Outpatient Services  
 Parent Partners  
 Wrap Around Services  
 Cognitive Behavioral Therapy  
 Dialectical Behavior Therapy  
 Trauma Focused Cognitive Behavioral Therapy  
 NAMI Basics

**County Psychiatric Emergency Services**

**George & Cynthia Wellness Center**  
Martinez

**Child-Parent Psychotherapy**

**Family-Based Treatment for Eating Disorder**



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## CSS

### CENTRAL COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

1420 Willow Pass Road, Suite 200, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Terry Ahad, Mental Health Program Manager, (925) 646-5480, Terry.Ahad@CCHHealth.org

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, therapy, groups, psychiatric services, crisis intervention, peer support, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHA funded programs and plan elements:

### PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinical staff 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 acts 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.

### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 21-22: Approximately 2,653 Individuals.

## CENTRAL COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2425 Bisso Lane, Suite 200, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Betsy Hanna, PsyD, Mental Health Program Manager, (925) 521-5767, [Betsy.Hanna@CCHealth.org](mailto:Betsy.Hanna@CCHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health and Alcohol & Other Drugs into a single system of care. The Central Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and Wraparound services. Within the Children's Mental Health Clinic are the following MHS funded plan elements:

### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
  - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
  - Support for full-service partners.
- a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 21-22: Approximately 994 Individuals.

## CRESTWOOD BEHAVIORAL HEALTH, INC.

Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523, <https://crestwoodbehavioralhealth.com/>

Point of Contact: Travis Curran, Campus Administrator for Pleasant Hill Campus,

(925) 938-8050, [tcurran@cbhi.net](mailto:tcurran@cbhi.net)

## GENERAL DESCRIPTION OF THE ORGANIZATION

The mission at Crestwood Healing Center is to partner with Contra Costa County clients, employees, families, business associates, and the broader community in serving individuals affected by mental health issues. Together, they enhance quality of life, social interaction, community involvement and empowerment of mental health clients toward the goal of creating a fulfilling life. Clients are assisted and encouraged to develop life skills, participate in community-based activities, repair or enhance primary relationships, and enjoy leisure activities. A supportive, compassionate, and inclusive program increases motivation and commitment.

## PROGRAM: THE PATHWAY PROGRAM (MENTAL HEALTH HOUSING SERVICES – CSS)

The Pathway Program provides psychosocial rehabilitation for 16 clients who have had little, if any, previous mental health treatment. The program provides intensive skills training to promote independent living. Many clients complete their high school requirements, enroll in college or are participating in competitive employment by the end of treatment.

a. Scope of Services:

- Case management
- Mental health services
- Medication management
- Crisis intervention
- Adult residential

b. Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 22-23 \$1,321,908

d. Number served: For FY 20–21: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

Outcomes: To be determined.

## DIVINE'S HOME

2430 Bancroft Lane, San Pablo, CA 94806

Point of Contact: Maria Riformo, (510) 222-4109, [HHailey194@aol.com](mailto:HHailey194@aol.com)

## GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Divine's Home, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

## PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
  - Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents.
- b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 6 beds.

## EAST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2311 Loveridge Road, Pittsburg, CA 94565, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Beverly Fuhrman, Program Manager, (925) 431-2621, [Beverly.Fuhrman@CCHHealth.org](mailto:Beverly.Fuhrman@CCHHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

East County Adult Mental Health Services operates within Contra Costa Mental Health's Adult System of Care. Services are provided within a Care Team model. Each Care Team is comprised of a core team of psychiatrists, therapists, and community support workers. Additional services may be provided by nurses, family support worker, and a substance abuse counselor. The initial assessment, Co-Visit, is provided jointly by a psychiatrist and a therapist where both mental health and medication needs are addressed at this initial visit. Other services include crisis intervention, individual/group therapy, case management, housing services, benefits assistance, vocational services, and linkage to community-based programs and agencies.

### PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health 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.

### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in 1) obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 21-22 Approximately 2,713 Individuals.

## EAST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2335 Country Hills Drive, Antioch, CA 94509, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Christine Madruga, Program Manager, (925) 608-8736, [Christine.Madruga@CCHealth.org](mailto:Christine.Madruga@CCHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Behavioral Health Clinic are the following MHA funded plan elements:

### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
  - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
  - Support for full-service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
  - b. Number Served: For FY 21-22: Approximately 1035 Individuals.

## EMBRACE MENTAL HEALTH

3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523, [www.embrace.org](http://www.embrace.org)

Point of Contact: David Bergesen, (925) 943-1794, [d.bergesen@embrace-mh.org](mailto:d.bergesen@embrace-mh.org) and

Gabriel Eriksson (925) 943-1794, [g.eriksson@embrace-mh.org](mailto:g.eriksson@embrace-mh.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Embrace Mental Health is a multi-disciplinary provider of mental health services. Embrace’s mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

### PROGRAM: MULTISYSTEMIC THERAPY (MST) – FULL-SERVICE PARTNERSHIP (FSP) - CSS

Multisystemic Therapy (MST) is an Evidence Based Program ecological model designed to work in home with family and caregivers. MST addresses complex clinical, behavioral, social, and educational problems experienced by the youth. Clients are referred by the Juvenile Probation Mental Health Liaisons, Probation Officers, and Regional Clinic Program Managers. The MST clinician primarily works with parents and caregivers to identify family goals as well as to target behaviors that put the adolescent into contact with Juvenile Probation. This intensive intervention model includes multiple sessions per week over a period of up to six months.

- a. Scope of Services: Services include but are not limited to outreach and engagement, case management, outpatient mental health services, crisis intervention, collateral services, flexible funds. Embrace MST staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children who have a serious emotional disturbance or serious mental illness; and have been identified as a juvenile offender or are at risk of involvement with Probation due to delinquent behavior. Services are county-wide.
- c. Payment Limit: FY 23-24 \$1,056,614
- d. Number served: In FY 21-22 Embrace FSP served 29 individuals.
- e. Outcomes:
  - Reduction in incidence of psychiatric crisis

Decrease in Juvenile Assessment and Consultation Services (JACS)

Table 1. Pre- and post-enrollment utilization rates for 29 Embrace FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	25	6	0.091	0.045	-50.6%
<i>Inpatient episodes</i>	1	0	0.004	0.00	-100.0%

<i>Inpatient days</i>	4	0	0.014	0.000	-100.0%
<i>JACS Bookings</i>	11	2	0.040	0.015	-62.6%

Contact Information: Administrative Offices 310 James Way, Ste. 280, Pismo Beach, CA 93449

Point of Contact: Dr. Chris Zubiata, [czubiata@everwellhealth.org](mailto:czubiata@everwellhealth.org)

## GENERAL DESCRIPTION OF THE ORGANIZATION

Everwell operates modern therapeutic treatment communities that bring lasting recovery in a changing healthcare environment. Their residential behavioral health services provide care to adults diagnosed with serious mental illness (SMI) who are stepping down from acute and sub-acute care settings and transitioning back to the community. Services are provided in an adult residential facility (ARF) or residential care facility for the elderly (RCFE), as Everwell operates multiple locations that utilize the Healing Enclave Model. There are varying phases of on-site supportive services, depending on the client's level of need. Services are provided on-site by a multi-disciplinary team and may include:

- Behavioral health treatment services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
- 

- f. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting.
- g. 23-24 Budget: MHSA Portion: \$1,256,899 (increased to 18 beds in 23-24)
- h. Number served in 21-22: 3 beds.
- i. Successful Outcomes:
  - Participants demonstrate improved health and functioning and progress to the least restrictive level of care possible.
  - Health condition(s) are well-controlled with medications and/or lifestyle supports.
  - Participants discharge to supported or independent living.

## FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

205 39<sup>th</sup> Street, Richmond, CA 94805, <http://www.familias-unidas.org/>

Point of Contact: Lorena Huerta, Executive Director, (510) 412-5930, [LHuerta@Familias-Unidas.org](mailto:LHuerta@Familias-Unidas.org).

### GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

### PROGRAM: FAMILIAS UNIDAS – FULL-SERVICE PARTNERSHIP - CSS

Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.

a. Scope of Services:

- Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems.
- Crisis Intervention
- Collateral services
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Contractor must be available to the consumer on a 24/7 basis.

b. Target Population: Adults in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 23-24 \$297,404

d. Number served: For FY 21-22: 20 Individuals.

e. Outcomes: For FY 21-22:

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.\*
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.\*
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.
- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested, or incarcerated post-enrollment measured at the end of the fiscal year.
- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- Reduction in incidence of psychiatric crisis

- Reduction of the incidence of restriction

**Table 1. Pre-and post-enrollment utilization rates for 20 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 21-22**

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% change
<i>PES episodes</i>	22	0	0.094	0.000	-100.0%
<i>Inpatient episodes</i>	6	0	0.026	0.000	-100.0%
<i>Inpatient days</i>	41	0	0.175	0.000	-100.0%
<i>DET</i>	7	4	0.030	0.018	-39.2%

## FORENSIC MENTAL HEALTH (CONTRA COSTA HEALTH)

1430 Willow Pass Road, Suite 100, Concord CA 94520

Point of Contact: Natalie Dimidjian, Program Manager, (925) 313-9554, [Natalie.Dimidjian@CCHealth.org](mailto:Natalie.Dimidjian@CCHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Forensic Services team operates within Contra Costa Mental Health's Adult System of Care, and works closely with Adult Probation, *the courts, and local police departments*.

### PROGRAM: FORENSIC SERVICES - CSS

The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses and community support workers. The purpose of the team is to engage and offer voluntary services to participants who are seriously and persistently mentally ill and are involved in the criminal justice system. Forensic Services hosts office hours at the three regional probation offices to enhance the opportunity for screening and service participation. The co-located model allows for increased collaboration among the participants, service providers, and Deputy Probation Officers.

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence-based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis.

In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

The forensic staff participates in continuation of care by initiating contacts with probationers while in custody. These contacts are both pre-release and during probation violations. In addition, the Forensic CSW and clinicians provides WRAP & CBSST groups in MDF. The Forensic MHCS located at east county probation has begun coordination of, and providing, services for the TAY population in conjunction with re-entry services.

AOT: The Forensic Mental Health Team (FMHT) manages and provides an Assistant Outpatient Treatment Program, aka Laura Law AB 1421. The FMHT works in conjunction with Mental Health Systems (MHS) to provide contracted services. All requests for potential AOT services come through the FMHT.

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT. The Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) 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.

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. 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.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. MHSA-Funded Staff: 4.0 Full-time equivalent  
Number Served: For FY 21-22: 412

## FRED FINCH YOUTH CENTER

2523 El Portal Drive, Suite 201, San Pablo, CA 94806, <https://www.fredfinch.org/>

Point of Contact: Julie Kinloch, Program Director, (510) 439-3130 Ext. 6107, [juliekinloch@fredfinch.org](mailto:juliekinloch@fredfinch.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Fred Finch seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. Fred Finch serves children, adolescents, young adults, and families facing complex life challenges. Many have experienced trauma and abuse; live at or below the poverty line; have been institutionalized or incarcerated; have a family member that has been involved in the criminal justice system; have a history of substance abuse; or have experienced discrimination or stigma.

### PROGRAM: CONTRA COSTA TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP - CSS

Fred Finch is the lead agency that collaborates with the Contra Costa Youth Continuum of Services, The Latina Center and Contra Costa Mental Health to provide a Full-Service Partnership program for Transition Age Youth in West and Central Contra Costa County.

- a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
  - Outreach and engagement
  - Case management
  - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems.
  - Crisis Intervention
  - Collateral
  - Medication support (may be provided by County Physician)
  - Housing support
  - Flexible funds
  - Referrals to Money Management services as needed.
  - Supported Employment Services
  - Available to consumer on 24/7 basis
- a. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.
- b. Payment Limit: FY 23-24 \$1,643,231
- c. Number served: For FY 21-22:33
- d. Outcomes: For FY 20/21:
  - Reduction in incidence of psychiatric hospitalizations
  - Reduction in detention bookings

**Table 1. Pre- and post-enrollment utilization rates for 33 Fred Finch FSP participants enrolled in the FSP program during FY 21-22**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	27	11	0.082	0.030	-63.4%
<i>Inpatient episodes</i>	13	7	0.039	0.019	-51.3%
<i>Inpatient days</i>	126	154	0.382	0.418	+9.42%
<i>DET Bookings</i>	2	2	0.006	0.005	-16.7%

## LINCOLN

1266 14<sup>th</sup> Street, Oakland CA 94607, <http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO, (510) 867-0944, [allisonbecwar@lincolnfamilies.org](mailto:allisonbecwar@lincolnfamilies.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

### PROGRAM: MULTI-DIMENSIONAL FAMILY THERAPY (MDFT) – FSP - CSS

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for adolescents with co-occurring substance use and mental health issues who may be at high risk for continued substance abuse and other challenging behaviors, such as emotional dysregulation, defiance and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem-solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 5 to 7 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

a. Scope of Services:

- Services include but are not limited to:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services
- Crisis Intervention
- Collateral Services
- Group Rehab
- Flexible funds
- Contractor must be available to consumer on 24/7 basis.

b. Target Population: Children in West, Central and East County experiencing co-occurring serious mental health and substance abuse challenges. Youth and their families can be served by this program.

c. Payment Limit: FY 23-24 \$ \$1,069,956

d. Number Served: For FY 21-22: 39

e. Outcomes: For FY 21-22:

- Reduction in delinquency or maintained positive functioning in community involvement.
- Increase in detention bookings.

**Table 1. Pre- and post-enrollment utilization rates for 39 Lincoln Child Center participants enrolled in the FSP program during FY 21-22**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	3	0	0.009	0.010	-100.0%
<i>Inpatient episodes</i>	0	0	0.000	0.000	-0%
<i>Inpatient days</i>	0	0	0.000	0.000	-0%
<i>JACS Bookings</i>	10	12	0.031	0.047	+51.6%

## PH SENIOR CARE, LLC (PLEASANT HILL MANOR)

40 Boyd Road, Pleasant Hill CA, 94523

Point of Contact: Evelyn Mendez-Choy, (925) 937-5348, [emendez@northstarsl.com](mailto:emendez@northstarsl.com)

## GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Pleasant Hill Manor, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

## PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- Number served: For FY 21-22: Capacity of 37 beds.

## MENTAL HEALTH CONNECTIONS (FORMERLY PUTNAM CLUBHOUSE)

3711 Lone Tree Way, Antioch, CA 94509 (East County)

2975 Treat Boulevard C-8, Concord, CA 94518 (Central County)

2101 Vale Road #300, San Pablo, CA 94806 (West County),

Point of Contact: Tamara Hunter, Executive Director, (925) 691-4276, [tamara@mentalhealthconnectionsca.org](mailto:tamara@mentalhealthconnectionsca.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections (formerly Putnam Clubhouse) provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness. Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running programming.

### PROGRAM: PEER CONNECTION CENTERS – CSS

Peer Connection Centers provide self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources in the East, Central and West regions of Contra Costa County. Peer Connection Centers refer any peer members seeking employment and/or school enrollment to Mental Health Connections Clubhouse for vocational supports. They provide transportation, when possible, by Supporting Transportation and Rides (STAR), for individuals participating in the Peer Connection Center programs. Assist CCBHS in supporting Service Provider Individualized Recovery Intensive Training (SPIRIT) offered in partnership with Contra Costa Community College and CCBHS's Office for Consumer Empowerment (OCE). Provide SPIRIT students interested in working within the local mental health service delivery system with learning opportunities in partnership with OCE. Administer stipends to SPIRIT students in accordance with documentation provided by OCE and Contra Costa Community College. Encourage Peer Connection Center participants to learn about SPIRIT and if possible, apply to participate in SPIRIT as part of their recovery journey. Recovery is embodied in the vision and mission of The Contra Costa Clubhouses, Inc. which provides a safe and welcoming place where participants (called members, not patients or clients or consumers) build on personal strengths instead of focusing on illness.

#### a. Scope of Services:

- Peer and family support
- Personal recovery planning using the Peer Connection Coaching model
- Quarterly one-on-one coaching and meaningful outcome tracking
- Recovery-focused curriculum including: Wellness Recovery Action Plan (WRAP), evidence-based Illness Management Recovery (IMR) groups, and wellness education focused on topics such as relationships, boundaries, structure, mindfulness, nutrition, spirituality, physical health, and financial soundness.
- Community outreach and collaboration
- Care coordination - supporting citizens in obtaining/receiving medical, dental, mental health, addiction medicine and other health/wellness services.
- Supportive employment program is done in partnership with the Clubhouses School and Work Supports (SAWS) Unit including, but not limited to support filling out applications, writing resumes/cover letters, preparing for interviews
- Healthy snacks and lunch during operating hours
- Transportation to/from the Peer Connection Centers and community activities relating to programming; when possible to/from medical appointments, interviews, and school/work.

- Access to computers/phones for studying, seeking employment, working and engaging in virtual appointments.
- b. Target Population: Adult mental health participants in Contra Costa County. The Clubhouse services will be delivered within each region of the county through Peer Connection Centers located in Antioch, Concord and San Pablo.
- c. Annual MHSa Payment Limit: FY 23-24 \$1,100,039
- d. Payment Limit: FY 21-22: \$1,002,791
- e. Number served: For FY 21-22: 97 participants. It should be noted that the target goal to be served is 200; however due to COVID-19 and the contracting of services transitioning from RI International, Inc. to Mental Health Connections, all three sites were not fully providing in-person services at the time Mental Health Connections took over contracting of services. Due to this, there needed to be hiring to staff up the three locations. Services continued to be offered through this transition, primarily in a virtual setting. As the sites were staffed up and re-opened; more in-person services were provided.
- f. Outcomes: For FY 21-22:
- Peer Connection Centers became fully operational throughout the year. The Antioch site opened November 1, 2021. The Concord site opened March 28, 2022, and the San Pablo site opened May 3, 2022. During this time all sites operated virtually and transitioned to in-person once the shelter-in-place ended, and staff were hired.
  - 100% of participants were welcomed/greeted with Putnam Peer Connection Center information.
  - 100% of participants were invited to attend a Putnam Peer Connection Center orientation and become involved and contribute to the Wellness Community.
  - 90% of participants completed a Peer Connection Wellness Plan.
  - Wellness Community Councils were established at each site with participant leadership roles, including Community Mayor and Community Council Members.
  - Weekly Wellness Community Council Meetings were held unless the Council agreed not to meet if it conflicted with special programming.
  - Regular Town Hall Meetings were held to make announcements, acknowledge participant achievements and receive feedback regarding programming/services.
  - Monthly activity/class calendars were created for each site with member input.
  - Provided/facilitated weekly opportunities for psychoeducation, skill-building and social engagement.
  - Provided unique programming for young adults, older adults and LGBTQIA+ participants.
  - Though participant goal was not met during the first contract year, the agency continues to do outreach and presentations to community by attending Chamber of Commerce events and visiting shelters.
  - Provided telephone or in-person outreach to 100% of members who had not attended in two weeks.
  - Average daily attendance per site started to be tracked in May 2022 once all sites were open. The average daily attendance was as follows; Antioch (16), Concord (7); and San Pablo (12).
  - The average number of hours attended per site was between 6 hours per day.
  - Once all sites were opened, there was an average of 30 people per class.
  - Of the 97 participants, it is estimated that:
    - a: 100% participated in a coach partnership.
    - b:100% of those who asked for this support obtained linkage connections.
    - c: 95% attended a workshop or wellness group
    - d: 100% received a meal.
    - e: About 12 rides per day were provided for all three sites, once open.
  - A total of 53 Peer Connection Wellness Plans were created - Concord (14), San Pablo (5), and Antioch (34).

## MENTAL HEALTH SERVICES ACT HOUSING SERVICES (CONTRA COSTA HEALTH, HOUSING, AND HOMELESS SERVICES – H3)

2400 Bisso Lane, Suite D2, Concord, CA 94520, <https://cchealth.org/h3/>

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division partners with the Health, Housing and Homeless Division to provide permanent and temporary housing with supports for person experiencing a serious mental illness and who are homeless or at risk of being homeless.

### PROGRAM: HOMELESS PROGRAMS - TEMPORARY SHELTER BEDS - CSS

The County's Health Housing and Homeless Services Division operate a number of temporary bed facilities in West and Central County for transitional age youth and adults. CCBHS, maintains a Memorandum of Understanding with the Health Housing and Homeless Services Division that provides additional funding to enable up to 64 individuals with a serious mental illness per year to receive temporary emergency housing for up to four months.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.
- b. Total MHPA Portion of Budget: \$2,110,379
- c. Number Served: FY 21-22: 75 beds fully utilized for 365 days in the year.

### PROGRAM: PERMANENT HOUSING - CSS

Having participated in a specially legislated MHPA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health 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, 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).

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total MHPA Portion of Budget: One Time Funding Allocated.
- c. Number Served: FY 21-22 50 units.

### PROGRAM: COORDINATION TEAM - CSS

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's 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 of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total FTE: 9.0 FTE
- c. Total MHPA Portion of Budget: \$1,054,003  
Number Served: FY 21-22: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHPA funded housing services.

**MENTAL HEALTH SYSTEMS, INC. – ASSISTED OUTPATIENT TREATMENT (AOT)**

2280 Diamond Boulevard, #500, Concord, CA 94520, <https://www.mhsinc.org/listing/contra-costa-action-team/>

**GENERAL DESCRIPTION OF THE ORGANIZATION**

Mental Health Systems (MHS) provides mental health services and substance abuse treatment designed to improve the lives of individuals, families and communities. MHS operates over 80 programs throughout central and southern California and has recently contracted with Contra Costa Behavioral Health to provide Assisted Outpatient Treatment/Assertive Community Treatment services to residents of Contra Costa County.

**PROGRAM: MHS CONTRA COSTA ACTION TEAM - CSS**

- a. Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full-Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura’s Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders. The program will be identified as the Contra Costa ACTion Team and the Mental Health Services Act (MHSA) will fund services. The program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS’ FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community-based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
- b. Payment Limit: FY 23-24 \$2,266,775
- c. Number Served: The program served 115 clients during the FY 18-19, 84 clients during FY 19-20, 86 clients during FY 20-21, and 76 clients during FY 21-22.
- d. Outcomes: For FY 21/22
  - Reduction in PES admissions
  - Reduction in detention bookings

**Table 1. Pre-and post-enrollment utilization rates for 76 Mental Health Systems AOT/ACT/ FSP participants enrolled in the FSP program during FY 21-22**

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	235	66	0.308	0.076	-75.3%
<i>Inpatient episodes</i>	39	16	0.051	0.018	-64.7%

Inpatient days	514	282	0.675	0.323	-52.1%
DET Bookings	48	37	0.063	0.042	-33.3 %

**MENTAL HEALTH SYSTEMS, INC. - CENTRAL FSP - CSS**

The Adult Full-Service Partnership (FSP) joins the resources of Mental Health Systems, Inc. (MHS) and Costa County Behavioral Health Services and utilizes a modified assertive community treatment model.

MHS’s FSP program includes collaborative services with the Contra Costa Adult Forensic Team to case manage consumers who are on Contra Costa County Probation. The program serves adults who reside in Contra Costa County, who have been charged with non-violent felonies or misdemeanors, and who experience a serious mental illness/serious emotional disturbance. Services use an integrated multi-disciplinary team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include outreach and engagement, case management, outpatient mental health services, including services for individuals with co-occurring mental health and alcohol and other drug problems, crisis intervention, medication support, housing support, flexible funds, vocational services, educational services, and recreational and social activities. MHS’s staff are available to consumers on a 24/7 basis. Target Population: Adults in Central County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

- b. Payment Limit: FY 22-24 \$ 1,114,343
- c. Number Served: FY 21-22: 59 Individuals
- d. Outcomes:
  - Reduction in incidence of psychiatric hospitalizations
  - Increase in detention bookings

**Table 1. Pre-and post-enrollment utilization rates for 59 Mental Health Systems FSP participants enrolled in the FSP program during FY 21-22**

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	139	65	0.217	0.098	-54.8%
<i>Inpatient episodes</i>	28	15	0.044	0.023	-47.7%
<i>Inpatient days</i>	314	231	0.489	0.347	-29.0%
DET Bookings	20	35	0.031	0.038	+22.5 %

## MODESTO RESIDENTIAL LIVING CENTER, LLC.

1932 Evergreen Avenue, Modesto CA, 95350

Point of Contact: Dennis Monterosso, (209) 530-9300, [info@modestoRLC.com](mailto:info@modestoRLC.com)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

### PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services, including but not limited to:
  - Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits and accepted augmented board and care at Modesto Residential Living Center.  
Number served: For FY 21-22: Capacity of 12 beds.

## OAK HILLS RESIDENTIAL FACILITY

141 Green Meadow Circle, Pittsburg, CA 94565

Point of Contact: Rebecca Lapasa, (925) 709-8853, [Rlapasa@yahoo.com](mailto:Rlapasa@yahoo.com)

### GENERAL DESCRIPTION OF THE ORGANIZATION:

The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

### PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

Number Served: For FY 21-22: Capacity of 6 beds.

## OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

[Heather.Sweeten-Healy@cchealth.org](mailto:Heather.Sweeten-Healy@cchealth.org) or Ellie Shirgul, (925)-521-5620, [Ellen.Shirgul@cchealth.org](mailto:Ellen.Shirgul@cchealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

### PROGRAM: INTENSIVE CARE MANAGEMENT - CSS

The Intensive Care Management Teams (ICMT) provide mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through Medi-Cal, dually covered under Medi-Cal and Medicare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

### PROGRAM: IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals aged 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults aged 55 years and older who are receiving health care services at a federally qualified health center. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget: Intensive Care Management - \$3,964,286; IMPACT - \$433,536
- c. Staff: 24 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 19-20: It is estimated that ICMT served 305 individuals; IMPACT served 440 individuals; Actual number served may be higher, as the data made available reflects services prior to the shelter in place issued in March 2020.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only).

## PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER (HUME CENTER)

555 School Street, Pittsburg, CA 94565, <https://www.humecenter.org/>

Point of Contact: Reynold Fujikawa, Community Support Program East, (925) 384-7727, [rfujikawa@humecenter.org](mailto:rfujikawa@humecenter.org)

3095 Richmond Parkway #201, Richmond, CA 94806, <https://www.humecenter.org/>

Point of Contact: Margaret Schiltz, Community Support Program West, (510) 944-3781, [mschiltz@humecenter.org](mailto:mschiltz@humecenter.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The agency strives to promote mental health, reduce disparities and psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. They are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. They provide a continuity of care in Contra Costa that includes prevention and early intervention, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, Partial Hospitalization services, and Full-Service Partnership (FSP) Programs. Their FSPs are located in East and West County.

### PROGRAM: ADULT FULL-SERVICE PARTNERSHIP - CSS

The Adult Full-Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:

- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:

- i. Referral: To inquire about yourself or someone else receiving our Full-Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at (925) 432-4118. For services in our CSP West program, please contact our Richmond office at (510) 778-2816.
- ii. Admission Criteria: This program serves adult aged 26 and older who are diagnosed with severe mental illness and are:
  - Frequent users of emergency services and/or psychiatric emergency services
  - Homeless or at risk of homelessness
  - Involved in the justice system or at risk of this
  - Have Medi-Cal insurance or are uninsured
- iii. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.

c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:

- Community outreach, engagement, and education to encourage participation in the recovery process and our program
- Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems

- Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
  - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer’s condition and involve them in service planning and delivery.
  - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
  - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
  - Flexible funds are used to support consumer’s treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month’s rent, or unexpected expenses in order to maintain housing.
  - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
  - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
  - Money Management, which is provided by sub-contractors, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
  - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 23/24 (East and West CSP): \$ \$4,532,294
- f. Number served: For FY 21/22:67 individuals (East); and 47 individuals (West)
- g. Outcomes: For FY 21/22 (East):
- Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction
  - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

**Table 1. Pre- and post-enrollment utilization rates for 47 Hume West FSP participants enrolled in the FSP program during FY 21-22**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	96	64	0.180	0.113	-37.2%
<i>Inpatient episodes</i>	14	2	0.026	0.004	-84.6%

<i>Inpatient days</i>	145	30	0.272	0.053	-80.5%
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<i>DET Bookings</i>	13	2	0.024	.004	-83.3%
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**Table 1. Pre- and post-enrollment utilization rates for 67 Hume East FSP participants enrolled in the FSP program during FY 21-22**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	302	72	0.378	0.091	-75.9%
<i>Inpatient episodes</i>	44	16	0.055	0.020	-63.6%
<i>Inpatient days</i>	381	176	0.477	0.223	-53.2%
<i>DET Bookings</i>	22	12	0.028	0.015	-46.4%

## PRIMARY CARE CLINIC BEHAVIORAL HEALTH SUPPORT (CONTRA COSTA HEALTH)

3052 Willow Pass Road, Concord, CA 94519, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor, (925) 681-4100, [Kelley.Taylor@CHealth.org](mailto:Kelley.Taylor@CHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Behavioral health clinicians staff the county Primary Care Health Centers in Concord. The goal is to integrate primary and behavioral health care. Two mental health clinicians are part of a multi-disciplinary team with the intent to provide timely and integrated response to those at risk, and/or to prevent the onset of serious mental health functioning among adults visiting the clinic for medical reasons.

### PLAN ELEMENT: CLINIC SUPPORT - CSS

- a. Scope of Services: Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. Target Population: Adults in central county, who present at the clinic for medical reasons
- c. Number Served: For FY 21/22: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

## PSYNERGY PROGRAMS, INC

Contact Information: 18225 Hale Ave., Morgan Hill, CA 95037

Point of Contact: Arturo Uribe, LCSW, President/CEO, amuribe@psynergy.org

### GENERAL DESCRIPTION OF THE ORGANIZATION

Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and specialty mental health outpatient clinics in close proximity to the client home. Providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models. Psynergy programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an Institute for Mental Disease (IMD), Psychiatric Health Facility (PHF) and Jail. The intent and goal of Psynergy services is to improve individual's quality of life, to help gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

Psynergy Programs provide innovative treatment programs for individuals living with a serious mental illness to assist them in successfully graduating from locked settings to community living. Services may include:

- Mental health services
  - Medication management
  - Crisis intervention
  - Care management
  - Individual and group treatment
  - Independent living skill development
  - Nutrition and Wellness including three well-balanced meals per day
  - Clean and comfortable lodging and accommodations
  - Comprehensive daily activities program
  - Holistic health
  - Physical fitness
  - Peer and family support
  - Linkage to community resources
- j. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting
- k. Payment Limit: FY 22-23 Total contract payment limit \$814, 404 (MHSA portion: \$96,762)
- l. Number served: For FY 21–22: 9 beds
- Successful Outcomes:
- Clients will transition to independent living or the least restrictive environment in their community
  - They will be linked to the appropriate community resources to maintain stable community living

## SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, [jennifer\\_blanza@senecacenter.org](mailto:jennifer_blanza@senecacenter.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

### PROGRAM: SHORT TERM ASSESSMENT OF RESOURCES AND TREATMENT (START) - FSP - CSS

Seneca Family of Agencies (SFA) provides an integrated, coordinated service to youth who frequently utilize crisis services, and may be involved in the child welfare and/or juvenile justice system. START provides 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. The goals of the program are to 1) reduce the need to utilize crisis services, and the necessity for out-of-home and emergency care for youth enrolled in the program, 2) maintain and stabilize the youth in the community by assessing the needs of the family system, identifying appropriate community resources and supports, and ensuring their connection with sustainable resources and supports, and 3) successfully link youth and family with formal services and informal supports in their neighborhood, school and community.

### PROGRAM: MOBILE RESPONSE TEAM – CSS

Seneca Family of Agencies (SFA) will provide intensive crisis stabilization services to Contra Costa County youth through mental health provider services to youth and families experiencing a crisis through mobile crisis teams (Mobile Response Team). Short-term crisis intervention and stabilization services will be provided to minors, transitional-age youth, and FURS-eligible youth who are in acute psychiatric distress and/or Seriously Emotionally Disturbed (SED). The primary goals for MRT are crisis stabilization, placement stabilization, decrease need for police involvement, reduce unnecessary hospitalizations, assist youth in accessing emergency psychiatric care when needed, and assess the youth's current mental health needs. Services shall be based in East, West, and Central Contra Costa County.

Scope of Services:

Outreach and engagement

- Linkage
- Assessment
- Case management
- Plan development
- Crisis Intervention
- Collateral
- Flexible funds
- Individual Rehabilitation
- Contractor must be available to consumer on 24/7 basis
- SFA Mobile Response Teams will be available to respond to the location of the crisis (family home, hospital, school or other community setting) during day and evening hours (7 AM- 11 PM Monday through Friday, and 11 AM-9 PM on weekends).

- a. Target Population: The target population for the program includes youth with a history of multiple psychiatric hospitalizations and crisis interventions, imminent risk of homelessness, who have a serious mental illness and/or are seriously emotionally disturbed, and are not being served, or are being underserved, by the current mental health system. Youth in the program can be Medi-Cal eligible or uninsured.
- b. Payment Limit: FY 23- 24 \$ \$1,001,479
- c. Number served: Number served in FY 21-22: 47 individuals
- d. Outcomes:
  - Establish linkage with ongoing resources/support.
  - Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 1. Pre-and post-enrollment utilization rates for 47 Seneca Start FSP Participants enrolled in the FSP program during FY 21-22**

	No. pre- enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	94	52	0.201	0.169	-15.9%
<i>Inpatient episodes</i>	6	3	0.013	0.010	-23.1%
<i>Inpatient days</i>	31	26	0.066	0.084	-27.3%

## SHELTER, INC.

PO Box 5368, Concord, CA 94524, <https://shelterinc.org/>

Point of Contact: John Eckstrom, Chief Executive Office, (925) 957-7595, [john.eckstrom@shelterinc.org](mailto:john.eckstrom@shelterinc.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of SHELTER, Inc. is to prevent and end homelessness for low-income, homeless, and disadvantaged families and individuals by providing housing, services, support, and resources that lead to self-sufficiency. SHELTER, Inc. was founded in 1986 to alleviate Contra Costa County's homeless crisis, and its work encompasses three main elements: 1) prevent the onset of homelessness, including rental assistance, case management, and housing counseling services, 2) ending the cycle of homelessness by providing housing plus services including employment, education, counseling and household budgeting to help regain self-sufficiency and 3) providing permanent affordable housing for over 200 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

### PROGRAM: SUPPORTIVE HOUSING - CSS

SHELTER, Inc. provides a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords SHELTER, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless and that have been certified by Contra Costa Behavioral Health as eligible. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant-based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to consumers living in master leased and owned properties.
- Maintain property management systems to track leases, occupancy, and maintenance records.

- Maintain an accounting system to track rent and security deposit charges and payments.
  - Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
  - Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
  - Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
  - Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
  - Work collaboratively with full-service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
  - Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
  - Provide tenant education to consumers to support housing retention.
- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full-service partnership programs, including carrying an SMI diagnosis.
- c. Annual Payment Limit: \$2,420,426
- d. Number served: For FY 20-21 Shelter, Inc. served 116 consumers.
- Outcomes: Quality of life: housing stability.
    - i. Goal: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.
    - ii. Goal: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.
    - iii. Capacity of 119 Units.

## TELECARE CORPORATION

300 Ilene Street, Martinez, CA 94553, <https://www.telecarecorp.com/>

Point of Contact: Bjay Jones, Program Administrator, (925) 266-6521, [bjones@telecarecorp.com](mailto:bjones@telecarecorp.com) or Caitlin Young, Clinical Director, [chyoung@telecarecorp.com](mailto:chyoung@telecarecorp.com)

## GENERAL DESCRIPTION OF THE ORGANIZATION

Telecare Corporation was established in 1965 in the belief that persons with mental illness are best able to achieve recovery through individualized services provided in the least restrictive setting possible. Today, they operate over 145 programs staffed by more than 5,000 employees in California, Oregon, Washington, Arizona, Nebraska, North Carolina, Texas, New Mexico and Pennsylvania and provide a broad continuum of services and supports, including Inpatient Acute Care, Inpatient Non-Acute/Sub-Acute Care, Crisis Services, Residential Services, Assertive Community Treatment (ACT) services, Case Management and Prevention services.

## PROGRAM: HOPE HOUSE CRISIS RESIDENTIAL FACILITY - CSS

Telecare Corporation operates Hope House, a voluntary, highly structured 16-bed Short-Term Crisis Residential Facility (CRF) for adults between the ages of 18 and 59. Hope House serves individuals who require crisis support to avoid hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living. The focus is client-centered and recovery-focused and underscores the concept of personal responsibility for the resident's illness and independence. The program supports a social rehabilitation model, which is designed to enhance an individual's social connection with family and community so that they can move back into the community and prevent a hospitalization. Services are recovery based and tailored to the unique strengths of each individual resident. The program offers an environment where residents have the power to make decisions and are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. Telecare's program is designed to enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and assist clients develop strategies to maintain independent living in the community and improve their overall quality of life. The program's service design draws on evidence-based practices such as Wellness Action and Recovery Planning (WRAP), motivational interviewing, and integrated treatment for co-occurring disorders.

### a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 72 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.

- Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
  - Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
  - A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
  - Peer support services/groups offered weekly.
  - Engagement of family in treatment, as appropriate.
  - Assessments for involuntary hospitalization, when necessary.
  - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
  - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
  - Daily provision of healthy meals and snacks for residents.
  - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 23-24 \$2,408,428
- d. Number served: FY21/22 Unduplicated client count of 249
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
  - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

## UNITED FAMILY CARE, LLC (FAMILY COURTYARD)

2840 Salesian Avenue, Richmond, CA 94804

Point of Contact: Juliana Taburaza, (510) 235-8284, [JuTaburaza@gmail.com](mailto:JuTaburaza@gmail.com)

## GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with United Family Care, LLC (Family Courtyard), a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

## PROGRAM: AUGMENTED BOARD AND CARE HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
  - Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 40 beds.

## WEST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

13585 San Pablo Avenue, 2<sup>nd</sup> Floor, San Pablo CA 94806, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Robin O'Neill, Mental Health Program Manager, (510) 215-3700, [Robin.ONeill@CCHealth.org](mailto:Robin.ONeill@CCHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSa funded programs and plan elements:

#### PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health 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 acts 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.

#### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number Served: For FY 21-22: Approximately 2,422 Individuals.

## WEST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

13585 San Pablo Avenue, 1<sup>st</sup> Floor, San Pablo CA 94806, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: , (510) 374-7208, [Chad.Pierce@CHealth.org](mailto:Chad.Pierce@CHealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The West Children's Mental Health Clinic operates within Contra Costa Mental Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Mental Health Clinic are the following MHA funded plan elements:

### PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas: Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model. A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic. Support for full-service partners.

- a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
- b. Number Served: For FY 21-22: Approximately 650 Individuals.

## WILLIAMS BOARD AND CARE

430 Fordham Drive, Vallejo CA, 94589

Point of Contact: Frederick Williams, (707) 731-2326, [Fred\\_Williams@b-f.com](mailto:Fred_Williams@b-f.com) or Katrina Williams, (707) 731-2326

## GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Williams Board and Care, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

## PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
  - Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 12 beds.

## WOODHAVEN

3319 Woodhaven Lane, Concord, CA 94519

Point of Contact: Milagros Quezon, (925) 349-4225, [Rcasuperprint635@comcast.net](mailto:Rcasuperprint635@comcast.net)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

### PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
  - Medication management
  - Nutritional meal planning
  - Assistance with laundry
  - Transportation to psychiatric and medical appointments
  - Improving socialization
  - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
  - Encouraging meaningful activity
  - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 6 beds.

## YOUTH HOMES, INC.

3480 Buskirk Avenue #210, Pleasant Hill, CA 94523, <https://www.youthhomes.org/>

Point of Contact: , Chief Executive Officer or Byron Iacuanello, Clinical Director, (925) 324-6114, [byroni@youthhomes.org](mailto:byroni@youthhomes.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Youth Homes, Inc. is committed to serving the needs of abused and neglected children and adolescents in California's San Francisco Bay Area. Youth Homes provides intensive residential treatment programs and community-based counseling services that promote the healing process for seriously emotionally abused and traumatized children and adolescents.

### PROGRAM: TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP – CSS

Youth Homes implements a full-service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment (ACT) model. These models are recognized evidence-based practices for which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. The Assertive Community Treatment (ACT) model continues to be the strongest model of services to keep those with serious mental illnesses out of institutional care (hospital or criminal justice system) through intensive, coordinated multidisciplinary treatment. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and substance abuse disorders. Youth Homes is committed to advancing training and integration of the ACT and IDDT models into daily practice. Participants in the Youth Homes FSP program are assigned a team of providers, so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. Each client will have a primary clinician/case manager to facilitate treatment. The team may also include a life skills coach, substance abuse specialist, youth advocate, psychiatrist, nurse, or family clinician depending on the need of the client. Employment, education and life skills workshops and individual coaching occur weekly through Youth Homes' Steppingstones program, which is an integral part of Youth Homes' TAY Services. It is not expected that all full-service partners will be experiencing a substance use issue; however, for those who have co-occurring issues, both disorders can be addressed by one team of providers. Although the program has office space in Antioch and in Pleasant Hill, the bulk of all meetings and support services occur in the community, in homes, parks, and other community locations which are part of the young adult consumer's natural environments.

a. Scope of Services (FSP):

- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Money Management
- Vocational Services
- Contractor must be available to consumer on 24/7 basis

- b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population. Services are based in East Contra Costa County as well as Central Contra Costa County.
- c. Annual MHSA Payment Limit (FSP) 23-24: \$794,041
- d. Number served FSP: For FY 21-22: 33 individuals
- e. Outcomes FSP: For FY 21-22:
  - Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 1. Pre- and post-enrollment utilization rates for 33 Youth Homes FSP Participants enrolled in the FSP program during FY 21-22**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	131	42	0.358	0.119	-66.5%
<i>Inpatient episodes</i>	36	13	0.098	0.037	-62.6%
<i>Inpatient days</i>	441	181	1.205	0.513	-57.4%
<i>DET Bookings</i>	12	7	0.033	0.020	-39.4%

## ASIAN FAMILY RESOURCE CENTER (AFRC)

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Asian Family Resource Center (AFRC), 12240 San Pablo Ave, 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.

## PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

- a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
- b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.
- d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- f. Payment Limit: FY 23-24: \$164,354
- g. Number served: FY 19-20: 583; FY 20-21: 584; FY 21-22: 624
- h. Outcomes:

- FY 19-20:
  - Successful adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
  - Services are offered in the language of the consumer and outreach is conducted in areas frequented by those they are trying to engage.
  - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.
  
- FY 20-21:
  - Continued adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
  - Primarily reached multilingual and multicultural individuals and families (specifically of Chinese, Vietnamese, Laos, Khmu, and Mien backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county).
  - Emphasized on offering support to vulnerable populations like the elderly and the homeless.
  - Primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Chinese, Vietnamese, Laos, and Mien to reach a wider range of potential responders. These brochures consisted of AFRC's mission, the types of services offered, language availability, and contact information.
  - Held virtual psychoeducation workshops for community members on mental health (warning signs, risk factors, stigma reduction, etc.), self-care, human wellness, cultural and family/parenting issues, and where and how to get help if needed, particularly for those who may feel limited due to language barriers.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
  - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.
  
- FY 21-22
  - After the height of the COVID-19 pandemic, responders reached primarily consisted of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county)
  - Due to the ongoing consequences of the COVID-19 pandemic, AFRC emphasized offering support to vulnerable populations like the elderly and the homeless.
  - The primary method of outreach and engagement were program brochures printed in several languages (e.g., Vietnamese, Laos, Mien, and Chinese) and began to increase outreach compared to during the height of the pandemic.
  - Held psychoeducation workshops (some virtual some in-person small groups of 10-12 people) for community members on prevention and early intervention, self-care and human wellness, cultural and family/parenting issues, early signs of mental health issues, resources, etc. to increase knowledge about mental health, reduce stigma, and lessen barriers to accessing treatment.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, connecting with local community leaders such as pastors and community associations, and other essential benefits.

## BUILDING BLOCKS FOR KIDS (BBK) (FISCAL SPONSOR TIDES)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Building Blocks for Kids (BBK) amplifies the voices of parents/caregivers of color and partners with them to advance equitable access and opportunities for all youth to have a quality education and all families to achieve emotional and physical well-being. We realize our goals through healing centered care, leadership development, and parent-led advocacy. BBK serves parents and primary caregivers living in West Contra Costa County that primarily represent low-income African-American, Latinx and immigrant populations.

### PROGRAM: NOT ABOUT ME WITHOUT ME

a. Scope of Services:

Building Blocks for Kids Collaborative, a project of Tides Center, will provide diverse West County households with improved access to mental health education, and mental health support. The *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

Accordingly, the goals are three-fold: (1) working with families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental health information and services; (2) reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers and children whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches; and, (3) train and support families to self-advocate and directly engage the services they need.

This work represents an evolution in our *Not About Me Without Me* approach to service provision by working toward a coordinated, comprehensive system that will support families in not just addressing mental illness and recovering from traumatic experiences but will fortify them to create community change. This system will continue to put resident interests and concerns at the fore and additionally be characterized by a model that enables organizations to: work more effectively and responsively with underserved residents in the Richmond and West Contra Costa community; improve outcomes; reduce barriers to success; increase provider accountability and create a truly collaborative and healing environment using strategies that are non-stigmatizing and non-discriminatory.

b. Target Population: Parents and caregivers and their families living in West Contra Costa County

c. Payment Limit: FY 23-24: \$245,428

d. Number served: FY 19-20: 336; FY 20-21: 466; FY 21-22: 300

e. Outcomes

• FY 19-20:

- During the COVID-19 pandemic, BBK pivoted to continue to engage the community. Staff transitioned into a virtual model. Programs was offered through Zoom meetings, phone calls, and videos on their Facebook page.
- 195 women participated in a total of 28 Black and LatinX Women's Peer Sanctuary groups where they

received facilitated support for self-care, advocacy, personal goal setting and reclaiming positive cultural practices.

- Family Engagement activities events, during which families are invited to spend an enjoyable and safe time with their families, were held at Monterey Pines Apartments. 87 people participated in Family Engagement activities, including: an informational session about the Welcome Home Baby Program, Mindfulness practices, YouthService Bureau, Effective Ways of Communication through Community Circles, Census Information as well family bonding arts & crafts and games.
- At the Health and Wellness free summer program, children under the age of 18 had access to free lunch Monday through Friday, Zumba classes and enrichment activities. BBK staff served an average of 90 children daily and altered their offerings to accommodate virtual programming to follow safety guidelines during the pandemic.
- BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 26 parents/caregivers graduated from the 22-week program and 146 adults participated in a parent-child skills development playgroup.

- FY 20-21:

- Due to the COVID-19 pandemic, BBK continue to engage the community via a virtual model.
- Connected families to accessible mental health professionals that provide no and low-cost individual, family, and group mental health support and prevention services.
- Continued to conduct check-in phone calls with program participants, conducted needs assessments, and connected 24 families to food resources, financial assistance, and free/reduced internet service options, and tenants' rights resources.
- 68 people participated in seven Family Engagement Virtual Events. BBK staff hosted these activities, sometimes in collaboration with community partners including the East Bay Regional Park District. Based on participant feedback, BBK staff focused on family game nights, family bonding arts & crafts, dancing, and storytelling.
- Offered Zumba, cooking classes, and playgroups through Facebook live. In the month of July 2020, 313 people joined the live streams. In June 2021, staff launched the 2021 summer program via Zoom in collaboration with the Mindful Life Project, the Native American Health Center, a local Zumba instructor, and Redemption Fitness & Wellness LLC to host live for one hour, 5-days a week, arts and crafts activities, mindfulness activities, story times, boxing classes, and Zumba classes. A total of 88 people participated in these daily activities.
- In response to feedback from men surveyed in the community, BBK launched its first men and father's peer group in 2021. Since March 2021 staff, in collaboration with a male facilitator from Richmond, BBK has hosted a total of four meetings and has served 30 men. Through these meetings, men have built relationships with other men in their community and had conversations about Healthy Communication with Partners, How to Manage Strong Emotions, Goal Setting and Celebrating Accomplishments, and Getting to Know Ourselves. Additionally, before the end of the meetings participants are led through a drumming circle. Since the launch of the Men's Sanctuary called "Holding Space" BBK has seen increased participation and participants share their excitement about having a healthy space to build relationships and learn from other men.
- In February 2021 BBK launched their Life Coaching program. Eight women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.

- FY 21-22:

- Linkages with East Bay service providers: Participants connected to 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention

- services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.
- Family Engagement: 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Activities included family bonding arts & crafts, dancing, boxing, storytelling, yoga, and mindfulness activities.
  - Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches.
  - Sanctuary Peer Support Groups: Hosted 33 peer support meetings. 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, the men's peer support group, BBK served 31 participants. Through these meetings, men have continued building relationships with other men in their community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.
  - Self-and-Collective Advocacy: Trained and supported families to self-advocate, build collective advocacy and directly engage the services they need.
  - Life-Coaching: 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.

## CENTER FOR HUMAN DEVELOPMENT (CHD)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

### PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

- a. Scope of Services: The African American Wellness Program (formerly African American Health Conductor Program) serves Bay Point, Pittsburg, and surrounding communities. The purpose is to increase emotional wellness; reduce stress and isolation; and link African American participants, who are underserved due to poor identification of needs and lack of outreach and engagement, to appropriate mental health services. Key activities include: outreach through community events; culturally appropriate education on mental health topics through Mind, Body, and Soul support groups; conduct community health education workshops in accessible and non-stigmatizing settings; and navigation assistance for culturally appropriate mental health referrals.

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 23-24: \$176,633
- d. Number served: FY 19-20: 733; FY 20-21: 198; FY 21-22: 262
- e. Outcomes:
  - FY 19-20 African American Wellness Program:
    - Served 623 participants during FY 2019-20.
    - Moved to telehealth due to COVID-19.
    - Provided 9 clients with mental health referrals.
    - Participants were provided individualized services to help them to address the current issues they are facing
  - FY 19-20 Youth Empowerment Program:
    - 110 individuals were served.

- Staff facilitated 134 educational group sessions, trainings, and Leadership sessions and staff had 412 individual one-on-one meetings with youth. This is nearly double the number of individual check-ins and one-on-one meetings from the previous year.
- Successfully Moved to telehealth due to COVID-19
- Provided 6 clients with mental health referrals.
- All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 20-21 African American Wellness Program:
  - The African American Wellness Program Roster for support groups from July 2020- June 2021 contained a total of 141 unduplicated attendees.
  - There were 389 newsletters distributed to people (outreach) and 67 people attended outreach events.
  - Participants who attended the Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa Crisis 211 and the Mental Health Access Line.
  - Staff assisted participants by helping them to navigate through the system by assisting with calls to the Mental Health Access line for appointments, attending doctor appointments, and following up with participants to check on progress.
- FY20-21 Youth Empowerment Program:
  - 57 individuals were served. This number is much less than previous years due to the extreme difficulty in connecting with LGBTQ+ youth in their home environments during COVID-19. Youth cited lack of privacy in their home environments and overall stress due to the pandemic as a reason for lack of participation.
  - Telephone communications, email and secure video conferencing, via Zoom, were the main forms of delivering telehealth support to participants, since COVID-19.
  - Staff facilitated 43 educational group sessions, one leadership session, and 833 individual check-ins, assessments and support sessions. This is double the number of individual check-ins and one-on-one meetings from the previous year. The sharp increase in this number is due primarily to the shelter in place order, which led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms.
  - Staff worked closely with local schools in East County to coordinate care and referrals.
  - Staff periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff provided 10 clients with mental health referrals.
  - All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 21-22 African American Wellness Program:
  - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

- Provided support groups for 155 unduplicated attendees.
- 755 newsletters were distributed
- Outreached to 120 people at community events.
- Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line.
- C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
- The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor's appointment, provided follow up.
- FY 21-22 Youth Empowerment Program:
  - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
  - Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
  - During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming.
  - Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
  - As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
  - Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
  - Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
  - The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.

## CHILD ABUSE PREVENTION COUNCIL (CAPC)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs to provide the best possible support to the families of Contra Costa County.

### PROGRAM: THE NURTURING PARENTING PROGRAM

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 23-24: \$192,311
- d. Number served: FY 19-20: 169; FY 20-21: 159; FY 21-22: 213
- e. Outcomes:
  - FY 19-20:
    - Two 20-week classes in Central and East County serving parents and their children.
    - During the first semester of The Nurturing Parenting Program a total of 44 parents and 45 children enrolled in the program. A total of 29 parent and 36 children completed and graduated from the NPP successfully.
    - During the second semester of The Nurturing Parenting Program a total of 41 parents and 39 children enrolled in both regions. A total of 31 parents completed and graduated from the program despite the many challenges faced during the COVID-19 Shelter-in- Place.
    - Staff modified sessions to meet parents needs during the pandemic and offered resources to families who lost their jobs, linked parents to internet access, and guided them on how to start using zoom to stay connected.
    - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).
  - FY 20-21:
    - Two 20-week classes in Central and East County serving parents and their children. Modifications were made as needed to accommodate challenges that arose due to the COVID-19 pandemic.
    - The Nurturing Parenting Program enrolled a total of 83 Latino parents and 76 children during the fiscal year.

- The first semester Central County served 22 parents, successfully graduating 17 parents, East County served 20 and graduated 12 parents. The second semester Central County served 21 parents and graduated 13, East County served 20 parents and graduated 15.
- Parents who dropped out of the program were contacted to gather feedback and offer additional support. Parents dropping out reported having the opportunity to return to the work force, others shared feeling overwhelmed with school demands and not having time to attend sessions.
- All parent participants completed pre- and post-tests. Overwhelmingly, parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, appropriate family roles, and values power independence)
- FY 21-22:
  - Four 18-week classes in Central and East County serving parents and their children.
  - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
  - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.
  - The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11.
  - Parents who dropped out of the program were contacted by NPP staff to offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings: parents financial demand increased, return to the work force, and/or work additional job.
  - In addition to the curriculum information, psychoeducation was provided to help raise self-awareness, identify mental health/behavioral challenges that may need professional support.
  - NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.

## CONTRA COSTA CRISIS CENTER

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of the Contra Costa Crisis Center is to keep people alive and safe, help them through crises, and connect them with culturally relevant resources in the community.

### PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides real time warm transfer to those services when appropriate. because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service when they need it and

Immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) In a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.

- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one- month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year, Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co- chair the Countywide Suicide Prevention Committee.

b. Target Population: Contra Costa County residents in crisis.

c. Payment Limit: FY 23-24: \$413,652

d. Number served: FY19-20: 21,577; FY 20-21: 20,082; FY 21-22: 21,971

e. Outcomes:

- FY 19-20:
  - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240 languages.
  - Upgraded to an advanced web-based phone system software in July 2019, allowing for remote work in case of a disaster, and increased the accuracy of calls answered, average speed to answer (in seconds), and abandonment rate measurements. This allowed calls to the 24-hour crisis lines to continue without interruption with staff and volunteers working either in the office or remotely due to COVID-19.
  - 21,577 referrals were made to mental health services
  - Managed an unprecedented increase in total call volume starting in March 2020 with callers needing referrals for health, food, housing, and financial assistance as well as experiencing feelings of high anxiety and stress.
  - Provided a 54+ hour call center training for new call center staff and volunteers several times throughout the year
- FY 20-21:
  - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240+ languages.
  - 20,082 Mental Health / Crisis Calls received. Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
  - Maintained a pool of 58 active call center volunteers during this reporting period.
  - Provided 54 hours of training curriculum over 10 weeks virtually (30 hours) and in-person (24+ hours) for each new volunteer training cohort in June-July 2020 and January-February 2021.
  - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services, Suicide Prevention, Grief & Loss, and participated in virtual resource fairs due to COVID-19 concerns during this reporting period
  - Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health
  - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
    - Three- 6-hour Trainings
    - Three- 1-hour Trainings (one conducted in Spanish)
    - Two- 4-hour Trainings
- FY 21-22:
  - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
  - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.

- Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
- Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
- Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
- Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
- Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
  - Three- 6-hour Trainings (two virtual, one in-person)
  - Three- 1-hour Virtual Trainings (one conducted in Spanish)
  - Two- 4-hour Virtual Trainings
- Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
- Continued to co-chair the Suicide Prevention Coalition monthly meetings.
- Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
- Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

## COUNSELING OPTIONS PARENT EDUCATION (C.O.P.E.) FAMILY SUPPORT CENTER

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### GENERAL DESCRIPTION OF THE ORGANIZATION

C.O.P.E.'s mission is to prevent child abuse by providing comprehensive support services to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

### PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

- a. Scope of Services: In partnership with First 5 Contra Costa Children and Families Commission and Contra Costa County Behavioral Health Services, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children ages 0–17. The C.O.P.E Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyle multi-family support groups, at low or no cost to parents of children two to seventeen years of age.

The program utilizes an evidence based self-regulatory model that focuses on strengthening the positive attachment between parents and children by building a parent's capacity for the following five aspects:

1. Self-sufficiency - having the ability to use one's own resources to independently solve
2. problems and decrease reliance on others.
3. Self-efficacy - having the confidence in performing daily parenting tasks.
4. Self-management - having the tools and skills needed to enable change.
5. Personal agency - attributing the changes made in the family to own effort or the
6. effort of one's child.
7. Problem-solving - having the ability to apply principles and strategies, including creating parenting plans to manage current or future problems.

All classes are available in Spanish, Arabic, Farsi and/or English. To outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation, and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support to build and maintain a pool of Triple P practitioners.

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. Payment Limit: FY 23-24: \$276,270
- d. Number served: FY 19-20: 235; FY 20-21: 200; FY 21-22: 217
- e. Outcomes:
- FY 19-20:
    - Provided 21 Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County.
    - Enrolled 235 client family members in Triple P Parenting classes.

- Provided a Family Transitions Triple P training program and accredited 18 practitioners.
- Beginning in Mid-March 2020, COPE moved all Triple P classes to online using the Zoom video conferencing platform.
- Pre and Post Test Survey results indicate program participants showed a 37% decrease in depression, 41% decrease in anxiety, and 24% decrease in overall stress.
- Access and linkage to on-going treatment supported through warm handoff referrals for housing, vocational, legal, and mental health services.
- FY 20-21:
  - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County. Enrolled 257 individuals in these classes and seminars.
  - Provided a Family Transitions Triple P training program and accredited 22 practitioners.
  - Continued Triple P classes online using the Zoom video conferencing platform due to the COVID-19 pandemic.
  - Provided case management services for families who asked for additional resources. Additionally, if a parent's assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.
  - Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal, and mental health services.
- FY 21-22:
  - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County.
  - Enrolled 217 family members in Triple P Positive Parenting classes.
  - Provided case management services for families in need of additional resources.
  - Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

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## GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.

## PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: FY 23-24: \$92,023
- d. Number Served: FY 19-20: 189; FY 20-21: 189; FY 21-22: 193
- e. Outcomes:
  - FY 19-20:
    - Delivered 15 classes and 2 seminar series throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
    - Held 12 presentations and briefings to early childhood organizations as an engagement and recruitment tool
    - Offered case management support to parents as appropriate
  - FY 20-21:
    - Delivered 15 classes throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
    - Held 14 presentations and briefings to early childhood organizations as an engagement and recruitment tool
    - Offered case management support to 45 families who asked for additional resources.
    - Trained and accredited 7 practitioners who supported classes for parents with children ages 0-5.
  - FY 21-22:
    - Provided 16 Group Triple P classes for parents with children ages 0-5 and served 193 participants.
    - 80% of families completed the Triple P program.
    - Classes were free to all participants and provided in English and Spanish in East, West, and Central

County.

- Conducted 12 Seminars African American families with children ages 0-5.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

## FIRST HOPE (CONTRA COSTA HEALTH)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Contra Costa Behavioral Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

### PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
  - Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
  - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work, and social relationships.
  - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
  - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
  - In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode
- b. Target Population: 12–30-year-old young people and their families
- c. Total Budget: FY 23-24: \$3,550,789
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 19-20: 960; FY 20-21: 987; FY 21-22: 876
- f. Outcomes:
  - FY 19-20:
    - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
    - One conversion out of 78 from clinical high risk to psychosis.
    - 104 First Hope clients had zero PES visits or hospitalizations.
    - Zero completed suicides in FY 19-20.
    - Trained 13 new staff in the Coordinated Specialty Care (CSC) model and trained and certified all staff in MultiFamily Group Treatment (MFGT) and Cognitive Behavioral Therapy for Psychosis (CBTp).
    - Reduced the stigma associated with symptoms.

- FY 20-21:
  - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
  - Two conversions out of 63 from clinical high risk to psychosis (conversion rate of 3%).
  - 108 First Hope clients had zero PES visits or hospitalizations.
  - Zero completed suicides in FY 20-21.
  - Conducted fewer outreach presentations than usual due to the COVID pandemic; however, First Hope still trained 66 clinicians that included staff from hospitals and community-based mental health agencies such as Seneca and Putnam Clubhouse, as well as psychology interns.
  - Reduced the stigma associated with symptoms.
- FY 21-22:
  - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
  - Zero conversions from clinical high risk to psychosis.
  - 80% of First Hope clients had zero PES visits or hospitalizations.
  - Zero completed suicides in FY 21-22.
  - Trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.
  - Reduced the stigma associated with symptoms.
- Long Term Public Health Outcomes:
  - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.
  - Reduce incidence of psychotic illnesses in Contra Costa County.
  - Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

## HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

### PROGRAM: STRENGTHENING VULNERABLE FAMILIES

#### a. Scope of Services:

- The Strengthening Vulnerable Families program provides support services at 5 locations. All these locations house vulnerable adults and/or families with histories of homelessness, mental health challenges and/or substance abuse problems. Case management was provided on-site and in-home for all residents requesting this support. Youth enrichment/afterschool programming was provided at all family housing sites. The total number of households offered services under this contract was 286, including the following sites:
  - Garden Park Apartments (Pleasant Hill) – 27 units permanent supportive housing for formerly homeless families with disabilities
  - Lakeside Apartments (Concord) – 124 units of affordable housing for low-income families and individuals (including 12 units of permanent supportive housing for formerly homeless residents with disabilities).
  - Bella Monte Apartments (Bay Point) – 52 units of affordable housing for low-income families and individuals
  - Los Medanos Village (Pittsburg) – 71 units of affordable housing for low-income families and individuals
  - MHSAs funded housing (Concord, Pittsburg) - 12 residents in 3 houses.
- In addition to case management, Hope Solutions also provides property management and maintenance for the 12 units of MHSAs housing.
- Hope Solutions also agreed to participate with helping to host a community forum on permanent supportive housing during the year.

#### b. Target Population: Formerly homeless/at-risk families and youth.

#### c. Payment Limit: FY 23-24: \$421,221

#### d. Number served: FY 19-20: 433; FY 20-21: 367; FY 21-22: 429

#### e. Outcomes:

- FY 19-20:
  - Provided 8 parenting support groups, 8 sessions/group at the 4 housing sites for a total of 67 group sessions and least 83 participants.
  - Provided 4350 hours of support services with on-site case management to 275 families/433 individuals.
  - After the Shelter-in-Place order many residents lost their jobs. Working remotely, case managers assisted 23 residents to access unemployment resources, and 33 residents to access COVID funds to subsidize rents. At Lakeside 12 undocumented families were also assisted to receive the COVID California state funds designated for immigrants.

- Staff also organized food resources for families with limited funds and delivered food to over 100 households to help keep residents safe. Case managers also distributed activity bags to youth including crayons, activity booklets, and hand sanitizer/PPE. Masks were distributed to over 100 families as needed, and education and support was offered regarding the stay-at-home order and the COVID19 virus.
- Provided 2914 hours of service to 181 youth at youth enrichment centers in the four housing sites. Activities included afterschool programming, summer programming, educational advocacy, and a teen support group.
- 99% (277/281) of families maintained their housing. 96% (104/108) of families at risk for eviction remained housed. 98% (243/248) of families requesting assistance with concrete resources had their request fulfilled (e.g., access to food, employment, transportation, healthcare, and mental health resources).
- 100% (8/8) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
- 77% (33/43) of youth who were assessed with the Social Skills Index Survey (SSIS) improved their skill score over the year.
- 87% (71/82) of youth that participate in the afterschool academic and tutoring program achieved at least four new CA Academic benchmarks.
- 86% (62/72) of grades K through 5 children achieved progress with their reading skills
- 100% (4/4) of Teen Club youth participants completed end of year surveys and showed improved self-concept/self-esteem.
- 88% (75/85) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.
- FY 20-21:
  - Altered services as needed to accommodate family needs during the COVID-19 pandemic.
  - 89% (16/18) of youth that participated in the afterschool academic and tutoring program achieved at least 4 benchmarks.
  - 94% (74/79) of the families receiving intensive case management, showed improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix (and had an average score of stable (3) or better on this assessment).
  - 100% (193/193) of families maintained their housing and 100% (103/103) of families at risk for eviction remained housed. One of the families living for many years at Garden Park Apartments was able to purchase their own home
  - 98% (126/128) of families requesting assistance with concrete resources had their request fulfilled. This was a heavy year for concrete service needs as families coped with the stay home orders, home schooling, unemployment and access to the financial resources being offered under the pandemic. Examples of their requests included access to food, employment support/unemployment applications, technological resources (computers, internet) transportation, healthcare and mental health resources and benefits offered under the Rescue Bill.
  - 80% (8/10) of families taking the Parental Stress Index assessment showed lowered levels of stress after group participation.
  - 100% (10/10) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
  - 100% (74/74) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

- Provided 914 hours of advocacy for families working with remote learning.
- Many parents attended the remote support groups at the 4 sites. Anecdotal feedback from the parents was uniformly positive, as reported above. Hope Solutions had challenges with getting the Parental Stress Index data due to the paper/in-person nature of the assessment. With the realization that the pandemic would be continuing for a while, Hope Solutions applied for and received a grant to purchase digital versions of the PSI assessment tool and will be using that in the coming year to be able to obtain more feedback.
- FY 21-22:
  - Provided on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community. The last 3 housing sites house 4 individuals at each of 3 houses.
  - 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
  - 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

## JAMES MOREHOUSE PROJECT (JMP) (FISCAL SPONSOR BAY AREA COMMUNITY RESOURCES)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

### PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

- a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acclimation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

- b. Target Population: At-risk students at El Cerrito High School
- c. Payment Limit: FY 23-24: \$115,815
- d. Numbers Served: FY 19-20: 405; FY 20-21: 328; FY 21-22: 399
- e. Outcomes:
- FY 19-20:
    - With the help of a team that included 8 clinical interns, JMP served 405 young people participated in 23 different groups and/or individual counseling.
    - Referred 17 young people to mental health services.
    - Altered services to accommodate remote support with COVID-19 including partnering with community-based partners like the Seneca MRT in crisis situations.
    - COVID-19 related needs were addressed through case management, including working with young people and families around challenges with distance learning (e.g., accessing Wi-Fi, troubleshooting tech challenges), and securing cash assistance and accessing other resources (e.g., food, legal assistance).
    - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
    - Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.

- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- FY 20-21:
  - Continued to provide services virtually due to the COVID-19 pandemic. The JMP stayed connected with school staff, young people and families, through a range of outreach strategies: setting up a JMP space on Google Classroom, staffing an ongoing drop-in space through Google Meet and collaborating closely with teachers, guidance counselors, the attendance clerk and JMP's administrative team to ensure that JMP was able to contact students/families in need.
  - 328 young people participated in 12 different groups and/or individual counseling.
  - Partnered with community-based organizations like the Seneca MRT in crisis situations.
  - Fifteen-Twenty people attended JMP led monthly evening English Language Advisory Committee (ELAC) meetings on Zoom. Families learned to access resources in the community and how to advocate for the rights of their children with school staff. Immigrant families also received case management support connecting them to legal, housing and other family supports in addition to counseling services for youth on-site.
  - 92% of participating youth reported feeling like "there is an adult at school I could turn to if I need help."
  - 93% of participating youth "I deal with stress and anxiety better" after program participation.
  - 72% of participating students reported they "skip less school/cut fewer classes after program participation."
- FY 21-22:
  - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."
  - Increased in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, "I deal with stress and anxiety better" after program participation.
  - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they "skip less school/cut fewer classes after program participation."
  - Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

## JEWISH FAMILY & COMMUNITY SERVICES EAST BAY (JFCS)

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### 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.

### PROGRAM: COMMUNITY BRIDGES

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$190,664
- d. Number served: FY 19-20: 311; FY 20-21: 225; FY 21-22: 461
- e. Outcomes:
  - FY 19-20:
    - Provided culturally and linguistically appropriate care to all consumers served
    - Served 311 people, including 135 frontline staff and 176 clients.
    - Completed three out of four planned trainings for the year. The fourth training was cancelled due to COVID-19. All three trainings were held via Zoom and had high attendance. In total, 135 service providers from the community were trained, exceeding the target of training 75 frontline staff. 96% of respondents reported a better understanding of recognizing stress and risk factors after the training and 91% of respondents reported a better understanding of when to refer clients to specialized services.
    - Provided mental health education classes to 16 Russian-speaking seniors, parenting workshops to 16 Afghan parents, bilingual/bicultural case management to 160 clients (including 85 children ages 18 and under and 75 adults ages 18 and older and provided bicultural individual therapy services to 25 Dari-speaking clients.

- 100% of the 75 adult case management clients reported upon exit they were able to independently seek help for mental health services, knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues, and had an increased understanding of health and mental health care systems in Contra Costa County.
- 81% of participants in the Russian Mental Health classes reported a better understanding of when and how to seek help, 93% reported an increased ability to recognize stress and risk factors in themselves and/or family members, and 93% reported feeling more supported after coming to the group.
- 100% of participants in the Afghan Parenting Workshops reported they learned useful skills to become a more effective parent, had a better understanding of when and how to seek help, and felt more supported after coming to the group. 87.5% reported having an increased ability to recognize stress and risk factors in themselves and/or family members.
- FY 20-21:
  - Served 225 people, including 120 frontline staff and 105 clients.
  - Facilitated two virtual trainings (via Zoom) during the pandemic. Trained 120 service providers from the community, exceeding the target of training 75 frontline staff
  - Provided 10.5 hours of individualized mental health education sessions to 14 Russian-speaking seniors.
  - Provided three 7- week series online psychosocial support groups serving 20 Afghan mothers.
  - Provided 77 clients with bilingual/bicultural case management.
  - Provided over 100 hours of culturally attuned therapy services to 3 refugee clients with in-house and referred 5 refugee clients to external providers.
  - 94% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services.
  - 92% of the adult case management clients reported knowing how to link to the appropriate persons for resolution of health or mental health issues.
  - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County.
  - 94% of respondents from our cross-cultural staff trainings reported that they had a better understanding of recognizing stress and risk factors after the training.
  - 91% of respondents from our cross-cultural staff trainings reported that they had a better understanding of when to refer clients to specialized services.
  - 78% of participants of the Russian Mental Health Classes reported to have a better understanding of when and how to seek help.
  - 100% of participants of the Russian Mental Health Classes reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members, reported feeling more supported after coming to the group, and reported having a better understanding of the concepts discussed in individual sessions.
  - 100% of participants of the Afghan Mothers' Support Groups reported having an increased ability to recognize stress and risk factors, a better understanding of trauma and how it affects the mind and body, a better understanding of the concepts discussed in group, having learned helpful techniques to deal with their own stress and emotions, a better understanding of when and how to seek help if I need it, feeling more supported after attending the group, having learned helpful parenting skills that they will use with their own children, and being able apply what they learned from the group in their own life.
  - Provided culturally and linguistically appropriate care to all consumers served.

- FY 21-22:
  - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
  - Completed 208 pre-post assessments with adult case management clients (ages 18+).
  - Provided 10- week series family support with Sutter Health partnership serving 6 families.
  - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
  - Health and Mental Health System Navigation (Case Management)
    - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
    - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
    - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
  - Women / Men Support / Educational Groups
    - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
    - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
    - 100% of participants reported to have a better understanding of the concepts discussed in group.
    - 100% of participants reported to have learned helpful techniques to deal with their own stress and emotions.
    - 93% of participants reported to have better understanding of when and how to seek help if I need it.
    - 100% of participants reported to feeling more supported after attending the group.
    - 100% of participants reported to have learned helpful parenting skills that they will use with their own children.
    - 100% of participants reported to apply what they learned from the group in their own life.

## JUVENILE JUSTICE SYSTEM – SUPPORTING YOUTH (CONTRA COSTA HEALTH)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The staff working to support youth in the juvenile justice system operate within Contra Costa Behavioral Health's Children's System of Care.

### PROGRAM: ORIN ALLEN YOUTH REHABILITATION FACILITY (OAYRF) / MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

County behavioral health clinicians strive to help youth experiencing the juvenile justice system become emotionally mature and law-abiding members of their communities. Services include: screening and assessment, consultation, therapy, and casemanagement for inmates of the Juvenile Detention Facility and juveniles on probation, who are at risk of developing or struggle with mental illness or severe emotional disturbance.

- a. Scope of Services: *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- c. Target Population: Youth in the juvenile justice system in need of mental health support
- d. Payment Limit: FY 23-24: \$433,535
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FYs 19-20, 20-21, and 21-22: 300+
- g. Outcomes:
  - FYs 19-20, 20-21, and 21-22:
    - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
    - Increased access to mental health services and other community resources for at risk youth.
    - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
    - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
    - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
    - Help youth and families increase problem-solving skills.



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### GENERAL DESCRIPTION OF THE ORGANIZATION

With 35 sites spread across Alameda, Contra Costa, and Solano Counties, La Clínica delivers culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is one of the largest community health centers in California.

### PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

- a. **Scope of Services:** La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with a goal of: a) 3,000 depression screenings; b) 250 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,250 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. **Target Population:** Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 23-24: \$315,771
- d. **Number served:** FY 19-20: 922; FY 20-21: 845; FY 21-22: 799
- e. **Outcomes:**
- FY 19-20 Vías de Salud:
    - Offered 3623 depression screenings (120% of yearly target), 296 assessments and early intervention services (118% of yearly target), and 1238 follow-up support/brief treatment services (99% of yearly target).
    - Programming pivoted to telehealth as needed during COVID-19
  - FY 20-21 Vías de Salud:
    - Offered 8,521 depression and anxiety screenings ( 284% of yearly target), 1,180 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (472% of yearly target), and 2,786 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (222% of yearly target).

- Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Vías de Salud:
  - 9,393 depression and anxiety screenings (313.10% of yearly target).
  - 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target).
  - 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).
- FY 19-20 Familias Fuertes:
  - Offered 661 screenings for youth (88% of yearly target), 113 assessments for youth (105% of yearly target), and 333 follow-up visits with families (111% of yearly target).
  - Programming pivoted to telehealth as needed during COVID-19
- FY 20-21 Familias Fuertes:
  - Offered 766 screens for risk factors in youth ages 0-17 (102% of yearly target), 233 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (310% of yearly target), and 597 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (199% of yearly target).
  - Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Familias Fuertes:
  - 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target).
  - 469 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target).
  - 683 follow up visits occurred with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target).

## LAO FAMILY COMMUNITY DEVELOPMENT (LFCD)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse 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.

### PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$214,315
- d. Number served: FY 19-20: 128; FY 20-21: 126; FY 21-22: 127
- e. Outcomes:
  - FY 19-20:
    - A total of 125 clients completed the Pre LSNS assessment and 125 clients completed the Post LSNS assessments. The average progression was 8 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
    - 98% (125 of 128 respondents) of the participants were satisfied with the program services, and 2% (3 of 128 respondents) were somewhat satisfied with the program services.
    - 101 clients were referred to mental health services.
    - Held 16 Strengthening Families Program (SFP) workshops (2 workshops per month from August 2019 to March 2020). Due to COVID-19 there were no SFP event from April to May 2020.
    - Facilitated 6 different thematic peer support groups/events during the FY
    - Provided case management and system navigation for 128 community members
  - FY 20-21:

- A total of 126 clients completed the Pre LSNS assessment and 126 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
- 95% (120 of 126 respondents) of the participants were satisfied with the program services, and 5% (6 of 126 respondents) were somewhat satisfied with the program services.
- 12 participants that were referred to mental health services because of monitoring clients' mental health status.
- Held 10 SFP workshops during the program year (1 workshop per month from August 2020 to May 2021).
- Facilitated 24 different thematic peer support groups/events during the FY.
- FY 21-22:
  - Served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).
  - Provided navigation and timely access to internal and external services including linkages to mental health and other service providers.
  - A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops.
  - 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services.

## THE LATINA CENTER

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Latina Center is an organization of and for Latinas that strive to develop emerging leaders in the San Francisco Bay Area through innovative training, support groups and leadership programs. The mission of The Latina Center is to improve the quality of life and health of the Latino Community by providing leadership and personal development opportunities for Latina women.

### PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$137,178
- d. Number served: FY 19-20: 314; FY 20-21: 309; FY 21-22: 291
- e. Outcomes:
  - FY 19-20:
    - Served a total of 314 parents (parenting sessions, mental health workshops, psycho- educational therapy, support groups).
    - Additionally, provided 30 learning circles with activities reaching 424 children.
    - Outreach efforts reached 1,031 individuals and enrolled 42 people into their programs.
    - Parenting classes were held in 4 community-based locations: Cesar Chavez Elementary School, Mira Vista Elementary, Richmond Charter Academy, and The Latina Center. All classes completed the 10-week sessions, 6 sessions online.
    - 286 parents (244 women and 42 men) registered for the parenting class and completed a pre-survey in Spanish.
    - Based on the responses to the pre-survey, The Latina Center made at least 28 referrals.
    - Held 6 Mental Health Workshops in 3 locations (The Latina Center, St Cornelius Catholic Church and Montalvin Elementary School) for 130 participants; 94 participants completed pre- and post-surveys.
    - Before the workshop, 65% of parents said they did know what mental illnesses are; 35% did not know. After the workshop, 96.9% understood what mental illnesses are; 3.1% did not understand. Before the workshop, 57.5% knew any symptoms of mental illness and 42.5% did not. After the workshop, 81.3% stated they knew signs and symptoms and 18.8% did not.
  - FY 20-21:

- Served 309 individuals
- 198 parents completed a pre-survey in Spanish.
- Parenting classes were held via Zoom due to the COVID-19 Pandemic.
- During the fiscal year, 3 mental health workshops were offered and conducted for 72 participants. The Latina Center's social networks garnered more than a thousand views and shares on these workshops/health topics.
- 80% participants stated the course helped them improve their relationships.
- FY 21-22:
  - Served 261 participants in Parenting classes.
  - 30 participants in our 4 Mental health workshops.
  - 28 participants Psycho-educational sessions.

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

- a. Scope of Services: LifeLong’s PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes: reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

- b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$147,201
- d. Number served: FY 19-20: 150; FY 20-21: 106; FY 21-22: 137
- e. Outcomes:
- FY 19-20:
    - Prior to Shelter-in-Place, an average of 10 onsite events were held per month (including, creative movement, exercise, bilingual songs, discussion groups, tai chi, walking groups, Spanish classes, and arts & crafts, as well as memorial events for residents who passed away and an outing to visit a participant in the hospital). There was also a health fair held in the fall of 2019. The second planned health fair was cancelled due to COVID-19.
    - With COVID-19 services shifted to mainly virtual (telephone and Zoom) interactions and there was an increased emphasis on food distribution. Distribution of masks and PPE, as well as outreach to at-risk older-adult consumers was prioritized.
    - Registered 24 people for Meals on Wheels and made 289 deliveries of meals and/or groceries during April-June.
    - The Annual survey was adapted to a shorter telephone survey due to COVID-19 and they

documented 41 responses. Results were very positive, with all respondents reporting that they were very (79%) or somewhat (21%) satisfied with SNAP overall. 100% were satisfied with the food distribution portion of SNAP during Shelter-in-Place.

- FY 20-21:
  - Provided services in observance of COVID-19 safety protocols and local mandates and ordinances with services provided primarily in a virtual format. Virtual services took place via telephone and zoom and include telephonic wellness checks and social calls, case management and referrals to mental health and community resources, screening for depression and isolation, as well as meal and grocery distribution in person, thanks to donations from Sojourner Truth Church, Help Berkeley, and Bridge Storage and Artspace.
  - Provided two enrichment events in accordance with COVID-19 safety protocols.
  - Presented two live Brazilian music and dance performances in collaboration with Brasarte, a Brazilian Cultural Center in Berkeley. The event also included raffles and audience participation in the dancing. Participants identified “A Taste of Brazil” performances as one of the most enjoyable experiences of the year.
  - COVID-19 challenges prevented LifeLong from conducting the annual survey this year. LifeLong is developing plans to conduct the annual survey in FY 21-22.
  - LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate.
- FY 21-22:
  - Provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments.
  - Conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments.
  - Provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets.
  - 84% of participants agreed that participation in SNAP helped them feel less isolated.
  - 96% of participants expressed satisfaction with SNAP.
  - 72% of participants expressed SNAP helped improve their mood.

## NATIVE AMERICAN HEALTH CENTER (NAHC)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Native American Health Center serves the California Bay Area Native Population and other under-served populations. NAHC has worked at local, state, and federal levels to deliver resources and services for the urban Native American community and other underserved populations, to offer medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

### PROGRAM: NATIVE AMERICAN WELLNESS CENTER

- a. Scope of Services: Native American Health Center provides outreach for the increasing recognition of early signs of mental illness. To this end, they provide mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include: an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: basket weaving, beading, quilting, health and fitness coaching and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communication skills and address issues related to mental health, including domestic violence, individual and historical trauma, and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county. Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.
- b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$273,451
- d. Number served: FY 19-20: 68; FY 20-21: 143; FY 21-22: 307
- e. Outcomes:
  - FY 19-20:
    - Hosted weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders.
    - Made 16 behavioral health related referrals during this contract year.
    - Held a total of 11 community-based events and trainings in FY 19-20, including Mental Health First Aid
  - FY 20-21:
    - Engaged 143 community members through prevention programming.
    - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health
    - NAHC trained 2 interns and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MSHA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid,

#### and Safety Planning

- During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.
  - Attendance and engagement in NAHC mental health prevention and treatment services doubled from the previous fiscal year, with 1004 points of contact in FY 20-21.
  - Staff trained 2 interns in partnership with the SPIRIT program, and one staff member also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.
- FY 21-22:
    - This fiscal year we engaged 307 community members through prevention programming.
    - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.
    - Program staff participated in 10 events or activities throughout the course of the year.
    - This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

## OFFICE FOR CONSUMER EMPOWERMENT (OCE) (CONTRA COSTA HEALTH)

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Consumer Empowerment is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

### PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- 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
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 23-24: \$248,577

d. Staff: Three

e. Number Served: FY 19-20: 400+; FY 20-21: 1336; FY 21-22: 485

f. Outcomes:

- FY 19-20:
  - Committee for Social Inclusion convened 11 in-person and virtual meetings open to the community
  - PhotoVoice convened 6 subcommittee meetings open to the community, held Recovery Month exhibition, and trained Health, Housing and Homeless Services (H3) staff to facilitate classes for Homelessness Awareness Month exhibition
  - WRAP coordinated recertification of 17 Community Support Workers as facilitators and certification of an additional 11 CSWs as first-time facilitators.
  - WREACH convened 6 subcommittee meetings open to the community

- FY 20-21:
  - Facilitated 12 monthly Committee for Social Inclusion meetings with an unduplicated count of 63 participants in attendance.
  - PhotoVoice served an estimated 800 people through subcommittee meetings open to the community, one Recovery Month exhibition, and trainings.
  - WRAP served 108 people, held 10 in-person WRAP groups (Forensics division). WRAP II County-wide facilitator completed 14 one-on-one WRAP plans for client. And the team held 1 WRAP quarterly subcommittee meeting.
  - WREACH reached 365 people through 62 presentations.
- FY 21-22:
  - Social Inclusion: Facilitated 11 monthly committee meetings with 112 participants (duplicated count) and 65 participants (unduplicated count) in attendance. Additionally, OCE staff tabled at six community events and interacted with 274 members of the public, sharing mental health resources and information on reducing stigma.
  - WRAP: County peer staff facilitated 26 WRAP groups and the development of 16 individual WRAP plans at Martinez Detention Facility, serving a total of 146 participants. Four Community Support Workers (CSWs), including one from OCE staff, successfully completed WRAP Seminar III to become Advanced Level Facilitators, allowing them to train fellow CSWs to facilitate WRAP in group settings across the county. There were also two WRAP facilitator subcommittee meetings facilitated by OCE staff. There was ongoing collaboration and consultation with the Copeland Center for Wellness and Recovery to advance the countywide WRAP program.
  - OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

## PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

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### GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

### PROGRAM: PWC AFTERSCHOOL PROGRAM

- a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at- risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: FY 23-24: \$391,905
- d. Number served: FY 19-20: 207; FY 20-21: 140; FY 21-22: 130
- e. Outcomes:
  - FY 19-20:
    - After Shelter-in-Place started, organized online tournaments to keep students engaged and connected. 40 students participated in each week-long and 2 week-long competitions.
    - During the Green Jobs Bridge program (virtual adaptation of existing/pre-covid program) a total of 12 unduplicated, and 78 duplicated students participated in the program. More than 50% of participants did not re-offend during the participation in the program
    - Students participated in a weeklong simulation in which they had to utilize skills and learning from personal finance lesson taught to make financial and life decisions in an open simulation combining all finance-oriented modules (Budgeting and Saving, finding an apartment, choosing and balancing a bank account, getting a credit card, fixing your credit, online banking, time management and health, paying and filing taxes, intro to investing for retirement, risk vs. return, and diversification). The goal was to have the highest net worth by the end of a week's time. The winner went from \$0 and homeless to home-owning, college-educated with 250k in the bank. Majority of participants showed an increase in school day attendance and decrease in school tardiness.
  - FY 20-21:
    - 100% of the participants enrolled in PWC's remote courses gained knowledge in aspects of business such as marketing/advertising, accounting, and banking skills.
    - Of the 117 students enrolled in PWC After-School Program that answered the resiliency questions on pre-and-post Student Surveys, 81% demonstrated improved resiliency.
    - Of the 23 probation students enrolled in PWC After-School Program, 99% did not re-offend during their participation in the PWC After-School Program.
    - Of the 117 students enrolled in PWC After-School Program that answered the survey questions about

caring adults on their post Student Surveys 72% indicated that they had caring relationships with adults in their lives.

- PWC was very successful with assisting schools in improving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.
- FY 21-22:
  - Offered weekly online and Telehealth mental health support, and weekly in-person mental health counseling to students in Pittsburg and surrounding areas.
  - Conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
  - Conducted two training classes at the Senior Center and simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
  - Conducted two training courses at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health.
  - Conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club.

## PUTMAN CLUBHOUSE

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### GENERAL DESCRIPTION OF THE ORGANIZATION

Putnam Clubhouse provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness.

Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

### PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

- i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
- ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops.
- iii. Project Area C: Putnam Clubhouses assists Contra Costa County Behavioral Health in several other projects, including organizing community events and by assisting with administering consumer perception surveys.
- iv. Project Area D: Putnam Clubhouse assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.

b. Target Population: Contra Costa County residents with identified mental illness and their families.

c. Payment Limit: FY 22-23: \$820,581

d. Number served: FY 19-20: 456; FY 20-21: 505; FY 21-22: 326

e. Outcomes:

- FY 19-20:
  - 456 unduplicated members spent 57,290 hours engaged in Clubhouse programming activities. 55 newly enrolled Clubhouse members participated in at least one Clubhouse activity
  - Members helped prepare and eat 30,938 meals at the Clubhouse. This is significantly higher than in past years due in large part to the implementation of a food pantry in response to COVID-19.
  - 1,543 rides provided to members to and from Clubhouse activities, job interviews, medical appointments, etc..
  - 1,403 in-home outreach visits were provided.
  - 131 postings were made on the Career Corner Blog and 4 career workshops were held (target 4).
  - Three community events were held with 378, 389, and 397 people in attendance respectively. The

latter was held virtually due to COVID-19.

- Assisted the implementation of the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- Survey data demonstrated positive outcomes in terms of consumer and caregiver satisfaction, respite, well-being, decreased hospitalizations, increased referrals, etc.
- FY 20-21:
  - Members spent 58,642 hours engaged in Clubhouse programming).
  - 54 newly enrolled Clubhouse members participated in at least one Clubhouse activity, 16 of whom were young adults ages 18-25 years.
  - 62 activities were held for young adult members ages 18-25 years.
  - 89 members and caregivers completed the annual survey.
  - 90% of caregivers who completed the annual survey reported that Clubhouse activities and programs provided them with respite care.
  - 100% of caregivers who completed the annual survey reported a high level of satisfaction with Clubhouse activities and programs.
  - 100% of caregivers and 92% of members completing the annual survey reported that the member's independence had increased.
  - 94% of Clubhouse members who used the Career Unit indicated that they were "very satisfied" or "satisfied" with the services related to employment and education.
  - 100% of Clubhouse members who indicated education in their career plan (return to school/finish degree/enroll in a certificate program) as a goal were referred to education resources within 14 days.
  - 100% of members who indicated employment as a goal in their career plan were referred to employers, applied for jobs, and/or had a job interview within 3 months of indicating goal.
  - 26,432 meals were served to members.
  - 94% of members completing the annual survey reported an increase in peer contacts.
  - 93% of members & 84% of caregivers (88% combined average) completing the annual survey reported an increase in their health and well-being (mental, physical, emotional).
  - The program achieved its goal of reducing hospitalizations and out-of-home placements of active members.
- FY 21-22:
  - Served 326 unduplicated members.
  - 40 new members enrolled and participated in at least one activity. 10 of these new members were young adults aged 18 to 25 years. At least 49 activities were held specifically for the young adult age group.
  - Held 17 career workshops.
  - Prepared 9,681 meals for members.
  - Provided 39,637 hours of Clubhouse programming to members.
  - Provided 432 rides to and from Clubhouse activities.
  - Provided 427 In-home outreach visits.
  - Made 127 blog postings.
  - Caregivers reported the Clubhouse activities provided them with respite care, stated they were highly

satisfied with programming, and reported the Clubhouse increased member independence.

- Members reported the Clubhouse activities supported them in self-advocacy, communication, increased knowledge on health and wellness, and increased access to healthcare resources, increased peer interactions, and increased sense of belonging.
- Members and caregivers reported the Clubhouse activities increased their mental and physical health and overall wellbeing.

## RAINBOW COMMUNITY CENTER

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### GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

### PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and unconflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services.

Services are available in English, Spanish, and Portuguese.

- ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).

- iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.

- iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

- b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

- c. Payment Limit: FY 23-24: \$853,161

- d. Number served: FY 19-20: 941; FY 20-21: 677; FY 21-22: 547

e. Outcomes:

- FY 19-20:
  - Implemented a Training and Curriculum Manager position with a seasoned SOGIE (Sexual Orientation, Gender Identity and Expression) national trainer and published educational curriculum writer that joined the staff in March 2020. This enabled Rainbow to launch within the two months of the state's Shelter-in-Place orders, a meaningful update to culturally informed work through virtual SOGIE workshops and trainings.
  - Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo,
  - Pittsburg, Acalanes, West Contra Costa Unified.
  - Offered services to LGBTQ seniors, adults, and youth through their various tiered services.

- FY 20-21:
  - Served a total of 677 unduplicated clients. Offered services to LGBTQ seniors, adults, and youth through their various tiered services
  - Tier 1 and Tier 2 reached 396 unduplicated clients. Tier 1 provides community-based programming through events and outreach. Tier 2 is group-based programming such as support groups and food pantry deliveries.
  - Tier 3 served a total of 281 clients. Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 2009.68 hours of services were provided to clients with Tier 3 alone.
  - Provided virtual services due to the COVID-19 pandemic and adopted an electronic health records platform called, Simple Practice. Virtual offerings have allowed Rainbow to extend service offerings to a wider base, for example, offered district-wide rather than being limited to individual sites as was the case prior to the pandemic with our in-person service model.
  - For several older adults who lacked technology skills and adequate technology, Rainbow started a Tablet Program which provided loaner tablets for seniors in order for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.
  - Rainbow Community Center's Kind Hearts Food Pantry (RCCKHFP) delivered 148 meals and food resources to 24 unduplicated and 49 duplicated LGBTQI+ Seniors (55+), and HIV positive community members throughout Contra Costa County
- FY 21-22:
  - Rainbow served a total of 547 unduplicated clients.
  - Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients.
  - Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management.
  - 1,765.75 hours of services were provided to clients with Tier 3 alone
  - Increase targeted HIV Prevention outreach via multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup, as well as targeted email blasts to educate and inform all community members about RCC HIV Prevention and Education services in Spanish and English.
  - Delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County.
  - Organized volunteers to outreach to 150+ senior clients to encourage engagement.

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## GENERAL DESCRIPTION OF THE ORGANIZATION

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

## PROGRAM: SUPPORTING YOUTH

### a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and ‘edutainment’ activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.

b. Target Population: West County Youth at risk for developing serious mental illness.

c. Payment Limit: FY 23-24: \$549,662

d. Number served: FY 19-20: 865; FY 20-21: 255; FY 21-22: 340

### e. Outcomes:

- FY 19-20:
  - 283 new members enrolled, for a total of 613 unduplicated members attending. Since March 2020. An additional 322 youth participants (not unduplicated) who are not formally enrolled as members took part via virtual program offerings.
  - Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in the community, with over 2,000 views.
  - Supported students across WCCUSD to respond to distance learning policies, surveyed over 282 youth about distance learning needs and ideas, organized a Youth Town Hall for over 100 participants on

- distance learning, and participated in local, statewide, and national forums to share youth experiences.
- Created a Youth COVID-19 Care Fund, providing direct cash disbursements to nearly 200 youth and their families, as well as assisted the City of Richmond with establishing a community-guided Richmond Rapid Response Fund
- 107 young people completed Education, Career, Let's Get Free or Case Management Plans
- 22 young people completed Community Service requirements with support from RYSE.
- Engaged at least 33 young people who came to RYSE through reentry/transition from juvenile confinement in the Hire Up, Rysing Professionals, and Side Hustle programming.
- 23 young men, ages 15-18, completed the Hidden Genius Project (HGP), a 15-month intensive Tech Literacy and Skill-Building program for Black-identified males in the areas of computer science and entrepreneurship.
- Engaged over 326 young people through an arts-based healing program.
- FY 20-21:
  - Served 255 young people virtually, plus hundreds of youths and adults engaged through online/events. RYSE primarily engaged young people and community members through virtual programs and events and through trainings and workshops in high schools, continuation schools, partner agency sites and within juvenile hall. While unduplicated numbers of enrolled youth members reached were lower than in years with in-person operations, RYSE reached hundreds of additional young people who were not formally enrolled through social media engagement, virtual events, and in providing emergency financial support to young people and their families.
  - At least 97 members engaged in direct academic and career supports including 1:1 case management, education & career workshops, and mentorship/coaching. 21 young people engaged in identity groups (LGBTQQ group, Young Men's Group, Sister Circle). At least 42 youth participated in leadership cohorts, projects, led campaigns, and training in RYSE's Youth Leadership Institute. 28 young people participated in RYSE's Youth Leadership Institute in April 2021.
  - RYSE has established a partnership with Brighter Beginnings and hosted their staff to begin a cross-referral process between agencies.
  - Through RYSE's Youth COVID-19 Direct Supports Fund, RYSE provided over 300 \$500 disbursements, including participants impacted and hospitalized by gun violence. COVID care funds were used to fund 25 RYSE Scholars, students who were provided with a \$500 disbursement to help with meeting immediate school-related expenses in Fall 2020.
  - As a result of participating in RYSE programming RYSE members:
    - 70% reported benefiting from RYSE programs and services that support mental health and wellness, and reported positive or increased sense of self-efficacy, positive peer relation, youth-adult relations, and agency in impacting change in the community.
    - 95% felt a sense of safety, respect, and community with RYSE staff and young people
    - 97% felt RYSE staff created clear, engaging, accessible workshops.
    - 94% felt they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
    - 90% felt they are interacting more with people of different cultures than their own, speaking up more, and believe they can make a positive difference in their school or community.
    - 97% felt counseling or case management is space of safety, mutual trust, and helping with emotional and navigation goals.
- FY 21-22:

- 95% of members agreed or strongly agreed that they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
- 80% of clinical and case management participants agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals.
- 88% of RYSE members agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.
- Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.
- 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.
- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

## STAND! FOR FAMILIES FREE OF VIOLENCE

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### GENERAL DESCRIPTION OF THE ORGANIZATION

STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County, offering prevention, intervention, and treatment programs. STAND! builds safe and strong families through early detection, enhanced support services, community prevention and education, and empowerment to help individuals rebuild their lives. STAND! enlists the efforts of residents, organizations, and institutions, all of whom are partners in ending family violence. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault, and childhood exposure to violence.

### PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: FY 23-24: \$150,944
- d. Number served: FY 19-20: 1778; FY 20-21: 743; FY 21-22: 649
- e. Outcomes:
  - FY 19-20:
    - *You Never Win with Violence* presentations to 1445 middle and high school youth (during 55 presentations) in Contra Costa County
    - 17 *Expect Respect* groups reached 146 participants
    - Offered 17 10-week long gender-based support groups
    - Trained adult allies (teachers and other school personnel)
  - FY 20-21:
    - Served 743 participants in 30 presentations of "You Never Win with Violence".
    - Adult Allies: 30 teachers and 40 other school/community personnel trained.
    - STAND! was unable to conduct Expect Respect and Promoting Gender Respect Support Groups due to the Covid-19 Pandemic.

- FY 21-22:
  - Served 649 participants overall.
  - Served 432 participants in 18 presentations of “You Never Win with Violence”.
  - Conducted 21 Expect Respect and Promoting Gender Respect gender-based support groups.
  - Reached Adult Allies: 30 teachers through 18 presentations, and 20 other school/community personnel trained. Additionally, 60 adults were reached through a presentation in June 2022 for the Church Women United foundation.

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## GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12<sup>th</sup> grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

## PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

- a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
- individualized learning plans
  - mindfulness and stress management interventions
  - team and community building
  - character, leadership, and asset development
  - place-based learning, service projects that promote hands-on learning and intergenerational relationships
  - career-focused exploration, preparation, and internships
  - direct mental health counseling
  - timely access and linkage to direct mental health counseling

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy, and mental/behavioral health. All students also have access to a licensed Mental Health Counselor for individual and group counseling.

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: FY 23-24: \$202,985
- d. Number served: FY 19-20: 245; FY 20-21: 125; FY 21-22: 125
- e. Outcomes:
- FY 19-20:
    - 97% of the Vicente student body and 54% of Briones students participated in PEI activities.
    - All seniors participated in service-learning hours. A minimum of 15 hours is usually required. Due to the school closure because of COVID-19 some students didn't complete all hours but were given a waiver for these hours.
    - All students were offered mental health counseling and there was one full time mental health counselor on campus daily.
    - Staff organized and hosted 70 different types of activities and events to enrich the curricula.

- Vicente was again a recipient of the Model Continuation High School Recognition through the California Department of Education
- and the California Continuation Education Association.
- All students were given the opportunity to apply, interview and participate in career- focused internships.
- At least 70% of students who participated in four or more services and who had had chronic absenteeism increase their attendance rate by 5%.
- FY 20-21:
  - 97% of enrolled students received a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
  - At least 90% of identified students participated in four services per quarter that supported their individual learning plan. The average number of PEI activities of those who participated was seven.
  - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
  - At least 70% of students who participated in four or more services and who have had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
  - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.
  - The schools closed and transitioned to a distance learning model on March 16, 2020. PEI services continued and even increased services during this time. All services were provided via virtual means. Outreach increased to families and students given the impact this model was having on students. Times for families and students to meet so that we could provide support were offered.
- FY 21-22:
  - All students enrolled in Vicente and Briones had access to a variety of PEI intervention services through in-school choices that met their individual learning goals.
  - 97% of enrolled students received:
    - An orientation on program offerings
    - A self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
  - The average number of PEI activities of those who participated was seven.
  - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
  - At least 70% of students who participated in four or more services and who had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
  - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.

Pete Caldwell, [pcaldwell@wecarechildren.org](mailto:pcaldwell@wecarechildren.org)

2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, <https://www.wecarechildren.org/>

## GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care’s programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

## PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

- f. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

**Component 1: Family Engagement and Outreach.** First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children’s social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIC members and partners will reach out to their community contacts as well. ECPIC members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community “hubs” such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

**Component 2: Early Childhood Mental Health Home-Based Support.** This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center in East County.

“Meeting the child and family where they are,” in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during “everyday moments” of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*

Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children’s social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

**Component 3: Parenthood Education and Empowerment Component.** This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children’s resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2 hour small group format discussions and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

- g. Target Population: Families with children ages 0-5
- h. Payment Limit: FY 23-24: \$132,613
- i. Number served: FY 21-22: 234
- j. Outcomes:
  - FY 21-22:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach:
  - Goal: Recruit minimum number of 299 parents
    - Actual: 420 parents were recruited; 4400 were contacted.
  - Goal: Recruit 200 parents for Parent Groups
    - Actual: 388 parents were recruited; 190 participated
  - Goal: Recruit 99 parents for Home-Based Services
    - Actual: 32 parents were recruited; 22 participated
- Parent Groups:
  - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
    - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
  - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
    - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support:
  - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
    - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
  - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
    - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

**FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)**

205 39<sup>th</sup> Street, Richmond, CA 94805, <http://www.familias-unidas.org/>  
Point of Contact: Lorena Huerta, Executive Director, (510) 412-5930,  
[LHuerta@Familias-Unidas.org](mailto:LHuerta@Familias-Unidas.org).

**GENERAL DESCRIPTION OF THE ORGANIZATION**

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

**PROGRAM: FAMILIAS UNIDAS – CBO INTERNSHIP PROGRAM – WET**

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$23,000
- d. Payment Limit: FY 21-22: \$23,000
- e. Outcomes: For FY 21-22:
  - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
  - Supported six interns averaging 19.25 internship hours per week.
  - All six interns had language capacity to support the program in Spanish.

## HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA, 94530, <https://www.hopesolutions.org>

Point of Contact: Sara Marsh, (925) 944-2244, [smarsh@hopesolutions.org](mailto:smarsh@hopesolutions.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

### PROGRAM: HOPE SOLUTIONS – CBO INTERNSHIP PROGRAM – WET

- f. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- g. Payment Limit: FY 22-23: \$26,000
- h. Payment Limit: FY 21-22: \$26,000
- d. Outcomes: For FY 21-22:
  - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
  - Supported three interns averaging between 20 internship hours per week.
  - Interns supported agency and families through art, movement and play therapies, building social skills, group interventions, conflict resolution skills, parenting and relationship skills, and self-care.

## JAMES MOREHOUSE PROJECT (JMP) AT EL CERRITO HIGH (FISCAL SPONSOR OF BAY AREA COMMUNITY RESOURCES)

540 Ashbury Avenue, El Cerrito, CA 94530, <http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader, (510) 231-1437, [jenn@jmhops.org](mailto:jenn@jmhops.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

### PROGRAM: JAMES MOREHOUSE PROJECT (JMP) – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$12,000
- d. Payment Limit: FY 21-22: \$12,000
- e. d. Outcomes: For FY 21-22:
  - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
  - Supported ten interns averaging 21 internship hours per week.
  - Five interns had language capacity to support the program in Spanish
  - Two interns had language capacity to support the program in Mandarin.
  - One intern had language capacity to support the program in Portuguese.
  - Interns supported agency and youth, and parent/guardians through individual and group counseling.

## LINCOLN

1266 14<sup>th</sup> Street, Oakland CA 94607, <http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO, (510) 867-0944, [allisonbecwar@lincolnfamilies.org](mailto:allisonbecwar@lincolnfamilies.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

### PROGRAM: LINCOLN – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$19,000
- d. Payment Limit: FY 21-22: \$19,000
- e. Outcomes: For FY 21-22:
  - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
  - Supported five interns averaging 20 internship hours per week.
  - Interns supported agency, children youth, and parent/guardians.

## NATIONAL ALLIANCE ON MENTAL ILLNESS CONTRA COSTA (NAMI CC)

2151 Salvio Street, Suite V, Concord, CA 94520, <http://www.namicontracosta.org/>

Point of Contact: Gigi Crowder, (925) 942-0767, [Gigi@namicontracosta.org](mailto:Gigi@namicontracosta.org)

### 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.

### PROGRAM: FAMILY VOLUNTEER SUPPORT NETWORK (FVSN) - WET

NAMI CC will recruit, train and manage a network of volunteers with lived experience to support families and loved ones of people experiencing mental health issues. These volunteers will be an extended support network of resources, while assisting families in navigating the behavioral health system. This group of subject matter experts will help families gain a basic understanding of various mental health and substance abuse issues, learn to advocate for themselves or their loved one's needs and become a network to other families experiencing similar situations.

- a. Scope of Services: Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
  - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
  - Partner with organizations who specifically prepare individuals for volunteer service in community, such as CCBHS's SPIRIT program.
  - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
  - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
- b. Target Population: Family members and care givers of individuals with lived mental health issues.
- c. Payment Limit: FY 23-24: \$675,305
- d. Payment Limit: FY 21-22: \$618,000
- e. Number Served: FY 21-22: 103 Families
- f. Outcomes:
  - In FY 2021-2022, 190 volunteers were recruited for FVSN training, of those 98 individuals completed FVSN training.
  - It is estimated that 103 families were supported through staff and/or trained volunteers of the FVSN.
  - It is estimated that 123 families were referred to another NAMI program.
  - It is estimated that 66 families were referred to CCBHS or a CCBHS connected agency, and about 51 families connected to CCBHS or a CCBHS connected agency.

**PROGRAM: FAMILY PSYCHO EDUCATION PROGRAM (FAMILY TO FAMILY: SPANISH AND MANDARIN/CANTONESE, FAITHNET, NAMI BASICS, AND CONVERSATIONS WITH LOCAL LAW ENFORCEMENT) - WET**

- a. Scope of Services: Family to Family is an evidence-based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six 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.
- For Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish); provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities 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.
  - For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
  - For the FaithNet program, implement 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. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information.
  - For Conversations with Local Law Enforcement, support dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) 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.
  - Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific agencies in order to coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs.
  - All training will be augmented by utilizing sites, such as faith centers, community-based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
  - Goal Deliver 6 Family-to-Family (at least one in Spanish and Mandarin/Cantonese) (12) week trainings during fiscal year.
  - Deliver 4 NAMI Basics (6) session trainings during fiscal year, with at least one in Spanish.
  - Hold 4 FaithNet events during fiscal year.
  - Deliver 6 Conversations with Local Law Enforcement in partnership with local law enforcement agencies and individuals or families affected by mental health issues throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports.
  - All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.

- Feedback will inform decision making. Member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.
- b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
- c. Payment Limit: FY 22–23: \$77,142
- d. Payment Limit: FY 21-22: \$70,596
- e. Number served: For FY 21-22: It is estimate that about 200 individuals participated in training, workshops, and events through the FPEP program.
- f. Outcomes:
  - Delivered 6 Family-to-Family/De Familia-a-Familia trainings with at least one in Spanish and one in Mandarin
  - Delivered at least 4 NAMI Basics trainings (English, Spanish, Chinese)
  - Delivered at least 4 FaithNet events; including holding monthly Mental Health and Spirituality Initiative meetings

## OFFICE FOR CONSUMER EMPOWERMENT (OCE) (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

1340 Arnold Drive, Suite 200, Martinez, CA 94553

Point of Contact: Jennifer Tuipulotu, (925) 957-5206, [Jennifer.Tuipulotu@cchealth.org](mailto:Jennifer.Tuipulotu@cchealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Consumer Empowerment is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

### PROGRAM: MENTAL HEALTH CAREER PATHWAY PROGRAM - WET

- a. Scope of Services: The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support and provide ongoing support to graduates.
- b. Target Population: Participants of public mental health services, their families and the general public.
- c. Total MHSA Funding for FY 23-24: \$520,336
- d. Total MHSA Funding for FY 21-22: \$346,258
- e. Staff: Five full-time equivalent staff positions.
- f. Numbers Served: FY 21-22: 47 students graduated from the SPIRIT course
- g. Outcomes:
  - 47 students enrolled; 48 students graduated.
  - All graduates received a certificate of completion that is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker.
  - Graduates learned 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.
  - Monthly peer support groups were offered virtually and continue to be made available for peers employed by the County in various peer and family partner roles.
  - SPIRIT students are provided an internship in a behavioral health program, either through CCBHS, or through a contracted community-based agency, as part of the course.
  - All SPIRIT graduates are provided support and assistance with placement and advancement consistent with their career aspirations.

## OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

[Heather.Sweeten-Healy@cchealth.org](mailto:Heather.Sweeten-Healy@cchealth.org) or Ellie Shirgul, (925)-521-5620, [Ellen.Shirgul@cchealth.org](mailto:Ellen.Shirgul@cchealth.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

### PROGRAM: SENIOR PEER COUNSELING - WET

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. The Latino Senior Peer Counseling Program is recognized as a resource for this underserved population. This program serves older adults aged 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to this underserved population.

- f. Target Population: Older Adults ages 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- g. Total MHSA Funding for FY 23-24: \$144,512
- h. Total MHSA Funding for FY 21-22: Senior Peer Counseling - \$238,986
- i. Staff: One Full time equivalent staff person oversees the program.
- j. Number served: For FY 21-22: Senior Peer Counseling (SPC) program trained and supported 16 volunteers (9 English speaking volunteers, and 7 Spanish speaking volunteers) and served 89 clients which included 57 English speaking clients and 32 Spanish speaking clients at 10 sites in the community; with an additional goal of adding 3 new sites in the future. This group of clients still had challenges, due to the pandemic affecting client engagement.
- k. Outcomes: The SPC Program continues to administer the Depression Anxiety Stress Scales (DASS) at intake, and at the end of counseling to assess levels of anxiety and depression.

## SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, [jennifer\\_blanza@senecacenter.org](mailto:jennifer_blanza@senecacenter.org)

### GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

### PROGRAM: SENECA – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- b. Payment Limit: FY 22-23: \$20,000
- c. Payment Limit: FY 21-22: \$20,000
- d. Outcomes: For FY 21-22:
  - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
  - Supported seven interns averaging 20 internship hours per week.
  - Interns supported agency, children and parent/guardians through individual and family therapy, facilitating groups, linkage and advocacy.

# Appendix C

## Glossary

**AB 1421 or Laura's Law - Assembly Bill 1421.** Enacted in 2002, to create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program operates in counties that choose to provide the services. Adoption of this law enables a court, upon a verified petition to the court, to order a person to obtain and participate in assisted outpatient treatment. The bill provides that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold, based on an involuntary commitment. The law would be operative in those counties in which the county board of supervisors, by resolution, authorized its application and made a finding that no voluntary mental health program serving adults, and no children's mental health program, would be reduced as a result of the implementation of the law.

**ACT - Assertive Community Treatment.** An intensive and highly integrated approach for community mental health service delivery. It is an outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Its mission to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other negative outcomes. It emphasizes out of the office interventions, a low participant to staff ratio, a coordinated team approach, and typically involves a psychiatrist, mental health clinician, nurse, peer provider, and other rehabilitation professionals.

**ADA - Americans with Disabilities Act.** Prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services.

**AOD – Alcohol and Other Drugs.** Is an office like Mental Health that is part of the division of Behavioral Health Services. Behavioral Health Services is under the Health Services Department.

**AOT - Assisted Outpatient Treatment.** A civil court ordered mental health treatment for persons demonstrating resistance to participating in services. Treatment is modeled after assertive community treatment, which is the delivery of mobile, community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than one to ten, and additional services, as specified, for adults with the most persistent and severe mental illness. AOT involves a service and delivery process that has a clearly designated personal services coordinator who is responsible for providing or assuring needed services. These include complete assessment of the client's needs, development with the client of a personal services plan, outreach and consultation with the family and other significant persons, linkage with all appropriate community services, monitoring of the quality and follow through of

services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. AOT is cited under AB 1421 or Laura's Law.

**APA - American Psychological Association.** The mission of the APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

**BHS - Behavioral Health Services.** A division under Contra Costa Health Services, which provides Mental Health and Alcohol and Other Drug Services (AODS).

**Board and Care - Augmented.** A facility licensed by the State that contracts with Contra Costa Behavioral Health Services (CCBHS) to provide a therapeutic home-like environment where residents can gain independence and skills through various wellness activities. Persons who experience severe and persistent mental illness are eligible.

**BOS - Board of Supervisors.** Elected body that is responsible for; 1) appointing most County department heads (except elected officials), and appointing all other County employees, 2) providing for the compensation of all County officials and employees, 3) creating officers, boards and commissions as needed, appointing members and establishing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function

**Brown Act.** Established in 1953; ensures the public's right to attend and participate in meetings of local legislative bodies. It declares that the California public commissions, boards and councils and the other public agencies in this state exist to aid in the conduct of the people's business. Actions should be taken openly and their deliberations be conducted openly. The people should remain informed so that they may retain control over the instruments they have created. The Brown Act has been interpreted to apply to email communication as well.

**CalMHSA - California Mental Health Services Authority.** The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in 1) development and implementation of common strategies and programs, 2) fiscal integrity, protections, and management of collective risk, 3) accountability at state, regional, and local levels.

**CAO - County Administrator's Officer.** The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2) overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department

Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

**Case Management.** Refers to a service in which a mental health clinician develops and implements a treatment plan with a consumer. This treatment plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the case manager, and other service providers to reach those goals. The mental health clinician provides therapy and additionally takes responsibility for the delivery and/or coordination of both mental and rehabilitation services that assist the consumer reach his/her goals.

**CASRA - California Association of Social Rehabilitation Agencies.** A statewide non-profit organization that service clients of the California public mental health system. Member agencies provide a variety of services to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.

**CBHDA – California Behavioral Health Director’s Association.** A non-profit advocacy association representing the behavioral health directors from each of California’s 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

**CBO - Community Based Organization.** An agency or organization based in the community that is often a non-profit.

**CCBHS - Contra Costa Behavioral Health Services.** One of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles legislatively empowered to engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCSHS is divided into a Children’s System of Care and an Adult and Older Adult System of Care.

**CFO - Chief Financial Officer.** Abbreviation used to describe term.

**CF/TN - Capital Facilities/Information Technology.** One of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic health record systems.

**CHHS – California Health and Human Services Agency.** The agency which oversees twelve departments and five offices that provides a range of health care services, social services, mental health services, alcohol and drug services, income

assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

**CIBHS - California Institute for Behavioral Health Solutions.** A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.

**Clinical Specialist.** In the context of this document, refers to a licensed or registered intern in the specialties of social work, marriage and family therapy, psychology, psychiatric nurse practitioner, licensed professional clinical counselor, or psychiatrist. A Clinical Specialist is capable of signing a mental health consumer's treatment plan that can enable the County to bill Medi-Cal for part of the cost to deliver the service.

**Clubhouse Model.** A comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to consumers, patients, or clients) and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

**COLA - Cost of Living Adjustment.** Abbreviation used to describe term.

**Community Forum.** In this context a community forum is a planned group activity where consumers, family members, service providers, and representatives of community, cultural groups or other entities are invited to provide input on a topic or set of issues relevant to planning, implementing or evaluating public services.

**Conservatorship** - A court proceeding where a judge appoints a responsible person (called a conservator) to care for another adult who cannot care for him/herself or his/her finances.

**Consumer.** In this context consumers refer to individuals and their families who receive behavioral health services from the County, contract partners, or private providers. Consumers are also referred to as clients, patients, participants or members.

**Co-Occurring Disorders or Dual Diagnosis.** Refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder

coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

**CPAW - Consolidated Planning Advisory Workgroup.** An ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several sub-committees that focus on specific areas. It is comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.

**CPPP - Community Program Planning Process.** This a term used in regulations pertaining to the Mental Health Services Act. It means the process to be used by the County to develop Three-Year Expenditure Plans, and updates in partnership with stakeholders to 1) identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act, 2) Analyze the mental health needs in the community, and 3) identify and re-evaluate priorities and strategies to meet those mental health needs.

**CSS - Community Services and Supports.** Largest of the five components funded by the MHSA. It refers to behavioral health service delivery systems for children and youth, transition age youth, adults, and older adults. Within this category are: full service partnerships, general system development, outreach and engagement, and housing programs.

**CSW – Community Support Worker.** Peer Provider in Contra Costa County public behavioral health system.

**CTYA – Children’s, Teens, and Young Adults.** Abbreviation used to describe term.

**Cultural Humility.** A process of self-reflection and discovery in order to build honest and trustworthy relationships. In this context, refers to a process that can address health disparities and social inequities among racial/ethnic, cultural, and linguistic populations or communities.

**DHCS - Department of Health Care Services.** The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

**DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition.** The handbook used by health care professionals to diagnosis mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

**Dual Diagnosis.** See **Co-Occurring Disorders.**

**Employment or Vocational Services.** A continuum of services and supports designed to enable individuals to get and keep a job. It includes 1) pre-vocational services, such as removing barriers to employment, 2) employment preparation, to include career counseling and education, training and volunteer activity support, 3) job placement, to include job seeking, placement assistance and on-the-job training, and 4) job retention, to include supported employment.

**EPIC System.** A nationwide computer software company that offers an integrated suite of health care software centered on a database. Their applications support functions related to patient care, including registration and scheduling; clinical systems for doctors, nurses, emergency personnel, and other care providers; systems for lab technicians, pharmacists, and radiologists; and billing systems for insurers.

**EPSDT - Early and Periodic Screening, Diagnosis and Treatment.** A federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are also involved with Children and Family Services.

**Evidence Based Practices.** This term refers to treatment practices that follow a prescribed method that has been shown to be effective by the best available evidence. This evidence is comprised of research findings derived from the systematic collection of data through observation and experiment, and the formulation of questions and testing of hypotheses.

**Family Partners.** Also referred to as Parent Partners, this professional brings lived experience as a family member of an individual with a serious mental illness to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Family or Parent Partners have a job classification of Community Support Worker.

**Family-to-Family Training.** An educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from NAMI CC it is a free of cost twelve-week course that provides critical information and strategies related to caregiving, and assists in better collaboration with mental health treatment providers.

**Federal Poverty Level.** This is a total household income amount that the federal government provides an annual guideline that defines whether individuals are living above or below the poverty level. For example, a family of four is determined to live under the poverty level if their total income in 2014 is \$23,850.

**5150.** Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness.

**FY- Fiscal Year.** A fiscal year is a specified 12-month period used for accounting and reporting purposes. In Contra Costa County, the fiscal year runs from July 1<sup>st</sup> of one year to June 30<sup>th</sup> of the next year.

**Focus Groups.** In this context, refers to a small group (usually 8-15) of individuals to provide input, advice and counsel on practices, policies or proposed rulemaking on matters that affect them. Often these individuals are grouped by similar demographics or characteristics in order to provide clarity on a particular perspective.

**Forensics.** In this context, refers to the term used for individuals involved in the legal court system with mental health issues.

**4C.** Term used to refer to Psychiatric Ward of Contra Costa County Regional Medical Center.

**FSP - Full-Service Partnership.** A term created by the MHSA as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full-service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family.

This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services.

Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

The Full-Service Partnership category is part of the Community Services and Supports (CSS) component of the MHSA. At least 50% of the funding for CSS is to go toward supporting the County's full-service partnership category.

**General System Development.** A term created by the MHSA, and refers to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county behavioral health service delivery system for all clients and their families.

**Greater Bay Area Regional Partnership.** Regional partnership means a group of County approved individuals and/or organizations within geographic proximity that acts

as an employment and education resource for the public mental health system. These individuals and/or organizations may be county staff, behavioral health service providers, clients, clients' family members, and any individuals and/or organizations that have an interest in developing and supporting the workforce of the public mental health system. The Greater Bay Area Regional Partnership refers to an ongoing effort of individuals and/or organizations from the twelve county greater California bay area regions.

**Health Care Access and Information (HCAI) (formerly Office of Statewide Health Planning and Development (OSHDP)).** A state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. HCAI is the state entity responsible for the implementation of various MHPA state level funded workforce education and training programs, such as the mental health loan assumption program, psychiatric residency programs, and several graduate stipend and internship programs.

**H3 – Health, Housing and Homeless Services Division.** Division under Health Services that partners with Behavioral Health Services and focuses on the integration of housing and homeless services across this County's health system. It coordinates health and homeless services across county and in the community; and works with key partners to develop strategies to address the community's health and social needs.

**HIPAA - Health Information Portability and Accountability Act.** Enacted into law in 1996 and provides the following: 1) the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs, 2) reduce health care fraud and abuse, 3) mandates industry-wide standards for health care information on electronic billing and other processes, and 4) requires the protection and confidential handling of protected health information

**HPSA - Health Professional Shortage Area.** A geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

**HSD - Health Services Department.** The largest department of County government. The mission of HSD is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Behavioral Health Services is one of the nine divisions under HSD.

**IMD – Institution for Mental Disease.** Facility established and maintained primarily for the care and treatment of individuals with serious mental illness. General criteria include: 1) licensed or accredited as a psychiatric facility; 2) under the jurisdiction of the state's mental health authority; 3) specializes in providing psychiatric care and treatment.

**IMPACT - Improving Mood Providing Access to Collaborative Treatment.** Evidence based mental health treatment for depression utilized specifically for older adults and

provided in a primary care setting where older adults are concurrently receiving medical care for physical health problems. Up to twelve sessions of problem-solving therapy with a year follow up is provided by a licensed clinical therapist, with supervision and support from a psychiatrist who specializes in older adults. The psychiatrist assesses for and monitors medications as needed, and both the clinician and psychiatrist work in collaboration with the primary care physician.

**INN - Innovation.** A component of the MHSA that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. These innovative programs accomplish one or more of the following objectives; 1) increase access to underserved groups, 2) increase the quality of services, to include better outcomes, 3) promote interagency collaboration, and 4) increase access to services. All new Innovation programs shall be reviewed and approved by the Mental Health Services Oversight and Accountability Commission. The Act states that five per cent of a County's revenues shall go for Innovation.

**Laura's Law.** See **AB 1421**.

**LCSW - Licensed Clinical Social Worker.** Abbreviation used to describe term. See **Clinical Specialist**.

**LGBTQI - Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex.** Abbreviation used to describe this community.

**Licensed Clinical Specialist.** In this context, refers to the term a County civil service classification that denotes a person meeting minimum mental health provider qualifications, to include possessing a license to practice mental health treatment by the California Board of Behavioral Sciences (BBS). An intern registered by BBS also qualifies. A licensed clinical specialist or registered intern can sign mental health treatment plans that qualify for federal financial participation through the Medi-Cal program.

**LMFT - Licensed Marriage Family Therapist.** Abbreviation used to describe term. See **Clinical Specialist**.

**LPS – Lanterman Petris Short Act.** Established in 1967, codified California Welfare and Institutions Code 5000, the act was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

**LRP - Loan Repayment Program.** Abbreviation used to describe term.

**MDFT - Multi-Dimensional Family Therapy.** An evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization program for adolescents with co-occurring substance use and mental disorders, and those at high risk for

continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents' parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

**Medi-Cal.** California's version of the federal Medi-Caid program, in which health and behavioral health care can be provided by public health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSAs.

**Mental Health Career Pathway Program.** Programs designed to educate, train, recruit, prepare, and counsel individuals for entry into and advancement in jobs in the public mental health system. These programs are a category listed as part of the Workforce Education and Training (WET) component of the MHSAs.

**MHP - Mental Health Plan.** An agreement each county has with the state detailing the services that are to be provided.

**Mental Health Professional Shortage Designations.** Term used by the federal Human Resource Services Administration (HRSA) to determine areas of the country where there is a verified shortage of mental health professionals. These geographical areas are then eligible to apply for a number of federal programs where financial incentives in recruiting and retention are applied to address the workforce shortage.

**MH – Mental Health.** Abbreviation used for term.

**MHC - Mental Health Commission.** A group of individuals, often with lived experience as a consumer and/or family member of a consumer, who are appointed as representatives of the County's Board of Supervisors to provide 1) oversight and monitoring of the County's behavioral health system, 2) advocacy for persons with serious mental illness, and 3) advise the Board of Supervisors and the Behavioral Health Director.

**MHLAP - Mental Health Loan Assumption Program.** A program that makes payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the public behavioral health system for a specified period of time and in a capacity that meets the employer's workforce needs. The MHLAP is funded by the MHSAs in the Workforce Education and Training component.

**MHSA - Mental Health Services Act or Proposition 63.** Was voted into law by Californians in November 2004. This Act combines prevention services with a full range of integrated services to treat the whole person and promote wellness and recovery. The MHSAs have five components; community services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and

technology. An additional one percent of state income tax is collected on incomes exceeding one million dollars and deposited into a Mental Health Services Fund. These funds are provided to the County based upon an agreed upon fair share formula.

**MHSA Three Year Plan - Mental Health Services Act Three Year Program and Expenditure Plan.** Each County prepares and submits a three-year plan, which shall be updated at least annually; known as the **Plan or Annual Update** and approved by the County's Board of Supervisors. The plan is developed with local stakeholders by means of a community program planning process, and includes programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update indicates the number of children, adults and seniors to be served, as well as reports on the achievement of performance outcomes for services provided.

**MHSIP - Mental Health Statistics Improvement Program.** Is a survey used in Contra Costa as required by DHCS. QI staff elicit feedback from survey sites regarding barriers to acceptable response rates, and based on this, implemented a variety of strategies including training a substantial volunteer workforce to assist with participant recruitment and survey completion.

**MHSOAC - Mental Health Services Oversight and Accountability Commission.** Established by the MHSA to provide state oversight of MHSA programs and expenditures. Responsible for reviewing and approving each county's Innovation programs, expenditures and evaluation.

**Money Management.** Term that refers to services that can encompass all aspects of assisting an individual plan and manage financial benefits and resources. It can include counseling on the interplay of work and other sources of income on Medi-Cal, Medicare, Social Security Disability Income (SSDI), and Supplemental Security Income (SSI). It can include becoming a conservator of funds for an individual who has been deemed unable to manage their own funds.

**MST - Multi-Systemic Therapy.** An evidence based mental health service that is a community-based, family driven treatment for antisocial/delinquent behavior in youth. The focus is on empowering parents and caregivers to solve current and future problems, and actively involves the entire ecology of the youth; family, peers, school and the neighborhood.

**NAMI - National Alliance on Mental Illness.** The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs. In Contra Costa County, there is a NAMI Contra Costa Office or NAMI CC.

**Needs Assessment.** Refers to a process where the behavioral health services and

supports needs of the community are identified and assessed. This includes identifying populations, age groups and communities that remain unserved, underserved or inappropriately served.

**NOFA – Notice of Funding Availability.** Abbreviation used to describe term.

**NPLH – No Place Like Home or Proposition 2.** Allows the state to approve the use of the MHSA Funds to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless.

**OCE – Office for Consumer Empowerment.** A Contra Costa County operated program under the Behavioral Health Services division that offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goal is to increase access to wellness and empowerment for consumers; and to engage in their own individual recovery and become active in the community. This office leads the SPIRIT, WREACH, and WRAP programs.

**Outreach and Engagement.** In this context, is a MHSA term that is a community services and support category, and a category in which prevention and early intervention services can be provided. Services are designed to reach out and engage individuals in mental health care which have a serious mental illness, or are at risk of developing a serious mental illness. These are individuals who have not sought services in a traditional manner, possibly due to cultural or linguistic barriers.

**Peer Provider.** Term that refers to a professional who brings lived experience as a behavioral health consumer to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist consumers and their families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Peer Providers often have a job classification of Community Support Worker.

**PEI - Prevention and Early Intervention.** Refers to a component of MHSA funding in which services are 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. Twenty percent of funds received by the MHSA are to be spent for prevention and early intervention services.

**PES - Psychiatric Emergency Services.** A unit of the Contra Costa County Regional Medical Center located next door to the Emergency Room in the county hospital in Martinez. It operated 24 hours a day, seven days a week, and consists of psychiatrists, nurses and mental health clinicians who are on call and available to respond to individuals who are brought in due to a psychiatric emergency. Persons who are seen are either treated and released, or admitted to the in-patient psychiatric hospital ward.

**PhotoVoice Empowerment Program.** The County sponsors classes designed to enable individuals to create artwork consisting of a photograph and a personally written story that speak to or represent the challenges of prejudice, discrimination and

ignorance that people with behavioral health challenges face. These artworks are then displayed in the community to educate, raise awareness and reduce stigma.

**PIER Model - Portland Identification and Early Referral Model.** This is an evidence based treatment developed by the PIERS Institute of Portland, Maine. It is an early intervention program for youth, ages 12-25 which are at risk for developing psychosis. It is a multi-disciplinary team approach consisting of a structured interview to assess risk for psychosis, multi-family group therapy, psychiatric care, family psycho-education, supported education and employment, and occupational therapy.

**PSC - Personal Service Coordinators.** Refers to a mental health clinician or case manager who develops and implements an individual services and support plan with an individual diagnosed with a serious mental illness, and who is part of a full-service partner program under the MHSA. This plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the personal services coordinator, and other service providers to reach those goals. The personal service coordinator provides therapy, and additionally takes responsibility for the delivery and/or coordination of both mental health and rehabilitation services that assist the consumer reach his/her goals.

**PTSD - Post-Traumatic Stress Disorder.** An emotional illness that is classified as an anxiety disorder, and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal).

**Public Health Services.** A division under Health Services whose mission is to promote and protect the health and well-being of individuals, families and community in Contra Costa County.

**Public Mental Health System.** This term is used to describe the public system that is in place to provide mental health services. There are 58 counties and 2 cities that receive MHSA funds to support their public mental health system. Each county's system is uniquely structured where services are provided by county staff or through contractors, such as community based organizations and other agencies.

**Pre-Vocational Employment Services.** These are services that enable a person to actively engage in finding and keeping a job. Often the services remove barriers to employment services, such as counseling on how working affects benefits, stabilizing medications, obtaining a driver's license or general education diploma, and resolving immigration or other legal issues.

**Prudent Reserve.** Regarding MHSA, the term refers to a County setting aside sufficient MHSA revenues in order to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years.

**Psychiatric Residency.** Physicians who specialize in psychiatry complete a four-year

residency program at one of several schools of psychiatry, such as that located at the University of California at San Francisco. This is essentially a paid work study arrangement, where they practice under close supervision and concurrently take coursework. At the final residency year, the psychiatrist can elect to work in a medical setting, teach, do research, or work in a community mental health setting.

**QA/QI - Quality Assurance and Quality Improvement.** Entities in Contra Costa County responsible for monitoring the Mental Health Plan's effectiveness by providing oversight and review of clinics, organizations, and clinicians providing services to consumers. The goals are to perform program development and coordination work to implement and maintain a quality management program that effectively measures, assesses, and continuously improves the access to and quality of care and services provided to the County's mental health consumers. The Quality Management Coordinator is responsible for Chairing and facilitating the Quality Improvement Committee (QIC) and ensuring members receive timely and relevant information.

**RFA - Request for Application.** Abbreviation used to describe term.

**RFI - Request for Information.** Abbreviation used to describe term.

**RFP - Request for Proposal.** Abbreviation used to describe term.

**RFQ - Request for Qualifications.** Abbreviation used to describe term.

**RHD - Reducing Health Disparities.** Abbreviation used to describe term.

**SAMHSA - Substance Abuse and Mental Health Services Administration.** The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

**SB - Senate Bill.** Abbreviation used to describe term.

**SNHP – Special Needs Housing Program.** Allowed local governments to use MHSA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

**SNF - Skilled Nursing Facility.** A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

**STRTP – Short Term Residential Treatment Program.** A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

**SED - Seriously Emotionally Disturbed.** Children from birth up to age eighteen with serious emotional disturbance are persons who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**SMI - Serious Mental Illness.** Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

**SOC – System of Care.** Term used to refer to this county's public behavioral health system.

**SPIRIT - Service Provider Individualized Recovery Intensive Training.** A recovery oriented, peer led classroom and experiential-based, college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Behavioral Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

**Stakeholders.** Stakeholders is a term defined in the California Code of Regulations to mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

**Stigma and Discrimination.** In this context, refers to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues.

**SUD - Substance Use Disorder.** When recurrent use of alcohol and/or other drugs causes clinical and functional impairment that may include health issues, failure to meet major responsibilities at work, school or home, legal problems or problems with interpersonal relationships.

**STEP - Systematic Training for Effective Parenting.** A parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility,

independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

**Supported Employment.** A federal vocational rehabilitation term that means competitive work for individuals with significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

**Supportive Housing.** A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, mental illness, or other serious challenges. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

**TAY - Transition Age Youth.** Individuals between the age of 16 and 25 years of age. Specific mental health programs that address this age group are in the adult system of care, and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

**Triple P - Positive Parenting Program.** An evidence-based practice designed to increase parents' sense of competence in their parenting abilities. It is a multi-level system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

**WET - Workforce Education and Training.** Refers to the component of the MHSA that funds programs and services that assist in the recruitment and retention of a skilled and culturally competent behavioral health workforce.

**WIC - Welfare and Institutions Code.** Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

**WRAP - Wellness Recovery Action Plan.** An evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who

were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

**Wraparound Services.** An intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

**WREACH - Wellness Recovery Education for Acceptance, Choice and Hope.** The WREACH Speaker's Bureau is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency, and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

# **Appendix D**

## **PUBLIC COMMENT AND PUBLIC HEARING**

### **MHSA Three Year Program and Expenditure Plan Fiscal Years 2023-2026**

**MENTAL HEALTH COMMISSION (MHC) / Public Hearing for the  
Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)  
MONTHLY MEETING AND PUBLIC HEARING MINUTES  
July 5<sup>th</sup>, 2023 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b>  Cmsr. L. Griffin, Mental Health Commission , MHC Chair, called the meeting to order @ 4:31pm.  <u>Members Present (In-Person):</u>  Chair, Cmsr. Laura Griffin, District V  Vice-Chair, Cmsr. Leslie May, District V  Cmsr. Ken Carlson, District IV  Cmsr. Skyelar Cribbs, District III  Cmsr. Gerthy Loveday Cohen, District III  Cmsr. Tavane Payne, District IV  Cmsr. Pamela Perls, District II  Cmsr. Rhiannon Shires, District II  Cmsr. Geri Stern, District I  Cmsr. Gina Swirsding, District I  <u>Members Present (Virtually):</u>  Cmsr. Barbara Serwin, District II  <u>Presenters:</u>  Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS)*  <u>Other Attendees (*in Person):</u>  Colleen Awad (Supv Ken Carlson’s ofc)*  Mariela Acosta (5:15)  Angela Aranda  Guita Bahramipour, AOD Advisory Board  Angela Beck*  Jeralynn Brown-Blueford  Jennifer Bruggeman*  Bianca C (5:32)  Uriel Cardoza  George Cervantes  Adrienne Conrad  Gigi Crowder, NAMI CC  Ronda Deplazes  Douglas Dunn  Dr. Stephen Field  Teka Flow-Watt – Reimagine Antioch (5:32)  John Gallagher*  Nichole Gardner (5:55)  Barbara Howard, NAMI CC  Kennisha Johnson  Gerold Leonicker  Kimberly Lopez  Sarah Marsh (Hope Solutions)  Keven Martinez  Gail Miller  Audrey Montana*  Rena Moore</p>	<p>Meeting was held at:  1025 Escobar Street,  Martinez, CA 94553 and via Zoom platform</p>

Emma Elaine Mueller  
 Maria Navas  
 Susan Norwick-Horrocks  
 Teresa Pasquini  
 Kelly Perryman, Office of Consumer Empowerment  
 Lauren Rettagliata  
 Susan Rodriguez  
 Jonathan San Juan, Office of Consumer Empowerment  
 Stephanie Taddeo (5:55)  
 Jennifer Tuipulotu, Office of Consumer Empowerment  
 Jaime Yan Furot (5:25)

**II. CHAIR COMMENTS/ANNOUNCEMENTS:**

- i. Review of Meeting Protocol:
  - NO Interruptions; Limit two (2) minutes per speaker; Stay on topic, Wait to be acknowledged by the Chair before commenting, NO sidebars
- ii. Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be “just cause” notify the chair ASAP or “Emergency Circumstance” request must be submitted in writing and voted on by the commission. All absences must be noted in minutes for all meetings
  - Courtesy ‘2023 Attendance to date’ email sent to each member individually with their attendance for the first six (6) months of the year
- iii. Reminder all commissioners required to take the Brown Act Training (<https://www.contracosta.ca.gov/7632/Training-Resources>); and Ethics Training (<https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html>)

Prior to Chair Announcements, Chair Griffin read the Guidelines for Participation.

Prior to Chair announcements, Chair Griffin read through the following:

**Guidelines for Participation**

The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants:

1. We are committed to honoring people’s time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak.
2. Please keep yourself on mute unless you are speaking.
3. Wait to be recognized, before commenting and keep your comments direct and brief.
4. It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well.
5. Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels.
6. Avoid providing any distractions, such as side bar conversations.
7. An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines.

The month of July is Minority Mental Health Awareness month. Mental Health conditions don’t discriminate; however, we have a cultures of ethnicity and sexual identity, it is hard to access care and during the month of July, let’s keep that in mind and help fight the stigma and help refer those that need to services.

<p>Also, last month, that I did not know and just found out, was Post-Traumatic Syndrome Disorder (PTSD) Awareness Month. That is another important stigma and I want to start vocalizing at all our meetings so that everyone understands the magnitude of these issues that so many of us suffer from.</p> <p>Reminder of the Attendance Report that will be forthcoming. It will show your attendance, especially due to the new rules.</p>	
<p><b>III. PUBLIC COMMENT: None.</b></p> <p>During this time, any member of the public may address the MHC regarding any subject over which the Commission has jurisdiction, but which is not on today's posted agenda. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.</p> <p><u>No action or discussion on any item raised on public comments, unless it is for clarification.</u> Response to questions posed or action to agendize the topic will be responded to at next meeting.</p> <p><b>**Please note there were no public comments at this time. After meeting was adjourned and the Public Hearing was called to order, several members of the public commented during the public comment period; however, should have done so at this time during the commission meeting. Those comments should be here.</b></p> <p>In future, all members of the public that arrive after the public comments will need to submit their comments in writing to the chair via email to be included in the minutes for the next commission meeting.</p>	
<p><b>IV. COMMISSIONER COMMENTS</b></p> <p>During this time, MHC members may share information and announcements. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.</p> <ol style="list-style-type: none"> <li>1. (Cmsr. May) Regarding sending out the attendance record. You are saying you can only miss two virtual? Are they the entire year? When will be getting the attendance. (RESPONSE: Angela Beck) Hoping by the end of the week, at least prior to when the committee meetings start. The emails are in DRAFT, waiting the verbiage from Cmsr. Griffin. (Attendance explanation from Cmsr. Griffin) If I may add, those two allowed virtual meetings are allowed per committee and the main commission meeting. If you attend one commission meeting virtually, and attend one of the committee meetings virtually, that doesn't count as two, it is two maximum in each committee. I know it is confusing but we have our bylaw attendance and there is a separate set of rules for the virtual attendance.</li> <li>2. (Cmsr. Shires) Contra Costa County is hosting their Youth Summit and hopefully the commissioners received this (NOTE: Youth Summit was June 27<sup>th</sup> and this was sent out to the commission). Also, I did attend the Contra Costa Children's Leadership Council. Something I think would be really interesting is to have Emily Hampshire speak to us from First5 Contra Costa. She is a Trauma and Resiliency Coordinator. I am looking at our K-12 to get trauma induce curriculum into our schools. I think is really important. I can forward the information. The last thing is that I did go to the CalBHBC training in June. In particular, looking at how we could be more successful as a mental health commission.</li> <li>3. (Cmsr. Swirsding) I am concerned about the absent thing. I am in the hospital often and how is it going to work for me? (Cmsr. Griffin) First we will be very considerate to you getting better, as that is the first</li> </ol>	

<p>priority. I can speak with you off line regarding the rules, but in the case you are hospitalized or need to attend virtually due to illness, you can put in an emergency circumstance which covers all meetings for 30 days and will need to be renewed each 30 days; and that can be done for 3 months max, let's speak offline.</p> <p>4. (Cmsr. May) I was not finished with my comments. I wanted to say that I have been attending weekly meetings in the evening with Reimagine Antioch. Their focus is on fighting to get mental health services for the people of color in Antioch. There is a Pittsburg clinic, there is a clinic for children. For adults, there are no clinics available especially for the adults that are suffering from trauma and being retraumatized with all this texting issue going on. We are working with grant writers to get their own grants and open up their own drop in centers. Just wanted to let you all know they are having weekly meetings and making a lot of progress in the direction of providing services for minority adults with mental health needs. (Cmsr. Griffin) Please forward the information to our EA to send on to me. Thank you.</p>	
<p><b>V. APPROVE June 7<sup>th</sup>, 2023 Meeting Minutes</b></p> <ul style="list-style-type: none"> <li>June 7, 2023 Minutes reviewed. <b>Motion:</b> K. Carlson moved to approve the minutes as is. Seconded by T. Payne</li> </ul> <p><b>Vote: 11-0-0</b>  <b>Ayes:</b> L. Griffin (Chair), L. May, K. Carlson, G. Cohen, S. Cribbs, T. Payne, P. Perls, B. Serwin, R. Shires, G. Stern and G. Swirsding  <b>Abstain:</b> None.</p>	<p><b>Agenda and minutes can be found:</b>  <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>
<p><b>VI. DISCUSS California Senate Bill – SB43 Behavioral health reform advances in the State Senate – Authored by California Senator Susan Eggman</b></p> <p>There was an attachment in the agenda packet with information on SB-43 and I hope everyone had a chance to read it. I will be opening this up to discussion, as I know we have some folks here with more information on the bill. In short, from what I understand, it expands the definition of greatly disabled. It did pass unanimously and in the assembly committee on June 27<sup>th</sup>? (Cmsr. Perls) it is going to be re-referred to the committee on Judiciary Hearing on July 11<sup>th</sup>. It was amended and it needs to be re-heard.</p> <p>Teresa Pasquini and Lauren Rettagliata were there and can give more details.</p> <p><b>Questions and Comment</b></p> <ul style="list-style-type: none"> <li>(Lauren Rettagliata) Basically, I am going to leave a lot of what is going to be said to Teresa as she was one of the individuals who sat with Senator Eggman, as well as Dr. Emily Wood. They spoke of the need for renewing and revitalizing the Lanterman-Petris-Short (LPS) Act. As an audience member, listening to Dr. Wood and Teresa, there is one thing I would like to say. When Teresa gave her testimony (I am a veteran at going up to the capital and) I have never seen members of the Assembly break into tears. There were two members that were visibly shaken and were crying. The testimony was very compelling, letting them know that grave disability, of those with a serious mental illness (SMI), is something we really need to be aware of. There were some amendments that may have weakened the bill a bit, and it saddened me. People were concerned it was being used to sweep the streets, and it is not. What we were trying to do is catch our loved ones, who are severely mentally ill</li> </ul>	<p>Documentation on this agenda item can be found:  <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

and those with a substance use disorder. The language on the LPS Act was very archaic. It spoke about alcohol abuse but did not speak about substance use disorder.

- (Teresa Pasquini) My testimony is public. There is a public record of it and I posted it on my Facebook page and included in the record of the assembly hearing. I also, as you may recall, stood with NAMI California, who is a co-sponsor and also the big city Mayors when it was first introduced in February. I testified before the Assembly Joint Judicial and Health Committees back in December 2021, which was a 5 minute testimony (last week was 3 min). I am an obvious supporter of the need for us to update our LPS Act and make it easier for people to get the right care at the right time at the right place. If they need that in an acute facility, then that needs to happen. The crisis on our streets, Fentanyl has changed the game and there are too many people literally dying with their rights on. I know there are strong ideological differences on this topic. As somebody whose child has been behind multiple locked doors and was criminalized as a patient, nobody is more passionate about this than me wanting anyone who can be treated voluntarily to be treated voluntarily. Those who need medically necessary treatment must have where they need it.
- (Cmsr. Perls) I would like to point out that this was a bill last year that was roundly criticized and justly so. There have been some amendments but there are still some serious concerns about it and **that an entire** **\_\_\_\_\_ the ACLU, Disability rights** and a number of other rights organizations have opposed it. If amended, there are certainly some parts that are important and there is no doubt there is a problem. The difficulty is that the expanded definition is too broad, it catches people who are inappropriately caught in the net. It speaks to the gravely disabled and I understand adding in the substance abuse, but it talks about people having inappropriate clothing, that is not something that has been defined. It talks about being unable to protect themselves and that is not defined in the law as well. To keep themselves safe, again, very subjective and not real law. It allows a medical expert to testify in the court hearing before a judge about a persons medical records when they have been written by a different healthcare provider entirely and that is contrary to every rule of law that becomes hearsay. It's not anything you can testify about. The concerns are also that very often, if it is not a voluntary treatment, that has not been very successful as well.
- (Teresa Pasquini) I wanted to add that some of the comments that Commissioner Perls was reading have been amended out and so the commission doesn't have the current amended law and some of the specific things she was referring to have been amended and there is an updated version now. It wasn't available last week, but it is available now. I just don't want misinformation given to the commission on the current law.
- (Cmsr. Swirsding) To take off the matter of a physical illness that should not be considered, I want to speak for myself, I had a head injury, I can't see, there is a lot I suffer from physically, and sorry it does affect my mental health as well and I find that really appalling. If you speak to anyone that is a Veteran, that have suffered these physical injuries on top of their mental illness, medical conditions can make a person very depressed. In the past I have attempted suicide because one thinks they

are suffering with this illness the rest of your life and it can be quite a lot to overcome. I am in a different space but it can be very hard and I think those with a medical conditions should be placed on that as a matter of disability.

- (Lauren Rettagliata) Commissioner Perls had many things she was concerned about. At the table with Teresa and Dr. Wood and Senator Eggman were two people. One was CalVoices (these were the people speaking in opposition) and the other was Disabilities Rights of California. Their testimony was heard by everyone on the health committee. Then the public was allowed (those in attendance) to come and speak. When people came up, the vast majority of people were there to say they were for this legislation. There were mayors that came from all over the state to speak about it. There were many parents, many psychiatrists, the American Medical Association spoke out in favor. It is something that has been in committees and discussed and everyone wants to ensure that no one's rights are violated. As a parent of someone who has a severe mental illness and it took over ten years before he was conserved, there were so many years where he lost his mental acuity and ability and we want to stop this. I have been in conservatorship hearings and I can guarantee you there is due process for the individual. The problem is that many times it was not heard of the grave disability of that person and we wanted to make sure that was brought forth. It has been since 1967 that the LPS Act had not been brought up and revisited since then. Everyone in the state legislature is really hearing and open to learning and work on this. I also want to mention Susan Horrocks who was also on a call with me that morning to our assemblyperson explaining what parents (and loved ones) of those with a serious mental illness how we really supported this legislation.
- (Douglas Dunn) I strongly support this bill because we have a loved one who, under the current definitions of grave disability, has not been changed in 50+ years. Second year, hopefully won't have to be a third, but there is a need for this type of legislation, as long as a persons rights are protected, which they are for this legislation to go through the legislature because it would, in our view, help persons longer term and avoid more brushes with the criminal justice system. My involvement with the NAMI CC family volunteer support network, I run across this time and again, families whose loved ones did not get the help they needed and were not conserved and were involved with the criminal justice system and can never seem to get out of that rathole.

**VII. Adjourned: 5:09 pm**

**PUBLIC HEARING**

**Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)  
July 5<sup>th</sup>, 2023 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Opening Comments by the Chair of the Mental Health Commission</b>            Cmsr. L. Griffin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:19 pm            I would like to first go over the process for this public hearing. We will first hear an overview of the MHSA Three-Year Program and Expenditure Plan, Fiscal Years 2023-2026. Second, we will then listen to public comments. Third will be commissioner comments. Does everyone understand? Now I would like to introduce Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services (CCCBHS)</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. 2023-2026 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</b></p> <p>MHSA 3-year Plan 2022-2023 Annual Update Overview: I'd like to thank the entire MHC and all the members for hosting us with the public hearing every year. We truly appreciate your time and input. In addition to what Commissioner Serwin said about the public comment and the commissioner comment, we do summarize all and incorporate it into the plan itself and become a public document. Your comments are very important to us. &lt;shares screen MHSA 2022-23 Plan Update Overview&gt;.</p> <p><i>*Note: This presentation contains an overview of significant changes in each of the 5 MHSA Components</i></p> <p><b>Introduction</b>            MHSA 23-26 Plan was created in collaboration with community stakeholders through the Community Program Planning Process. The 23-26 Plan takes into account many unique considerations:</p> <ol style="list-style-type: none"> <li>5. Statewide unspent MHSA fund balance</li> <li>6. COVID impact on MHSA funds</li> <li>7. Pending "Modernization of MHSA" which emphasizes Housing and FSP</li> <li>8. Pending CARE Court implementation</li> </ol> <p><b>Steps Toward Approval:</b></p> <ol style="list-style-type: none"> <li>1. Plan Draft Overview was shared with MHSA Advisory Council 6/1/23</li> <li>2. Plan was posted for 30-day public comment period June 6 - July 6, 2023</li> <li>3. Public Hearing at Mental Health Commission Meeting</li> <li>4. Incorporate substantive feedback/public comments and finalize Plan</li> <li>5. Submit for approval by Board of Supervisors (BOS) Proposed 2022-23 Plan MHSA Plan Update Highlights.</li> </ol> <p><b>Community Supports and Services (CSS)</b>            Full-Service Partnerships; General System Development including Housing</p> <p><b>Housing Expansion</b></p> <ul style="list-style-type: none"> <li>• Increases rates for Board &amp; Care operators</li> <li>• More units across the housing continuum</li> <li>• Potential new construction / renovation of new housing projects</li> </ul> <p><b>Transition Team Expansion</b></p> <ul style="list-style-type: none"> <li>• Street Psychiatry</li> <li>• Behavioral Health Library Initiative</li> </ul> <p><b>Expanded Treatment Programs including</b></p> <ul style="list-style-type: none"> <li>• Eating Disorders</li> </ul> <p><b>Funding to CBOs during CalAIM transition</b></p>	<p>The Program and Expenditure Plan Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation was also included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p> <p>The full Three-Year Program and Expenditure Plan (FY 2023 – 2026) Draft has been posted on the MHSA website and you may review the document here: <a href="https://cchealth.org/mentalhealth/mhsa/">https://cchealth.org/mentalhealth/mhsa/</a></p>

- Time limited funding to support CBOs during payment reform
- Moving from cost-based to new claiming codes
- “Pay per performance” to CBOs that participate in FFS/Medi-Cal billing during transitional year
- System changes to support increased service provision by making improvements in costs and productivity

### **Prevention and Early Intervention (PEI)**

Programs include Office for Consumer Empowerment, First Hope and over 20 community-based organization partner providers offering services aimed at increasing prevention and early intervention by creating access and linkage for underserved communities, and reducing stigma and discrimination

- 4% COLA for PEI CBOs
- Suicide Prevention Strategic Plan (<https://cchealth.org/mentalhealth/mhsa/pdf/2022-Suicide-PS-Plan-PC.pdf>)
- PEI Program Annual Reports with Outcomes

### **Innovation (INN) Updates**

Opportunities for unique programs that improve quality of services, increase access for under-served groups, or offer inter-agency collaboration

- Cognitive Behavioral Social Skills (CBSST) in Board & Cares – timing out of INN fall 2023
- Room to Overcome and Achieve Recovery (ROAR) – timing out of INN fall 2023
- Psychiatric Advanced Directives (PAD) – entering year 2
- Grants for Community Defined Practices – recently approved by MHSOAC and BOS  
RFP Workgroup meetings July / Aug  
TA Workshops  
Bidders Conference  
RFP Released (early fall)

**Workforce Education and Training (WET)** – building a robust and culturally diverse workforce through retention strategies and various training programs

- Continued Loan Repayment Programs
- Increased funding to include:
  - Expand training for staff and contracted providers to develop knowledgeable workforce and support CalAIM initiatives
  - Participation in the following CalMHSa Behavioral Health Workforce Programs aimed at addressing staffing shortages and retention strategies:
    - Peer Support Certification
      - Fund exams for peers who wish to become Certified Peer Support Specialists (which allows them to provide Medi-Cal billable services)
      - SPIRIT to become an official training provider for Certified Peer Support Specialists
    - Temporary Clinical Staffing / Permanent Staff Recruitment Program – specifically for hard-to-fill and retain positions
    - Training and Certification Courses – for staff / contracted providers on topics such as Substance Use, Mental Health, Law and Ethics, 5150 and Care Coordination

**Capital Facilities / Technological Needs** – funds for building/renovation of sites that will house treatment services for individuals living with a behavioral health issue; IT needs including an electronic health record

- Capital Facilities Projects
  - Use of MHSa funds to move forward with construction costs associated with projects identified through stakeholder-driven needs assessment process
- Electronic Health Record enhancements
  - Epic (cLink) system optimization to accommodate CalAIM Payment

Reform including new forms, new workflows, incorporating the Universal Screening and Transition Tools

- Sunsetting the current billing system (ShareCare) and using cLink for claims to DHCS. cLink will now be used for clinical documentation and billing in a unified system, which will increase efficiencies and reporting capacity.
- IT consultant costs

**Proposed FY 2023-2026 MHSA Budget**

	FY 22-23	FY 23-24	FY 24-25	FY 25-26
<b>CSS-Summary</b>				
5713-AOT	\$2,974,841	\$3,082,702	\$3,195,021	\$3,312,015
5714- Crisis Res	\$2,338,279	\$2,408,428	\$2,480,680	\$2,555,101
5715- Wellness Ctr (Not Being Used)				
5721- Admin Support	\$4,650,342	\$5,202,032	\$5,323,619	\$5,577,449
5722- Children's	\$4,661,277	\$22,301,102	\$7,252,096	\$5,033,413
5723-TAY	\$2,390,284	\$3,582,273	\$2,683,391	\$2,609,702
5724- Adults	\$8,843,254	\$13,387,892	\$10,469,086	\$10,313,843
5725 - Housing	\$10,574,888	\$21,907,599	\$23,678,343	\$24,091,532
5735 - Older Adults	\$4,219,218	\$4,397,822	\$4,585,355	\$4,782,265
5957- Gen Syst Dev	\$4,872,838	\$5,635,151	\$5,885,409	\$6,179,679
<b>CSS Total:</b>	<b>\$45,525,223</b>	<b>\$81,905,000</b>	<b>\$65,552,999</b>	<b>\$64,454,999</b>
<b>PEI-Summary</b>				
5727- PEI First Hope	\$4,018,024	\$3,550,789	\$3,735,231	\$3,928,679
5753- PEI	\$7,597,257	\$8,217,211	\$8,474,769	\$8,740,322
<b>PEI Total:</b>	<b>\$11,615,282</b>	<b>\$11,768,000</b>	<b>\$12,210,000</b>	<b>\$12,669,000</b>
<b>5899-INN-Summary</b>				
<b>INN Total</b>	<b>\$2,150,640</b>	<b>\$4,018,000</b>	<b>\$4,195,000</b>	<b>\$3,876,000</b>
<b>5764- WET-Summary</b>				
<b>WET Total</b>	<b>\$2,452,389</b>	<b>\$3,045,000</b>	<b>\$3,113,000</b>	<b>\$3,185,000</b>
<b>5868- CF/TN</b>				
<b>CF/TN Total</b>	<b>\$250,000</b>	<b>\$5,000,000</b>	<b>\$2,500,000</b>	<b>\$2,500,000</b>
<b>Total Budget:</b>	<b>\$61,993,534</b>	<b>\$105,736,000</b>	<b>\$87,571,000</b>	<b>\$86,685,000</b>

**Questions and Comments**

Email: [MHSA@cchealth.org](mailto:MHSA@cchealth.org)

- Call: 925-313-9525
- View MHSA Three-Year Program and Expenditure Plan FY 2023-2036 Draft and Provide a Public Comment at: <https://cchealth.org/mentalhealth/mhsa>
- Jennifer Bruggeman, LMFT, Program Manager  
[Jennifer.Bruggeman@cchealth.org](mailto:Jennifer.Bruggeman@cchealth.org)  
[MHSA@cchealth.org](mailto:MHSA@cchealth.org)

**III. PUBLIC COMMENT:**

- (Lauren Rettagliata) My concern was (and what I didn't understand upon reading the plan) I noticed that the large increase and what is put down as CalAIM transition funds, when the are added up, it is \$22.4m/yr and over the course of three years, it is over \$67.2m. Showing us how it is all broken down, I seems you are dividing that up into different categories (Children, Adult, Older adults) because the amount set aside to bring us up to date on CalAIM is a very large amount. Significant amount of our community support services. I know there is cost involved, but I would like to know what will behavioral health be paying for exactly, besides the coding (the adjustment in the codes) and what will the financial support to the CBOs (Community-based organizations) provide to those that are actually receiving the services? Which CBOs will be receiving funding? There is nothing designating exactly, so who will those CBOs be and how will it be decided how much funding? Will they receive? and how did you decide this specific amount was needed? When this money is given to the CBOs, how will

they document how they spent the funding and the outcomes they achieved from receiving this funding? For many years, Doug Dunn has sat in with me and so has Teresa. We worked many years on Mental Health Services (MHS) financing and accountability. This is one of the things I feel is so important with the funding that is given, we know what the outcomes are and know who will be receiving the funds.

(RESPONSE: Dr. Tavano) Thank you, Lauren for putting those questions in writing and bringing them up today. The reason I asked you to bring them up today is so that everyone could understand. Payment reform 101 in the briefest form and understand what this money is about. Payment reform is a really big deal, all the coding and what we have spoken to in the last year. Also, there is a significant amount of unknown and when there is unknown, there is some level of risk. We were asked to produced cost surveys. The county was asked to provide a cost survey in 16 of our CBOs. These were submitted to CALMHSA (California Mental Health Services Authority). This funding funneled through CalMHSA through DHCS (Dept. of Health Care Services). Every county was asked to do this. The county submitted its cost report for the prior year (calendar year). CalMHSA worked on it in conjunction with the DHCS. The DHCS then determines every counties rates based on those cost surveys. Every county received different rates and there is no uniformity, no consistency. Moving from a cost-based system to a fee for services, which I have talked about before, it is a huge change. Prior, everyone including the CBOs were basically reimbursed for the cost of providing services rather than we get reimbursed for the actual service delivery. I am very happy the focus is on direct services and really appreciate that shift that we are all going through, but it does mean change. That was the first step.

DHCS then took all those cost surveys for every county, conducted market basket comparisons for each county they looked averages (full sector-public and private) and came up with the county rates. They are different for every county and those rates are to cover a number of different costs. Then we went into the process of discussing what the rates would be with the CBOs. These are medical fee for service contracts. I believe it was a total of 38 programs but 26 CBOs. We were supposed to receive all those rates from the state in September 2022, but they were very delayed and started getting them in November, 2022 and received them piecemeal over a 4-5 month period. So, we didn't know what all our rates were going to be for all our service types. We had to know the whole picture to know what the funding of the BHS system was going to be in this county for both mental health and substance use services. The rates came in sequentially, rather than concurrently, and we had to have all to work with our contracted providers (not the PEI providers, but the fee for service MediCAL providers. We asked them to all do their own cost survey and budget templates. We tried many different approaches over a couple month period. The intent was (for this year with so many unknowns) to get the CBOs full and in place so they were here to be able to provide the services that we are here to deliver. Many iterations and in the end, it was hard to predict with accuracy and the decision was to accept the cost surveys and budget templates that each contractor established for themselves. We basically estimated what services would be reimbursable, what the reimbursement for the year would be and then what the delta was to keep them whole while dealing with all the unknowns. This was a tremendous amount of the CBOs, because as Jennifer was saying, when we moved from ShareCare for billing to cLink and all the providers had to be totally retrained in all the coding, data entry, we went live July 1<sup>st</sup> and it was a huge county-wide effort. We did not send it all out but it did go the Board of Supervisors (BOS) last week and included a spreadsheet which we are very happy to share with everyone. We will be entirely transparent. We will support them if they are able to perform according to their contract. It is all public and happy to share. It is not so much about cost efficiency, but direct services. We want to see

improvement in the level of direct services provided and then they will be eligible for a second payment in December. This is the intent for the first year as we work through this. It is not for the second and third years.

- (Lauren Rettagliata) Started to ask another question but was muted as it was another member of the public's turn to speak.
- (Gigi Crowder) I wanted to say I appreciate the fact that there are 4% COLA which is really important to keep staff, you have to give pay increases, although we are not PEI and we are WET, we at NAMI CC often feel like 'step-children' and forgotten whenever discussions are taking place. We are in a state that is lifting up lived experience, we really thought we'd follow suit like other counties. We have 65% of our staff peer-certified in the role of family members as well as peers. For us to not be considered in position for CalAIM advocates, because of our diversity and our ability to meet the needs of individuals that their county has been proven to be successful, mainly African-Americans and Asian American/Pacific Islanders, it is too bad that didn't happen. I wanted to register that with the 3-yr plan because it doesn't look like there is a plan for honoring the fact that peers and those with lived-experience offer a great deal of support to individuals. I also want to let everyone know there was 100 organizations named non-profits of the year and NAMI CC was one of them. We are doing great work and are celebrated across the state but we are not just not getting that love here locally at the county, even though we have great impact here.
- (Teresa Pasquini) Having participated in these hearings for the last 20 years (or close to it) I want to recognized that I am grateful to see the increase in the housing allocations. This has been the number one choice of stakeholders since the beginning of the MHSA and before. I haven't had a chance to read the plan. I just lost my mom and am left with the responsibility of managing both my 71 yo brother who is a CCC resident and my son who is still living out of county. I do have to bring up the disappointment about BHCIP and our county not receiving any grant funding for those proposals. That was a shock to my system and a huge disappointment because I so appreciated the efforts our community has made and the steering committee I have been happy to participate on, as well as all the work we put in with the commission on 'Housing that Heals' and Lauren and I actually advocating at the state level for the BHCIP funding process. I hope to hear more details about how we are going to make up for that loss. I know there are moving targets at the state level and unknowns. I just want to call out the fact that we did not get any of our proposals funded for BHCIP and our neighboring Alameda has a total of \$100m <cut out /dropped> I am really concerned and want to be heard by our BOS representative here today. Again, driving out of county for 20 years to MHRCs (mental health rehabilitation centers) and IMDs (Institutions for Mental Disease) is unacceptable and CCC is the only large county that doesn't have one. It has GOT to change.

(RESPONSE: Dr. Tavano) I know a lot of people to be disheartened as I was on the Friday where I got three consecutive letters about this. No justification, no rationale. I did immediately communicate with the Deputy Secretary of Health and Human Services at the state level along with other advocacy, that is not over. I just wanted to say that we are so committed to this. The amount of work some of you participated in and public works and everyone participated in, we went into this knowing there were unknowns and unpredictable elements to it. We have already been looking at alternatives so the money in the mental health services act plan will help toward that. MHCRs cannot be funded by the MHSA but we are looking at local behavioral health dollars that could be used for that project because it was the number one project we have all been asking for. For the El Portal Project, we are hoping we get the support of the BOS and the CAO to executive our lease option to purchase that property using some of the funds in capital facility in the plan you are all looking at now. We are very focused at moving forward with those two projects we have been working very diligently

on. There is so much will to make these projects happen and I think that is what we are focused on now. We will still submit on Round 6 in January for other things, but we don't want to wait on these two. I would also like to say that while I received three 'bad news' letters, I also got a letter that we did get the approval for the \$20m in transitional housing under Behavioral Health Bridge Housing (BHBH), so it was a very mixed Friday.

- (Teki – Reimagine Antioch) I am with Reimagine Antioch but here to comment as member of the public, a black woman, resident of Antioch. I was hoping and wondering if you would have more people of color in our positions. Not saying anything about other nationalities but there are a lot of people here in Antioch that are hurting. Sometimes we cannot connect with others that are not our ethnicity. No offense to anyone, there are just not enough services out here for me. For example, when I go and try to have counseling I am not able to connect with someone that is aware of my culture. I feel if I was able to have a counselor are of my culture I would not have had trouble receiving services. We need more black and indigenous people employed in mental health to offer services in these spots so that everyone is being reached, not just one or two specific groups that need mental health. I do appreciate your time and hard work. Just please don't forget about us.
- (Jaime Yan Faurot) I just wanted to check with the commission that we have a lot of peer hires in the county but do we actually have peers support as well? It doesn't seem there is so much of a representation of the cross section existing in our county and we would be hired peers, can we consider having positions for people all walks of life, as well. Diversity have a lot to bring to the table, sometimes subculture in the culture is not easily spotted. As a result, we can't help our clients better unless there is someone of similar background and would be something we could consider to help clients. The other point, when we hire peers, having peers provide this layer of support would that be same as peers reaching out. What I meant is would the county consider using some of the spending for peers, not just supporting the peers but family members. A lot of times when the peers are struggling, so are the caregivers. Family partners are important but not have that role to acknowledge. I think the MHSA funding can be written to help support that layer of support for the people struggling.
- (Rena Moore) Just wanted to say that Antioch doesn't have enough mental health services, including drop in scenarios and healing centers for youth and adults. We need more people of color in lead positions as directors, managers and healers, specifically people of African-American decent / Indigenous people
- (Guita Bahramipour) Is there any budget for group therapy. I do feel that when people call 211 or 988, at that point has been disconnected and don't know where to go if it is not really an emergency. I do believe if they are directed to one person (one therapist), they can all be there to ask questions from the therapist online (in some forum, Zoom), they can be directed to information. It is important because this is how the youth speak and found it is very helpful for older adults. I think there should be some budget to go for group therapy.
- (Nichole Gardner) I am with Facing Homelessness, a non-profit in Antioch, since 2017. Just a few things. Just following, it really seems that Antioch has been underserved and not prioritized for years. One thing, as far as the mental health and I can say about our city is that I am proud we have stepped up to try to battle our mental health crisis response team we do have. I thought it was a shame that, even when the delta landing housing project that we had bought out here at the old Motel 6, which was supposed to prioritize Antioch residence in East County the city had to pay for an extra 15 rooms just so we could get some of our unhoused folks in there, I would love to see the county spend some more time and funding and start truly supporting Antioch residents, esp. those living on the streets. It really is a shame when you are dealing with folks who one a few years back, they're okay mentally and then you see these folks after the years how

they have mentally deteriorating. I just wanted to use my voice tonight to say please step up, do something for the unhoused on our streets. The county has really disappointed Antioch and if you can get funding coming our way. Antioch has stepped up and have been using our own funding but we still need the help. These programs we are funding are only two year programs and we still need the county to step up and actually do something to get these services to our unhoused.

- (Sara Marsh) I just wanted to quickly express my appreciation for the efforts made here, as well as by the county to bring on CalAIM and to just remind us all that the object of the game to expand services and make it easier for them to be achieved. I definitely believe this is a work in progress. I know everyone here understands that having the budget, have some money to support the CBOs during the transition is really appreciated. The county was really helpful and supportive of the CBOs during COVID when there were so many challenges around the budget and figured out how to support the ongoing current services that exist. Just, as we go through the process of bringing on the new stuff, to not lose the old stuff is really something I just want to tank Suzanne and Jennifer and all the folks working with the all the details. It's challenging. You believe in the idea and it is perfectly wonderful intent and then the details are amazingly difficult and often have unintended consequences. I know in our own little CBO we are concerned about how CalAIM is going to really impact us and what the actual reimbursements will be, etc. Realizing the county is trying to anticipate and figure out ways to keep everyone whole and keep the ship moving forward. Thank you.

#### IV. COMMISSIONER COMMENTS:

- (Cmsr. Serwin) I just wanted to tank Dr. Tavano for her response and Lauren for her questions. I had similar and same questions that Lauren had regarding the CalAIM incentives. I really like Lauren's suggestion that the spreadsheet presented to the BOS to be included in the MHSA plan if that follows the protocol of the plan.
- (Cmsr. Payne) You said there was unspent balance? What is that?  
(RESPONSE: Jennifer Bruggeman) This is an issue across the state and we have been advised to try to utilize unspent funds or they could be reallocated. We currently have around \$80m and by the end of this three-year cycle, I believe it drops down to the low \$50m. We do an annual update every year.  
(Dr. Tavano) We are not giving any money back. So we will, over the next three years continue to look at how meaningfully spend the money, intentionally spend. We are changing practices, one has been that once a project is funded for three years, we incur the funds and if there is difficulty lifting the program, hiring staff, the unspent dollars accumulating. So what we will be doing every year is assessing where the spend has occurred and what is unspent and instead of keeping it and rolling over from year to year, just keep putting it to use. To Lauren and Teresa's point, we are going to be looking at how to maximize those dollars for treatment settings, residential treatments and housing, etc.
- (Cmsr. Payne) That amount gets reflected when \_\_\_\_\_ or is it separate?  
(RESPONSE: Jennifer Bruggeman) in the budget overview here, you don't see it but you will in the budget summary in the plan.
- (Cmsr. May) I have a couple of things: First, I just noticed looking at the monitors and throughout the room that there is a lot of eye rolling and shaking heads when people were speaking about people of color, that is why they are going to continue speaking to that. Maybe they don't speak with the correct diction that you feel should be appropriate when people speak, whether they are on Zoom or in person. But they have a right to speak and they are speaking from the heart. The eye rolling and shaking your head is very unacceptable for 'so-called' professional people. I wanted to say that first.

Secondly, one of the agency CBOs “Lift Up Contra Costa” and they are very big in the eastern part of our county and wonder if they were going to be one of the CBOs receiving funding listed on the community support services (CSS) expenditure. In terms of the PEI, Antioch youth need help. I am going to keep screaming about Antioch. Gigi Crowder of NAMI CC and Pastor Owens of Genesis Church held a meeting at their church, they have had several meetings. They had Youth Turn Out and it was very emotionally charged, I did not attend but had quite a few people who did. These children are an emotional mess because they are traumatized, their fears and concerns for the mental health and safety. They are crying for help and we are going to keep on screaming and crying about Antioch because I don’t want to hear ‘oh we didn’t know’ every time I turn around. Antioch definitely was skipped over when you were looking for sites for those BHCIP grants (maybe that’s why, God sees everything). Historically, the WET money, BHS hires people from agencies to support their work force and release at 90 days. Now you are saying we are going hire peer support specialist and you want funding for them, which allows them to provide MediCAL billable services. How about changing the habits of hiring agencies and put those people who know the work and been doing the work...how about rehiring them on the permanent staffed positions. It is unfair you use people to get the work done then when you get the funding to actually pay people a decent salary with these permanent positions, you go these other places (agencies) to look for those same people that do the same work that you have to retrain all over again. Also, fund exams for peers who wish to become certified peer specialists, they need to pay for their own exams just like I have to pay for my exams to be licensed, they should be paying for their own exams. Finally, EPIC and cLINK have been transitioning yearly since 2012. When does that end? When do we stop funding and funding for the same thing over and over? It seems like a lot of waste. I want to see accountability, I don’t know how it will come to this county but this county needs to be accountable for where the money is going, why it has taken this many years (2012, that I know of, and we are in 2023) to get it together? It just doesn’t make sense. Also the unspent balance, that \$80m how about you shift that money to Antioch and Oakley? All the people giving you problems here, West County, Central County... they are all being pushed out that way because nobody wants the headache so that means we are being overflowed with mental illness, substance abuse, all the things we have been screaming about for years. Not just in this county but other counties.. Fentanyl didn’t become a big thing until certain folks kids and families and moms and dads started getting addicted and then all of a sudden it’s a big thing. We’ve had it in our community for many years (half a century I have known of) and now all of sudden it’s a big deal now. Help the people screaming for help, help the small people not the rich. Help those screaming and really need it. Instead of talking about them saying all they do is get high and drunk. Help instead of criticizing and shaking your head and roll your eyes because their language does not meet your standards when they are speaking.

- (Cmsr. Swirsding) I have the same with West County, I actually attend (Suzanne, you attended) It was really dynamic because there were young people there too, talking about the things they are suffering in West County. In these places in Antioch and Richmond, there is a continuous gunfire and the kids are witnessing it, they have no where to go to help with their PTSD. In counseling they are not allowed to talk about their experiences because you are triggering others. When there are peer groups with those having the same experience, they can speak freely. Also, as far as where is the money going. Even private corporations are feeling it. Our taxes are due August 15<sup>th</sup> because of that. They know that because of COVID, things have shifted and changed. I’m glad you all explained it.
- (Cmsr. Cohen) You can have a lot of funding for agencies (let’s say in Oakley, where I am at) but when you have a Board of Education and a superintendent that they think / they are conservative and that’s not in their community, they

are never going to allow those services at the schools. That is terrible that this year we are going to be the six counselors are funded for this coming year and one of our counselors is African American and comes from Oakland. So we are going to do with whatever we have to try to change everything and be more supportive for their mental health, but it doesn't matter how much funding is available and agencies if they don't allow us to bring them to the schools, nothing going to change.

- (Cmsr. Perls) I appreciated that this is complicated and I am very new in the system so forgive me if I'm asking something that is deemed innocent. It's difficult as a lay person to read the plan and discern what is going on. Many acronyms and generalizations so it is not as transparent as you may hope. One of the things I am concerned about is that my comments do not match specific parts of the plan, they are just general comments. COVID has increased the number of youth with Anxiety and Depression at a time when staffing and resources are problematic. It is unclear from the plan whether funding is set aside in order to meet that demand. I know you have programs about transition and I know there is a mention in a number of places but not sure how much is actually set aside for them in terms of housing and treatment. I know there is an inadequacy of crisis housing. Although I understand the Sheriff's and the jail budgets are not within the program you are talking about here, when the inmates are scheduled for release, they have to meet / verify admission requirements for psychiatric facilities, which supposed to be transferred for treatment and to meet those requirements, they need in depth medical and psychiatric evaluations, which sometimes are unavailable and that means they end up being held in jail longer if they can't. It is partly under the Sheriff of course, but it also means there are also aren't adequate beds in the psychiatric facilities for everyone and that CBO funding, I gather. Third thing is specific housing in reference toward transition youth for released inmates, are the board and cares funding for staff, capital improvement? It wasn't clear to me what those were. How are these particular board and cares licensed and monitored. Lastly, I believe you call it your humility plan, the one that was referred to that deals with cultural and racial outreach is 2022, is there an updated version? And if there is something in plant, is there something to monitor the results? How does that get monitored?
- (Barbara Howard) Good evening. Again, it is a sad day when there are individuals in seats and positions to really be effective in change and don't make that movement to change. Lifting the hands and supporting every nationality is important and it is your responsibility to do so. You cannot sit in positions and don't look at the whole of a person. For me, I am an African American woman is looked at as 3/5<sup>th</sup> of a human being, so when I speak and talk and the things I do, to you it may not be important, but for me and my community it is important. You all are in positions to help your whole community, not just one piece. I'm not speaking on the behalf of NAMI CC, I am speaking on the behalf of an African American woman that is out in the community and we are lifting hands, heads, mental wellness and love. You all need to go back to a position of love. If you are not in a position of love in the work you are doing, you should not be in your positions because it is important that you in those positions may change. Thank you. And it is your responsibility and duty and you can do it. It is only your choice. You have a made up mind that you will be that go against the grain and make a difference in your community because health is for everyone, not just for some.

**V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor**

I want to thank the public and the commissioners for a very robust conversation in our meeting and the hearing. We have taken down your questions and comments. They will be reviewed and added to the list of all our other comments and questions. Thank you Dr. Tavano, Jennifer Bruggeman for a wonderful presentation and all the

hard work you do. Supervisor Carlson, also, in supporting mental health in the county and also Angela and Audrey.	
<b>VI. Adjourned Public Meeting at 6:31 pm</b>	

DRAFT

## **Contra Costa Behavioral Health Services Administration**

### **Summary and Response to Public Comments**

As per Section 5848 of the California Welfare and Institutions Code, the County shall summarize and analyze any substantive written recommendations for revisions by the public and/or the Mental Health Commission to the MHSA Three Year Program and Expenditure Plan.

#### **I. 30 Day Public Comment Period**

While the Plan Draft was posted on the website for the 30-day public comment period, questions were received from the community and members of the Mental Health Commission (Board). Below is a summary.

- Concerns over staffing and retention problems with community-based organization (CBO) Full Service Partnership (FSP) providers. Recommendation for explicit funding allocation toward raises and merit awards.
- Provide more description of FSP program outcomes.
- Provide more explanation of pay per performance incentives to CBOs related to CalAIM payment reform, as a significant amount of funding is allocated in the 23-24 budget.
- Provide more information around use of CFTN funds allocated for enhancements to the CCBHS electronic health record.

#### **II. Public Hearing – Comments from Mental Health Commissioners and Public**

A presentation on the 23-26 Plan was provided, and response to above comments was incorporated including more detailed explanation of use of electronic health record enhancements and increased payments to CBOs during CalAIM transition. Additional description of FSP program services was added to the Plan. The complete meeting minutes are included. Below is a summary of comments received during the Public Hearing.

From the Public:

- Clarification needed on the CalAIM transition funds. Which CBOs will receive funding, how was it decided how much, when will the money be given?  
Response: Description of cost survey and rate setting process provided. Detailed spreadsheet that was provided to the Board of Supervisors (BOS) will be included in the MHSA Plan (Funding Summary Appendix), for reference.

- Advocacy for agency that has majority of staff peer-certified to be recognized and have opportunities for more funding.
- Support for housing increases. Disappointment that BHCIP grants were not awarded. Concern for how the County will meet those housing needs.  
Response: County is still committed to the housing projects that were identified through the BHCIP community planning process. Will prioritize El Portal (for use of MHSA funds). Note that \$20M was awarded under Behavioral Health Bridge Housing (BHBH) for transitional housing.
- More people of color need to be in leadership positions, specifically Black and Indigenous people.
- Consider diversity and subcultures within peer community, including caregivers.
- More mental health services in Antioch, including drop-in centers. Important to have providers of color who reflect the community.
- More support for unhoused community in Antioch.
- Concern for how CalAIM will impact CBOs in the long term.
- Providers should consider the whole person and operate from a position of love.

From Commissioners:

- Agreement for including spreadsheet in the Plan that identifies each CBO that will be eligible for CalAIM pay-per-performance payments and list the payment amount.
- Clarification on amount of unspent funds.  
Response: Complete ledger is included in the Plan which includes unspent fund balance.
- Prioritize the City of Antioch, as more behavioral health resources are needed there to address safety concerns, trauma and PTSD. Suggest using unspent funds.
- Question why we are spending money on electronic health record enhancements and funding for peer certification exams.
- Prioritize resources for the City of Richmond, particularly youth who experience community violence.
- Concerns that even if funding is available, some school districts may choose not to accept funding if they don't acknowledge certain needs and problems exist.
- Concerns over the impact of COVID on youth mental health.

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# Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology.

This Plan describes county operated and contract programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. Also, the plan will describe what will be done to evaluate their effectiveness and ensure they 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 selfsufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services, medications and support set forth in their treatment plan. Finally, the Act requires this Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

- The MHSA Community Program Planning Process.
- Consistency between approved MHSA plans and program implementation.
- The provision of MHSA funded mental health services.

### LATEST INFORMATION

- [MHSA 23-26 Three Year Plan Draft](#) is posted for 30-day public comment period through July 6, 2023. Please contact us directly with any comments or questions at: [MHSA@cchealth.org](mailto:MHSA@cchealth.org)
- This [PEI Annual Report](#) is posted for a 30 day public comment period beginning on 5/15/23 and ending on 6/15/23. Please send public comments to [Jessica Hunt](#).
- This [Innovation Annual Report](#) is posted for a 30 day public comment period beginning on 5/15/23 and ending on 6/15/23. Please send public comments to [Jessica Hunt](#).
- [Multi-County PADs Innovation Project Annual Report FY 21-23](#)

### LINKS & RESOURCES

- [MHSA 21-22 Annual Plan Update](#)
- [21-22 MHSA Plan Overview | Spanish](#)
- [2020-2023 MHSA Three Year Program and Expenditure Plan](#)
- [MHSA Three Year Plan \(20-23\) Summary | Spanish](#)
- [Hope & Wellness Community Forum](#)
- [2020 MHSA Virtual Supports](#)
- [2019 Needs Assessment Report](#)
- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)

Community Services & Supports

Prevention & Early Intervention

Innovation

Workforce Education & Training

Capital Facilities/Information Technology

## 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 Mental Health 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 \$31.5 million annually 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.

### For more information:

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Mental Health Services Act  
Contra Costa Mental Health Administration  
1340 Arnold Drive, Suite 200  
Martinez, CA 94553 [[Map & Directions](#)]  
[MHSA@cchealth.org](mailto:MHSA@cchealth.org)

# Appendix E - Funding Summaries

**Mental Health Services Act  
FY 2023-24 Through FY 25-26 Three-Year Mental Health Services Act Expenditure Plan  
Funding Summary**

County: Contra Costa

Date: 6/2/2023

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
<b>A. Estimated FY 2023/24 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	39,161,750	12,005,758	9,913,924	1,122,231	0	7,579,248	69,782,911
2. Estimated New FY2023/24 Funding	90,184,647	22,546,162	5,933,200				118,664,009
3. Transfer in FY2023/24	(11,000,000)			2,000,000	5,000,000	4,000,000	-
5. Estimated Available Funding for FY2023/24	118,346,396	34,551,920	15,847,125	3,122,231	5,000,000	11,579,248	188,446,920
<b>B. Budgeted FY23/24 Expenditures</b>	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000	-	105,736,000
<b>C. Estimated FY2024/25 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	36,441,396	22,783,920	11,829,125	77,231	0	11,579,248	82,710,920
2. Estimated New FY2024/25 Funding	60,553,166	15,138,291	3,983,761				79,675,218
3. Transfer in FY2024/25	(8,500,000)			4,000,000	2,500,000	2,000,000	-
4. Estimated Available Funding for FY2024/25	88,494,562	37,922,212	15,812,885	4,077,231	2,500,000	13,579,248	162,386,138
<b>D. Budgeted FY2024/25 Expenditures</b>	65,553,000	12,210,000	4,195,000	3,113,000	2,500,000	-	87,571,000
<b>E. Estimated FY2025/26 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	22,941,562	25,712,212	11,617,885	964,231	-	13,579,248	74,815,138
2. Estimated New FY2025/26 Funding	59,770,004	14,942,501	3,932,237				78,644,742
3. Transfer in FY2025/26	(5,500,000)			3,000,000	2,500,000		-
4. Estimated Available Funding for FY2025/26	77,211,566	40,654,713	15,550,123	3,964,231	2,500,000	13,579,248	153,459,880
<b>F. Budgeted FY2025/26 Expenditures</b>	64,455,000	12,669,000	3,876,000	3,185,000	2,500,000	-	86,685,000
<b>G. Estimated FY2025/26 Unspent Fund Balance</b>	12,756,566	27,985,713	11,674,123	779,231	-	13,579,248	66,774,880

**Notes:**

- (1) Estimate based on M.Geiss 3/29/23 presentation and annualized interest income based on Q1 FY22-23 receipts (\$2,453,318).
- (2) Unspent funds based on estimated FY2022/23 Unspent Fund Balance from Appendix E for the FY 22-23 Plan Update dated 4/5/23.
- (3) Based on Windy's 3 year projection plan (5/31 version), rounded in thousands
- (4) Per Faye's email on 2/13/23, \$2.5M for each year will be transferred from CSS to CFTN for FY2024/25 and 2025/26.

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	7,579,248 (2)
<b>I. Estimated Beginning Balance for FY 2023/24</b>	
1. Estimated Unspent Funds from Fiscal Year 2022/23	62,203,663
2. Estimated Local Prudent Reserve Balance on June 30, 2022	7,579,248
<b>3. Estimated Total Beginning Balance</b>	<b>69,782,911</b>

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2023/24</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Total Mental Health Expenditures</b>	<b>CSS Funding</b>	<b>Medi-Cal FFP</b>	<b>1991 Realignment</b>	<b>Behavioral Health Subaccount</b>	<b>Other Funding</b>
<b>FSP Programs</b>						
1. Children	22,301,102	22,301,102				
2. Transition Age Youth	3,582,273	3,582,273				
3. Adults	12,287,853	12,287,853				
4. Assisted Outpatient Treatment	3,082,702	3,082,702				
6. Recovery Center	1,100,039	1,100,039				
7. Crisis Residential Center	2,408,428	2,408,428				
8. Housing Services	21,907,599	21,907,599				
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18.						
19.						
<b>Non-FSP Programs</b>						
1. Older Adult Mental Health Program	4,397,822	4,397,822				
2. Children's Wraparound Support/EPSTD Support	1,973,476	1,973,476				
4. Clinic Support	1,916,157	1,916,157				
5. Forensic Team	660,904	660,904				
7. Concord Health Center	918,923	918,923				
8. Liaison Staffs	165,692	165,692				
9. Quality Assurance	1,457,030	1,457,030				
10.		0				
11.		0				
12.		0				
13.		0				
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
<b>CSS Administration</b>	3,745,000	3,745,000				
<b>CSS MHSA Housing Program Assigned Funds</b>		0				
<b>Total CSS Program Estimated Expenditures</b>	81,905,000	81,905,000	0	0	0	0
<b>FSP Programs as Percent of Total</b>	81.4%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children	7,252,096	7,252,096				
2. Transition Age Youth	2,683,391	2,683,391				
3. Adults	9,336,046	9,336,046				
5. Assisted Outpatient Treatment	3,195,021	3,195,021				
6. Wellness and Recovery Centers	1,133,040	1,133,040				
7. Crisis Residential Center	2,480,680	2,480,680				
8. MHSA Housing Services	23,678,343	23,678,343				
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17.						
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19.						
<b>Non-FSP Programs</b>						
1. Older Adult Mental Health Program	4,585,355	4,585,355				
2. Children's Wraparound Support/EPSTDT Support	2,072,150	2,072,150				
4. Concord Health Center	964,869	964,869				
5. Liaison Staff	173,976	173,976				
6. Clinic Support	1,980,465	1,980,465				
7. Forensic Team	693,949	693,949				
8. Quality Assurance	1,491,085	1,491,085				
11.						
12.						
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18.						
19.						
<b>CSS Administration</b>	3,832,534	3,832,534				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	65,553,000	65,553,000		0	0	0
<b>FSP Programs as Percent of Total</b>	75.9%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Children	5,033,413	5,033,413				
2. Transition Age Youth	2,609,702	2,609,702				
3. Adult	9,146,812	9,146,812				
5. Assisted Outpatient Treatment	3,312,015	3,312,015				
6. Wellness and Recovery Centers	1,167,031	1,167,031				
7. Crisis Residential Center	2,555,101	2,555,101				
8. MHSA Housing Services	24,091,532	24,091,532				
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15.						
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17.						
18.						
19.						
<b>Non-FSP Programs</b>						
1. Older Adult Mental Health Program	4,782,265	4,782,265				
2. Children's Wraparound Support/EPST Expansion	2,175,757	2,175,757				
4. Concord Health Center	1,013,113	1,013,113				
5. Liaison Staff	182,675	182,675				
6. Clinic Support	2,079,488	2,079,488				
7. Forensic Team	728,646	728,646				
8. Quality Assurance	1,526,179	1,526,179				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
<b>CSS Administration</b>	4,051,271	4,051,271				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	64,455,000	64,455,000	0	0	0	0
<b>FSP Programs as Percent of Total</b>	74.3%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,688,224	1,688,224				
2. Prevention	2,210,562	2,210,562				
3. Access and Linkage to Treatment	700,295	700,295				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,899,393	1,899,393				
5. Stigma and Discrimination Reduction	326,577	326,577				
6. Suicide Prevention	813,652	813,652				
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
11. First Hope	3,550,789	3,550,789				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>PEI Administration</b>	578,508	578,508				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	11,768,000	11,768,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,738,870	1,738,870				
2. Prevention	2,276,878	2,276,878				
3. Access and Linkage to Treatment	729,975	729,975				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,956,375	1,956,375				
5. Stigma and Discrimination Reduction	338,986	338,986				
6. Suicide Prevention	826,062	826,062				
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
11. First Hope	3,735,231	3,735,231				
12.						
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18.						
19.						
20.						
<b>PEI Administration</b>	607,623	607,623				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>12,210,000</b>	<b>12,210,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,791,036	1,791,036				
2. Prevention	2,345,185	2,345,185				
3. Access and Linkage to Treatment	760,978	760,978				
4. Improving Timely Access to Mental Health Services for Underserved Population	2,015,066	2,015,066				
5. Stigma and Discrimination Reduction	352,035	352,035				
6. Suicide Prevention	838,844	838,844				
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
11. First Hope	3,928,679	3,928,679				
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14.						
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16.						
17.						
18.						
19.						
20.						
<b>PEI Administration</b>	637,177	637,177				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>12,669,000</b>	<b>12,669,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 23/24</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. ROAR Project	658,412	658,412				
2. CBSST Project	454,716	454,716				
3. Micro Grants	1,907,750	1,907,750				
4. PADS	494,646	494,646				
5. Contract Projects	78,782	78,782				
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20.						
<b>INN Administration</b>	423,694	423,694				
<b>Total INN Program Estimated Expenditures</b>	4,018,000	4,018,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2024/25</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. ROAR Project	691,333	691,333				
2. CBSST Project	477,451	477,451				
3. Micro Grants	2,003,139	2,003,139				
4. PADS	499,372	499,372				
5. Contract Projects	78,826	78,826				
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20.						
<b>INN Administration</b>	444,879	444,879				
<b>Total INN Program Estimated Expenditures</b>	4,195,000	4,195,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. ROAR Project	725,899	725,899				
2. CBSST Project	501,324	501,324				
3. Micro Grants	2,103,297	2,103,297				
4. Contract Projects	78,357	78,357				
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20.						
<b>INN Administration</b>	467,123	467,123				
<b>Total INN Program Estimated Expenditures</b>	3,876,000	3,876,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 23/24</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce Staffing Support	1,069,969	1,069,969				
2. Training and Technical Support	692,345	692,345				
3. Mental Health Career Pathway Program	545,336	545,336				
4. Internship Programs	737,350	737,350				
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17.						
18.						
19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	3,045,000	3,045,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Workforce Staffing Support	1,109,638	1,109,638				
2. Training and Technical Support	694,659	694,659				
3. Mental Health Career Pathway Program	571,353	571,353				
4. Internship Programs	737,350	737,350				
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19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	3,113,000	3,113,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce Staffing Support	1,151,936	1,151,936				
2. Training and Technical Support	697,043	697,043				
3. Mental Health Career Pathway Program	598,671	598,671				
4. Internship Programs	737,350	737,350				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	3,185,000	3,185,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities Projects	5,000,000	5,000,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>CFTN Programs - Technological Needs Projects</b>						
11.						
12.						
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15.						
16.						
17.						
18.						
19.						
20.						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	5,000,000	5,000,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities Projects	2,500,000	2,500,000				
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<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.						
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16.						
17.						
18.						
19.						
20.						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	2,500,000	2,500,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	<b>Fiscal Year 2025/26</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
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<b>CFTN Programs - Technological Needs Projects</b>						
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19.						
20.						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	2,500,000	2,500,000	0	0	0	0

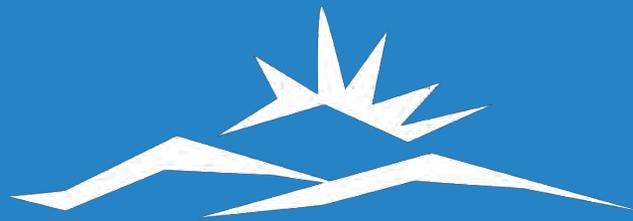
**FY 23/24 Proposed Contract Payment Terms for Mental Health Fee-For-Service Providers**

**June 5, 2023**

Legal Entity Description		Active Contracts	FY 22/23 Contract Payment Limit	CBO Cost Survey	FY 23/24 Fee-For Service Revenue	FY 23/24 Incentive Payment Revenue	FY 23/24 Proposed Contract Payment Limit	Percent Increase (FY 23/24 CPL vs. FY 22/23 CPL)	1st incentive	2nd incentive
				(a)	(b)	(c)	(b + c)			
Desarrollo Familiar, Inc	FFS	74-218	\$ 743,116	\$ 816,842	\$ 915,108	\$ -	\$ 915,108	123.14%	\$ -	\$ -
Embrace (Community Options for Families, Inc.)	FFS	74-315	\$ 1,925,048	\$ 2,052,425	\$ 1,187,238	\$ 865,187	\$ 2,052,425	106.62%	\$ 648,889.95	\$ 216,296.65
Berkeley Youth Alternatives	FFS	74-495	\$ 200,000	\$ 200,000	\$ 96,274	\$ 103,726	\$ 200,000	100.00%	\$ 77,794.35	\$ 25,931.45
Center For Psychotherapy	FFS	74-525	\$ 1,100,000	\$ 1,394,957	\$ 2,173,442	\$ -	\$ 2,173,442	197.59%	\$ -	\$ -
Child Therapy Institute	FFS	74-517	\$ 1,200,100	\$ 1,646,600	\$ 1,354,064	\$ 292,536	\$ 1,646,600	137.21%	\$ 219,401.66	\$ 73,133.89
Community Health for Asian Americans	FFS	24-927	\$ 2,309,222	\$ 3,547,983	\$ 2,037,980	\$ 1,510,003	\$ 3,547,983	153.64%	\$ 1,132,502.16	\$ 377,500.72
West Contra Costa Youth Services Bureau	FFS	24-409	\$ 4,450,600	\$ 5,388,308	\$ 3,715,621	\$ 1,672,687	\$ 5,388,308	121.07%	\$ 1,254,515.42	\$ 418,171.81
Early Childhood Mental Health Program	FFS	24-308	\$ 4,220,922	\$ 3,944,625	\$ 3,322,889	\$ 621,736	\$ 3,944,625	93.45%	\$ 466,302.06	\$ 155,434.02
We Care Services	FFS	24-705	\$ 2,594,050	\$ 2,794,151	\$ 2,128,016	\$ 666,134	\$ 2,794,151	107.71%	\$ 499,600.68	\$ 166,533.56
YWCA Of Contra Costa County (adjusted)	FFS	74-543	\$ 764,468	\$ 764,467	\$ 1,171,823	\$ -	\$ 1,171,823	153.29%	\$ -	\$ -
A Better Way, Inc.	FFS	74-586	\$ 700,000	\$ 1,012,657	\$ 433,212	\$ 579,445	\$ 1,012,657	144.67%	\$ 434,583.41	\$ 144,861.14
Contra Costa Interfaith Transitional Housing (Hd	FFS	74-399	\$ 466,840	\$ 535,838	\$ 715,000	\$ -	\$ 715,000	153.16%	\$ -	\$ -
La Cheim	FFS	24-133	\$ 2,826,846	\$ 2,826,846	\$ 6,377,168	\$ -	\$ 6,377,168	225.59%	\$ -	\$ -
Mountain Valley Child & Family Services, Inc	FFS	24-773	\$ 1,400,000	\$ 2,333,507	\$ 4,765,041	\$ -	\$ 4,765,041	340.36%	\$ -	\$ -
Portia Bell (HUME)	FFS	74-513	\$ 3,702,962	\$ 5,588,942	\$ 4,257,231	\$ 1,331,712	\$ 5,588,942	150.93%	\$ 998,783.79	\$ 332,927.93
Youth Homes Inc (TBS, COP, STRTP)	FFS	74-322	\$ 4,851,636	\$ 5,718,418	\$ 3,793,711	\$ 1,924,707	\$ 5,718,418	117.87%	\$ 1,443,530.43	\$ 481,176.81
Paradise Adolescent Home	FFS	74-622	\$ 242,000	\$ 395,910	\$ 316,885	\$ 79,025	\$ 395,910	163.60%	\$ 59,268.88	\$ 19,756.29
Alternative Family Services	FFS	74-317	\$ 1,401,844	\$ 1,503,682	\$ 663,129	\$ 840,553	\$ 1,503,682	107.26%	\$ 630,414.77	\$ 210,138.26
Lincoln Child Center	FFS	24-925	\$ 6,013,112	\$ 7,301,245	\$ 3,943,658	\$ 3,357,588	\$ 7,301,245	121.42%	\$ 2,518,190.73	\$ 839,396.91
Lincoln Child Center	FFS	74-650	\$ 475,334	\$ 582,740	\$ 372,326	\$ 210,413	\$ 582,740	122.60%	\$ 157,810.12	\$ 52,603.37
Fred Finch	FFS	24-928	\$ 1,559,194	\$ 1,589,840	\$ 969,600	\$ 620,240	\$ 1,589,840	101.97%	\$ 465,179.94	\$ 155,059.98
Lynn Center Child & Family Services dba Vistabi	FFS	24-707	\$ 2,490,676	\$ 2,686,588	\$ 2,959,392	\$ -	\$ 2,959,392	118.82%	\$ -	\$ -
Aspiranet-TBS	FFS	74-402	\$ 545,950	\$ 700,495	\$ 351,548	\$ 348,947	\$ 700,495	128.31%	\$ 261,710.41	\$ 87,236.80
Bay Area Community Resources	FFS	74-321	\$ 1,200,000	\$ 2,002,050	\$ 1,198,426	\$ 803,624	\$ 2,002,050	166.84%	\$ 602,717.93	\$ 200,905.98
La Clinica de la Raza	FFS	74-452	\$ 918,390	\$ 1,020,737	\$ 1,234,262	\$ -	\$ 1,234,262	134.39%	\$ -	\$ -
Mt Diablo USD Wraparound & Counseling Cente	FFS	74-371	\$ 5,231,367	\$ 6,324,282	\$ 7,081,524	\$ -	\$ 7,081,524	135.37%	\$ -	\$ -
Seneca Family of Agencies -adjusted. ALL PROG	FFS	74-058	\$ 7,785,806	\$ 7,560,977	\$ 4,358,568	\$ 3,202,409	\$ 7,560,977	97.11%	\$ 2,401,807.06	\$ 800,602.35
Desarrollo Familiar, Inc - M/C Services	FFS	74-301	\$ 48,661	\$ 171,894	\$ 226,886	\$ -	\$ 226,886	466.26%	\$ -	\$ -
Portia Bell (HUME) - M/C Services	FFS	24-717	\$ 880,057	\$ 1,060,570	\$ 361,194	\$ 699,376	\$ 1,060,570	120.51%	\$ 524,531.70	\$ 174,843.90
Youth Homes-TAY FSP East - M/C Services	FFS	24-710	\$ 331,493	\$ 952,535	\$ 408,551	\$ 543,985	\$ 952,535	287.35%	\$ 407,988.47	\$ 135,996.16
Fred Finch - M/C Services	FFS	74-304	\$ 622,082	\$ 1,452,019	\$ 786,406	\$ 665,613	\$ 1,452,019	233.41%	\$ 499,210.02	\$ 166,403.34
Lincoln Child Center - M/C Services	FFS	74-575	\$ 600,919	\$ 1,184,058	\$ 581,832	\$ 602,226	\$ 1,184,058	197.04%	\$ 451,669.28	\$ 150,556.43
Seneca -START-DIRECT SVC. - M/C Services	FFS	74-577	\$ 378,138	\$ 445,054	\$ 292,459	\$ 152,594	\$ 445,054	117.70%	\$ 114,445.79	\$ 38,148.60
			\$ 64,180,833	\$ 77,501,242	\$ 64,550,465	\$ 21,694,465	\$ 86,244,931	\$ 52	\$ 16,270,849	\$ 5,423,616

# Contra Costa Countywide Suicide Prevention Strategic Plan 2022

Contra Costa County Suicide Prevention Coalition



## CONTRA COSTA HEALTH SERVICES



THERE IS HOPE, AND THERE IS HELP



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### Are you concerned for someone else?

Pain isn't always obvious. Reach out to someone you are concerned about if you observe one or more of these warning signs, especially if the behavior is new, has increased or seems related to a painful event, loss, or change.

#### Warning signs to look for:

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

#### If you are concerned about someone, trust your instincts.

##### Reach out and ask:

**“Are you thinking about suicide?”**

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at **800-273-8255 (TALK)** at any time for assistance or call **9-1-1** for life-threatening emergencies.

If you are concerned about someone, trust your instincts. Reach out and ask a direct question:

**“Are you thinking about suicide?”**

Talking about suicide does not put the idea in someone's head and usually they are relieved. Asking directly and using the word “suicide” establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at **800-273-8255 (TALK)** at any time for assistance or call **9-1-1** for life-threatening emergencies.

# GET HELP NOW

Trained support is available 24 hours a day, 7 days a week

### Contra Costa Crisis Center (24/7)

1-800-833-2900

[211 online resources](#)

Text HOPE to 20121

### Behavioral Health Access Line (24/7)

1-888-678-7277

### National Suicide Prevention Lifeline (24/7)

1-800-273-8255 (1-800-273-TALK)

Text TALK to 741741

### La Red Nacional de Prevención del Suicidio (24/7)

1-888-628-9454 (in Spanish)

**9 - 8 - 8** for the new three-digit National Mental Health Crisis Line (24/7)

**9 - 1 - 1** for life threatening emergencies



## ACKNOWLEDGEMENTS

Ade Gobir and the entire CCCOE WISP staff  
Andie Nishimi, Miramonte High School  
Avani Gireesha, Not the End  
Carl Nishi, Contra Costa Children Family Services  
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Scott Chavez, Contra Costa Crisis Center  
Tom Tomura, Contra Costa Crisis Center  
Yanni Rho, Community Member

### Special Thanks to:

All attendees of the Suicide Prevention Coalition and Youth Sub-Committee meetings

Sgt. David Hartman, and Sgt. James Normandin  
Office of the Sheriff Coroner's Division

And thank you to: Jana Sczersputowski, Rosio Pedroso, and the CalMHSA Team

### Co-Chairs:

Jessica Hunt, CCBHS

Leslie Garcia, Contra Costa Crisis Center

## INTRODUCTION

Every day in Contra Costa County, there are friends, family, and co-workers who struggle with emotional pain. And, for some, it's too difficult to talk about how they're feeling, thoughts of suicide, and the need for help. We can all play a role in suicide prevention by learning the warning signs, finding the words to start a conversation, and reaching out to local resources.

The need for behavioral health services has increased as a result of the COVID-19 Pandemic and other societal traumas we've experienced in recent years [1]. The lives lost, persistent fear, economic uncertainty, and forced isolation related to the pandemic have exacerbated the pre-existing stressors we all already faced.

The pandemic is not the only challenge to our community's wellbeing. Racial trauma, a polarizing political climate, the darker sides of social media, and mismanagement of technology all contribute to the stress and uncertainty many in our community face [2, 3, 4]. Suicide and its impact transcends socioeconomic status, age, gender, and ethnicity. However, the BIPOC and AAPI communities, as well as our youth, have been the most impacted by both historical and recent societal traumas [5, 6]. In California, rates of suicide within these groups has increased since the start of the pandemic [7].

Prolonged sustained stress can become detrimental to our wellbeing and increase the risk for mental and physical health problems. As we work together to address the crises that our society faces today, proactive measures to address the rise in mental health concerns is necessary to prevent future suicidal behavior.

Suicide can be prevented if we [Take Action](#) together. You are not alone. Staff at the Contra Costa Crisis Center are available 24/7 to support you or a loved one by calling 988 or texting HOPE to 20121.





## EXECUTIVE SUMMARY

The following Countywide Suicide Prevention Strategic Plan is intended to provide a broad audience with resources and strategies to prevent suicide in Contra Costa County. This document is intended to empower all of us to collectively [know the signs](#), reduce stigma, and get support for anyone in need.

Within this document you will find:

- ❖ Theoretical frameworks from which we can better understand and address suicide as a Public Health issue.
- ❖ Suicide data specific to Contra Costa County to better understand its impact.
- ❖ Countywide goals and objectives poised to equip our community with a roadmap for action.
- ❖ Information on warning signs, helpful responses to someone in crisis, and resources for support.

Our hope for this plan is to foster public and private partnerships and make the issue of suicide a priority. Everyone can play a part, from family members to community leaders to policy makers; each person has an important role in preventing suicide. For Contra Costa County, we call to action our Health Services Department, public officials, the private health providers and hospitals, community-based organizations, professionals involved with public policy, and individuals within our community to bring about the changes necessary to address this devastating community health issue.

Funding for the planning and research of this Suicide Prevention Strategic Plan has been made possible through the [Mental Health Services Act \(MHSA\)](#). The MHSA community planning process in Contra Costa County identified suicide prevention as one of the major areas of focus for our Prevention and Early Intervention Plan. It is with great anticipation that this plan will motivate others to build on the foundation of work established by the dedicated efforts of the Suicide Prevention Coalition.

**WORKING TOGETHER, WE CAN RAISE AWARENESS AND PREVENT SUICIDE.**

# PLAN DEVELOPMENT

In 2018, Contra Costa County’s Suicide Prevention Coalition began work with the [California Mental Health Services Authority](#) (CALMHSA) and the [Know the Signs Campaign](#) to help focus the Coalition’s efforts and create an update to the countywide Suicide Prevention Strategic Plan, which was last written in 2013.

In February 2021, [California’s Mental Health Services Oversight and Accountability Commission](#) (MHSOAC) launched the [Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative](#). The Learning Collaborative builds on a previous Learning Collaborative offered by CALMHSA’s technical assistance team. Implemented by the Your Social Marketer technical assistance team, the Learning Collaborative is guided by the [Strategic Planning Approach](#) from the [Suicide Prevention Resource Center](#). These meetings and webinars served to advance Contra Costa County’s local strategic planning and implementation in alignment with strategic aims, goals, and objectives set forth in [California’s Strategic Plan for Suicide Prevention, Striving for Zero](#).

Members of the [Contra Costa County Suicide Prevention Coalition](#) demonstrated their commitment to reducing suicide by contributing time, talent, and the invaluable lessons of lived experience, to the creation of this Suicide Prevention Strategic Plan. It is with sincere gratitude that we acknowledge the valued partnership and imperative feedback from Coalition members that supported the development of this plan.



## STRIVING FOR ZERO: CALIFORNIA’S SUICIDE PREVENTION PLAN IS FRAMED BY FOUR STRATEGIC AIMS.

California’s Mental Health Services Oversight and Accountability Commission was directed by the Legislature to develop a new suicide prevention plan for the state. Striving for Zero: California’s Strategic Plan for Suicide Prevention 2020–2025 was adopted in November 2019 and can be viewed or downloaded in [English](#) and [Spanish](#).

### STRATEGIC AIM 1:

Establish a Suicide Prevention Infrastructure

### STRATEGIC AIM 2:

Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness

### STRATEGIC AIM 3:

Increase Early Identification of Suicide Risk and Connection to Services Based on Risk

### STRATEGIC AIM 4:

Improve Suicide-Related Services and Supports

## COMMUNITY ENGAGEMENT

[The Contra Costa County Suicide Prevention Coalition](#) is an inter-agency countywide collaborative of dedicated individuals who meet on a monthly basis. Membership is open to the public and is comprised of those who represent our diverse community such as individuals with lived experience, survivors of suicide loss, the LGBTQ community, and providers from various sectors, including school-based, hospital-based, behavioral health care, law enforcement, public health, the Office of Education, Veterans Administration, Crisis Services, peer-led organizations, and community-based organizations. Meetings include speakers, presentations, collaboration, and information and resource sharing. Throughout the development of this strategic plan, Coalition members and attendees provided insight and feedback.

In 2021, a youth-focused sub-committee re-launched to address the ever-growing need to support the wellness and mental health of our community's youth. This sub-committee meets quarterly to bring together youth, school staff, wellness professionals, community-based organizations, and anyone interested in youth wellness. The meetings are a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

### Contra Costa County Suicide Prevention Coalition Mission and Strategies:

- ❖ Decrease suicide attempts and deaths by collaboration, advocacy, education and training
- ❖ Increase wellness, public awareness and community responsiveness
- ❖ Provide support and education to survivors, families and loved ones
- ❖ Recommend specific steps for implementing the strategies of the Suicide Prevention Strategic Plan to the Health Services Department



# EVENTS AND ACTIVITIES

## SEPTEMBER 2018

Hosted a public screening of the documentary film *The S Word*. The community event was held at the Board of Supervisors chambers in downtown Martinez and included a Q & A session with the film director and one of the featured stars, both of whom are suicide loss or attempt survivors.

## SEPTEMBER 2019

Hosted a Suicide Prevention Community Forum. The event had over 110 attendees and featured multiple guest speakers, and small group breakout discussions.

## INTERNATIONAL SURVIVOR OF SUICIDE LOSS DAY (2018, 2019)

Along with the American Foundation for Suicide Prevention, the Contra Costa Crisis Center has co-hosted a local version of this international event on the Saturday before Thanksgiving for loss survivors to come together to honor loved ones lost to suicide.

## SEPTEMBER 2021

Hosted a Suicide Prevention Community Forum on Youth and Suicide. The event had over 130 attendees and featured multiple guest speakers, and small group breakout discussions. The [2021 Suicide Prevention Report](#) was distributed at this event.

Through targeted small group discussion at the 2019 and 2021 Suicide Prevention Community Forums, the Coalition was able to generate instrumental input from participants. These insights helped the Coalition in the development of this plan by identify community resources, ways to promote community wellness, and prioritization of needs and services to support suicide prevention. Participants included representatives from:

- ❖ Local Law Enforcement
- ❖ Emergency/Crisis Responders
- ❖ Mental Health Providers (public and private sector)
- ❖ Community & Family Members
- ❖ School Based Providers
- ❖ Healthcare Workers
- ❖ Public Health Department
- ❖ Office of Education
- ❖ Advocacy Groups
- ❖ Board of Supervisors

**Reaching Out Can Change Your Life**  
International Survivors of Suicide Loss Day

**Saturday, November 17**  
9:00am-12:00pm

You are not alone. Join a community of suicide loss survivors to find comfort and gain understanding as we share stories of healing and hope.

**Event Location**  
John Muir Hospital - Ball Auditorium  
1001 Spacia Valley Rd  
Walnut Creek, CA 94598

**Program**  
9:00am  
Check-in, refreshments  
10:00am-12:00pm  
Film screening and discussions

**Questions?**  
Scott Owen  
SCOW@conracrisis.org  
SF Bay Area Chapter, AFSP  
SFOBayArea@afsp.org

**Presented in Partnership With:**  
CONTRA COSTA CRISIS CENTER

Register at: [afsp.org/survivorday](http://afsp.org/survivorday)

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**SUICIDE PREVENTION COMMUNITY FORUM**  
THURSDAY, SEPTEMBER 12, 2019 / 9:30AM - 2:30PM  
SAN RAMON COMMUNITY CENTER  
12501 ALCOSTA BOULEVARD  
SAN RAMON, CA 94583

Learn about suicide prevention and awareness, ways to support those affected by suicide, and self-care. Input gathered will be used in preparation for the Contra Costa County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for fiscal years 2020-2023. All interested individuals are welcomed to attend this **free** event.

Contact the MHSA Office in advance if you need translation services, directions, or requesting public transportation, prefer to RSVP via phone, or for any other reasonable accommodations at (925) 957-2677.

Please register for the forum on the Contra Costa County MHSA webpage or livestream the event at: [schcslh.org/mentalhealth/index](http://schcslh.org/mentalhealth/index)  
Look for Suicide Prevention Community Forum info on the site.

Please arrive by 9:30am for check in. Program to start at 10am. Complimentary light lunch and refreshments to be provided.

If you are experiencing a mental or emotional crisis or having thoughts of suicide, call 211 or text HOPE to 20121 any time of day or night.

**IN PARTNERSHIP WITH:**

CONTRA COSTA CRISIS CENTER  
CONTRA COSTA BEHAVIORAL HEALTH  
Division of Contra Costa Health Services

Contra Costa County MHA / 1220 Waverly Avenue, Suite 105, Martinez, CA 94556 / (925) 957-2677 / [MHA@cchealth.org](mailto:MHA@cchealth.org)

---

Virtual Suicide Prevention Community Forum  
YOUTH AND SUICIDE: HOW TO SUPPORT YOURSELF, A FRIEND, OR A LOVED ONE  
THURSDAY  
Sept. 9, 2021 | 4:00-7:00 p.m.  
There is  
**Hope & Help**

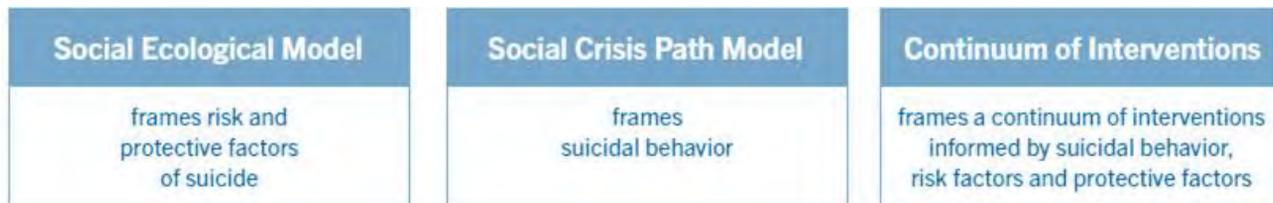
Learn what to do before, during or after a crisis and warning signs of suicide.  
For more information or translation services, call (925) 313-9525 or email [MHA@cchealth.org](mailto:MHA@cchealth.org)  
If you, or someone you know, is experiencing a mental or emotional crisis or having suicidal thoughts, call 211, 1-800-833-2900 or text HOPE to 20121 any time, day or night.

**Register Here**

CONTRA COSTA CRISIS CENTER  
CONTRA COSTA BEHAVIORAL HEALTH  
Division of Contra Costa Health Services

# UNDERSTANDING SUICIDE AND INTERVENTION

To address Suicide Prevention as a public health issue, Contra Costa County’s Suicide Prevention Strategic Plan is guided by three frameworks:



**THE SOCIAL-ECOLOGICAL MODEL** explores the relationship between an individual, his/her/their environment, and the social systems that influence everyday life. This Framework was originally created by the Centers of Disease Control and Prevention and researched in the suicide prevention contact by Robert J. Cramer and Nestor D. Kapusta [8]. The table below includes a modified summary of Cramer and Kaputsa’s research on suicide risk and protective factors. Please note the risk and protective factors may increase or decrease risk of suicide but do not necessarily predict or lead to suicide.

## Ecological Approach to Suicide Prevention Along Suicidal Crisis Path

<b>INDIVIDUAL</b> Biology, Knowledge, Attitudes, Skills, Education, Job Satisfaction, Health		<b>RELATIONSHIPS</b> People who can recognize warning signs and intervene	<b>COMMUNITY</b> Safe and supportive schools, workplaces, and community	<b>PUBLIC POLICY</b> Public and organizational policies, practices, and culture
<b>Protective Factors</b> ↑ Coping and Problem Solving Skills ↑ Social Connectedness ↑ Reasons for Living ↑ Moral Objectives to Suicide ↑ Quality Healthcare ↑ Cultural Beliefs	<b>Risk Factors</b> ↓ Mental Health Condition ↓ Substance Abuse ↓ Previous Suicide Attempt ↓ Aggression ↓ Impulsivity ↓ Exposure to Violence ↓ Adverse Childhood Experiences (trauma) ↓ Stressful Life Events (job, finances, illness, loss, conflict)	<b>Protective Factors</b> ↑ Connectedness ↑ Supportive Relationships with Family, Friends and Providers  <b>Risk Factors</b> ↓ High Conflict or Violent Relationships ↓ Family History of Suicide	Continuous Care  Reduced Access to Lethal Means  Support After Suicide  Reduced Stigma about Mental Health Condition	AB 2246 School Suicide Prevention Policy K7-12  AB 1436 Mental Health Professionals Suicide Prevention Training
<b>Individual, Interpersonal, and Community Level Stressors and Supports</b>				

Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc

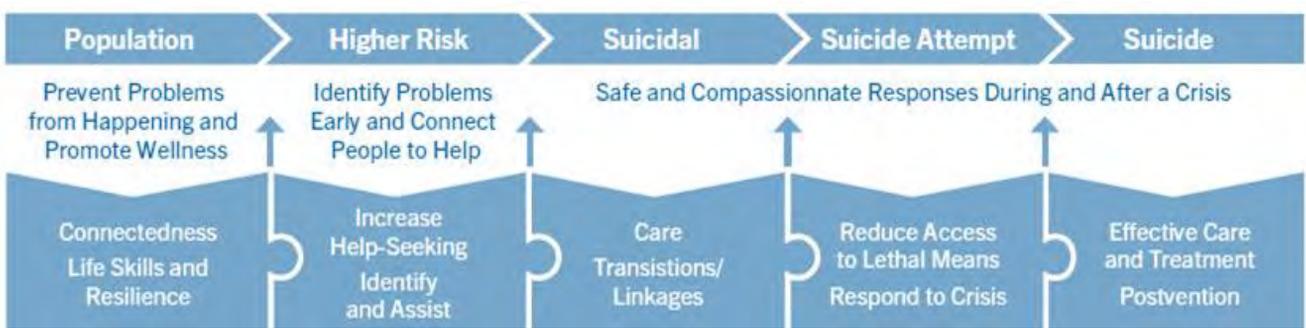
The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach to suicide prevention includes a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes.

**THE SUICIDAL CRISIS PATH MODEL** helps conceptualize a public health approach within the context of an individual's suicidal experience. It provides a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway. For example, at the population level we can enhance life skills and coping skills to increase protective factors

The following nine strategies adapted from the Suicide Prevention Resource Center (SPRC) form a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

- ❖ Enhance Life Skills and Resilience
- ❖ Promote Social Connectedness and Support
- ❖ Increase Help-Seeking
- ❖ Identify and Assist Persons at Risk
- ❖ Ensure Access to Effective Mental Health and Suicide Care and Treatment
- ❖ Respond Effectively to Individuals in Crisis
- ❖ Support Safe Care Transitions and Create Organizational Linkages
- ❖ Provide for Immediate and Long-Term Postvention
- ❖ Reduce Access to Lethal Means and Promote Means Safety

**CONTINUUM OF INTERVENTIONS:** When combining the SPRC’s Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective.

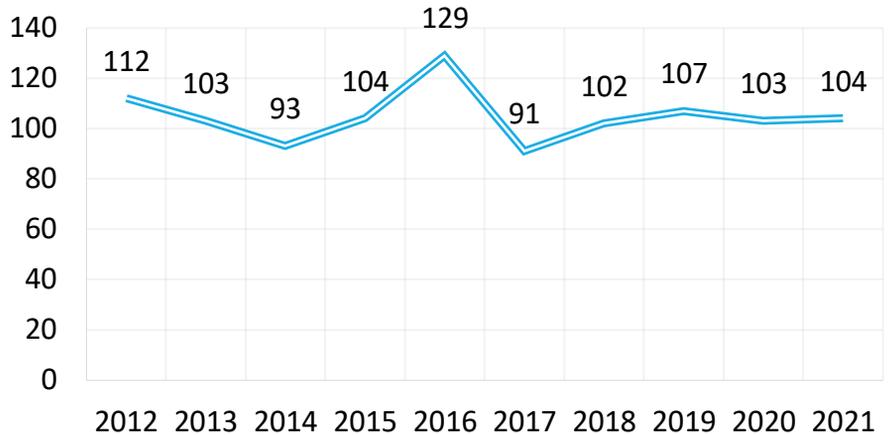


The Suicidal Crisis Model along the Continuum of Interventions. Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc. Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County’s Community-Based Suicide Prevention Strategic Plan, 2018

As the graph to the right indicates, rates of suicide in Contra Costa County have remained relatively stable. However, even one death is too many. It is our aim to learn more from the data we've collected, as well as implement more effective strategies for data collection, to help inform targeted activities for Suicide Prevention.

## Suicide in Contra Costa County

NUMBER OF DEATHS BY SUICIDE  
CONTRA COSTA COUNTY: 2012-2021



Source: Contra Costa County Coroner's Office

Data used to support this plan comes from a variety of sources. However, most of the information provided here, and in the Supplementary Data Document, come from a deep dive into the records from the Coroner's Office conducted in 2018.

Currently, there are limitations to our what the data can tell us. Inconsistencies between approaches to data collection from various sources, and a primarily post-suicide-loss vantage point, creates discrepancies and gaps in what we know about suicide in our county. An integrated infrastructure for data collection could mitigate these limitations.

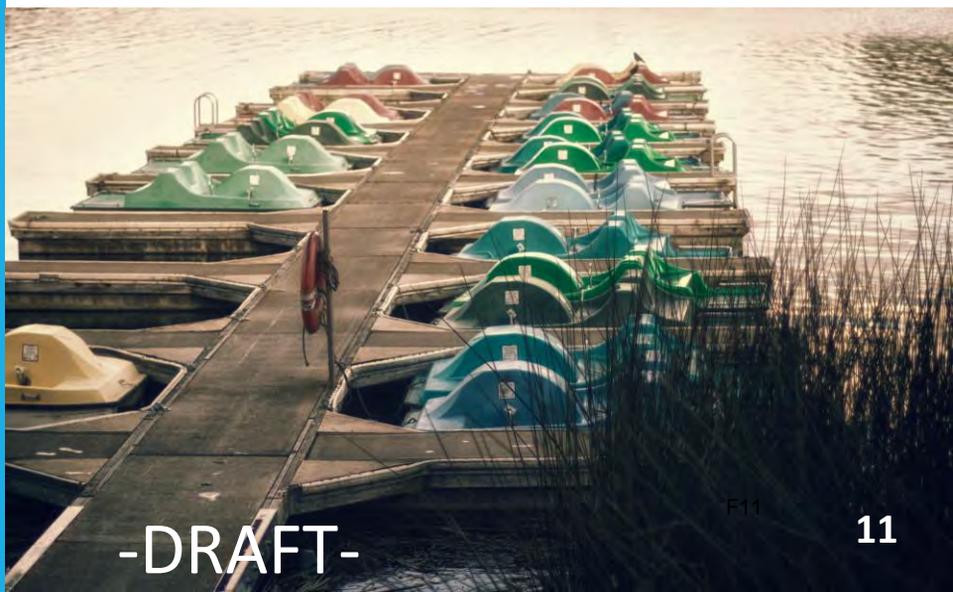
2018-2020 Contra Costa  
Suicide Rate Per 100,000  
Residents: 9.8

2018-2020 Contra Costa  
Self-Harm Rate Per 100,000  
Residents: 73.3

Out of 58 counties, Contra  
Costa ranks 45<sup>th</sup> for highest  
rate of suicides  
during 2018-2020.

Out of 58 counties, Contra  
Costa ranks 50<sup>th</sup> for highest  
rate of self-harm ED visits  
during 2018-2020.

Source: California Department of  
Public Health



# Contra Costa County Coroner's Office Data Deep Dive 2012-2018: Trends at-a-glance

## Race/Ethnicity

- ❖ Of those who die by suicide, most are white

## Youth

- ❖ Rates of depression and suicidal ideation are higher amongst female youth than male youth
- ❖ Rates of suicidal ideation are higher amongst LGBTQ youth than youth who don't identify as LGBTQ
- ❖ 20% of students think about suicide
- ❖ 30% of students express chronic depression

## Means

- ❖ Leading means of death are firearms and hanging
- ❖ Numbers of deaths by poisoning are close to deaths by hanging, but numbers of attempts by poison is much higher

## Gender

- ❖ Males die by suicide at higher rates than females
- ❖ Females attempt suicide at higher rates than males

## Age

- ❖ Of those who die by suicide, most are between 41-60 years old
- ❖ However, from 2012-2018, deaths for 40-59-year-olds declined, and for 0-39-year-olds increased

## Veterans

- ❖ Majority of suicide deaths amongst veterans are 60+ years old
- ❖ Majority of suicide deaths amongst veterans are completed with firearms

## PRIORITY POPULATIONS

Suicide is a complex phenomenon. Some populations have an elevated risk compared to the general population. It is therefore important to keep these groups in mind when selecting strategies to ensure representation from these groups, sensitivity to their unique cultural needs, and that programs and interventions are tailored appropriately. In adherence with our CLAS values and existing research on suicide, the following populations were identified for priority consideration.

LGBTQ

Older Adult

Youth

Veterans

Middle-aged  
White Males

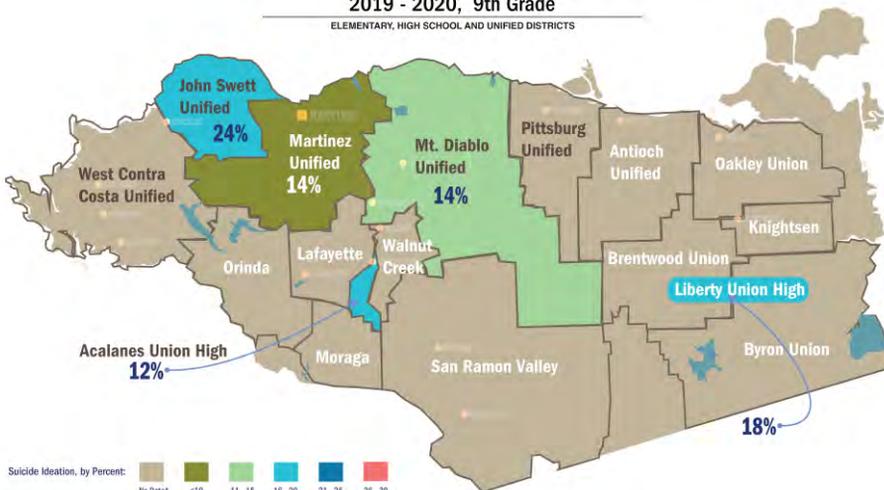
Trauma Exposed

Those experiencing  
mental illness

Source: Contra Costa County Coroner's Office 2018

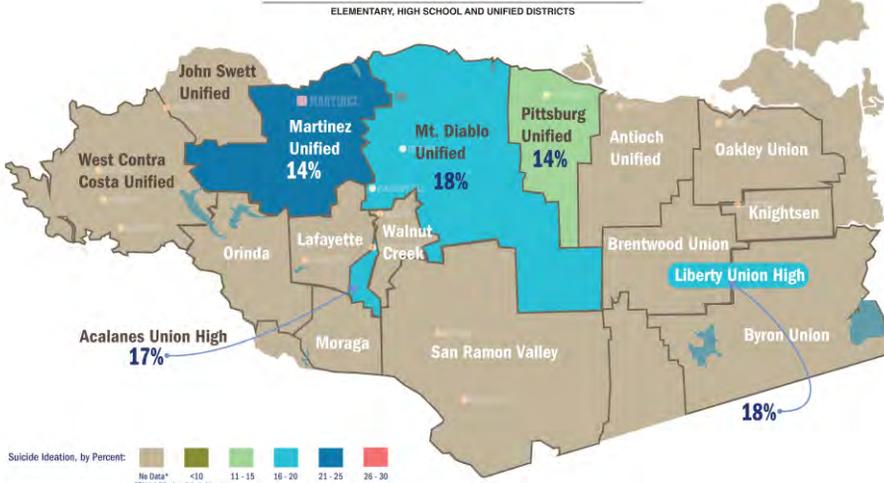
**Contra Costa County Suicide Ideation by District  
2019 - 2020, 9th Grade**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



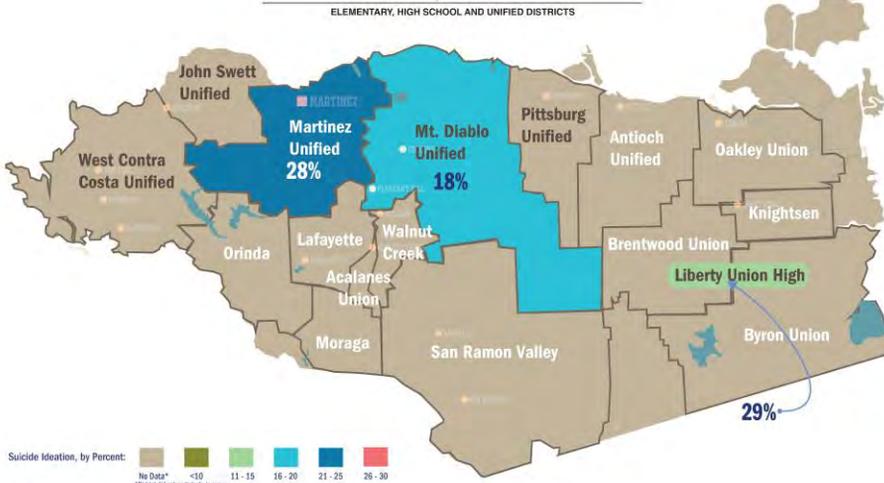
**Contra Costa County Suicide Ideation by District  
2019 - 2020, 11th Grade**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



**Contra Costa County Suicide Ideation by District  
2019 - 2020, Non-Traditional**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



## Youth and suicide

The California Healthy Kids Survey (CHKS) is a tool supported by the California Department of Education to help districts meet priorities to improve school climate, pupil engagement, parent involvement, and academic achievement. The survey aims to assess school climate and safety, student wellness, and youth resiliency. Within the Substance Use and Mental Health Domain, student were asked, “During the past 12 months, did you ever seriously consider attempting suicide?”

Findings for Contra Costa County are limited by lack of data from many districts. However, what was collected indicated:

- ❖ 20% of students think about suicide
- ❖ 30% of students express chronic depression
- ❖ Groups most vulnerable to experiencing suicidal ideation are:

- ❖ Those who identify as female
- ❖ Those who identify as LGBTQI+
- ❖ Those who identify as having “other” living arrangements

**teen line**

**CALL**

**TEXT**

**EMAIL**

**(800) 852-8336**  
FROM 6PM - 10PM PST

**TEXT "TEEN" TO 839863**  
FROM 6PM - 9PM PST

**VISIT**  
[TEENLINEONLINE.ORG/TALK-NOW](http://TEENLINEONLINE.ORG/TALK-NOW)

## Reaching out for support

Per the [Contra Costa Health Services 2021 Annual Report](#):

About one in five adults in Contra Costa County are struggling with behavioral health issues.

Experts at Crisis Now, a nationally recognized organization, estimate that based on our population here in Contra Costa, there will be 28,800 acute crisis episodes every year.

When we look at where those calls may be going now, we know that in 2019, approximately 13% or 14,000 of Contra Costa County's 108,000 emergency medical calls were related to behavioral health.

Other places where residents are seeking help include Psychiatric Emergency Services, hospital emergency rooms, and Behavioral Health.

- ❖ The Mobile Crisis Team (MCRT) (serving adults) [receives about 1,600 calls per year.](#)
- ❖ The Mobile Response Team (MRT) (serving youth) [receives about 1,000 calls each year.](#)
- ❖ Each month, the Contra Costa Crisis Center [receives more than 3,000 calls from County residents who need help.](#)

Everyday, residents of Contra Costa County are reaching out to local resources for support. The below table shows some of the help-seeking actions people are taking to support their wellness and safety.

	2017	2018	2019	2020
Crisis Calls made to the Contra Costa Crisis Center*	16,342	20,092	21,265	24,903
Psychiatric Emergency Services Visits for Suicide Ideation or Attempts	3,789	3,868	3,973	2,673
Inpatient Admissions after Suicide Ideation or Attempt**	439	359	326	316

Source: Contra Costa County Behavioral Health and Contra Costa Crisis Center

\* Crisis Line data is based on Fiscal Years 17/18, 18/19, 19/20, 20/21.

\*\* Inpatient Admissions reflects admissions at county-affiliated facilities only.

**-DRAFT-**

# Countywide Suicide Prevention Strategies

Our County Plan includes a comprehensive approach that will have the greatest potential to reduce suicide risk in our county. Our plan includes strategies and objectives for before, during, and after a crisis, as well as goals for data collection and evaluation. These goals are aligned with [Striving for Zero](#), with an emphasis on strategies that are best suited to meet the needs of our communities. They include strategies that will reach as many county residents as possible with education about warning signs and how to help, as well as strategies that will focus on residents who are at disproportionate risk of suicide and provide support and healing to those who are impacted by suicide.

Contra Costa County has identified six primary focus areas and seventeen goals for suicide prevention.

## **Focus Area One: Leadership, Data Collection And Evaluation**

- 1) Provide Suicide Prevention Leadership
- 2) Renovate Data Collection Strategies
- 3) Provide Opportunities for Feedback From the Community

## **Focus Area Two: Education, Training And Outreach**

- 1) Develop and Implement a Training Plan
- 2) Launch a Wellness and Suicide Prevention Social Media and Outreach Campaign
- 3) Promote Resiliency and Connectedness

## **Focus Area Three: Youth Suicide Prevention**

- 1) Support Schools with Suicide Prevention Policies and Practices
- 2) Foster Resilience and Connectedness by Growing the Youth Suicide Prevention Subcommittee
- 3) Educate Parents

## **Focus Area Four: Crisis Response And Continuity Of Care**

- 1) Increase Access to Mental Health Services
- 2) Coordinated Approach to Screening, Risk Assessment and Safety Planning
- 3) Support Individuals After a Suicide Attempt
- 4) Promote Crisis Resources

## **Focus Area Five: Means Restriction**

- 1) Partner with Pharmacies
- 2) Promote Firearm Safety
- 3) Provide Counseling on Access to Lethal Means Trainings

## **Focus Area Six: Support After A Suicide Loss**

- 1) Promote Existing Support Groups and Postvention Services

# Countywide Suicide Prevention Strategies

## Focus Area One: Leadership, Data Collection and Evaluation

Contra Costa County has identified three primary strategies for Suicide Prevention Leadership, Suicide Data Collection and Evaluation: 1) Provide Suicide Prevention Leadership, 2) Renovate data collection strategies, and 3) Provide opportunities for feedback from the community.

### PROVIDE SUICIDE PREVENTION LEADERSHIP

Suicide is a complex problem, and no single agency or sector can solve this complex issue alone. However, a diverse coalition that is representative of public and private agencies and stakeholders in the community can provide ongoing feedback and support and guide the implementation of the strategies and objectives set forth in this plan.

*Goal: Maintain a broad-based Suicide Prevention Coalition that provides leadership and supports the partnerships that are necessary to reduce suicidal behavior in our county.*

Objectives:

- ❖ Convene a suicide prevention coalition on a regular basis.
- ❖ Review membership to identify individuals and organizations that are missing at the table and invite them to join.
- ❖ Identify how individuals and agencies represented by the coalition can work together to implement strategies within the plan.
- ❖ Establish processes to review progress of strategies outlined in the plan to ensure the plan is being implemented as intended and to modify strategies as needed.
- ❖ Integrate suicide prevention into existing initiatives and establish linkages with other coalitions and agencies for collective impact.

### Join the Contra Costa County Suicide Prevention Coalition

Email [jhunt@cchealth.org](mailto:jhunt@cchealth.org) to join the Coalition and receive information about Mental Health and Suicide Prevention in Contra Costa County

# Countywide Suicide Prevention Strategies

## Leadership, Data Collection and Evaluation, continued

### RENOVATE DATA COLLECTION STRATEGIES

*Goal: Develop a Data Review Committee that meets on a quarterly basis.*

It is our aim that this team consists of staff from the CCBHS Informatics team, the CCBHS MHSA team, as well as representatives from the Public Health Department, the Coroner's Office, the Contra Costa Crisis Center, the US Department of Veteran Affairs, County and other local hospitals, and local stakeholders.

Objectives:

- ❖ Coordinate data collection processes.
- ❖ Identify trends that will inform future behavioral health programming.
- ❖ Identify gaps in current data gathering strategies.
- ❖ Identify funding and coordinate logistics for the development of an integrated digital infrastructure that will house all suicide related information collected throughout the county to streamline the identification of vulnerable communities and implement policies and programming accordingly.
- ❖ Identify strategies for collecting data on suicide death, suicide attempts, suicide ideation as well as risk and protective factors.
- ❖ Apply safe and effective messaging to any public-facing data reports.
- ❖ Identify strategies to evaluate suicide prevention efforts.

### GATHER FEEDBACK FROM THE COMMUNITY

*Goal: Provide opportunities for community feedback with emphasis on populations at disproportionate risk for suicide in our county.*

Objectives:

- ❖ Distribute surveys via Survey Monkey to the general public eliciting feedback on how the community views Contra Costa County's Suicide Prevention efforts and request input on future endeavors.
- ❖ Continue to host Community Forums as part of MHSA's Community Program Planning Process (CPPP), encourage participation from local stakeholders and integrate feedback on suicide prevention efforts.
- ❖ Identify culturally appropriate strategies to obtain input from vulnerable populations and those whose primary language is not English, as well as community members at disproportionate risk for suicide.

# Countywide Suicide Prevention Strategies

## Focus Area Two: Training, Education and Outreach

### TRAINING AND EDUCATION

*Goal: Develop and implement a training plan that prepares the community and providers to recognize and respond to suicide risk.*

#### Objectives:

- ❖ Assess current training opportunities, models, and gaps and develop a comprehensive training plan for organizations within our county.
- ❖ Provide training to community groups on the prevention of suicide. Prioritize training on recognizing and responding to suicide risk within key settings such as workplaces, schools, youth-serving programs, older adult residential living facilities, and senior services programs and for non-clinical audiences including but not limited to school-based staff, non-clinical health staff, law enforcement, community members, and historically marginalized communities.
- ❖ Increase trainings and informational campaigns aimed at raising awareness about the impact of Social Trauma on Mental Health and Wellness.
- ❖ Explore training formats that are infused with cultural norms of underserved and at-risk populations.
- ❖ Increase the number of behavioral health clinicians that are trained in recognizing, assessing and managing suicide risk, and create a directory of these providers to facilitate access.
- ❖ Train health and behavioral health care providers to deliver lethal means counseling to individuals who are at risk of suicide or who have been discharged from a health care or other setting after a suicide attempt, and their family members and caregivers.

Learn more about trainings through the Contra Costa Crisis Center

Visit CCCC's [Training and Education Website](#) and fill out the form provided

Or reach out directly at:

[LukeK@crisis-center.org](mailto:LukeK@crisis-center.org), or (925) 939-1916.

# Countywide Suicide Prevention Strategies

## Training, Education and Outreach, continued

### OUTREACH

*Goal: Increase early identification of suicide risk by preparing Contra Costa community members to know the warnings signs for suicide and how to offer support.*

Objectives:

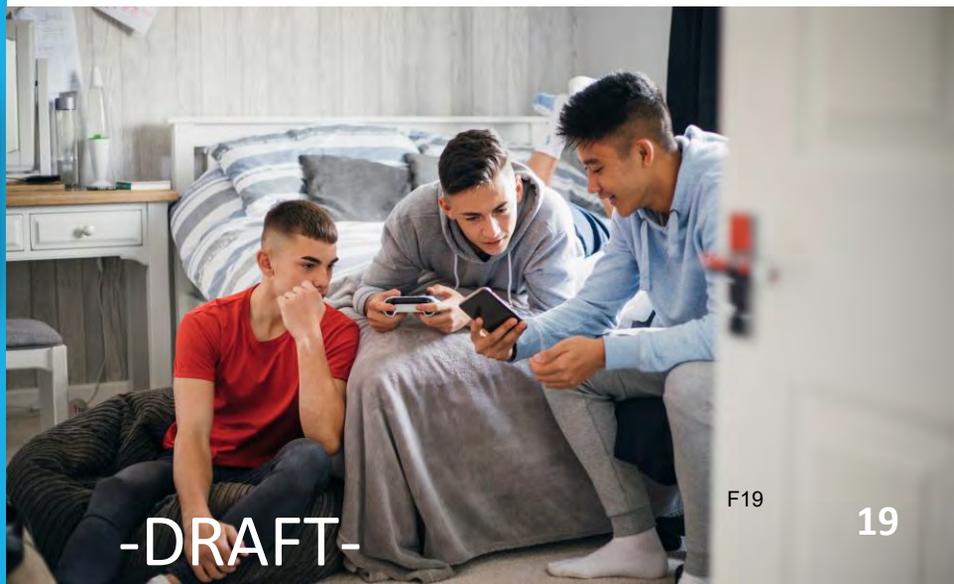
- ❖ Launch a Wellness and Suicide Prevention Social Media Campaign on all Contra Costa County Health Services social media platforms informing the public about warning signs, and strategies for support, and resources.
- ❖ Extend the social media campaign to additional avenues of outreach to connect with populations who do not traditionally engage with social media.
- ❖ Increase use of effective messaging around suicide prevention by sharing best practices with media and community spokespeople.



crisis-center.org



211CC.ORG



# Countywide Suicide Prevention Strategies

## Focus Area Three: Youth Suicide Prevention

### SUPPORT SCHOOLS WITH SUICIDE PREVENTION POLICIES AND PRACTICES

Assembly Bill 2246 and 1767 mandate that all public-school districts in California, including charter schools, must develop policies, practices and procedures related to suicide prevention for students in elementary, middle school and high school.

**Goal:** *In partnership with the [Contra Costa County Office of Education \(CCCOE\)](#), support the 18 school districts and county-approved charters in the development and implementation of comprehensive policies for suicide prevention, intervention and postvention.*

#### Objectives:

- ❖ Offer training for Youth Mental Health First Aid.
- ❖ Facilitate the distribution of LivingWorks online training at no cost to districts.
- ❖ Support school districts to enhance Social Emotional Learning (SEL).
- ❖ Provide site-based MTSS training and trauma-informed practices training to support a positive school climate for all learners.
- ❖ Support the [CCCOE's Wellness in Schools Program \(WISP\)](#) to develop new and bolster existing Wellness Programs in our public schools.
- ❖ Encourage participation of education partners in the countywide Suicide Prevention Coalition and its Youth Sub-Committee.
- ❖ Offer trainings and supports to districts and schools to support staff (certificated, classified, volunteer, etc.) trainings, risk assessments, linkage with resources, re-entry protocols after hospitalization or suicide attempt, youth engagement and parent/family engagement.
- ❖ Equity, inclusion, and diversity: Promote programs that increase protective factors and decrease risk factors for suicide on campus, including peer-based clubs and approaches.
- ❖ Offer trainings and support to schools in the development of postvention plans and policies in the event of a suicide loss within the school community.
- ❖ Promote the no-cost Directing Change youth suicide prevention program to schools in Contra Costa County to prepare young people to recognize signs of suicide and how to offer support.
- ❖ Continue to ensure that Contra Costa Crisis Line or other resources (Teen Line, Trans Line) is included on all student ID cards and positioned to remain visible even if card is punched.



# Countywide Suicide Prevention Strategies

## Youth Suicide Prevention, continued

### GROW YOUTH SUICIDE PREVENTION SUB-COMMITTEE

The Youth Suicide Prevention Sub-Committee offers a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

*Goal: Promote resilience and connectedness by growing the Youth Suicide Prevention Committee.*

Objectives:

- ❖ Recruit youth participation in youth suicide prevention activities.
- ❖ Provide mentorship and youth development opportunities.
- ❖ Support youth in establishing an annual priority activity that will support Contra Costa youth suicide prevention efforts.

### EDUCATE PARENTS

*Goal: Increase parental awareness of the warning signs of suicide and how to support youth.*

Objectives:

- ❖ Host annual Suicide Prevention 101 webinar for parents in English and in Spanish.
- ❖ Coordinate with school districts and PTAs to include educational material and resources in their ongoing correspondence with parents.
- ❖ Provide information to parents on best practices and guidelines for social media and technology use.

### Join the Youth Suicide Prevention Sub-Committee

Email [jhunt@cchealth.org](mailto:jhunt@cchealth.org) to join the committee and receive information about youth Mental Health and Suicide Prevention in Contra Costa County

# Countywide Suicide Prevention Strategies

## Focus Area Four: Crisis Response and Continuity of Care

### INCREASE ACCESS TO MENTAL HEALTH SERVICES

*Goal: Promote mental health services.*

Objectives:

- ❖ Offer behavioral health services and continue to work towards greater ease of access to behavioral health services.
- ❖ Offer behavioral health and social support services for identified vulnerable populations throughout the county.

### COORDINATED APPROACH TO SCREENING, RISK ASSESSMENT AND SAFETY PLANNING

*Goal: Promote a coordinated approach to and use of best practices for risk assessment and safety planning and promote a coordinated approach to suicide assessment and screening.*

Objectives:

- ❖ Identify and promote best practices such as screening, risk assessment, and safety planning in key settings such as mental health, substance use, health care, schools, hospitals, law enforcement and more.

### SUPPORT INDIVIDUALS AFTER A SUICIDE ATTEMPT

*Goal: Support individuals after a suicide attempt.*

Objectives:

- ❖ Explore partnerships with Contra Costa hospitals and other in-patient settings to review existing suicide prevention efforts and discharge protocols.
- ❖ Continue coordination between CCBHS and the Contra Costa Crisis Center in the implementation of a Follow-Up Program for individuals after a suicide attempt.
- ❖ Create a suicide attempt survivor support group.

# Countywide Suicide Prevention Strategies

## Crisis Response and Continuity of Care, continued

### PROMOTE CRISIS RESOURCES

*Goal: Promote crisis resources and continuity of care.*

Objectives:

- ❖ Promote and expand existing crisis response services and initiatives in Contra Costa County.
- ❖ Promote crisis lines and warm lines.

#### Crisis Resources in Contra Costa County

[Seneca Family of Agencies Mobile Response Team \(MRT\)](#) provides youth and families with same-day, mobile crisis-intervention when and where they are experiencing a mental health crisis.

The [Mobile Crisis Response Team \(MCRT\)](#) provides adults with same-day, mobile crisis-intervention when and where they are experiencing a mental health crisis. MCRT is in the process of expanding into the [A3 Community Crisis Initiative](#) which provides timely and appropriate access to behavioral health crisis services to anyone, anywhere, at anytime. The program connects people in crisis with the care they need in the moment and reduces intervention by local law enforcement where clinical expertise is more appropriate.

[988](#) is the newly designated three-digit dialing code that routes callers to the National Suicide Prevention Lifeline. When people call, text, or chat 988, they are connected to trained counselors within the existing National Suicide Prevention Lifeline network. People can also contact the [Contra Costa Crisis Center](#) directly by calling 211 or 800-833-2900 or text 'HOPE' to 20121. These numbers provide 24/7 support an access to comprehensive social and health services.

[Psychiatric Emergency Services \(PES\)](#) provides emergency psychiatric evaluation/treatment to people who present an imminent danger to self, danger to others, grave disability or mental health crisis. In collaboration with CCHS/BHS, the Contra Costa Crisis Center now operates a new Suicide Prevention Follow Up Program for patients with suicidal ideation being released from PES. The program increases linkages and reduces service gaps by offering immediate 24/7 support from counselors who are trained in providing crisis and suicide assessment and intervention.

# Countywide Suicide Prevention Strategies

## Focus Area Five: Means Restriction

### Partner with Pharmacies

*Goal: Create safe environments by reducing access to lethal means.*

Objectives:

- ❖ Conduct [Pharmacists as Gatekeepers in Suicide Prevention](#) trainings. Pharmacists are situated in a unique position to support those in need by recognizing potential signs of suicide or being a resource for individuals seeking help.

### Promote Firearm Safety

*Goal: Create safe environments by reducing access to lethal means.*

Objectives:

- ❖ Provide information and conduct trainings for gun retailers, range owners, and their employees on how to incorporate suicide prevention in firearm safety practices.

### Provide Counseling on Access to Lethal Means Trainings

*Goal: Develop and implement a training plan that supports reducing access to lethal means.*

Objectives:

- ❖ Promote trainings such as Counseling on Access to Lethal Means to mental health, substance use and health care providers.



# Countywide Suicide Prevention Strategies

## Focus Area Six: Support After Suicide Loss

### PROMOTE EXISTING SUPPORT GROUPS AND POSTVENTION SERVICES

Postvention is defined as an organized response after a suicide death with the goals to promote healing and provide support to individuals, organizations, and communities impacted by suicide death. Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors.

*Goal: Offer and promote support services after a suicide loss and reduce the amount of time between suicide loss and bereavement services.*

Objectives:

- ❖ Continue to offer and promote the availability of suicide bereavement support programs that are available.
- ❖ Promote the Mobile Grief Response Team.
- ❖ Increase the number of mental health providers and counselors that are skilled and trained in offering suicide bereavement services and create a directory of these providers to facilitate access.
- ❖ Develop a coordinated community postvention plan and partner with specific settings such as schools and workplaces to develop setting-specific postvention response plans.

### Postvention Support in Contra Costa County

[The Contra Costa Crisis Center](#) provides group grief support and counseling to adults, teens, and children mourning the death of a loved one. Various grief support groups offered throughout the year include:

- ❖ Survivors After Suicide Loss Group
- ❖ Parents Who Have Lost a Child Group
- ❖ General Bereavement Support Group
- ❖ Partner/Spouse Loss Group

The Contra Costa Crisis Center also provides mobile grief response to schools or community agencies after a suicide, sudden, or traumatic death of a student or employee.

## KNOW THE SIGNS

### Recognizing the signs someone is in crisis:

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speak up.

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

For additional information visit:

[WWW.SUICIDEISPREVENTABLE.ORG](http://WWW.SUICIDEISPREVENTABLE.ORG)

## FIND THE WORDS

### "Are you thinking about suicide?"

Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important.

Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.

- Give yourself plenty of time
- Mention the warning signs you have seen
- Ask directly about suicide
- Listen and let the person speak freely
- Let them know you care and want to help
- Have resources handy

**Asking about suicidal thoughts does not put the idea in someone's head and usually they are relieved.**

# REACH OUT

## Community and National Resources for All

\*Click The Icon To Be Directed To The Website Or Scan The QR Code\*



Contra Costa Crisis Center:  
Dial 988 or Text HOPE to 20121  
(Available 24/7)



211 Information and Referral Database:  
Dial 211



988 Suicide & Crisis Lifeline (formerly, the  
National Suicide Prevention Lifeline):  
Dial 988, 1-800-273-8255, or Text TALK to 741741  
(Available 24/7)



La Red Nacional de Prevención del Suicidio:  
Marque 1-888-628-9454  
(Disponible 24/7)



Behavioral Health Access Line:  
Dial 1-888-678-7277



A3 Anyone Anywhere Anytime Community Crisis  
Response: Dial 1-833-443-2672

## REACH OUT

### Resources for Youth and Transitional Age Youth (TAY, Aged 16-25):

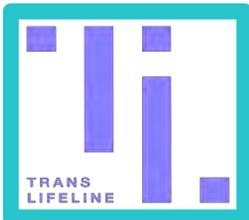
\*Click the icon to be directed to the website\*



Seneca Mobile Crisis Response Team:  
Serving 5yo-21yo: 1-833-443-2672



The Trevor Project:  
For LGBTQQ+ youth & young adults: 1-866-488-7386  
(1-866-4-U-TREVOR)



Trans Lifeline:  
7am-2am: 1-877-565-8860



Teen Line  
800-852-8336 (6pm – 10pm PST)  
TEXT TEEN to 839863



NAMI (National Alliance on Mental Health) Contra Costa  
[Ending the Silence: Transitional Age Youth Program](#)  
[NAMI on campus](#)

## REACH OUT

### Resources for Safety:

\*Click the icon to be directed to the website\*



STAND! for Families Free of Violence:  
Dial 1-888-215-5555



Contra Costa Family Justice Center:  
Richmond: 510-974-7200, Concord: 925-  
521-6366, Antioch: 925-281-0970



Community Violence Solutions  
Dial: 800-670-7273 or Text "CVS" to 20121



National Domestic Violence Hotline:  
Dial: 1-800-799-7233



National Sexual Assault Hotline (RAINN):  
Dial 1-800-656-4673

## ADDITIONAL ONLINE RESOURCES

\*Click the icon to be directed to the website\*



## References

1. World Health Organization, 2022. Mental Health and COVID-19: Early evidence of the pandemic's impact. Scientific brief. Accessed on 6/14/2022 from [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Mental\\_health-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1)
2. United States of Veterans Affairs, Center for Post Traumatic Stress Disorder, 2021. PTSD Research Quarterly, 32(1), 1-9. ISSN: 1050 -1835
3. American Psychological Association (2020). Stress in America™ 2020: A National Mental Health Crisis. Accessed on 6/15/2022 from <https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>
4. Panchal, N., Kamal, R., Cox, C., and Garfield, R. (2021) Kaiser Family Foundation (KFF). The Implications of COVID-19 for Mental Health and Substance Use. Accessed on 6/15/21 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
5. Mental Health America, 2022. 2021 The State of Mental Health in America. Accessed on 6/14/2022 from [https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America\\_0.pdf](https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf)
6. Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*, 6(1), 70–78. <https://doi.org/10.1037/sah0000275>
7. California Department of Public Health, 2021. California Suicide and Self-Harm Trends in 2020. Accessed on 6/16/2022 from <https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideAndSelfHarmIn2020-DataBrief-ADA.pdf>
8. A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/>



Contra  
Costa  
County

To: Board of Supervisors  
From: Anna Roth, Health Services Director  
Date: August 1, 2023

Subject: Mental Health Services Act Program (Proposition 63) and Expenditure Plan Fiscal Years 2023-2026

---

**RECOMMENDATION(S):**

ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2023-26.

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to that effect to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to inform DHCS and the MHSOAC of their approval of the adoption of this Plan Update.

**FISCAL IMPACT:**

Adoption of the Mental Health Services Act Three-Year Program and Expenditure Plan, Fiscal Years 2023-2026 assures continued MHSA funding in the amount of \$105,736,000 for Fiscal Year 2023-24.

**BACKGROUND:**

Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health funding by imposing an additional one percent tax on individual taxable income in excess of one million dollars. There are a total of five MHSA components which have been enacted out over time by the State with the goal of creating a better program of mental health services and supports in California’s public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a state mandated program under Welfare & Institutions Code.

- 
- APPROVE  OTHER
  - RECOMMENDATION OF CNTY ADMINISTRATOR  RECOMMENDATION OF BOARD COMMITTEE
- 

Action of Board On: **08/01/2023**  APPROVED AS RECOMMENDED  OTHER

Clerks Notes:

**VOTE OF SUPERVISORS**

- AYE: John Gioia, District I Supervisor  
 Candace Andersen, District II Supervisor  
 Diane Burgis, District III Supervisor  
 Ken Carlson, 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: August 1, 2023  
 Monica Nino, County Administrator and Clerk of the Board of Supervisors

By: Antonia Welty, Deputy

Contact: Jennifer Bruggeman,  
 925-313-9579

cc:

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 Plan also 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.

### BACKGROUND: (CONT'D)

Key updates to the Plan for the Fiscal Years 2023-2026, which is attached to this item, include:

- Full-Service Partnership performance indicators for FY 21-22
- Transitions Team Expansion to include new Behavioral Health Outreach Programs
- Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to acquire and develop capital projects for housing and treatment programs
- Funding to support Community Based Organizations (CBOs) during the transition to California Advancing and Innovating Medi-Cal (CalAIM), a multi-year statewide initiative geared toward transforming the Medi-Cal delivery system
- Prevention and Early Intervention (PEI) Data & Performance Indicators
- New Suicide Prevention 5-Year Strategic Plan
- Innovation project updates and new programming to increase equity and cultural responsiveness
- Investments in workforce retention and recruitment strategies
- Updated budget to reflect estimated available funding for FY 23-24

This Plan was posted for public comment in on the County's Mental Health Services Act webpage for a 30-day period, and was finalized following the Public Hearing held as a noticed and posted item on the July 5th, 2023 meeting of the Mental Health Commission.

### CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, it would result in the loss of mental health programs and related services (including Full Service Partnerships, Assisted Outpatient Treatment, Forensic Mental Health, Housing Services, Prevention and Early Intervention and more) which serve Contra Costa community members of all ages who reside in every region of the County.

### CHILDREN'S IMPACT STATEMENT:

Mental health impacts people of all ages and impacts entire family systems and communities.

This recommendation supports all of the following children's outcomes:

- Children Ready for and Succeeding in School;
- Children and Youth Healthy and Preparing for Productive Adulthood;
- Families that are Safe, Stable and Nurturing; and
- Communities that are Safe and Provide a High Quality of Life for Children and Families.

Additionally

- Preventing mental health problems in children and youth from developing and becoming severe and disabling.
- Children and youth recovering from impact of trauma, severe emotional disturbance, and mental illness.

### ATTACHMENTS

FY 21/22 - PEI Evaluation

Report FY 21/22 - Innovation

Report MHSA Three Year Plan

23-26



1340 Arnold Drive, Suite 200, Martinez, Ca 94553 | Phone: (925) 957-5150 | Fax: (925) 957-5156  
cchealth.org

Date: 8/1/23

Mental Health Services Oversight and Accountability Commission  
1300 17th St., Suite 1000  
Sacramento, CA 95811  
E-mail: mhsoac@mhsoac.ca.gov

Dear Mental Health Services Oversight and Accountability Commission:

Enclosed you will find the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Years 2023-24. Included is the signed Prudent Reserve Assessment form per Welfare and Institutions Code (WIC) section 5892(b) (2) and the MHSA County Fiscal Accountability Certification.

Attached as separate documents are:

- The Innovation Annual Report for FY 2021-22
- The Prevention and Early Intervention (PEI) Evaluation Report for FY 2021-22

The Draft MHSA Three Year Program and Expenditure Plan for FY 2023-26 was posted for the required 30 day public review and comment from June 6, 2023 – July 6, 2023.. The public hearing was conducted on July 5, 2023. The MHSA Three Year Program and Expenditure Plan Update for FY 2022-23 was adopted by the Contra Costa Board of Supervisors on August 1, 2023.

Should you have any questions please contact Suzanne K. Tavano, PHN, PhD, Behavioral Health Services Director, 925-957-5150, or Suzanne.Tavano@cchealth.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Gioia".

John Gioia, District 1  
Chair of the Contra Costa County Board of Supervisors

Enclosures:

- 
- Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan Update for FYs 2023-26
  - Innovation Annual Report for FY 2021-22
  - Prevention and Early Intervention Annual Report for 2021-22

# MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

Three Year Plan

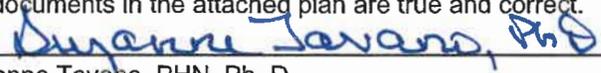
Local Mental Health Director	Program Lead
Name: Suzanne Tavano, PHN, Ph. D	Name: Jennifer Bruggeman, LMFT
Telephone Number: 925-957-5150	Telephone Number: 925-313-9579
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Jennifer.Bruggeman@cchealth.org
Local Mental Health Mailing Address:	
Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, including stakeholder participation and non-supplantation requirements.

This Three Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on August 1, 2023.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached plan are true and correct.

  
 \_\_\_\_\_  
 Suzanne Tavano, PHN, Ph. D  
 Contra Costa Behavioral Health Services Director

7/18/23  
 \_\_\_\_\_  
 Date

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Contra Costa County

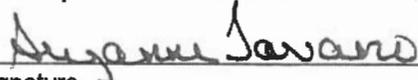
Three Year Plan

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Suzanne Tavano, PHN, Ph. D	Name: Robert Campbell
Telephone Number: 925-957-5150	Telephone Number: 925-646-2181
E-mail: Suzanne.Tavano@cchealth.org	E-mail: bcamp@ac.cccounty.us
Local Mental Health Mailing Address: Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct to the best of my knowledge.

Suzanne Tavano, PHN, Ph. D  
Contra Costa Behavioral Health Services Director

 7/18/23  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 2/15/23 for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 20, 2021, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

<sup>FOR</sup> Robert Campbell  
County Auditor Controller / City Financial Officer (PRINT)

 7/31/23  
Signature Date

<sup>1</sup>Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

## MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Contra Costa

Fiscal Year: 2021-22

### Local Mental Health Director

Name: Suzanne Tavano, PHN, Ph.D

Telephone: (925) 957-5150

Email: suzanne.tavano@cchealth.org

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Suzanne Tavano, PHN, Ph.D

Local Mental Health Director (PRINT NAME)

Signature

Date

*Suzanne Tavano* 7/18/23

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<sup>1</sup> Welfare and Institutions Code section 5892 (b)(2)  
DHCS 1819 (02/19)