



3-YEAR MHSA PLAN UPDATE

Contra Costa Behavioral Health Services
Mental Health Services Act
As submitted for MHOAC

FY 2022–2023

cchealth.org/mentalhealth/

EXECUTIVE SUMMARY

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update (Plan Update) for fiscal years 2022-23. This Plan Update starts July 1, 2022 and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2020. We look forward to continued community partnerships that have emerged since 2020 to address the pandemic, health inequities and community crisis response services. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

The Three-Year Plan describes programs that are funded by the MHSA, what they will do, and how much money will be set aside to fund these programs. The Three-Year Plan includes the components of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities/ Information Technology (CF/TN). Also, the Three-Year Plan describes what will be done to evaluate plan effectiveness and ensure that all MHSA funded programs meet the intent and requirements of the Mental Health Services Act.

California approved Proposition 63 in November 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically responsive, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services and supports set forth in their treatment plan. Finally, the Act requires the Three-Year Plan be developed with the active participation of local stakeholders in a Community Program Planning Process (CPPP).

Highlights of changes and updates to the Plan Update for 2022-23 include the following:

- Budget updated to reflect estimated available funding for FY 22-23
- Full-Service Partnership performance indicators for FY 20-21
- Prevention and Early Intervention Data & Performance Indicators
- Housing updates
- Innovation project updates

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VISION

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

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

Access. Programs and care providers are most effective when they serve those with behavioral health needs without regard to Medi-Cal eligibility or immigration status.

They provide a warm, inviting environment, and actively and successfully address the issues of transportation to and from services, wait times, availability after hours, services that are culturally and linguistically competent, and services that are performed where individuals live.

Capacity. Care providers are most appreciated when they 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

INTRODUCTION

In 2019 CCBHS conducted a triennial quantitative and qualitative needs assessment of public mental health needs in preparation for developing the Fiscal Year 2020-23 MHSA Three Year Plan. This data driven analysis complements the CPPP, where interested stakeholders provided input on priority needs and suggested strategies to meet these needs. Data was obtained to determine whether CCBHS was doing the following:

a) reaching the people, it is mandated to serve, b) appropriately allocating its resources to provide a full spectrum of care, and c) experiencing any significant workforce shortfalls.

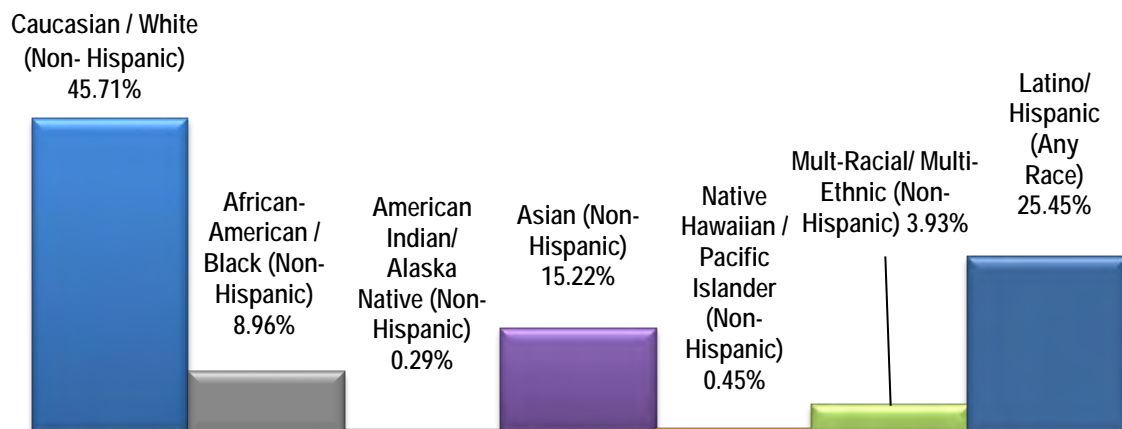
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning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

CONTRA COSTA COUNTY POPULATION SUMMARY

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

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

Figure 1: Contra Costa County 2019 Projected Racial/ Ethnic Populations



METHOD

The data collected and used in this Needs Assessment included quantitative and qualitative data studies collected from various County sources, as well as State and other reports referenced in the report. The following areas of inquiry were identified in analyzing the information presented in this Needs Assessment:

- 1) The populations in Contra Costa County CCBHS intends to serve and which populations are being served.
- 2) The demographic composition of the Contra Costa County population.
- 3) How CCBHS is aligning its resources to provide a full spectrum of services at the appropriate level, while also being culturally and linguistically responsive.
- 4) How CCBHS is developing its workforce to address and implement identified service needs.
- 5) Identified service gaps and how CCBHS addresses these service gaps.

FINDINGS

Data analysis supports that overall, CCBHS is serving most clients/consumers/peers and families requiring services, and that CCBHS serves more eligible clients than most counties in California. This is based upon prevalence estimates and **penetration rates** (meaning proportion of people being served in CCBHS in comparison to total Medi-Cal eligible population in the County) of economically under privileged children with serious emotional disturbance and adults with a serious mental illness, as compared with other counties. Whether consumers are appropriately served (in ways that align with their cultural values and linguistic needs) is an issue that has been raised by community stakeholders and advocates and is something that warrants on-going assessment and evaluation. This has become even more relevant during the pandemic, as existing social and racial inequities have been exacerbated.

Findings revealed through this Needs Assessment include the following:

- 1) Persons who identify as Asian/Pacific Islander, and very young children are slightly under-represented when considering penetration rates in comparison to other demographic groups within Contra Costa County.

- 2) There continues to be an ongoing shortage of affordable housing and housing supports for those individuals and families affected by serious mental illness.
- 3) Based on data analysis and stakeholder input, there is a need to strengthen services that can support children, youth and adults who are most severely challenged by emotional disturbances or mental illness.
- 4) Suicide prevention, awareness, and training is needed throughout the County, with special consideration for youth and young adults.
- 5) Workforce analysis indicates a continued shortage of staff capable of prescribing psychotropic medications.
- 6) There are minimal career progression opportunities for the classifications of peer specialists and family partners.
- 7) Staff capacity for communicating in languages other than English continues to be a need, specifically for Spanish and Asian/Pacific Islander languages.
- 8) Persons identifying as LatinX /Hispanic and Asian/Pacific Islander are under-represented in the CCBHS workforce.
- 9) CCBHS is lacking a state-of-the-art electronic data management system to support more effective decision-making, evaluation of services and communication with stakeholders.

RECOMMENDATION

CCBHS recognizes the importance of fielding programs and services that are responsive to clients and their families as well as the development of a workforce that can support and respond to the needs of those served. Input gathered through this data driven analysis complements the CPPP, where stakeholders, to include clients, family members, service providers, allied health and social service agencies and the community in general provide input in various methods to prioritize needs.

The above findings are addressed in this MHSA Three Year Program and Expenditure Plan Update for FY 2021-22. It is recommended that CCBHS work together with all stakeholders to make the very best of the resources provided by this Three-Year Plan.

The full Needs Assessment Report can be found at: <https://cchealth.org/mentalhealth/mhsa/pdf/2019-Needs-Assessment-Report.pdf>

Additionally, CCBHS releases an annual **Cultural Humility Plan (CHP)** which outlines efforts and initiatives CCBHS is supporting in relation to diversity, equity and inclusion. The most recent CHP can be found at:

<https://cchealth.org/bhs/pdf/2021-2022-CHP-Update.pdf>

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 mental health services and supports
- Analyze mental health needs
- Identify priorities and strategies to meet these mental health needs

Consolidated Planning and Advisory Workgroup (CPAW)

CCBHS continues to seek counsel from its ongoing stakeholder body, the Consolidated Planning Advisory Workgroup (CPAW), which convenes monthly. Over the years CPAW members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three-Year Plan and yearly Plan Update has been developed and implemented. CPAW has recommended that the Three-Year Plan provide a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. CPAW has also recommended that each year’s Community Program Planning Process build upon and further what was learned in previous years. Thus, the Three-Year Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County’s entire Behavioral Health Services Division. In addition, CPAW utilizes part of its monthly meeting time to be the planning and implementation resource for fielding each year’s Community Forums.

COMMUNITY MEETINGS

During the fiscal year, MHSA hosts approximately **60 community stakeholder meetings**. These are all open to the public and currently conducted via Zoom.

Meeting	Purpose	Frequency
CPAW – 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	Monthly
CPAW Sub Committee – Systems of Care	Learn, discuss, and provide input on new and emerging MHSA related programs that impact Behavioral Health Services system of care.	Bi-Monthly

CPAW Sub Committee – Steering	Develop monthly agenda for CPAW main meeting, including identifying presentation & discussion topics	Monthly
CPAW Sub Committee – Membership	Review new applications for CPAW Membership	As Needed
CPAW Sub Committee – Innovation	Review and discuss both existing and emerging Innovation projects	Bi-Monthly
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.	Bi-Monthly
Training and Advisory Workgroup	Analyzes training needs within the Behavioral Health System and recommends new trainings. Also reviews training for CE eligibility.	Quarterly
Assisted Outpatient Treatment Workgroup (AOT)	Discussion and support around the work of County AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	Quarterly

MHSA PRESENTATIONS AND ORIENTATION

At the beginning of 2022, MHSA Orientations resumed following a pandemic-induced hiatus since early 2020. MHSA Orientations are held quarterly during the hour prior to the monthly CPAW meeting. Community members are invited to attend and learn more about the MHSA and Behavioral Health System of Care. Topics identified for the 2022 Calendar Year include:

WHAT IS THE CONSOLIDATED PLANNING AND ADVISORY WORKGROUP (CPAW) AND WHAT IS CPAW MEMBERSHIP?

- Understanding the MHSA, Advocacy and Stakeholder Participation
- Mental Health Programs – County and Contracted Services
- How Does Budgeting and the Money Work?

An annual MHSA presentation is also provided to 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. In addition, MHSA staff regularly attend the Mental Health Commission (local board) meetings and provide information and presentations related to MHSA, as requested.

SURVEYS

In January 2022, a community survey was launched through SurveyMonkey. It was distributed to at least 800 community members and offered in seven different languages. Two hundred and thirty responses were received. The survey was intended to elicit feedback from the community regarding prioritization of MHSA funds. Topics that emerged were grouped by theme and included the following (in priority order):

- Behavioral Health Treatment Services – more available programming and services for mental health, substance use disorders and pandemic-related stressors
- Housing and Homelessness
- Care for Specific Cultural Groups / Populations – including BIPOC, recent immigrants, LGBTQI
- Access to Care – timely, affordable, culturally and linguistically appropriate
- Community Building and Support – health and wellness education, parenting and family support, employment support, family events, resource sharing, green community spaces
- Crisis Services
- Prevention and Early Intervention Services
- Justice Involved/Community Violence
- School-Based Programming
- Suicide Prevention
- Transportation

Surveys received from non-English speakers and recent immigrants included the above priority issues, but also highlighted needs specific to their experience. Some of these included: addressing the stress and trauma related to escaping a war-torn country; access to quality, affordable health care; resettlement services including assistance getting connected to appropriate resources in a new community, English language classes; general health and wellness supports; resources for those with co-occurring issues including mental health, physical disability and/or substance abuse.

COMMUNITY FORUMS INFORMING FISCAL YEAR 2022-23

With the onset of the COVID-19 pandemic in 2020, all stakeholder meetings and events shifted to a virtual platform. Two community forums were held during this Plan Update year. One was during September to honor Suicide Prevention Week and address the timely issue of Youth Mental Health and Suicide Prevention. The forum was developed through strong collaboration with the Contra Costa Youth Suicide Prevention Coalition, whose membership includes teens and young adults living in Contra Costa County. The second was focused more generally on Understanding the MHSA with special attention toward Innovation and the development of new local projects.

YOUTH SUICIDE PREVENTION FORUM (9/9/21)

- Event sponsored in partnership with the Contra Costa Youth Suicide Prevention Coalition
- Total Registered: 231

The community forum provided information on the MHSA, as well as guest speakers working in the field of youth mental health, information on grassroots youth advocacy efforts, information on community crisis resources and space to allow input through small group discussions. Data including the recent [Contra Costa Suicide Prevention Report September 2021](#) was also shared.

The table below reflects 26 survey responses received.

Race/ Ethnicity		Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/Native American/ Alaska Native	0%	Peer/Consumer/ Client 39%	18-25 years 12%	Female 81%	Bisexual 12%	Yes 48%
Asian/Pacific Islander	23%	Family Partner 31%	26-35 years 8%	Male 15%	Gay 0%	No 48%
Black/African American	4%	Service Provider 46%	36-45 years 19%	Transgender 0%	Heterosexual/ Straight 80%	Don't Know 4%
Caucasian White	50%	Member of the Community 54%	46-55 years 23%	Gender-queer 0%	Lesbian 4%	
LatinX/Hispanic	12%	Other 8%	56-65 years 15%	Questioning 0%	Queer 0%	
Middle Eastern/ North African	4%	Decline to State 0%	66+ years 19%	Decline to State 4%	Questioning 0%	
Pacific Islander	0%		Decline to State 4%	Prefer to Self-Describe 0%	Decline to State 4%	
Prefer to Self- Describe	4%				Prefer to Self-Describe 0%	
Decline to State	3%					

The table below reflects responses from a poll offered at the beginning and end the forum with the prompt: “If you or someone you know is in crisis, do you know how to reach out for help?”

	YES	NO	I’M NOT SURE, BUT I’D BE ABLE TO LOOK IT UP
START OF FORUM	65%	7%	28%
END OF FORUM	100%	-	-

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

HOW DO WE CREATE A SAFE SPACE FOR CONVERSATIONS ABOUT YOUTH MENTAL HEALTH AND/OR WELLNESS? WHAT NEEDS TO CHANGE? WHAT HAS WORKED?

- Better communication and coordination of resources
- Better promotion of existing resources and organizations
- Wellness centers on campus – expand, promote, utilize

WHAT IS THE BIGGEST CHALLENGE/BARRIER FACED BY YOUNG PEOPLE STRUGGLING WITH MENTAL HEALTH ISSUES?

- Cultural and generational perceptions about mental health
- Not comfortable talking to family about mental health
- People dismiss or don't believe them
- Stigma
- Side effects of medication
- Temptation to self-medicate with drugs

HOW CAN SYSTEMS (INCLUDING SCHOOLS) AND FAMILY MEMBERS BETTER SUPPORT PEOPLE STRUGGLING WITH MENTAL HEALTH?

- Provide earlier intervention in schools, i.e., teach mindfulness starting in elementary school
- Provide a peer training program for youth who want to help others
- Encourage more mental health clubs on campus

WHAT ADDITIONAL RESOURCES/SUPPORTS/TOOLS ARE NEEDED?

- Youth need more mentors with lived experience
- Provide more opportunities for youth to engage in hands-on group/collaborative projects, such as camping, cooking, art
- Interventions that can prevent young people from turning to drugs to deal with their mental health

MHSA INNOVATION COMMUNITY FORUM (3/4/22)

Total Registered: 154

The community forum provided information on the MHSA and focused discussion on new and emerging Innovation projects in Contra Costa, including Psychiatric Advanced Directives (PADs) and Micro Grants for Community Defined Practices. Space for community input was allowed through breakout discussion groups and public comment. A community program planning process survey was conducted prior to the forum date and shared with forum attendees.

The table below reflects 230 total survey responses received. Participants were able to skip questions if they did not want to answer.

Race/ Ethnicity (n=227)	Affiliation (n=228)	Age Range(n=227)	Gender Identity (n=228)	Sexual Orientation (n=228)
American Indian/Native American/ Alaska Native: 1 or .44%	Peer: 73 or 32.01%	10-13 years: 1 or .44%	Female: 163 or 71.8%	Bisexual: 13 or 5.7%
Asian: 28 or 12.33% (20 Afghani, 1 Chinese, 5 Filipino, 1 Hawaiian, 2 Indian, 2 Iranian, 2 Japanese, 1 Jordanian, 1 Palestinian, 4 Decline to State, 4 Other)	Consumer/ Client: 51 or 22.36%	14-18 years: 1 or .44%	Male: 52 or 22.8%	Gay: 3 or 1.31%
Black/African American: 21 or 9.25%	Family Partner: 104 or 45.61%	19-25 years: 14 or 6.16%	Transgender: 2 or .87%	Heterosexual/Straight: 170 or 74.56%
Caucasian/White: 113 or 49.77%	County Behavioral Health: 26 or 11.4%	26-35 years: 24 or 10.57%	Genderqueer: 2 or .87%	Lesbian: 7 or 3.07%
Latino/a/X/Hispanic: 30 or 13.21%	Behavioral Health CBO: 53 or 10.08%	36-45 years: 50 or 22.02%	Questioning: 0	Queer: 2 or .87%
Pacific Islander: 3 or 1.32%	Community Member: 105 or 46.05%	46-55 years: 42 or 18.5%	Decline to State: 8 or 3.5%	Questioning: 0
Decline to State: 23 or 10.13%:	Decline to State: 13 or 5.7%	56-65 years: 51 or 22.46%	Prefer to Self-Describe: 1 or .43%	Decline to State: 26 or 11.4%
Prefer to Self-Describe: 8 or 3.52%	Other: 18 or 7.89%	66+ years: 38 or 16.66%		Prefer to Self-Describe: 7 or 3.07%
		Decline to State: 6 or 2.64%		

Small Group Discussion: The following questions were used to engage in small group sharing. The information provided by stakeholders is summarized below.

WHAT'S WORKING WELL?

- Community Based Organizations (CBO)
- Older Adult program– multi disciplinary teams, home visits
- MHSA funded and blended programs
- FSP, AOT
- CBO's providing school-based services have done a great job
- Individual counseling when available – more of this is needed (for MH and AOD)
- Collaboration and partnership with provider networks are very positive

WHAT'S NOT WORKING? GAPS? WHAT WOULD YOU LIKE TO SEE MORE OF?

- Access Issues
 - Lack of timely access, long wait lists
 - Services later in the evening, more virtual services, flexible schedules
 - Shortage of therapists, especially for youth
 - More needed in East County, West County
- Youth
 - More awareness and outreach to youth at a younger age
 - Access to MH services for non-system involved youth
 - Youth need info about their legal rights
 - More prevention and early intervention for youth
 - Fear of stigma in screening for MH in school, leads to more problems down the road.
 - Getting mental health programs into schools
 - More free structured activities for kids (i.e., after school)
 - More support for homeless youth
 - AOD programs in schools, like TUPE
- Cultural Humility
 - Providers who are from (and reflect) the community
 - Linguistically appropriate care – including different dialects of the same language
 - Need more culturally responsive services – providers of color
 - Recent immigrants need more support – language, cultural differences
 - Need to heal cultural divides – tension between communities
 - Culture specific programming – e.g., AAPI, African American, Latino/Latinx, non-English speaking communities
 - Outreach to BIPOC communities

- Immigrants with trauma need more help
- More peer partners, peer run programs
- Families and Community
 - More support to families
 - More parenting education and support – especially considering new challenges over the past couple years
 - County-funded family community events – street fairs, food trucks, various community activities/events/programs open to the public. Need to be free.
 - Risk assessment and tools for parents
 - More outreach via social media
 - More education & coordination on how to access services
 - One-stop shop for resources, more resource coordination
 - Holistic services
- Specific Services
 - More programs for dually diagnosed and SUD services
 - Step-down services for those coming out of locked facilities
 - Day treatment, respite
 - More focus on the impact of trauma
 - Coping with Covid-related stressors
 - Lack of housing, including for people with mental health challenges
- Funding and Planning
 - Planning needs to consider the bigger picture/longer view
 - CBO's need more resources, all vying for the same funds

WHAT INNOVATION PROJECT IDEAS ARE YOU IN FAVOR OF?

- PADs – a good idea. CBO's can help support clients with this too
- PADs and Community Defined Practices discussed as new projects
- Micro grants – to provide culturally relevant services
- Laughter based programs
- Transitional housing for those dismissed from conservatorship

Summary: The community program planning process identifies current and ongoing mental health service needs and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full 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 contained herein does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

The following chapters contain programs and plan elements that are funded by the County's MHSA Fund and will be evaluated by how well they address the Three-Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

COMMUNITY SERVICES AND SUPPORTS

Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Behavioral Health Services utilizes MHSA funding for the categories of Full-Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to approximately \$41.1 million for FY 2022-23 in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify, and prioritize community mental health needs and developed strategies by which service delivery could grow with increasing MHSA revenues. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

FULL-SERVICE PARTNERSHIPS

Contra Costa Behavioral Health Services both operates and contracts with mental health service providers to enter collaborative relationships with clients, called Full-Service Partnerships. Personal service coordinators develop an individualized services and support plan with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals.

Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, housing, educational, social, vocational rehabilitation, and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention. As per statute requirements, these services comprise 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 2020-21 data was obtained for 515 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following results:

- A 58.1% decrease in the number of PES episodes
- A 54% decrease in the number of in-patient psychiatric hospitalizations
- A 39.2% decrease in the number of in-patient psychiatric hospitalization days

The following full-service partnership programs are now established:

Children. The Children’s Full-Service Partnership Program is comprised of four elements, 1) personal services coordinators, 2) multi-dimensional family therapy for co- occurring disorders, 3) multi-systemic therapy for juvenile offenders, and 4) county operated children’s clinic staff.

1. **Personal Service Coordinators.** Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short-term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County’s Psychiatric Emergency Services.
2. **Mobile Crisis Response.** Additional MHSA funding supports the expansion of hours that Seneca’s mobile crisis response teams are available to respond to children and their families in crisis. This expansion began in FY 2017-18 and includes availability to all regions of the county. Seneca has two teams available from 7:00 A.M. until 10:00 P.M. with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.
3. **Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders.** Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence-based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth’s interpersonal functioning, the parents’ parenting practices, parent-adolescent interactions, and family communications with key social systems.
4. **Multi-systemic Therapy (MST) for Juvenile Offenders.** 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 2022-23
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	843,600
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	982,146
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65	931,434
Children’s Clinic Staff	County Operated	Countywide	Support for full-service partners	556,524

TOTAL 200\$3,313,704

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 22-23
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,595,369
Transition Age Youth Full-Service Partnership	Youth Homes	Central and East County	30	770,915
County support costs				32,782

TOTAL 100 \$2,399,066

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 22-23
Full-Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,400,285
		East County	70 (Adult) 5 (Older Adult)	

Full-Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,114,343
Full-Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	288,742

TOTAL 230 \$5,803,370

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. This year, six additional CSW positions were added to support the work in the Adult and Children’s Clinics.

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

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 22-23
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full-Service Partners	1,967,672

TOTAL \$1,967,672

Assisted Outpatient Treatment: In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHPA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the

standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus 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 MHSA funded portion for Assisted Outpatient Treatment programming:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,266,775
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	637,714

TOTAL..... 75 \$2,904,489

Wellness and Recovery Centers. 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 MHPA funded portion for Wellness and Recovery Centers:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 22-23
Wellness and Recovery Centers	Putnam Clubhouse	West, Central, East County	200	\$1,067,999

TOTAL 200 \$1,067,999

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 MHPA funded portion for the Crisis Residential Center programming:

Program	County/Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 22-23
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,338,279
New Crisis Residential	TBD	Countywide	TBD	TBD

TOTAL 200 \$2,338,279

MHPA Funded Housing Services. MHPA funds for housing supports supplements that which is provided by CCBHS and the County’s Health, Housing and Homeless Services Division, and is designed to provide various types of affordable shelter and housing for low-income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of chronic homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost. Housing supports are categorized as follows; 1) temporary shelter beds, 2) augmented board and care facilities or homes, 3) scattered site, or master leased housing, 4) permanent supportive housing, and 5) a centralized county operated coordination team.

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

Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.

2. **Augmented Board and Care.** The County contracts with 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. Of these augmented board and care providers, there are currently seven that are MHSA funded, and augment their board and care with additional agreed upon care for persons with seriously mental illness. These include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues. During this three-year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness.
3. **Scattered Site Housing.** Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families to move in and maintain their homes independently.
4. **Permanent Supportive Housing.** Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on several one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

The 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.

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.

Round 2 - Contra Costa was awarded funds to construct permanent supportive housing units in the Central and West regions 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. In 2020, CCBHS received a non-competitive allocation amount of \$2,231,574 which was awarded to RCD for a combination project (use of both competitive and non-competitive funds) for a total amount of NPLH financing in the amount of \$14,456,028.

Round 3 – 8 units located at *699 Ygnacio Valley Rd* in Walnut Creek via non-competitive funds.

Round 4 – CCBHS submitted two competitive applications. If awarded, the first would result in 21 units located in Walnut Creek in partnership with RCD. The second application would result in 8 units located in Richmond in partnership with Community Housing Development Corporation (CHDC).

In the past year, the State and Federal government have released multiple housing infrastructure-related grant opportunities for Counties. The County continues to apply for those 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.

1. **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 MHSA 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	MHSAs Funds Allocated for FY 22-23
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,048,912
Augmented Board and Care *	Crestwood Healing Center	Countywide	80 beds	1,210,356
Augmented Board and Care *	Various	Countywide	335 beds	7,083,324
Scattered Site Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Permanent Supportive Housing	Contractor Operated	Countywide	81 units	State MHSAs funded
Coordination Team	County Operated	Countywide	Varies	1,089,982

TOTAL BEDS/UNITS 690 ** \$13,853,000

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSAs as funding sources. Thus, the budgeted amount for FY 22-23 may not match the total contract limit for the facility and beds available. The amount of MHSAs funds budgeted are projections based upon the 1) History of actual utilization of beds paid by MHSAs funding, 2) History of expenditures charged to MHSAs, and 3) Projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three-Year Plan Updates will reflect adjustments in budgeted amounts.

**It is estimated that over 1,000 individuals per year are receiving temporary or permanent supportive housing by means of MHSAs funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded efforts to increase the above availability of supportive housing for persons with serious mental illness.

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 MHA 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. MHA funded mental health clinicians are integrated into a primary treatment team.

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHA Funds Allocated for FY 22-23
Intensive Care Management	County Operated	Countywide	237	3,180,657
IMPACT	County Operated	Countywide	138	404,992

TOTAL 375 \$3,585,649

Supporting Children and Young Adults. There are two programs supplemented by MHSAs 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 jointly involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). Recently the Department of Health Care Services has clarified that the continuum of EPSDT services is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSAs funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

The 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 22-23
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,428,167
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	728,220

TOTAL..... \$2,156,387

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

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHTSA Funds Allocated for FY 22-23
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	269,995

TOTAL \$269,995

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	MHTSA Funds Allocated for FY 22-23
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	154,793

TOTAL \$154,793

Clinic Support. County positions are funded through MHTSA 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 MHTSA funds were purchased in prior years to purchase additional county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.
- 3) **Evidence Based Practices.** Clinical Specialists, one for each Children’s clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

The MHSa allocation for Clinic Support are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	730,595
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	302,777
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	404,992
Additional Clinic Support	County Operated	Countywide		588,440

TOTAL \$2,026,804

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

Mobile Crisis Response Team (MCRT). During the FY 2017-20 Three Year Plan the Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) with law enforcement to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers will work closely with the County’s Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their respective communities. MHSa funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation and the addition of two positions.

The MHSa allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Forensic Team	County Operated	Countywide	Support to the Forensic Team	269,995
MCRT	County Operated	Countywide	Supplements MCRT	1,288,752

TOTAL \$1,558,747

Quality Assurance and Administrative Support. MHSAs 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 MHSAs community program planning process are also included here. County positions have been incrementally justified, authorized and added each year as the total MHSAs budget has increased.

The MHSAs allocation for the following functions and positions are summarized below:

1) Quality Assurance.

Function	MHSAs Funds Allocated for FY 22-23
Medication Monitoring	255,845
Clinical Quality Management	770,816
Clerical Support	226,053

TOTAL\$1,252,714

2) Administrative Support.

Function	MHSAs Funds Allocated for FY 22-23
Program and Project Managers	1,211,242
Clinical Coordinator	127,990
Planner/Evaluators	539,867
Family Service Coordinator	114,931
Administrative and Financial Analysts	973,454
Clerical Support	413,848
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000

TOTAL\$3,496,332

Community Services and Supports (CSS) FY 22-23 Program Budget Summary

Full-Service Partnership (FSP Programs)		Number to be Served: 1,380	\$33,647,579
	Children	3,313,704	
	Transition Age Youth	2,399,066	
	Adults – Includes total funding listed in <i>Adult Full-Service Partnership Programming</i> table and <i>Adult Mental Health Clinic Support</i> table.	7,771,042	
	Assisted Outpatient Treatment	2,904,489	
	Wellness and Recovery Centers	1,067,999	
	Crisis Residential Center	2,338,279	
	MHSA Housing Services	13,853,000	
Non-FSP Programs (General System Development)			\$14,501,421
	Older Adult Mental Health Program	3,585,649	
	Children’s Wraparound, EPSDT Support	2,156,387	
	Concord Health Center	269,995	
	Liaison Staff	154,793	
	Clinic Support	2,026,804	
	Forensic Team	1,558,747	
	Quality Assurance	1,252,714	
	Administrative Support	3,496,332	

Total\$48,149,000

PREVENTION AND EARLY INTERVENTION

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

First approved in 2009, with an initial State appropriation of \$5.5 million Contra Costa’s Prevention and Early Intervention budget has grown incrementally to approximately \$9 million annually in commitments to

programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was like that conducted in 2005-06 for the Community Services and Support component.

Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year.

New regulations for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; 5) improving timely access to mental health services for underserved populations; 6) stigma and discrimination reduction; and 7) suicide prevention. All the programs contained in this component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as historically underserved.

Performance Indicators

The table below illustrates the reported number of individuals served in FY 2020-21 in the seven PEI categories.

PEI Program Component	FY 20-21 Estimated Numbers Served
Early Intervention	987
Outreach for Increasing Recognition of Early Signs of Mental Illness	2,017
Prevention	1,491
Stigma and Discrimination Reduction	1,336
Access and Linkage to Treatment	1,071
Suicide Prevention	20,082
Improving Timely Access to Mental Health Services for Underserved Populations	2,121
Total	29,105

Performance Indicators.

PEI regulations also have new data reporting requirements that will enable CCBHS to report on the following **performance indicators**:

- 1) **Outreach to Underserved Populations.** Demographic data, such as age group, race/ethnicity and primary language enable an assessment of the impact of outreach and engagement efforts over time.
- 2) **Linkage to Mental Health Care.** Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental health care.

Demographic data was reported for individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2020-21. Within the seven PEI categories several programs focused their service delivery on historically marginalized groups, such as immigrants, young children, underserved youth, older adults, Black, Indigenous, People of Color (BIPOC), and persons who identify as LGBTQI+.

The following table illustrates *primary populations* served in FY 2020-21 by Prevention and Early Intervention providers.

Prevention and Early Intervention Cultural and Linguistic Providers

Provider	Primary Population(s) Served
Asian Family Resource Center	Asian / Pacific Islander (API) recent immigrant communities
Building Blocks for Kids (BBK)	African American / LatinX
Center for Human Development	African American / LGBTQI+
Child Abuse Prevention Council	LatinX
COPE / First Five	African American / LatinX
Hope Solutions (Interfaith Housing)	African American / LatinX
James Morehouse Project	African American / API / LatinX
Jewish Family Community Services of the East Bay	Afghan / Russian / Middle East (and other recent immigrants)
La Clinica	LatinX
Lao Family Development	API (and other recent immigrants)
Latina Center	LatinX
Lifelong (SNAP Program)	African American, Older Adults
Native American Health Center	Native American
People Who Care	African American / LatinX underserved youth
Rainbow Community Center	LGBTQI+, All Ages (youth – Older Adult)
RYSE	African American / LatinX/ LGBTQI+, underserved and Transition Aged Youth
STAND!	African American / LatinX

The following table summarizes estimated demographic groups as they were served by PEI programs in FY 2020-21. Please note that the below figures are not a full reflection of the demographics served. Data was not captured for most participants for two primary reasons: a significant number of participants declined to respond to demographic information, additionally, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. For the purposes of this reporting, percentages do not include participants that either declined to state or the data was not otherwise captured.

Demographic sub-group	% PEI clients served in FY 20-21
Asian	10%
African American / Black	15%
Caucasian / White	53%
LatinX / Hispanic	18%
Multi-Racial	2%
Native American / Alaskan Native	1%
Native Hawaiian / Other Pacific Islander	<1%
Other	1%

In addition, at least 6% of persons served in PEI programs received services in their primary language of Spanish, while at least another 3.5% received services in other languages.

For FY 2020-21, PEI programs reported they completed 864 in-house mental health referrals and 20,397 mental health referrals to external organizations, such as a County or Community-Based Organizations. Programs reported an average of 5 weeks as the length of time between referrals and mental health service implementation. Programs also reported an estimated average of 67.5 weeks as the duration of untreated mental illness. However, these figures are also impacted by limitations in data collection and varying interpretations of these questions among respondents.

For FY 2020- 2021, PEI programs reported 27% of those who received PEI services were Children & Transition Age Youth (TAY), 51% were Adults, 22% were Older Adults. It is estimated that in FY 2020-21, over 60% of PEI programs offered services that are geared toward young people between the ages of 0-25. Further information about PEI Aggregate Data and Programs can be found in the Annual PEI Evaluation Report posted on the Contra Costa MHSA site.

For FY 2022-23, PEI programs are listed within the seven categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services and faith-based organizations.

Eight 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 provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
- 6) The Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.

- 7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.
- 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. 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:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22/23
Asian Family Resource Center	Countywide	50	159,567
COPE	Countywide	210	268,660
First Five	Countywide	(Numbers included in COPE)	89,343
Hope Solutions	Central and East County	200	408,952
Jewish Family Community Services of the East Bay	Central and East County	350	185,112
Native American Health Center	Countywide	150	265,486
The Latina Center	West County	300	133,184
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	128,750

TOTAL1,359+ \$1,639,054

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 because of trauma and violence.

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Building Blocks for Kids	West County	400	238,280
Vicente	Central County	80	197,076
People Who Care	East County	200	243,789
Putnam Clubhouse	Countywide	300	718,777
RYSE	West County	2,000	533,653

TOTAL..... 2,980 \$1,931,575

Early Intervention

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

One program is included in this category:

- 1) The County operated First Hope Program serves youth who show early signs of psychosis or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
First Hope	Countywide	200	2,719,036

TOTAL.....200..... \$2,719,036

Access and Linkage to Treatment

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

Three programs are included in this category:

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

The allocation for the Access and Linkage to Treatment category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
James Morehouse Project	West County	300	112,442
STAND! Against Domestic Violence	Countywide	750	146,548
Experiencing Juvenile Justice	Countywide	300	404,992

TOTAL 1,350..... \$663,982

Improving Timely Access to Mental Health Services for Underserved Populations. Programs in this category provide mental health services as early as possible for individuals and their families from an underserved population. Underserved means not having access due to challenges in the identification of mental health needs, limited language access, or lack of culturally appropriate mental health services. Programs in this category feature cultural and language appropriate services in convenient, accessible settings.

Six programs are included in this category:

- 1) The Center for Human Development fields two programs under this category. The first is an African American wellness group that serves the Bay Point community in East Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and

workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. The second program provides mental health education and supports for LGBTQ youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.

- 2) The Child Abuse Prevention Council of Contra Costa provides a 23-week curriculum designed to build new parenting skills and alter old behavioral patterns and is intended to strengthen families and support the healthy development of their children. The program is designed to meet the needs of Spanish speaking families in East and Central Counties.
- 3) La Clinica de la Raza reaches out to at-risk LatinX in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic violence, and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.
- 4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.
- 5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.
- 6) Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity. Key activities include reaching out to the community to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

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

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 2022-23
Child Abuse Prevention Council	Central and East County	120	136,709
Center for Human Development	East County	230	171,488
La Clínica de la Raza	Central and East County	3,750	306,573
Lao Family Community Development	West County	120	208,073
Lifelong Medical Care	West County	115	142,914
Rainbow Community Center	Countywide	1,125	828,312

TOTAL5,460 \$1,794,069

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 MHS 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) The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- 4) The OCE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- 5) Through the Take Action for Mental Health project, California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCBHS partners via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

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

Program	County/Contract	Region Served	Funds Allocated for FY 22-23
OCE	County Operated	Countywide	232,189
CalMHSA	MOU	Countywide	78,000

TOTAL \$310,189

Suicide Prevention

There are three plan elements that support the County’s efforts to reduce the number of suicides in Contra Costa County: 1) augmenting the Contra Costa Crisis Center, and 2) supporting a suicide prevention committee. Additional funds are allocated to dedicate staff trained in suicide prevention to provide countywide trainings, education and consultation for a host of entities such as schools, social service providers, criminal justice and first responder community-based organizations to know the signs of persons at risk of suicide, assess lethality and respond appropriately.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller’s consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) In FY 20-21 The Contra Costa Crisis Center was awarded the Suicide Prevention focused RFP for their proposed PES Follow Up Program. This new Follow Up Program is designed for patients with suicidal ideation/attempt 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. In FY 21-22, the Crisis Center is working closely with County staff to coordinate services and streamline processes to best serve those in crisis.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County’s suicide prevention efforts. In 2021, a subcommittee was convened to address **Youth Suicide Prevention**. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these

challenging times. The group meets in the late afternoon to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below:

Plan Element	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
Contra Costa Crisis Center	Countywide	25,000	401,603
Contra Costa Crisis Center Suicide Prevention RFP (PES Follow Up Program)	Countywide	TBD	TBD*
County Supported	Countywide	N/A	Included in PEI administrative cost

TOTAL..... 25,000\$401,603

* These funds are already rolled into Contra Costa Crisis Center’s funds allocation for FY 22-23

PEI Administrative Support

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA.

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated FY 22-23
Administrative and Evaluation Support	Countywide	389,492

TOTAL..... \$389,492

Prevention and Early Intervention (PEI) Summary for FY 22-23

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,639,054
Prevention	1,931,575
Early Intervention	2,719,036
Access and Linkage to Treatment	663,982

Improving Timely Access to Mental Health Services for Underserved Populations	1,794,069
Stigma and Discrimination Reduction	310,189
Suicide Prevention	401,603
Administrative, Evaluation Support	389,492

Total..... \$9,849,000

INNOVATION

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

Innovation Regulations went into effect October 2015. 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

During 2021-22, the following projects ended due to reaching their five-year time limit: Partners in Aging and Overcoming Transportation Barriers. Existing projects still consist of CORE and CBSST. We are actively working with the community to identify new Innovation projects during the current fiscal year. This is further described in the Community Program Planning Process chapter of this report. A summary of proposed new Innovation project ideas is listed below. Individual existing project reports are attached as appendices.

Existing Innovation Projects

CENTER FOR RECOVERY AND EMPOWERMENT (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youth with addictions and co-occurring emotional disturbances. The CORE Project is an intensive outpatient treatment program offering three levels of care: intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders.

Services will be provided by a multi-disciplinary team, and includes individual, group and family therapy, and linkage to community services.

COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING (CBSST). The project is designed to enhance the quality of life for the those residing in enhanced board & care homes by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project has a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills, while decreasing the need for costly interventions such as PES admissions. Funds have been added to expand services to reach additional board & care residents.

Emerging Innovation Projects

1. **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 just for them (see Appendix E for full proposal).
2. **Micro Grants for Community Defined Practices.** This is an emerging Innovation concept that is in development with our advisory body. The general idea is to allow funding opportunities for community organizations to provide nontraditional, non-medical model services to targeted underserved and inappropriately served community groups.

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Center for Recovery and Empowerment (CORE)	County Operated	West	80	734,181
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	424,788
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	TBD	503,680

Micro-Grants for Community Defined Practices	County Operated	Countywide	TBD	250,000
Administrative Support	County	Countywide	Innovation Support	416,351

TOTAL 320 \$ 2,329,000

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 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 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 MHSAs funding for Workforce Staffing Support is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 22-23
WET Coordination	County Operated	Countywide	149,222
Supporting Families	NAMI CC	Countywide	655,637
Senior Peer Counseling	County Operated	Countywide	269,995

TOTAL \$1,074,854

Training and Technical Assistance

- 1) Staff Training. Various individual and group staff trainings will be funded that support the values of the MHSAs. As a part of the MHSAs community program planning process, CCBHS workforce surveys, CCBHS’s Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified training needs prioritized for MHSAs funding in the Three-Year Plan.
- 2) NAMI Basics/ Faith Net/ Family to Family (De Familia a Familia)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages. NAMI CC shall also offer Conversations with Local Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS’s Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.

- 3) Crisis Intervention Training. CCBHS provides a three-day Crisis Intervention Training twice a year for law enforcement officers so that they are better able to respond safely and compassionately to crisis situations involving persons with mental health issues. Officers learn from mental health professionals, experienced officers, consumers and family members who advise, problem-solve and support with verbal de-escalation skills, personal stories, and provide scenario-based training on responding to crises.
- 4) Mental Health First Aid Instructor Training. CCBHS works with the Cypress Resilience Project, a fiscal sponsor of the Public Health Institute to offer Mental Health First Aid which is training created by the National Council for Mental Wellbeing. Youth and Adult Mental Health First Aid training is offered to government and community-based agencies who are often first responders to community trauma, violence or natural disaster. Mental Health First Aid is a proprietary evidence-based training for anyone who wants to learn about mental illness, addictions, risk factors and warning signs. This six-hour training provides participants with an action plan to help a person in crisis connect with professional, peer, social, and self-help care. Participants are given the opportunity to practice their new skills and gain confidence in helping others who may be developing a mental health or substance use challenge, or those in distress.

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

Plan Element	County/ Contract	Region Served	MHA Funds Allocated for FY 22-23
Staff Training	Various vendors	Countywide	353,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	74,896
Crisis Intervention Training	Various Vendors	Countywide	15,000
Mental Health First Aid	Public Health Institute	Countywide	12,000

TOTAL \$455,099

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 MHA 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 22-23
SPIRIT	OCE County Staff	Countywide	50	350,697
	Contra Costa College			25,000

TOTAL 50 \$375,697

Residency and Internship Programs

- 1) 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 linguistical 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 MHA funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 22-23
Graduate Level Internships	County Operated	Countywide		237,350
Graduate Level Internships	Contract Agencies	Countywide		500,000

TOTAL TBD \$737,350

Financial Incentive Programs

- 1) Loan Repayment Program. For the Three-Year Plan CCBHS is continuing its County funded and administered Loan Repayment Program that assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions, and provides potential career advancement opportunities for CCBHS staff and contracted providers that are part of the public behavioral health workforce. CCBHS continues to partner with the CalMHSA to administer a loan repayment program patterned after state level loan repayment programs but differing in

providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce need. To maximize retention and recruitment, CCBHS will also participate in the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program which is a partnership 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 and shall allow for a wider reach in addressing staffing and language needs.

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2022-23
Loan Repayment	CalMHSA	Countywide	Variable	300,000

TOTAL..... \$300,000

Workforce Education and Training (WET) Component Budget Authorization for FY 2022-23:

Workforce Staffing Support	1,074,854
Training and Technical Assistance	455,099
Mental Health Career Pathways	375,697
Residency and Internship Program	737,350
Financial Incentive Programs	300,000

TOTAL \$2,943,000

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

- 1) Electronic Mental Health Record System – Data Management. Contra Costa received approval from the State to utilize MHSAs funds to develop and implement an electronic mental health record system.

The project has transformed the current paper and location-based system with an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer’s treatment team, with shared decision-making functionality. It replaced the existing claims system, where network providers and contract agencies would be part of the system and be able to exchange their clinical and billing information with the County. The electronic health record system now allows doctors to submit their pharmacy orders electronically, permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability and allows consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

For the upcoming three-year period CCBHS will set aside MHPA Information Technology component funds to build into this electronic system CCBHS data management capability by means of ongoing and ad hoc reports. These reports will be electronically accessed via the Health Services’ iSITE, and will depict a series of performance indicators, such as productivity, service impact, resource management, and quality assurance. This will enable more effective analysis, decision-making, communication and oversight of services by providing visibility of selected indicators that can influence the quality and quantity of behavioral health care that is provided.

CAPITAL FACILITIES

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

Capital Facilities/ Information Technology (CFTN) Budget Authorization for FY 2022-23:

Electronic Mental Health Data Management System	TBD
Capital Facilities Project	TBD

TOTAL \$0

THE BUDGET

Previous chapters provide detailed projected budgets for individual MHPA plan elements, projects, programs, categories, and components for FY 2022-23. The following table summarizes a budget estimate of total MHPA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 22-23	48,149,000	9,849,000	2,329,000	2,943,000	0	63,270,000

Appendix D, 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:

A. Estimated FY 2022-23 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	49,938,000	12,724,905	9,677,725	3,080,104	0	75,420,734
2. Estimated new FY 22-23 funding	53,146,026	13,286,506	3,496,449	0	0	69,928,981
3. Transfers in FY 22-23						
4. Estimated available funding for FY 22-23	103,084,026	26,011,411	13,174,174	3,080,104		145,349,715
B. Budget Authority for FY 22-23	48,149,000	9,849,000	2,329,000	2,943,000	0	63,270,000
C. Estimated FY 22-23 Unspent Fund Balance	54,935,026	16,162,411	10,845,174	137,104	0	82,079,715
Estimated Prudent Reserve for FY 22-23				7,579,248		

NOTES.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for

instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The estimated new funding for each fiscal year includes this distribution.

2. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this period the County has allocated no transfer in FY 2022-23
4. The MHSA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2022, is \$7,579,248, and includes interest earned. This amount is less than the estimated maximum allowed of \$13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037.
5. It is projected that the requested total budget authority for the Three-Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

EVALUATING THE PLAN

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review process has been implemented to a) improve the services and supports provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policies. During COVID 19, the process has been put on hold for safety reasons, but we hope to resume in the upcoming year.

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

ACKNOWLEDGEMENTS

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

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

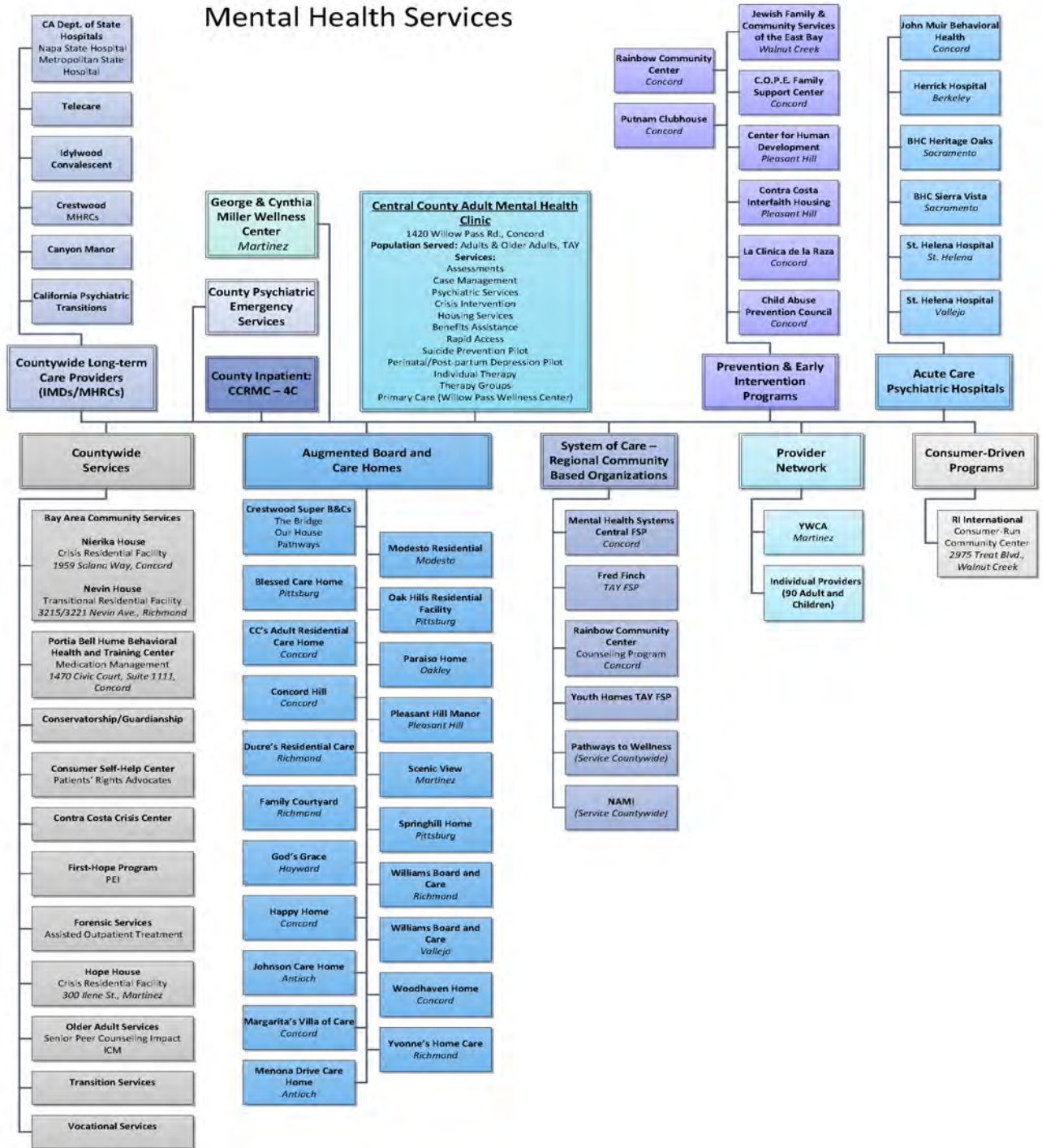
The MHSA Staff

Mental Health Service Maps

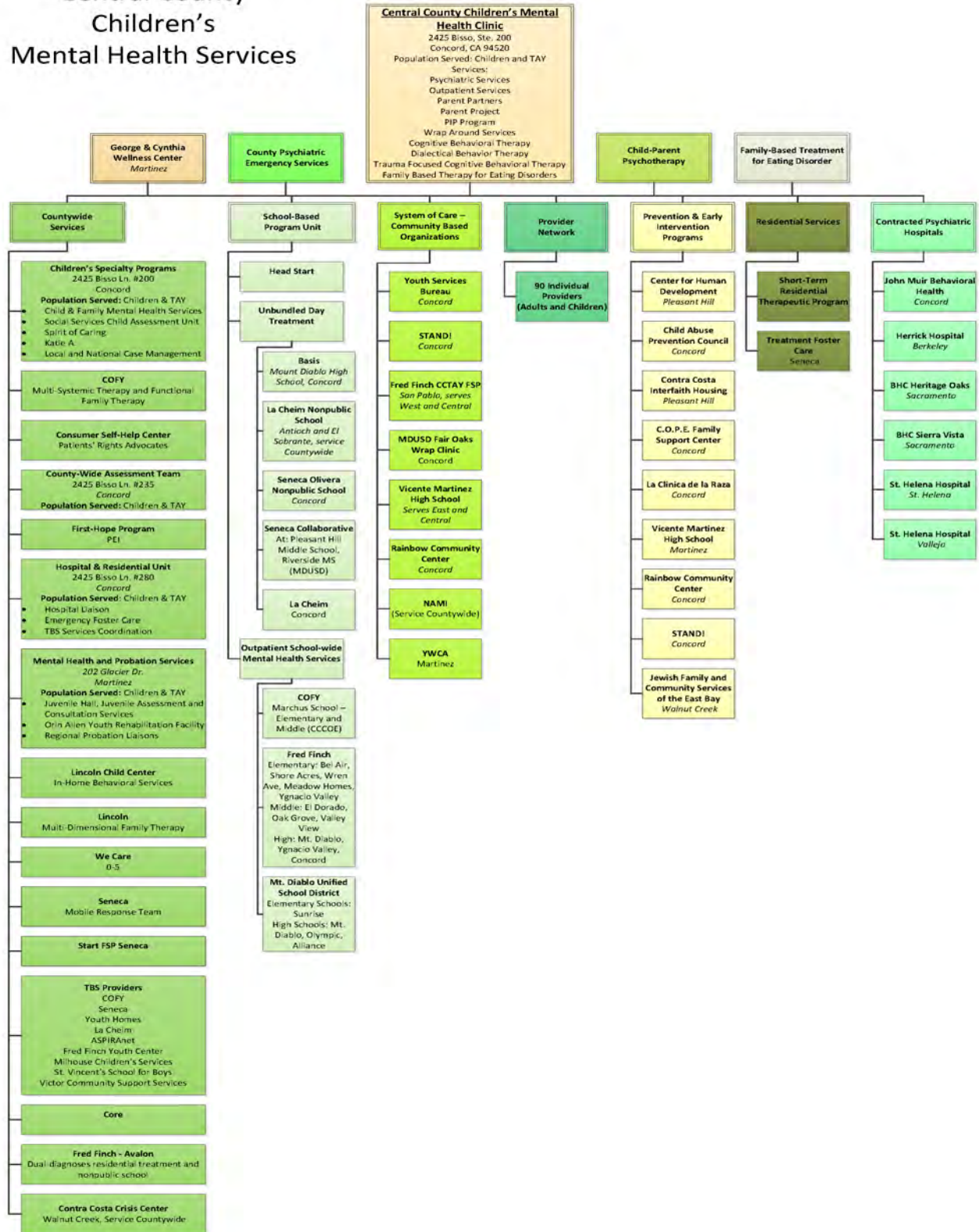
Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the Contra Costa Behavioral Health Services system of care is its 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.

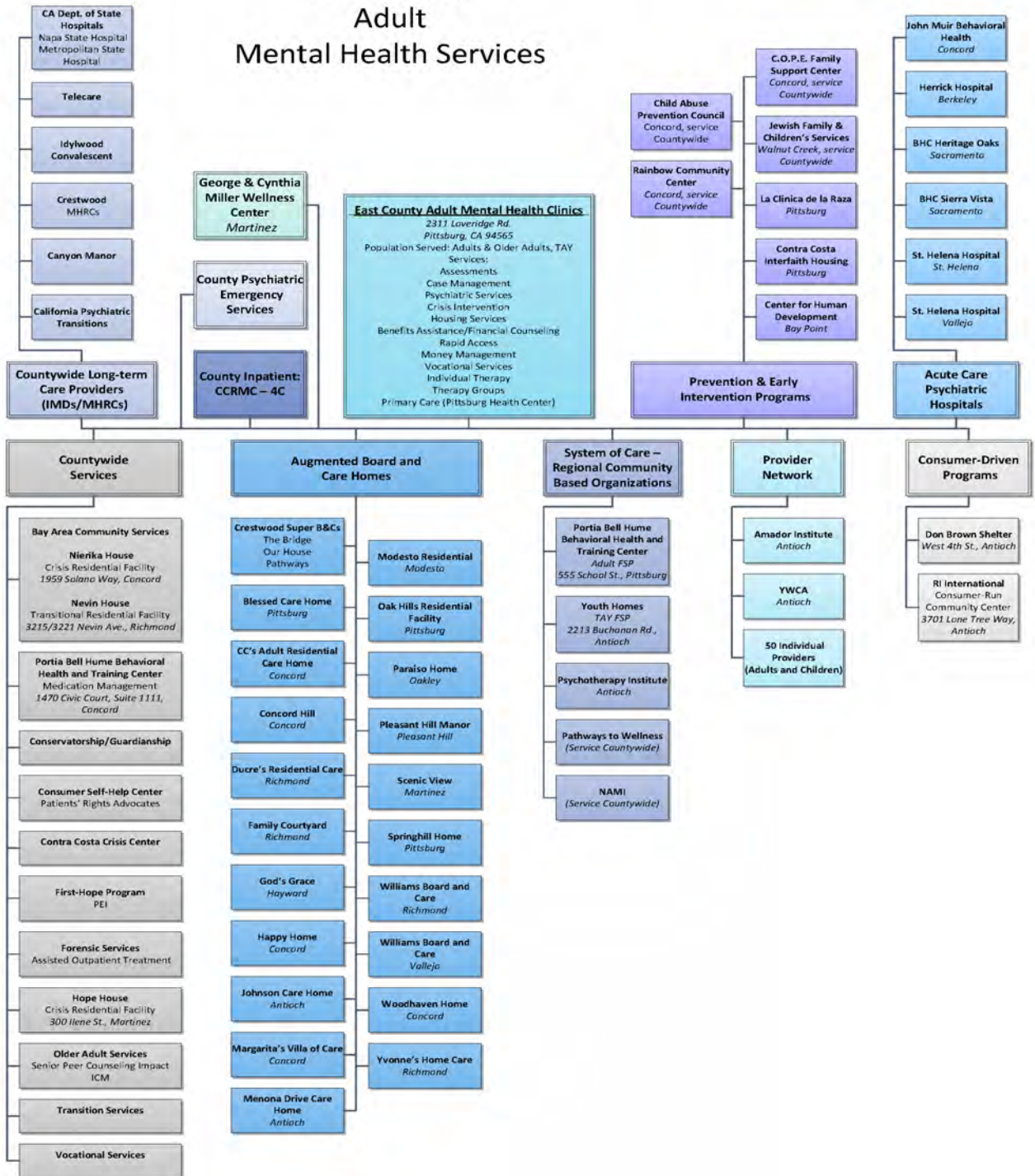
Central County Adult Mental Health Services



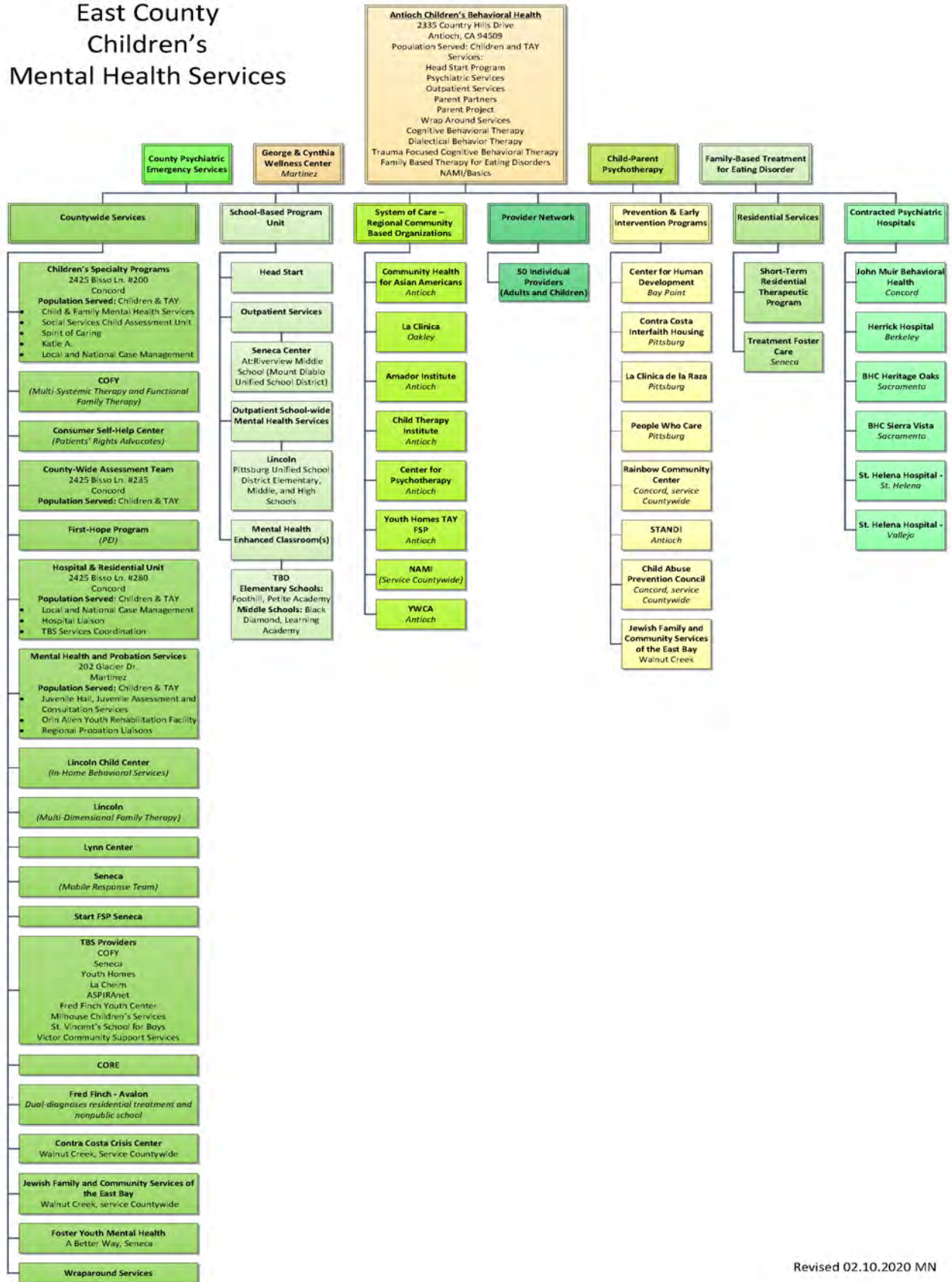
Central County Children's Mental Health Services



East County Adult Mental Health Services

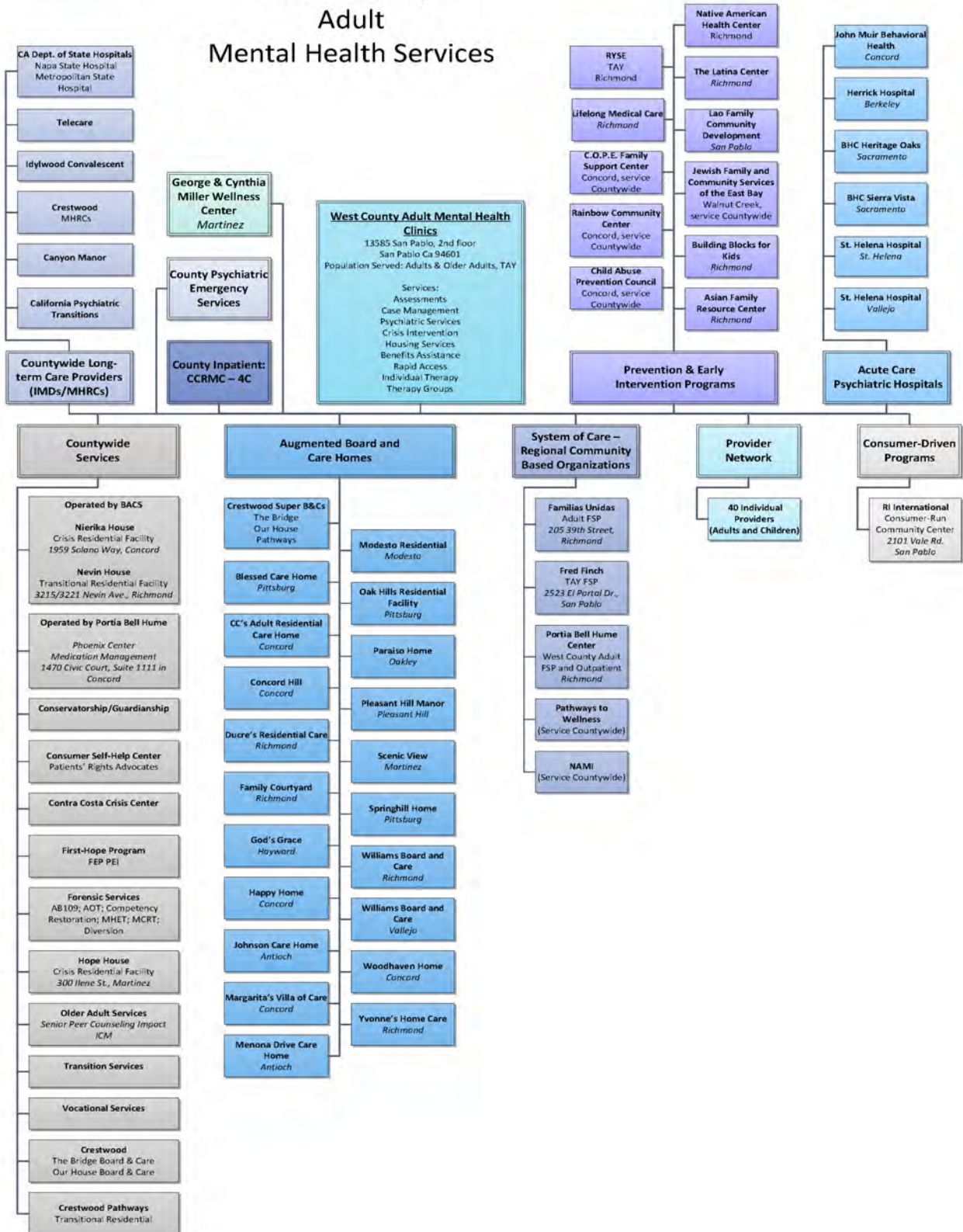


East County Children's Mental Health Services

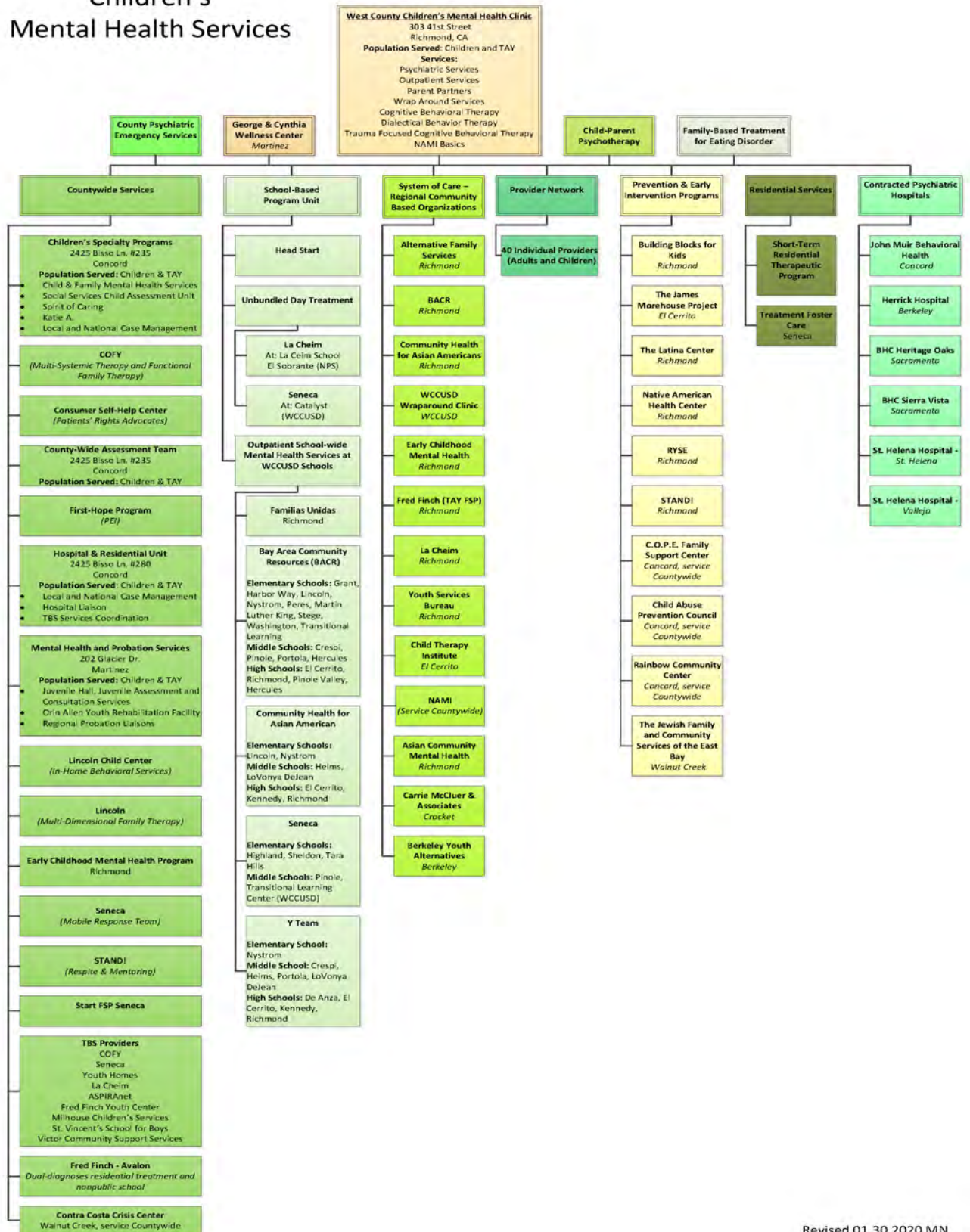


Revised 02.10.2020 MN

West County Adult Mental Health Services



West County Children's Mental Health Services



Revised 01.30.2020 MN

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**Central County Adult Mental Health Clinic
(Contra Costa Behavioral Health Services)**

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

1. 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 MHSa funded programs and plan elements:

2. 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.

3. 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 20-21: Approximately 2,469 Individuals.

**Central County Children’s Mental Health Clinic
(Contra Costa Behavioral Health Services)**

2425 Bisso Lane, Suite 200, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>
Point of Contact: Betsy Hanna, Psy.D, Mental Health Program Manager, (925) 521-5767,
Betsy.Hanna@CCHealth.org

1. 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 MHSa funded plan elements:

2. 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 20-21: Approximately 934 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

1. 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.

2. 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 2–21: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

e. 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

1. 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.

2. 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 20-21: Capacity of 6 beds.

**East County Adult Mental Health Clinic
(Contra Costa Behavioral Health Services)**

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

1. 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.

2. 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.

3. 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 20-21 Approximately 3,107 Individuals.

**East County Children’s Mental Health Clinic
(Contra Costa Behavioral Health Services)**

2335 Country Hills Drive, Antioch, CA 94509, <https://cchealth.org/mentalhealth/#simpleContained4>
Point of Contact: Christine Madruga, Program Manager, (925) 608-8736, Christine.Madruga@CCHHealth.org

1. 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 MHSA funded plan elements:

2. 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 20-21: Approximately 896 Individuals.

EMBRACE Mental Health

3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523, www.embrace.org

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

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

1. **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.

2. **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 22-23 \$931,434
- d. Number served: In FY20-21 Embrace FSP served 47 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 47 Embrace FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	19	1	0.044	0.006	-86.5%
<i>Inpatient episodes</i>	2	0	0.005	0.00	-100.0%
<i>Inpatient days</i>	10	0	0.023	0.000	-100.0%
<i>JACS Bookings</i>	9	5	0.021	0.030	-42.9%

Familias Unidas (formerly Desarrollo Familiar, Inc.)

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

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

1. 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.

2. 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 22-23 \$288,742

d. Number served: For FY 20-21: 15 Individuals

e. Outcomes: For FY 20-21:

- 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).
- Increase in incidence of psychiatric crisis
- Increase of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 15 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 20-21

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% change
<i>PES episodes</i>	17	9	0.094	0.050	-47.1%
<i>Inpatient episodes</i>	4	5	0.022	0.028	+25.0%
<i>Inpatient days</i>	15	35	0.083	0.194	+133.8%
<i>DET</i>	6	3	0.033	0.017	-50.0%

**Forensic Mental Health
(Contra Costa Behavioral Health Services)**

1430 Willow Pass Road, Suite 100, Concord CA 94520

Point of Contact: Marie Scannell, Program Manager, (925) 288-3915, Marie.Scannell@CCHHealth.org

1. 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.*

2. 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. Budget: \$1,967,672
- d. MHSA-Funded Staff: 4.0 Full-time equivalent
- e. Number Served: For FY 20-21: 360

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

1. **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.

2. **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 22-23 \$1,595,369
- c. **Number served:** For FY 20-21:44
- d. **Outcomes: For FY 20/21:**
 - Reduction in incidence of psychiatric hospitalizations
 - Increase in detention bookings
 - School enrollment increased in the Fall and Housing decreased.
 - Although Employment dropped somewhat, Competitive Employment remained steady.

- ANSA data: Individual Strengths and Depression Domains goals were met, exceeding the targeted goal percentage. Life Domain Functioning, Behavioral/Emotional Needs and Improvement in at least one Domain all decreased respectively and appear in range of meeting the stated goal.
- Continued contributing factors include: Active Socialization and Community building efforts that address communication/interpersonal skills, symptom management, identity development and holistic incorporation such as Workshops that target specific needs such as: Planned Parenthood (Healthy Sexuality) & Nutrition and bringing in 2018; New Laws, Immigration, Current Events Impact, etc. CCTAY continues to offer social outings, community connection, advocacy and participant led activities to promote confidence, build self-esteem, leadership and independent living skills, communication, etc. in order to increase overall treatment success and outcomes.

Table 1. Pre- and post-enrollment utilization rates for 44 Fred Finch FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	42	16	0.101	0.031	-0.071%
<i>Inpatient episodes</i>	19	10	0.046	0.019	-0.027%
<i>Inpatient days</i>	163	209	0.394	0.404	-0.011%
<i>DET Bookings</i>	1	1	0.002	0.002	-0%

Lincoln

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

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

1. **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.

2. **Program: Multi-Dimensional Family Therapy (MDFT) – Full-Service Partnership - 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 22-23 \$972,703

d. Number Served: The program served 54 clients in FY20-21.

e. Outcomes: For FY 20-21:

- Reduction in delinquency or maintained positive functioning in community involvement
- Improvement in emotional functioning

Table 1. Pre- and post-enrollment utilization rates for 54 Lincoln Child Center participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-	%change
<i>PES episodes</i>	7	4	0.015	0.010	-32.6%
<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>	27	5	0.058	0.013	-78.2%

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

1. 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.

2. 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.

c. Number served: For FY 20-21: Capacity of 26 beds.

**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/>
Point of Contact: Jenny Robbins, LCSW, Housing and Services Administrator,
(925) 608-6000, Jenny.Robbins@CCHealth.org

1. 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.

2. 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 MHSA Portion of Budget: \$2,048,912
- c. Number Served: FY 19-20: 75 beds fully utilized for 365 days in the year.

3. Program: Permanent Housing - CSS

Having participated in a specially legislated MHSA 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 MHSA Portion of Budget: One Time Funding Allocated.
- c. Number Served: FY 20-21 50 units.

4. 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: 8.0 FTE
- c. Total MHSA Portion of Budget: \$1,089,982
- d. Number Served: FY 20-21: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

Mental Health Systems, Inc.

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

Point of Contact: Carolyn Hidalgo, (925) 231-5507, carolyn.hidalgo@mhsinc.org @mhsinc.org

1. 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.

2. 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 22-23 \$2,266,775
- c. Number Served: The program served 68 clients during the 17-18 fiscal year, 115 clients during the 18-19 fiscal year, 84 clients during 19-20 fiscal year, and 86 clients during 20-21 fiscal year.
- d. Outcomes: For FY 20/21
 - ACT treatment adherence was 37% compared to 51% during SIP orders
 - Consumers receiving ACT services had a decrease in crisis episodes
 - Consumers had a decrease in psychiatric hospitalizations
 - Consumers had a decrease in jail bookings
 - 72% of consumers obtained or maintained housing while in ACT.

Table 1. Pre-and post-enrollment utilization rates for 86 Mental Health Systems AOT/ACT/ FSP participants enrolled in the FSP program during FY 20-21

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	278	118	0.336	0.121	-64.1%
<i>Inpatient episodes</i>	50	28	0.060	0.029	-52.6%
<i>Inpatient days</i>	511	450	0.617	0.460	-25.5%
DET Bookings	68	29	0.030	0.053	-63.9 %

3. Program: MHS Contra Costa Central FSP – CSS

- a. 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 22-23 \$1,114,343

- c. Number Served: FY 20-21: 61 Individuals

- d. Outcomes:

- Reduction in incidence of psychiatric hospitalizations
- Increase in detention bookings

Table 1. Pre-and post-enrollment utilization rates for 61 Mental Health Systems FSP participants enrolled in the FSP program during FY 20-21

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	164	78	0.248	0.117	-53.1%
<i>Inpatient episodes</i>	33	15	0.050	0.022	-55.2%
<i>Inpatient days</i>	441	153	0.668	0.229	-65.8%
DET Bookings	25	31	0.038	0.046	+22.3 %

Modesto Residential Living Center, LLC.

1932 Evergreen Avenue, Modesto CA, 95350

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

1. 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.

2. 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.

c. Number served: For FY 20-21: 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

1. 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.

2. 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.

c. Number Served: For FY 20-21: 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 or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

1. 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 underserved at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

2. 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.

3. 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 - \$3,180,657; IMPACT - \$404,992.
- c. Staff: 28 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

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

1. 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.

2. 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 22/23 (East and West CSP): \$4,400,285
- f. Number served: For FY 20/21:66 individuals (East); and 51 individuals (West)
- g. Outcomes: For FY 20/21 (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 51 Hume West FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	99	51	0.176	0.083	-52.4%
<i>Inpatient episodes</i>	14	2	0.025	0.003	-86.8%
<i>Inpatient days</i>	145	45	0.257	0.074	-71.4%
<i>DET Bookings</i>	13	6	0.023	0.010	-57.4%

Table 1. Pre- and post-enrollment utilization rates for 66 Hume East FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	278	80	0.354	0.105	-70.4%
<i>Inpatient episodes</i>	41	17	0.052	0.022	-57.3%
<i>Inpatient days</i>	376	233	0.478	0.305	-36.2%
<i>DET Bookings</i>	22	8	0.028	0.010	-62.5%

**Primary Care Clinic Behavioral Health Support
(Contra Costa Behavioral Health Services)**

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@CCHHealth.org

1. 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.

2. 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 20/21: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Putnam Clubhouse Peer Connection Centers (formerly RI International, Inc.)

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@putnamclubhouse.org

1. 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.

2. Program: Peer Connection Centers – CSS

The Contra Costa Clubhouse 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 will refer any peer members seeking employment and/or school enrollment to the Putnam Clubhouse for vocational supports. They provide transportation, when possible, by S.T.A.R, 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 Putnam Clubhouses S.A.W.S Unit (School and Work Supports) 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-based activities in relation to programming; and when possible, to/from medical appointments, interviews, school/work, and for essential errands via S.T.A.R (Supporting Transportation and Rides)
 - 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 22-23 \$1,067,999
- d. Number served: TBD
- e. Outcomes: TBD

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

1. **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.

2. **Program: Short Term Assessment of Resources and Treatment (START) - Full-Service Partnership - 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.

3. **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.

a. **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).

b. **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.

- c. Payment Limit: FY 22- 23 \$ 843,600
- d. Number served: Number served in FY 20-21: 58 individuals
- e. 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 58 Seneca Start FSP Participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	108	53	0.209	0.152	-27.2%
<i>Inpatient episodes</i>	11	3	0.021	0.009	-59.6%
<i>Inpatient days</i>	63	13	0.122	0.037	-69.4%

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

1. 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.

2. 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.
- 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, bjjones@telecarecorp.com or Caitlin Young, Clinical Director, chyong@telecarecorp.com

1. **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.

2. **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 22-23 \$2,338,279
- d. Number served: FY20/21 Unduplicated client count of 215.
- 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

1. 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.

2. 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 20-21: Capacity of 40 beds.

**West County Adult Mental Health Clinic
(Contra Costa Behavioral Health Services)**

13585 San Pablo Avenue, 2nd 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@CCHHealth.org

1. 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:

2. 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.

3. 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 20-21: Approximately 2,553 Individuals.

**West County Children’s Mental Health Clinic
(Contra Costa Behavioral Health Services)**

13585 San Pablo Avenue, 1st Floor, San Pablo CA 94806,
<https://cchealth.org/mentalhealth/#simpleContained4>
Point of Contact: , (510) 374-7208, Chad.Pierce@CCHealth.org

1. 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 MHSa funded plan elements:

2. 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 20-21: Approximately 564 Individuals.

Williams Board and Care

430 Fordham Drive, Vallejo CA, 94589

Point of Contact: Frederick Williams, (707) 731-2326, Fred_Williams@b-f.com or

Katrina Williams, (707) 731-2326

1. 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.

2. 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 20-21: Capacity of 6 beds.

Woodhaven

3319 Woodhaven Lane, Concord, CA 94519

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

1. **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.

2. **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 20-21: Capacity of 6 beds.

Youth Homes, Inc.

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

Point of Contact: [Jose Yanes, \(925-588-4241, josey@youthhomes.org](mailto:josey@youthhomes.org), Chief Executive Officer or [Byron lacuaniello, Clinical Director, \(925\) 324-6114, byroni@youthhomes.org](mailto:byroni@youthhomes.org)

1. 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.

2. 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): \$770,915
- d. Number served FSP: For FY 20-21: 33 individuals
- e. Outcomes FSP: For FY 20-21:
 - 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 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	150	61	0.417	0.160	-61.7%
<i>Inpatient episodes</i>	43	20	0.119	0.052	-56.2%
<i>Inpatient days</i>	459	259	1.275	0.678	-46.8%
<i>DET Bookings</i>	15	10	0.042	0.026	-37.2%

Asian Family Resource Center (AFRC)

12240 San Pablo Ave, Richmond, CA 94805

Point of Contact: Sun Karnsouvong, Skarnsouvong@arcofcc.org

1. 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.

2. Program: Building Connections (Asian Family Resource Center) - PEI

- 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:
 - i. 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.
 - ii. 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.
 - iii. 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.

- b. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: FY 22-23: \$159,567
- d. Number served: FY 20-21: 584 high risk and underserved community members
- e. Outcomes:
 - 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.

Building Blocks for Kids (BBK)

310 9th Street, Richmond, CA 94804, www.bbk-richmond.org

Point of Contact: Sheryl Lane, (510) 232-5812, slane@bbk-richmond.org

1. **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.

2. **Program: Not About Me Without Me - PEI**

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 22-23: \$238,280

d. Number served: In FY 20-21: 466 Individuals (includes outreach and education events).

e. Outcomes:

- 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.

Center for Human Development (CHD)

901 Sun Valley Boulevard, Suite 220, Concord, CA 94520, <http://chd-prevention.org/>
Point of Contact: David Carrillo, (925) 349-7333, david@chd-prevention.org

1. 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.

2. **Program: African American Wellness Program and Youth Empowerment Program - PEI**

- 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 22-23: \$171,488
- d. Number served: FY 20-21: 198 individuals were served in both programs combined
- e. Outcomes:
- 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.
 - 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.

Child Abuse Prevention Council (CAPC)

2120 Diamond Blvd #120, Concord, CA 94520, www.capc-coco.org

Point of Contact: Carol Carrillo, (925) 798-0546, ccarrillo@capc-coco.org

1. 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.

2. Program: The Nurturing Parenting Program - PEI

- 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 22-23: \$136,709
- d. Number served: In FY 20-21: 159 parents and children
- e. Outcomes:
 - 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).

Contra Costa Crisis Center

P.O. Box 3364 Walnut Creek, CA 94598, www.crisis-center.org

Point of Contact: Tom Tamura, (925) 939-1916, x107, TomT@crisis-center.org

1. 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.

2. 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 22-23: \$401,603

d. Number served: In FY20-21: 20,082 total calls were fielded.

e. Outcomes:

- 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

Counseling Options Parent Education (C.O.P.E.) Family Support Center

3000 Citrus Circle, Suite 220, Walnut Creek, CA 94598, <http://copefamilysupport.org/>

Point of Contact: Cathy Botello, Executive Director, (925) 689-5811,

cathy.botello@copefamilysupport.org

1. **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.

2. **Program: Positive Parenting Program (Triple P) Education and Support – PEI**

- 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:

- i. **Self-sufficiency** - having the ability to use one's own resources to independently solve problems and decrease reliance on others.
- ii. **Self-efficacy** - having the confidence in performing daily parenting tasks.
- iii. **Self-management** - having the tools and skills needed to enable change.
- iv. **Personal agency** - attributing the changes made in the family to own effort or the effort of one's child.
- v. **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 22-23: \$268,660
- d. **Number served:** In FY 20-21: 200
- e. **Outcomes:**
- 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 handoff referrals for housing, vocational, legal, and mental health services.

First Five Contra Costa

1486 Civic Court, Concord CA 94520, <http://www.first5coco.org/>

Point of Contact: Wanda Davis, (925) 771-7328, wdavis@firstfivecc.org

1. **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.

2. **Programs: Triple P Positive Parenting Program - (PEI)**

- 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 22-23: \$89,343
- d. **Number Served:** In FY 20-21: 189 client family members enrolled in C.O.P.E. Triple P Parenting classes
- e. **Outcomes:**
 - 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.

**First Hope
(Contra Costa Behavioral Health Services)**

391 Taylor Boulevard, Suite 100, Pleasant Hill, CA, 94523 <http://www.firsthopeccc.org/>

Point of Contact: Jude Leung, Mental Health Program Manager, 925-608-6550,

yatmingjude.leung@cchealth.org

1. 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.

2. Program: First Hope: Early Identification and Intervention in Psychosis - PEI

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 22-23: \$2,719,036

d. Staff: 27 FTE full time equivalent multi-disciplinary staff

e. Number served: FY 20-21: 987

f. Outcomes:

- 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.
- 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)

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

1. **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.

2. **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
 - MHSA 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 MHSA 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 22-23: \$408,952

d. Number served: In FY 20-21: 367 clients

e. Outcomes:

- 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.

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

1. 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.

2. Program: James Morehouse Project (JMP) - PEI

- 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 22-23: \$112,442
- d. Numbers Served: FY 20-21: 328 young people
- e. Outcomes:
- 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.

Jewish Family & Community Services East Bay (JFCS East Bay)

1855 Olympic Boulevard, #200, Walnut Creek, CA 94596, <https://jfcs-eastbay.org/>
Point of Contact: Lisa Mulligan, (925) 927-2000, lmulligan@jfcs-eastbay.org

1. 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.

2. Program: Community Bridges - PEI

- 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 22-23: \$185,112
- d. Number served: FY 20-21: 225
- e. Outcomes:
 - 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 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.
- 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 to having an increased ability to recognize stress and risk factors in myself or family, 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.

Juvenile Justice System – Supporting Youth (Contra Costa Behavioral Health Services)

202 Glacier Drive, Martinez, CA 94553

Point of Contact: Steve Blum, (925) 957-2739, steven.blum@cchealth.org

1. 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.

2. Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch Clinicians - PEI 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 case management 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 22-23: \$404,992
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FY 20-21: 300+
- g. Outcomes:
 - 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

La Clínica de la Raza

PO Box 22210, Oakland, CA, 94623, <https://www.laclinica.org/>

Point of Contact: Laura Zepeda Torres, (510) 535 2911, lztorres@laclinica.org

1. 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.

2. Program: Vías de Salud and Familias Fuertes - PEI

- 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 22-23: \$306,573
- d. Number served: FY 20-21: 845
- e. Outcomes:
- 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.
 - 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.

Lao Family Community Development

1865 Rumrill Boulevard, Suite #B, San Pablo, CA 94806, <https://lfcd.org/>

Point of Contact: Kathy Chao Rothberg, (510) 215-1220, krothberg@lfcd.org and Brad Meyer, (510) 215-1220, bmeyer@lfcd.org

1. **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.

2. **Program: Health and Well-Being for Asian Families - PEI**

- 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 South East 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 South East Asian Families at risk for developing serious mental illness.

c. Payment Limit: FY 22-23: \$208,073

d. Number served: In FY 20-21: 126

e. Outcomes:

- 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

The Latina Center

3701 Barrett Avenue #12, Richmond, CA 94805, <https://thelatinacenter.org/>
Point of Contact: Miriam Wong, (510) 233-8595, mwong@thelatinacenter.org

1. 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.

2. Program: Our Children First/Primero Nuestros Niños - PEI

- 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 22-23 \$133,184
- d. Number served: For FY 20-21: 309
- e. Outcomes:
 - 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.

Lifelong Medical Care

2344 6th Street, Berkeley, CA 94710, <https://www.lifelongmedical.org/>

Point of Contact: Kathryn Stambaugh, (510) 981-4156, kstambaugh@lifelongmedical.org

1. 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.

2. Program: Senior Network and Activity Program (SNAP) - PEI

- 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 22-23: \$142,914
- d. Number served: FY 20-21: 106

e. Outcomes:

- 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.

Native American Health Center (NAHC)

2566 MacDonald Avenue, Richmond, CA, 94804, <http://www.nativehealth.org/>

Point of Contact: Anthony Guzman, (510) 434-5483, anthonyg@nativehealth.org and Catherine Nieva-Duran, (510) 434-5483, catherinen@nativehealth.org

1. General Description of the Organization

The Native American Health Center (NAHC) 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.

2. Program: Native American Wellness Center – PEI

a. Scope of Services: NAHC provides outreach for the increasing recognition of early signs of mental illness. NAHC provides 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 22-23: \$265,486

d. Number served: FY 20-21: 143

e. Outcomes:

- 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 MHSA 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.

**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

1. 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.

2. Program: Reducing Stigma and Discrimination – PEI

a. Scope of Services

- The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice’s vision is to enable people to record and reflect their community’s strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.
- The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers’ Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.
- 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.
- b. Target Population: Participants of public mental health services, their families, and the public.
- c. Total MHSA Funding for FY 22-23: \$232,189
- d. Staff: Three
- e. Number Served: FY 20-21: 1300+
- f. Outcomes:
- 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.

People Who Care (PWC) Children Association

2231 Railroad Avenue, Pittsburg, 94565, <http://www.peoplewhocarechildrenassociation.org/>

Point of Contact: Constance Russell, (925) 427-5037, pwc.cares@comcast.net

1. 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.

2. Program: PWC Afterschool Program - PEI

- 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 22-23: \$243,789
- d. Number served: FY 20-21: 140
- e. Outcomes:
 - 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 approving 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.

Putnam Clubhouse

3024 Willow Pass Road #230, Concord CA 94519, <https://www.putnamclubhouse.org/>

Point of Contact: Tamara Hunter, (925) 691-4276, (510) 926-0474, tamara@putnamclubhouse.org

1. 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.

2. Program: Preventing Relapse of Individuals in Recovery - PEI

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: \$718,777

d. Number served: In FY 20-21: 505

e. Outcomes:

- 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 Clubhouse members.

Rainbow Community Center

2118 Willow Pass Road, Concord, CA 94520, <https://www.rainbowcc.org/>

Point of Contact: Kiku Johnson, (925) 692-0090, kikujohnson@rainbowcc.org

1. 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.

2. Programs: Outpatient Behavioral Health and Training, and Community-Based Prevention and Early Intervention - PEI

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted 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 22-23: \$828,312

d. Number served: FY 20-21: 677

e. Outcomes:

- 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.

RYSE Center

205 41st Street, Richmond, CA 94805, <https://rysecenter.org/>

Point of Contact: Kanwarpal Dhaliwal, (925) 374-3401, Kanwarpal@rysecenter.org

1. 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.

2. Program: Supporting Youth – PEI

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 LGBTQ 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 22-23: \$533,653

d. Number served: FY 20-21: 255 young people

e. Outcomes:

- Served 255 young people virtually, plus hundreds of youth 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.

STAND! For Families Free of Violence

1410 Danzig Plaza #220, Concord, CA 94520, <http://www.standffov.org/>

Point of Contact: Reina Sandoval Beverly, (925) 676-2845, reinasb@standffov.org

1. General Description of the Organization

STAND! For Families Free of Violence (STAND) 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, 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.

2. Program: "Expect Respect" and "You Never Win with Violence" - PEI

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 in the County. STAND uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to 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 about healthy adolescent dating relationships. Secondary prevention includes conducting 20 gender-based, 15-week support groups for youth. Each school site has a system for referring youth to the support groups. Youth experiencing or at-risk for teen dating violence will demonstrate: (1) increased knowledge of the difference between healthy/ unhealthy teen dating relationships, 2) increased sense of belonging to positive peer groups, 3) 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 22-23: \$146,548

d. Number served: FY 20-21: 743

e. Outcomes:

- 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.

Vicente Martinez High School - Martinez Unified School District

925 Susana Street, Martinez, CA 94553, <http://vmhs-martinez-ca.schoolloop.com/>

Point of Contact: Lori O'Connor, (925) 335-5880, loconnor@martinez.k12.ca.us

1. 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-12th 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.

2. Program: Vicente Martinez High School & Briones School - PEI

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 22-23: \$197,076

d. Number served: FY 20-21: 125

e. Outcomes:

- 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.

Familias Unidas (formerly Desarrollo Familiar, Inc.)

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

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

1. 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.

2. 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: TBD
- d. Payment Limit: FY 21-22: \$23,000
- e. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 4 Interns averaging 15 hours per week of internship hours
 - All four 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

1. 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.

2. 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: TBD
- h. Payment Limit: FY 21-22: \$26,000
- d. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 3 interns averaging between 20-40 hours per week of internship hours
 - Two interns had language capacity to support the program in Mandarin, Cantonese, and Hmong.
 - 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.
 - One intern continued on as an employee.

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

1. 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.

2. 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: TBD
- d. Payment Limit: FY 21-22: \$12,000
- e. d. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 9 interns averaging between 16-30 hours per week of internship hours
 - Two interns had language capacity to support the program in Spanish and Portuguese.
 - Interns supported agency and youth, and parent/guardians through individual and group counseling

Lincoln

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

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

1. 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.

2. 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: TBD
- d. Payment Limit: FY 21-22: \$19,000
- e. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 3 interns averaging 20 hours per week of internship hours
 - One intern had language capacity to support the program in Spanish.
 - Interns supported agency, children youth, and parent/guardians.
 - One intern stayed as an employee with the program.

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

1. 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.

2. 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 ones' 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 22-23: \$655,637

d. Number Served: FY 20-21: 945 individuals

e. Outcomes:

- In FY 2020-2021, 237 volunteers were recruited for FVSN training, of those 44 individuals completed FVSN training. about 945 families were supported through staff and/or trained volunteers of the FVSN, about 973 families were referred to another NAMI program, about 734 individuals were referred to CCBHS or a CCBHS connected agency, about 706 were connected to CCBHS or a CCBHS connected agency.
- Additionally, there were over 40 active volunteers. An active volunteers is someone who has completed the 5-module training, and provides at least 4 hours of volunteer service per month.
- There is also an existing 13 person active board.

3. 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: \$74,896
- d. Number served: For FY 20-21: 218 individuals participated in training, workshops, and events through the FPEP program.
- e. Outcomes:
- Delivered 6 De Familia-a-Familia trainings (Spanish)
 - Delivered 2 Family to Family training (Chinese)
 - Delivered 3 FaithNet events
 - Deliver 19 NAMI Basics trainings (12 in English, 5 in Spanish, and 2 in Chinese).

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

1. 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.

2. 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 21-22: \$367,345
- d. Staff: 3 full-time equivalent staff positions.
- e. Numbers Served: FY 20-21: 48 students graduated from the SPIRIT course
- f. Outcomes:
 - 56 students enrolled, 48 students graduated.
 - 14 of the 48 graduates in 2021 were hired into behavioral health positions.
 - 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 continue to be made available for individuals who are 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 or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

1. 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 underserved at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

2. 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 age 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.

- 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: Senior Peer Counseling - \$269,995.
- c. Staff: 28 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 20-21: Senior Peer Counseling (SPC) program trained and supported 21 volunteers and served 57 individuals which included 42 English speaking clients and 15 Spanish speaking clients in the community at 10 sites. There were challenges, due to the pandemic, which affected client engagement.
- e. Outcomes: The SPC Program has implemented the Depression Anxiety Stress Scales (DASS) that will be administered at intake, and at the end of counseling to assess levels of anxiety and depression

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

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

1. 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.

2. Program: Hume Center – 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: TBD
- c. Payment Limit: FY 21-22: Did not participate in program
- d. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 6 interns averaging between 20-40 hours per week of internship hours
 - Interns supported agency and adults through individual and group therapy.
 - Two interns stayed on with the program; one as a post-doctoral fellow and the other as an employee.

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

1. 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.

2. Program: Seneca – CBO Internship Program – WET

- d. 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.
- e. Payment Limit: FY 22-23: TBD
- f. Payment Limit: FY 21-22: \$20,000
- d. Outcomes: For FY 20-21:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported 3 interns averaging 24 hours per week of internship hours
 - Interns supported agency, children and parent/guardians through individual and family therapy, facilitating groups, linkage and advocacy.
 - Two interns stayed on with the program as employees.

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. Is a grouping of Contra Costa Mental Health and Alcohol and Other Drug Services which make up the division of BHS. BHS is under the Health Services Department.

BOARD AND CARE - AUGMENTED. A facility licensed by the State also contract with Contra Costa Mental Health to receive additional funding to provide a therapeutic environment and assist residents gain their independence through recovery and wellness activities. Extra staff time is devoted to create a home-like atmosphere, often with shared housekeeping activities, and provide or coordinate a variety of therapeutic, educational, social and vocational activities. Persons who experience severe and persistent mental illness are eligible.

BOS - BOARD OF SUPERVISORS. Appointed body that is responsible for; 1) appointing most County department heads, except elected officials, and providing for the appointment of 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 fixing 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 services 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. The title of 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 systems, such as mental health records 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 probate conservatorship is 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, such as stigma reduction, homelessness, and services to the four age groups. 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. The title of one of five components funded by the MHSA. It refers to mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those provided in the mental health system of care that is not funded by MHSA. Within community services and supports are the categories of full-service partnerships, general system development, outreach and engagement, and project-based housing programs.

CSW – COMMUNITY SUPPORT WORKER. Peer Provider in Contra Costa County public mental 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 – FIFTY-ONE FIFTY. 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 1st of one year to June 30th 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 MHPA 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 support 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 mental 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, mental 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.

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.

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.

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.

IMD – INSTITUTION FOR MENTAL DISEASE. Any institution that, by its overall character is a facility established and maintained primarily for the care and treatment of individuals with mental diseases. The guidelines used to evaluate if the overall character of a facility is that of an IMD are based on whether the facility: 1) Is licensed or accredited as a psychiatric facility; 2) Is under the jurisdiction of the state's mental health authority; 3) Specializes in providing psychiatric/psychological care and treatment, which may be ascertained if indicated by a review of patients' records, if an unusually large proportion of the staff has specialized psychiatric/psychological training, or if a facility is established and/or maintained primarily for the

care and treatment of individuals with mental diseases; or 4) Has more than 50 percent of all its patients admitted based on a current need for institutionalization as a result of mental diseases.

IMPACT - IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT. This refers to an evidence based mental health treatment for depression utilized specifically for older adults and is 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 MHS that funds new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system. 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.

IRON TRIANGLE. Refers to the central area of the city of Richmond that is bordered on three sides by railroad tracks. The communities within this area have a high number of households living below the poverty level, and have a high need for social services, to include public mental health.

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, QUESTIONING, INTERSEX. Persons in these groups express norms different than the heterosexism of mainstream society, and often experience stigmatism as a result. Lesbian refers to women whose primary emotional, romantic, sexual or affectional attractions are to other women. Gay refers to men whose primary emotional, romantic, sexual or affectional attractions are to other men. Bi-sexual refers to men or women whose primary emotional, romantic, sexual, or affectional attractions are to both women and men. Transgender is a term that includes persons who cross-dress, are transsexual, and people who live substantial portions of their lives as other than their birth gender. People who are transgender can be straight, gay, lesbian or bi-sexual. Questioning refers to someone who is questioning their sexual and/or gender orientation.

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. The LPS Act refers to Sections 5150, 5151 and 5152 of the Welfare and Institutions Code (WIC). It is a California law governing the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or others, or who are gravely disabled and require inpatient psychiatric care. It 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 substance-abusing adolescents, 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 mental health care can be provided by public health and mental 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 MHTSA.

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 MHTSA.

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 mental health system, 2) advocacy for persons with serious mental illness, and 3) advise the Board of Supervisors and the mental 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 mental 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 MHS 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, with the goal of self-sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. The MHS has 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 will be developed with local stakeholders by means of a community program planning process and will include programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update shall indicate 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 MHS to provide state oversight of MHS programs and expenditures and is responsible for annually reviewing and approving each county mental health program for expenditures pursuant to the components of Innovation and Prevention and Early Intervention.

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 to be 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 part of the community program planning process (CPPP) where the mental 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.

OSHPD - OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT. A state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. OSHPD is the state entity responsible for the implementation of various MHSA 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.

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 due to cultural or linguistic barriers.

PEER PROVIDER. Term that refers to a professional who brings lived experience as a mental 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 have a job classification of Community Support Worker.

PEI - PREVENTION AND EARLY INTERVENTION. A term created by the MHSA and refers to a component of 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 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 64 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. Term created by the MHSA and 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. Allows local governments to use MHSAs 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 audiologists. 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 mental 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 Mental 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. These thoughts and behaviors can include any person who has an influence on a person’s mental health well-being, to include the person experiencing the mental health issue.

SUD - SUBSTANCE USE DISORDER. A disorder in which the use of one or more substances leads to a clinically significant impairment or distress. Although the term substance can refer to any physical matter, substance abuse refers to the overuse of, or dependence on, a drug leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin which results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

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. The publication was supplemented by an extensive concept for training and proliferation. 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. Supported employment is a federal vocational rehabilitation term that means competitive work for individuals with the most 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, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. 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 childcare 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. A term meaning individuals who are between the age of 16 years 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 multilevel 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. A term created by the MHSA and refers to the component of the MHSA that funds programs and service that assist in the recruitment and retention of a skilled and culturally competent mental 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

Mental Health Services Act FY 2022-23 Plan Update Funding Summary

	MHSA Funding					Total
	A	B	C	D	E	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	
A. FY 2020/21 Funding						
1. Unspent Funds from Prior Fiscal Years	32,250,205	5,621,751	5,069,416	1,734,108	297,230	44,972,710
2. FY2020/21 Funding	53,436,742	13,353,037	3,513,957			70,303,736
3. Transfer in FY2020/21	(6,200,000)			6,200,000		-
4. Available Funding for FY2020/21	79,486,947	18,974,788	8,583,373	7,934,108	297,230	115,276,446
B. FY20/21 MHSA Expenditures	46,879,285	10,163,170	1,503,841	1,898,726	6,340	60,451,362
C. Estimated FY2021/22 Funding						
1. Unspent Funds from Prior Fiscal Years	32,607,662	8,811,618	7,079,532	6,035,382	290,890	54,825,084
2. Estimated New FY2021/22 Funding	58,470,035	14,617,509	3,846,713			76,934,257
3. Transfer in FY2021/22						
4. Estimated Available Funding for FY2021/22	91,077,697	23,429,127	10,926,245	6,035,382	290,890	131,759,341
D. Estimated FY2021/22 Expenditures	41,139,697	10,704,222	1,248,520	2,955,278	290,890	56,338,607
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	49,938,000	12,724,905	9,677,725	3,080,104	0	75,420,734
2. Estimated New FY2022/23 Funding	53,146,026	13,286,506	3,496,449			69,928,981
3. Transfer in FY2022/23						
4. Estimated Available Funding for FY2022/23	103,084,026	26,011,411	13,174,174	3,080,104	0	145,349,715
F. Budgeted FY2022/23 Expenditures	48,149,000	9,849,000	2,329,000	2,943,000		63,270,000

Notes:

- (1) Based on Mike Geiss presentation dated 6/25/21, inclusive of estimated interest from Pat's update 9/14/2020.
- (2) Based on CCC-MHSA February 2022 projections, approved budgeted amount is \$54,396,968.
- (3) Based on CCC-MHSA budget for FY 22-23.

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	7,579,248

I. Estimated Beginning Balance for FY 2021/22	
1. Estimated Unspent Funds from Fiscal Year 2020/21	54,825,084
2. Estimated Local Prudent Reserve Balance on June 30, 2021	7,579,248
3. Estimated Total Beginning Balance	62,404,332

**FY 2020-21 Through FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: May 18, 2022

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Children	5,254,888	5,254,888				
2. Transition Age Youth	3,195,568	3,195,568				
3. Adults	8,257,881	8,257,881				
4. Assisted Outpatient Treatment	2,804,163	2,804,163				
5. Wellness and Recovery Centers	986,469	986,469				
6. Crisis Residential Center	3,513,158	3,513,158				
7. MHSA Housing Services	8,805,466	8,805,466				
Non-FSP Programs (General System Development)						
1. Older Adult Mental Health Program	3,660,749	3,660,749				
2. Children's Wraparound Support/EPSTDT Support	2,733,439	2,733,439				
3. Miller Wellness Center	357,556	357,556				
4. Clinic Support	639,850	639,850				
5. Forensic Team	1,078,068	1,078,068				

6. Concord Health Center	168,403	168,403				
7. Liaison Staff	92,360	92,360				
8. Quality Assurance	1,290,760	1,290,760				
CSS Administration	2,725,159	2,725,159				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	45,563,936	45,563,936	0	0	0	0
FSP Programs as Percent of Total	72.0%					

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	2,884,535	2,884,535				
2. Transition Age Youth	2,263,233	2,263,233				
3. Adults	7,233,334	7,233,334				
4. Assisted Outpatient Treatment	2,549,239	2,549,239				
5. Wellness and Recovery Centers	1,002,791	1,002,791				
6. Crisis Residential Center	2,204,052	2,204,052				
7. MHSA Housing Services	9,212,576	9,212,576				
Non-FSP Programs (General System Development)						
1. Older Adult Mental Health Program	3,418,643	3,418,643				
2. Children's Wraparound Support/EPSTD Support	2,098,458	2,098,458				
3. Miller Wellness Center	319,590	319,590				
4. Clinic Support	1,398,055	1,398,055				
5. Forensic Team	1,626,390	1,626,390				

6. Concord Health Center	254,496	254,496				
7. Liaison Staff	145,907	145,907				
8. Quality Assurance	1,251,829	1,251,829				
CSS Administration	2,699,833	2,699,833				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	40,562,961	40,562,961		0	0	0
FSP Programs as Percent of Total	67.4%					

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	3,313,704	3,313,704				
2. Transition Age Youth	2,399,066	2,399,066				
3. Adults	7,771,042	7,771,042				
4. Assisted Outpatient Treatment	2,904,489	2,904,489				
5. Wellness and Recovery Centers	1,067,999	1,067,999				
6. Crisis Residential Center	2,338,279	2,338,279				
7. MHSA Housing Services	13,853,000	13,853,000				
Non-FSP Programs (General System Development)						
1. Older Adult Mental Health Program	3,585,649	3,585,649				
3. Children's Wraparound Support/EPSTD Support	2,156,387	2,156,387				
4. Miller Wellness Center						
5. Clinic Support	2,026,804	2,026,804				
6. Forensic Team	1,558,747	1,558,747				
7. Concord Health Center	269,995	269,995				
8. Liaison Staff	154,793	154,793				
9. Quality Assurance	1,252,714	1,252,714				
CSS Administration	3,496,332	3,496,332				

CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	48,149,000	48,149,000		0	0	0
FSP Programs as Percent of Total	69.9%					

**FY 2020-21 Through FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,405,228	1,405,228				
2. Prevention	1,722,990	1,722,990				
3. Access and Linkage to Treatment	724,303	724,303				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,559,200	1,559,200				
5. Stigma and Discrimination Reduction	322,666	322,666				
6. Suicide Prevention	330,006	330,006				
PEI Programs - Early Intervention						
1. First Hope	3,684,414	3,684,414				
PEI Administration	336,362	336,362				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	10,085,170	10,085,170	0	0	0	

	Fiscal Year 2021/22					
	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
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,553,852	1,553,852				
2. Prevention	1,780,424	1,780,424				
3. Access and Linkage to Treatment	625,867	625,867				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,460	1,692,460				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
PEI Programs - Early Intervention						
1. First Hope	2,587,108	2,587,108				
PEI Administration	158,090	158,090				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,064,668	9,064,668	0	0	0	0

	Fiscal Year 2022/23					
	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
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,639,054	1,639,054				
2. Prevention	1,931,575	1,931,575				
3. Access and Linkage to Treatment	663,982	663,982				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,794,069	1,794,069				
5. Stigma and Discrimination Reduction	310,189	310,189				
6. Suicide Prevention	401,603	401,603				
PEI Programs - Early Intervention						
1. First Hope	2,719,036	2,719,036				
PEI Administration	389,492	389,492				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,849,000	9,849,000	0	0	0	0

**FY 2020-21 Through FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Coaching to Wellness	55,982	55,982				
2. Partners in Aging	139,953	139,953				
3. Overcoming Transportation Barriers	16,500	16,500				
4. CORE	232,882	232,882				
5. CBSST	217,361	217,361				
INN Administration	841,163	841,163				
Total INN Program Estimated Expenditures	1,503,841	1,503,841	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. CBSST	400,403	400,403				
2. CORE	1,180,936	1,180,936				
3. Overcoming Transportation Barriers	106,856	106,856				
4. Partners in Aging	133,072	133,072				
INN Administration	364,363	364,363				
Total INN Program Estimated Expenditures	2,185,630	2,185,630	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. CBSST	424,788	424,788				
2. CORE	734,181	734,181				
3. Psychiatric Advanced Directives	503,680	503,680				
4. Micro Grants for Community Defined Practices	250,000	250,000				
INN Administration	416,351	416,351				
Total INN Program Estimated Expenditures	2,329,000	2,329,000	0	0	0	0

**FY 2020-21 Through FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	651,477	651,477				
2. Training and Technical Support	280,190	280,190				
3. Mental Health Career Pathway Program	253,336	253,336				
4. Internship Programs	457,637	457,637				
5. Financial Incentive Programs	0	0				
WET Administration	256,087	256,087				
Total WET Program Estimated Expenditures	1,898,726	1,898,726	0	0	0	0

	Fiscal Year 2021/22					
	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
WET Programs						
1. Workforce Staffing Support	997,644	997,644				
2. Training and Technical Support	343,799	343,799				
3. Mental Health Career Pathway Program	371,258	371,258				
4. Internship Programs	352,350	352,350				
5. Financial Incentive Programs	300,000	300,000				
WET Administration						
Total WET Program Estimated Expenditures	2,365,051	2,365,051	0	0	0	0

	Fiscal Year 2022/23					
	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
WET Programs						
1. Workforce Staffing Support	1,074,854	1,074,854				
2. Training and Technical Support	455,099	455,099				
3. Mental Health Career Pathway Program	375,697	375,697				
4. Internship Programs	737,350	737,350				
5. Financial Incentive Programs	300,000	300,000				
WET Administration						
Total WET Program Estimated Expenditures	2,943,000	2,943,000	0	0	0	0

**FY 2020-21 Through FY 2021-22 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	0	0				
CFTN Programs - Technological Needs Projects						
1. Electronic Health Records System - Administrative Support	6,340	6,340				
CFTN Administration						
Total CFTN Program Estimated Expenditures	6,340	6,340	0	0	0	0

	Fiscal Year 2021/22					
	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
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	125,000	125,000				
CFTN Programs - Technological Needs Projects						
1. Electronic Health Records System - Administrative Support	125,000	125,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	250,000	250,000	0	0	0	0

	Fiscal Year 2022/23					
	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
CFTN Programs - Capital Facilities Projects 2. Capital Facilities Projects CFTN Programs - Technological Needs Projects 2. Electronic Health Records System - Administrative Support						
CFTN Administration						
Total CFTN Program Estimated Expenditures			0	0	0	0

MONTHLY MEETING MINUTES
(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Plan Update FY 2022-2023)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
May 4th, 2022 – DRAFT

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:33 pm <u>Members Present:</u> Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Yanelit Madriz Zarate, District I <u>Members Absent:</u> Cmsr. Joe Metro, District V Cmsr. Tavane Payne, District IV Cmsr. Rhiannon Shires, District II <u>Other Attendees:</u> Colleen Awad Guita Bahramipour Angela Beck Jennifer Bruggeman Gerthy Loveday Cohen Gigi Crowder Paul Cumming Mercedes Duarte Dr. Stephen Field, Medical Director, Behavioral Health Services Treva Hadden Jan Cobaleda-Kegler Dawn Morrow (Supv. Diane Burgis ofc) Jennifer Quallick (Supv. Candace Andersen’s ofc) Ramapriya Raju Erika Raulston Dr. Suzanne Tavano, Director of Behavioral Health Services</p>	<p>Meeting was held via Zoom platform</p>
<p>I. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> • (Gigi Crowder) <5:40> 	

<p>I.COMMISSIONER COMMENTS</p> <ul style="list-style-type: none"> • (Cmsr. Gina Swirsding) <8:00> • (Cmsr. Graham Wiseman) <10:50> 	
<p>I.CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • MHC Orientation Module III: Introduction to Behavioral Health Services Part II – Adult and Older Adult Programs and Services and Children and Adolescent Programs and Services • Mandatory site visits • May is Mental Health Awareness Month – Proclamation at the Board of Supervisors meeting chambers on May 17th, 9:00 AM (note new address: 1025 Escobar Street, Martinez) • Welcome newest Commissioner: Tavane Payne, District IV • . 	
<p>I.APPROVE April 6th, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> • April 6th, 2022 Minutes reviewed. Motion: G. Wiseman moved to approve the minutes as written. Seconded by C. Andersen. <p>Vote: 11-0-0</p> <p>Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, A. Russaw, G. Stern, G. Swirsding, G. Wiseman, Y. Zarate</p> <p>Abstain: None</p>	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>I.VOTE on Mental Health Commission (MHC) Conduct Guidelines, Commissioner Barbara Serwin <18:00></p> <ul style="list-style-type: none"> • . • . <p><u>Sources:</u></p> <ul style="list-style-type: none"> • Contra Costa County Advisory Body Handbook, 2021 <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Cmsr. May) <21:00> • (Cmsr. Andersen) . <28:30> • (Cmsr. May) • (Cmsr. Swirsding) <32.50> • (Cmsr. Wiseman) <35:50> 	<p>Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

<ul style="list-style-type: none"> • (Cmsr. Andersen) <37:00> • (Cmsr. Maibaum) <42:42> • (Cmsr. May) <43:00> • (Cmsr. Andersen) <45:00> • Cmsr. Maibaum) <46:40> <p>(RESPONSE: Cmsr. Serwin) (Cmsr. Andersen)</p> <ul style="list-style-type: none"> • (Cmsr. Zarate) <48:30> • (Cmsr. Wiseman) <51:00> • (Cmsr. Stern) <54:45> • (Cmsr. Wiseman) <56:00> • (Cmsr. May) <57:00> • (Cmsr. Griffin) <59:00> • (Cmsr. Andersen) <1:01:00> <p>Vote to Approve the Mental Health Commission Conduct Guidelines, with corrections as noted:</p> <ul style="list-style-type: none"> • Motion: L. Griffin moved to approve the MHC Conduct Guidelines. Seconded by C. Andersen. <p>Vote: 10-0-1</p> <p>Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, A. Russaw, G. Stern, G. Wiseman, Y. Zarate</p> <p>Abstain: G. Swirsding</p>	
<p>I.UPDATE on April 18th Behavioral Health Care Infrastructure Projects (BHCIP) stakeholder meeting, Commissioner Laura Griffin</p> <p>Questions and Comments</p> <ul style="list-style-type: none"> • (Dr. Tavano). • (Cmsr. Serwin) • (Edgar Martinez). • (Tavane Payne) 	<p>Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>I.Adjourned the Mental Health Commission Meeting at 5:48 pm</p>	

PUBLIC HEARING
Mental Health Services Act (MHSA) Plan Update FY 2022-2023)
May 4th, 2022 – Draft

Agenda Item / Discussion	Action /Follow-Up
<p>I. Opening Comments by the Chair of the Mental Health Commission</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:49 pm</p> <p>First, I would like to go over the process for this public hearing. We will first hear an overview of the MSHA Plan Update for 2022-23. Second, we will then listen to public comments. Third, we will hear commissioner comments. Lastly, MHSA-Staff will create a list of the comments and recommendations put forth by the public and commissioners to Behavioral Health Services (BHS) and the Board of Supervisors (BoS). This will list will be based on the notes taken throughout the comment portions of this meeting. Does everyone understand the process we will go through? Is there anyone who does not? Now I would like to introduce Jennifer Bruggeman, the Program Manager of the MHSA for the county. Ms. Bruggeman has shepherded the MHSA plan through it’s process for the past three years and has been a key staff member of the MHSA team for multiple years prior to that. I would like to recognize her outstanding work and her dedication to serving the people with mental health illnesses in our county.</p>	<p>Meeting was held via Zoom platform</p>
<p>I. 2022-2023 Mental Health Services Act (MHSA) Plan Updated by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</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. <shares screen MHSA 2022-23 Plan Update Overview>.</p>	<p>The Plan Update Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation and full plan update was also included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

Proposed 2022-23 Plan MHSA Plan Update Highlights.

- Reintegrate stakeholder driven items from the original 2020-2023 pre-covid budget
- Incorporate increases for:
 - Housing and Supportive Services
 - Support workforce training and growth through Intern Stipend Program targeting cultural and linguistic needs.
 - Career Ladder Positions for Peers
 - Innovation Projects – Psychiatric Advanced Directives (PADs), Micro-Grants for community defined practices (in planning phase)
- Increased Budget from \$54M to \$63M

Annual Community Program Planning Process

- Host approximately 60 stakeholder meetings per year
- Re-launched Consolidated Planning Advisory Workgroup (CPAW) Orientations
- Two large events:
 - Youth Suicide Prevention - 231 registered
 - Innovation Projects – 154 registered
- Community presentations, including to SPIRIT class (annually)
- Survey Monkey – 230 responses
- Top priorities identified by community:
 - More availability of treatment services and better access to care
 - Housing and Homelessness
 - Care for specific cultural groups/ populations
- Proposed FY 22-23 MHSA Budget
 - Community Services and Supports (CSS) \$47.8M

- Prevention and Early Intervention (PEI)
\$10.5M
- Innovation (INN)
\$1.9M
- Workforce Education and Training (WET) \$2.9M
- Capital Facilities / Technology (CF / TN) --
- **Total \$63.2M**

Housing:

- Enhancements to Housing Continuum
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units.
 - Round 1 – 10 units at Veteran’s Square
 - Round 2 – 13 units at Galindo Terrace
 - Round 3 – 8 units at Ygnacio Valley Road
 - Round 4 – 2 competitive applications submitted. If awarded, will result in 21 units in Walnut Creek and 8 in Richmond
- Maximize grant opportunities
 - Behavioral Health Infrastructure Program (BHCIP)
 - Needs Assessment & Planning
- Behavioral Health Housing Services Coordination Team – expansion
- Expansion of enhanced board and care contracts
 - A&A Healthcare
 - Expand Psynergy and Everwell contracts

Peer Support:

- Career Ladder - add Community Support Worker (CSW) and Mental Health Specialist (MHS) positions to clinics
- SB 803 – Peer Certification – underway

- Peer Respite Center – TBD, planned as part of the Miles Hall Crisis Hub (funded by Measure X)

Workforce Education and Training (WET):

- Intern Stipend Program – Addressing bilingual/bicultural needs
- Workforce retention and recruitment – expansion of loan repayment program to include additional positions
- Expansion of Training Opportunities

Innovation:

- Community Program Planning Process for PADs
 - Presentations and discussions
 - 8 stakeholder meetings Nov – April 2022
 - Community Survey
- Innovation Community Forum 3/4/22
- Support for two emerging local projects
 - Psychiatric Advanced Directives (PADs)
 - Micro-grants to CBO's for Community Defined Practices (in planning phase)

Looking Ahead:

- Beginning in late fall 2022, begin Community Program Planning Process for 2023-26 Three Year Plan
- Updates to Needs Assessment
- [2019-Needs-Assessment-Report.pdf](#) (cchealth.org)
- Resume MHSa Program and Fiscal Reviews
- Changes to the BHS landscape will include: Peer Certification, California Advancing and Innovating Medi-Cal (CalAIM) implementation, Ongoing Development of Miles Hall Community Crisis Center, Construction of Youth Crisis Stabilization Unit (CSU)

Questions and Comments

Email: MHSa@cchealth.org

<p>Call: 925-313-9525 View 22-23 Plan Update Draft & Provide a Public Comment at: https://cchealth.org/mentalhealth/mhsa</p> <p>Jennifer Bruggeman, LMFT, Program Manager Jennifer.Bruggeman@cchealth.org MHSA@cchealth.org</p>	
<p>I.PUBLIC COMMENT: None</p>	
<p>I.COMMISSIONER COMMENT: (Dr. Tavano) I just want to thank everyone. Many people have been involved, by way of CPAW and forums, etc. Thank you all for your participation in those and for supporting this plan going forward. One thing, I would mention is the Oversight Accountability Commission (OAC) is publishing financial information about the MSHA. We will be able to discuss that at another time. What I want to mention now is a word of caution, because if you all recall when we were just entering the very steep part of COVID, we were given projections regarding what future funding would be under the MSHA and we were going with those projections. The other was a year where they delayed payments and we received them the following year. We will have talking points about that, but this report doesn't fully represent the situation of how the counties are now catching up. First we were given underestimates and then we have these delayed payments. I just wanted to add that and we can discuss that at another time. Not directly related to our three-year plan but our update that Jennifer hit on regarding CalAIM. If the commission is interested (not something we can address in 10-15 minutes), we could go through CalAIM. It involves very large system redesign that is underway now. I think it would be of interest to all of you. So, if you would like to carve out some</p>	

<p>time (around 45 minutes) that we could speak to it a little more fully. Measure X A³ proposals, we are so happy to have Congressman DeSaulnier with us this week. We all met at the Oak Grove site. There is not a lot to see now, but if anyone has received your COVID vaccinations there, you know what is going on. It is operating as a COVID vaccination site, but that is the location that will be completely revamped and the home of the call-center with all of its technology, headquarters for mobile crisis and also the urgent care center with a design that will accommodate both children and their families and adults, as well as a sobering area and hopefully the peer respite. So, there is a lot going on right now.</p> <p>Everything is interwoven and I don't want to take away from this discussion of the plan update, but these are all very interrelated pieces. Thank you all so much.</p>	
<p>I.DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor</p>	<p>This agenda item not addressed for Plan updates, only full 3-year plan.</p>
<p>I.Adjourned Public Meeting at 6:17 pm</p>	

As per Section 5848 of the California Welfare and Institutions Code, the County shall summarize and analyze any substantive relevant written recommendations for revisions by the public and/or the Mental Health Commission to the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan.

30 Day Public Comment Period

No written public comments were received.

Public Hearing

The following comments were provided by participants in the public hearing:

- None

Mental Health Commission Comments

Upon completion of the Public Comment period MHC members provided individual comments. A summary of commissioner comments and BHS Administration responses are as follows:

- None

Mental Health Commission Recommendations

The Mental Health Commission thanked all those present today for their participation in the Public Hearing of the MHSAs Three Year Program and Expenditure Plan Annual Update for 2022-23. This hearing fulfills the Commission's duties under the MHSAs requirements. The Commission had no recommendations for consideration.

PSYCHIATRIC ADVANCE DIRECTIVES

MULTI-COUNTY COLLABORATIVE Mental Health Services Act



Innovation Work Plan: In progress

Additional Mental Health Plan/County: Contra Costa and Tri-City

Project Title: Multi-County Psychiatric Advance Directives (PADs) Innovation Project Duration of the Project:
Current through June 30, 2025



INTRODUCTION

In 2006, the Center for Medicare and Medicaid Services (CMS) made it clear that a Psychiatric Advance Directive (PAD) should be a part of psychiatric care. Approximately twenty-seven states have enacted laws and policies recognizing PADs since the 1990s. However, PADs are often written with a focus on physical health, with little to no room for psychiatric health, plans, arrangements, or instructions to assist in the event of a mental health crisis. Also, the length and number of different PADs templates make it confusing for the individual filling out the PAD and the health care and law enforcement (LE) charged to comply with them. With such confusion, how can LE or hospitals know whether a PAD is valid or not?

As stated on the website of the National Resource Center on Psychiatric Advanced Directives (NRC),

“Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives are used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.” (National Resource Center on Psychiatric Advance Directives, n.d.), The website further explains that California does not currently have a specific legal statute encouraging or recognizing PADs, thus leading to the underutilization of PADs in the state.

Californians living with mental illness continue to face high rates of recidivism, inpatient non-voluntary hospitalization, homelessness, and incarceration. These problems persist despite the state's efforts to avoid or reduce 5150 involuntary hospitalizations and incarceration. For example, California has deployed teams to conduct outreach to homeless individuals to engage them in services. Unfortunately, these and other efforts have not led to meaningful reductions in hospitalization and incarceration, or improved treatment outcomes.

June 2021 turned the corner here in California when five counties, with Mental Health Services Act

(MHSA) funding banded together to move PADs to the forefront of conversation within California. Additional counties will be joining the project this year. The Multi-County PADs project seeks to make PADs accessible to our mental health consumers, as well as LE and hospitals both Emergency Department (ED) and Inpatient Psychiatric Unit (IPU). A significant aspect of the project is the creation of a cloud-based technology platform. The platform will operate in real-time, allowing consumers to create, access, store and share their PAD with their appointed advocate, loved ones and providers. It will also create a shared system for healthcare providers and first responders across the state, giving them immediate access to a consumer's PAD during crisis and facilitating care coordination across agencies. A dynamic technology platform with a single point of access and real-time capabilities does not currently exist and is the key innovative component of the multi-county effort.

Aspects for the success of PADs in California are that of: Education and training our PCPs, EDs, LE and IPU on what is a PAD, and how to refer an individual to create a PAD; Accessibility to create a PAD in multiple threshold languages; Voice of the consumer, to create their PAD, what works best for them in a crisis and full autonomy for their decisions ahead of time; Technology to quickly and seamlessly create, store, access and share PADs in real-time ; Acceptance and enforceability to upload a PAD with a legal electronic signature and the requirement of PCPs, EDs, IPU and LE to ask the individual in crisis if they have a PAD, and in turn, seek the information on the cloud-based technology platform; Longevity of the cloud-based platform, to have funding for the ongoing licensing fee to keep PADs operable year after year; and finally, Protection for the individual, knowing their voice will be heard in the time of crisis, their appointed advocate will mirror that voice and a PAD will never be used to force or coerce treatment.

Primary Purpose:

“Increases the quality of mental health services, including measured outcomes.”

Using PADs, current clients and non-engaged consumers will gain autonomy in decision-making toward their mental health care supports and services. This county-wide project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs County "tool-kit," and evaluate the process and success in engaging clients and non-engaged consumers.

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.

This proposed project will meet several unmet needs across the state:

1. Provide standardized training to increase understanding of the existence and benefits of PADs by communities and stakeholders.
2. Develop and implement a standardized PAD template, ensuring that individuals have autonomy
3. and are the leading “voice” in their care, especially during a mental health crisis.
4. Utilize peers to facilitate creation of PADs so that shared lived experience and understanding will lead to more open dialogue, trust, and improved outcomes.
5. Develop and implement a standardized training "tool-kit" to enable PAD education, policy, and practice fidelity from county to county.

6. Align mental health PADs with medical Advance Directives, with a focus on treating the “whole person” throughout the life course.
7. Utilize a technology platform for easy access to training, materials, creation, storage, and review of PADs.
8. Create a fully functioning cloud-based PADs Technology Platform, for ease of use by consumers, LE, or hospitals {Emergency Departments (ED) and Inpatient Units (IPU)}, for in-the-moment use.
9. Use legislative and policy advocacy, with consumer voices in the lead, to create a legal structure to recognize and enforce PADs, so that consumer choice and self-determination are recognized and respected throughout California.
10. Evaluate (a) the effectiveness of this project; (b) the ease of use and recognition of PADs; (c) the impact of PADs on the quality of mental health supports and services; and (d) most importantly, the impact of PADs on the quality of life of consumers.

PROPOSED PROJECT

The proposed Innovations Project seeks to expand on Fresno’s previously approved PADs project by 1. Engage the community, consumers, peers, families, consumer advocacy groups, LE, ED’s, IPU, Proposed Project:

The proposed Innovations Project seeks to expand on Fresno’s previously approved PADs project by:

1. Engage the community, consumers, peers, families, consumer advocacy groups, LE, ED’s, IPU, and the judicial system.
 - a. Provide training and ongoing informational webinars and/or in-person discussions on:
 - I. What is a PAD?
 - II. Why are PADs essential for consumer choice, self-determination, physical and mental health, and improved treatment outcomes?
 - b. Enable consumer participation through workgroups, focus groups, and surveys.
 - c. Ensure that consumers are the leading voice in creating the standardized PADs template in California.
 - d. Lead discussions on access and consent to treatment through PADs.
 - e. Engage consumers in discussion on legislation, policy, and advocacy on PADs.
 - f. Work with people from diverse ethnic and cultural backgrounds to ensure cultural competency.
2. Develop Community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the Mental Health Plan, crisis centers, hospitals (ED, IPU), LE, homeless services, and transitional-aged youth (TAY) services.
 - a. Create a library or “tool-kit” of resources.
 - b. Create standardized videos and training material.
3. Create a standardized PAD template.
 - a. Submit to the NRC for inclusion in the California section of the website.
 - b. Create a step-by-step training guide/video for development and implementation of PADs.
4. Training of Trainers
 - a. Identify Peer trainers
 - b. Identify PAD Teams
 - c. Train PADs Teams
 - d. Train community providers
 - e. Train clinicians
 - f. Create a standard video module to be added to the technology platform for future use by additional counties.

5. Draft and advocate for legislation enabling PAD use accessibility, adherence, and sustainability.
6. Create a statewide PADs Technology Platform.
 - a. Ensure medical and mental health parity.
 - b. Identify access points for LE, hospitals (ED, IPU), and crisis teams.
 - c. Utilize consumers and consumer advocacy groups for PADs facilitation, access, and consent discussion.
 - d. House training videos and templates for ease of statewide use and accessibility.
 - e. Ensure Platform ease of use during a crisis encounter by LE, hospitals (ED, IPU), and crisis response teams.
7. Evaluate the impact of PADs with process and impact data and outcomes.
 - a. Hold focus groups.
 - I. Was training effective?
 - II. Understanding PADs
 - III. Consumer use of PADs
 - b. Surveys
 - c. Evaluate county-specific priority pilot populations.
 - d. Evaluate impact on access to and quality of mental health services and supports
 - e. Evaluate impact on consumer quality of life.

PROJECT STATUS

On June 24, 2021, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Multi-County PADs Innovations Project. Beginning July 1, 2021, the five participating counties identified a fiscal intermediary and created a standard agreement for all counties to operationalize. The process to create this extensive multi-county agreement was overseen by these counties working in collaboration with their county counsel, and in coordination with Syracuse University (SU), the fiscal intermediary. This was no easy task; each county was able to weigh in on a document to be accepted by all participating counties and be available for any future participating Mental Health Plan (MHP)/County. Since the participating counties have taken on the initially financial burden with all contractors, as new MHPs join, additional needs were identified to enhance the goals of the project.

One such item is that of transparent communication. As a multi-County project, it would be up to each individual county to report on the progress of the project. It has been identified a website to present up-to-date project activities, reports, fiscal accountability, and ongoing county stakeholder input opportunities, would be most beneficial for the project.

Another item is to increase funding for a “peer voice” contract to \$400,000. Currently, Mariposa County has established \$60,000 in funding towards the statewide peer voice contract. Some of the participating counties do not have active peer stakeholder groups and would need a more hands-on role for the peer contractor. The idea of having peers trained to facilitate PADs, participate in legislation conversations, assist in creating and training new local PAD teams, increase local peer participation, and be the statewide voice of peers for the project, led to the desire to pay peers a living wage and sustain the project through its entirety. This contract would be released to begin fiscal year 2022/23.

BUDGET NARRATIVE

In addition to the expanded peer voices contract, all budget narrative activities remain in place as per the MHSOAC approved Innovations project, dated June 24, 2021. Contractors expanded their scope to accommodate new participating MHP involvement. Contractor(s) with additional duties are as follows:
Idea Engineering BUDGET ADDENDUM FEB. 17, 2022:

1. PADs Identification Materials for Consumers – Additional creative development and materials

- o Strategic consultation and creative direction
- o Graphic design, copywriting and editing, Spanish translation, art production, production coordination
- o Non-recurring costs: Printing & production of PADs communications materials
- 2. Technical Support: Increase to provide support to additional counties
 - o Strategic consultation and creative direction
 - o Graphic design, copywriting and editing, Spanish translation, art production, production coordination
- 3. Website
 - o Development & Support:
 - Strategic consultation and creative direction
 - Graphic design, copywriting and editing, art production, production coordination, programming
 - o Hosting & technical maintenance
 - o UserWay plug-in licensing

NEW MHP/COUNTY PARTICIPATION

Two MHPs have voiced their desire to participate in the MHSOAC approved Multi-County PADs Innovations Project, Tri-city a medium MHP and Contra Costa a large county MHP. These MHPs will begin activities July 1, 2022. Budget expenses are determined by county size and MHP/County chosen staffing and administrative costs.

Each participating county will create a county specific description of local need, local community planning process with timeline and budget, including budget narrative.

APPENDIX: CONTRA COSTA COUNTY

County Contact and Specific Dates

Primary County Contact: Jennifer Bruggeman, MHA Program Manager

Jennifer.bruggeman@cchealth.org

925-313-9579

Date Proposal posted for 30-day Public Review: 4/1/22 to 5/1/22

Date of Local MH Board hearing: 5/4/22

Date of BOS approval or calendared date to appear before BOS: 6/21/22

DESCRIPTION OF THE LOCAL NEED

Contra Costa Behavioral Health Services (CCBHS), in partnership with consumers, families and community-based agencies, provides welcoming mental health and substance use services that promote wellness, recovery and resiliency while respecting the complexity and diversity of the people served.

In recent years, CCBHS has expanded its mobile crisis response efforts, with teams serving both youth and adults countywide. Through a lengthy community planning process, a comprehensive crisis center, known as the Miles Hall Community Crisis Hub, is currently underway. This effort is based on the philosophy that appropriate crisis care should be available to Anyone – Anyplace – Anytime (A3). A coordinated Psychiatric Advanced Directive (PAD) process will complement this effort and assist law enforcement and mobile crisis teams in responding to community members experiencing a mental health crisis. Having an accessible PAD in place can minimize the harm and trauma often associated with involuntary detainment during a psychiatric crisis. We believe this will empower individuals living with mental illness by promoting self-determination, as well as providing valuable information to providers and first responders.

Currently, local use of PADs is not widespread, as there is limited collective understanding around access and utilization, and no centralized document storage system. In partnership, CCBHS' Office for Consumer Empowerment (OCE), staffed by individuals with lived experience (peers) and the Consolidated Planning and Advisory Workgroup (local MHA advisory body known as CPAW) have helped identify the coordinated use of PADs as a priority in Contra Costa. Our hope is that this project will increase community knowledge and understanding of PADs, identify a peer supported universal template, and implement a technology platform for easy access to training materials, as well as creation, storage, and review of PADs. We look forward to working closely with the Office for Consumer Empowerment and local crisis response teams to implement PADs.

Description of the Response to the Local Need We believe the project will:

- Promote individual choice during a crisis; actively engage consumers in their treatment and recovery
- Reduce recidivism and rates of re-hospitalization and incarceration
- Provide opportunities for community collaboration and involvement of peers as stakeholders and trusted messengers
- Offer local providers and first responders additional tools to mitigate the trauma that can result from involuntary detainment

DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

The concept of PADs was brought forth by the community, who initially expressed interest in the topic in the fall of 2021. The local Community Planning Process included discussion of PADs at approximately seven public meetings that took place between December 2021- April 2022. Information on PADs was presented to the Consolidated Planning and Advisory Workgroup (local MHA steering group), several of its sub-committees, and

the Mental Health Commission (advisory board). Tools such as polls and public comment cards were offered to gauge community support.

A public community forum focused on Innovation projects (including PADs) was held on March 4, 2022. Approximately 154 community members registered for the virtual event. An overview of MHSA, Innovations, and PADs was provided. Opportunities for small group discussion break out groups were offered. Analysis of the various types of input gathered over the past four months demonstrates strong community support for PADs, which aligns with MHSA values of promoting wellness and resiliency and being community driven.

Additionally, in a recent survey offered to over 800 community members, Crisis-Related Services were identified as one of the top 5 priority issues. If approved, PADs will complement the continuum of Crisis-Related Care in Contra Costa County, which continues to expand. PADs will serve additional priority populations recently identified by the community including justice-involved individuals, and the unhoused.

Budget Narrative for County Specific Needs:

Total proposed budget for this three-year Innovation project is \$1,500,058. A detailed breakdown of the budget by fiscal year is provided in the grid below. Budget sheets were taken from Innovations Template.

Expenditures are categorized and described in detail below:

CONTRA COSTA DIRECT PERSONNEL COSTS

The total estimated cost for CCBHS personnel includes salaries + benefits and assumes a 4% annual increase.

MHSA Program Supervisor (.2 FTE)

Oversee internal stakeholder process, including facilitating related Innovation Sub-Committee meetings and reporting to community stakeholders. Reporting, data analysis.

MHSA Program Manager (.1 FTE)

Responsible for administrative oversight, such as monitoring expenditures, attending collaborative meetings, liaison to contractors.

MHSA Clerical Support (.1 FTE)

Clerical assistance as needed, including printing materials, notifying the public of meetings and training events.

Office for Consumer Empowerment (OCE) Community Support Worker II (.1FTE) Provide support around stakeholder engagement with peers and PADs training.

CONTRACTOR COSTS

Direct Costs

- Contractors include: Project Manager/County TA Lead, PAD Trainer, Evaluator, Idea Engineering (software), Peer Voice contract (TBD), PADs stakeholder engagement

Indirect Costs

- Includes administrative costs estimated at 15%
- Contractor travel, misc. expenses

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*				
EXPENDITURES				
PERSONNEL COSTS (salaries, wages, benefits)	FY 22/23	FY 23/24	FY 24/25	TOTAL
1. Salaries – County staff	89,218	92,184	95,270	\$276,672
2. Direct Costs				
3. Indirect Costs - travel	750	750	750	\$2,250
4. Total Personnel Costs				\$278,922
OPERATING COSTS* -- N/A				
5. Direct Costs				
6. Indirect Costs				
7. Total Operating Costs				\$0
NON-RECURRING COSTS (equipment, technology) – N/A				
8. Tablets, other equipment, and technology	\$10,000			
9.				
10. Total non- recurring costs				\$10,000
CONSULTANT COSTS / CONTRACTS				

11. Direct Costs-TA, coordination, training, facilitation, fiscal intermediary, evaluation	400,534	400,534	400,534	\$1,201,602
12. Indirect Costs – evaluation, travel, misc.	3,178	3,178	3,178	\$9,534
13. Total Consultant Costs	403,712	403,712	403,712	\$1,211,136
OTHER EXPENDITURES (please explain in budget narrative) – N/A				
14.				
15.				
16. Total Other Expenditures				\$0
BUDGET TOTALS				
Personnel (total of line 1)	89,218	92,184	95,270	\$276,672
Direct Costs (add lines 2, 5, and 11 from above)	400,534	400,534	400,534	\$1,201,602
Indirect Costs (add lines 3, 6, and 12 from above)	3,928	3,928	3,928	\$11,784
Non-recurring costs (total of line 10)	10,000			\$10,000

Other Expenditures (total of line 16)				
TOTAL INNOVATION BUDGET	503,680	496,646	499,732	\$1,500,058

Use of Reversion Funds: This Innovation project will first utilize any unexpended Innovation funds from prior years that may be subject to reversion.

Total Budget Context–Expenditures by Funding Source and Fiscal Year (FY)

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)				
ADMINISTRATION:				
A. Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	FY 22/23	FY 23/24	FY 24/25	TOTAL
1. Innovative MHSAs Funds	503,680	496,646	499,732	\$1,500,058
2. Federal Financial Participation				
3. 1991 Realignment				
4. Behavioral Health Subaccount				
5. Other funding				
6. Total Proposed Administration				
EVALUATION:				
B. Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:				
1. Innovative MHSAs Funds				
2. Federal Financial Participation				
3. 1991 Realignment				
4. Behavioral Health Subaccount				

5. Other funding				
6. Total Proposed Evaluation				
TOTALS				
C. Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:				
1. Innovative MHSAs Funds*	503,680	496,646	499,732	\$1,500,058
2. Federal Financial Participation				
3. 1991 Realignment				
4. Behavioral Health Subaccount				
5. Other funding**				
6. Total Proposed Expenditures	503,680	496,646	499,732	\$1,500,058

* INN MHSAs funds reflected in total of line C1 should equal the INN amount County is requesting.

** If "other funding" is included, please explain within budget narrative.

Mental Health Services

- Crisis Services
- Problem Resolution Process
- Mental Health Services Act (MHSA)**
- Wellness & Education
- Workforce Education & Training
- Laura's Law
- CoCo LEAD Plus
- Presumptive Transfer
- Links
- Newsletter
- Internship Program
- Training Opportunities
- Provider Services
- Network Provider Resources
- Clinical Documentation Forms
- Suicide Prevention Committee
- Mental Health Commission

Related Links

- Information Blocking
- Quality Improvement & Quality Assurance (QI/QA)
- Outcome Measures
- Consolidated Planning Advisory Workgroup (CPAW)
- Behavioral Health Services
- Alcohol & Other Drugs

Popular Pages

- COVID-19 Vaccine Info
- Community Resources Directory
- MyChart - Patient Website
- Coronavirus (COVID-19)

HOME - BEHAVIORAL HEALTH - MENTAL HEALTH - MENTAL HEALTH SERVICES ACT (MHSA) IN CONTRA COSTA COUNTY

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 self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services, 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

PUBLIC NOTICE: The MHSA Annual Plan Update FY 22-23 is posted for public comment and review period from April 4, 2022 – May 4, 2022. The public is invited to review this draft proposal and provide feedback or comments by using the attached Public Comment Card [English](#) | [Spanish](#) or contacting the MHSA office at 925-313-9525 or emailing MHSA@cchealth.org. **The Hearing on the Plan Update** will be via Zoom on May 4, 2022 during the Mental Health Commission meeting. The Agenda and Zoom link/Call Info will be posted four days before the hearing at: [Click Here](#)

- [22-23 MHSA Plan Overview Draft](#)

PUBLIC NOTICE: Contra Costa Behavioral Health Services' Innovation Project Proposal: Multi-County Psychiatric Advanced Directives (PADs) is posted for a 30-day public comment and review period from April 4, 2022 – May 4, 2022. This three-year project is the product of four months of public community meetings, which culminated in an Innovation Community Forum and MHSA Planning Survey. Psychiatric Advanced Directives (PADs) are a tool that can be used in the event of a mental health crisis to promote autonomy and supported decision-making. The public is invited to review this draft proposal and provide feedback or comments by using the attached Public Comment Card [English](#) | [Spanish](#) or contacting the MHSA office at 925-313-9525 or emailing MHSA@cchealth.org. **The Public Hearing** will be via Zoom on May 4, 2022 during the Mental Health Commission meeting. The Agenda and Zoom link/Call Info will be posted four days before the hearing at: [Click Here](#)

- [Contra Costa PADs Appendix](#)
- [PADs Innovation Project Original Proposal](#)

MHSA Innovation Community Forum (March 4, 2022):

- [Video](#)
- [Media Advisory](#)
- [Agenda](#)
- [Flyer](#) | [Spanish](#) | [Chinese-Simplified](#) | [Chinese-Traditional](#)

Virtual Suicide Prevention Community Forum:

- [Video](#) | [Audio](#)
- [Suicide Prevention Report 2021](#)

LINKS & RESOURCES

- [MHPA 21-22 Annual Plan Update](#)
- [21-22 MHPA Plan Overview | Spanish](#)
- [2020-2023 MHPA Three Year Program and Expenditure Plan](#)
- [MHPA Three Year Plan \(20-23\) Summary | Spanish](#)
- [Hope & Wellness Community Forum](#)
- [2020 MHPA Virtual Supports](#)
- [2019 Needs Assessment Report](#)
- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health Services Act](#)
- [ARCHIVE »](#)

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 MHPA 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 MHPA revenues.

For more information:

Mental Health Services Act
Contra Costa Mental Health Administration
1340 Arnold Drive, Suite 200
Martinez, CA 94553 [[Map & Directions](#)]
MHPA@cchealth.org

MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Contra Costa

Fiscal Year: 2020-2021

Local Mental Health Director

Name: Suzanne Tavano, Ph.D

Telephone: (925) 957-5150

Email: suzanne.tavano@cchealth.org

I hereby certify¹ 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, Ph.D

Local Mental Health Director (PRINT NAME)

Signature

Date

Suzanne Tavano 7/13/22

¹ Welfare and Institutions Code section 5892 (b)(2)

**Contra Costa County
Mental Health Services Act
Maximum Prudent Reserve Level Calculation**

	Overall MHSA			CSS Component Allocation 76% of Overall MHSA		
	Appointionment Received	Interest Earned	Total	Appointionment Received	Interest Earned	Total
FY16/17	41,775,216.85		41,775,216.85	31,749,164.81	-	31,749,164.81
FY17/18	46,070,781.70		46,070,781.70	35,013,794.09	-	35,013,794.09
FY18/19	46,427,474.00		46,427,474.00	35,284,880.24	-	35,284,880.24
FY19/20	41,016,128.00		41,016,128.00	31,172,257.28	-	31,172,257.28
FY20/21	69,846,165.00		69,846,165.00	53,083,085.40	-	53,083,085.40
	245,135,765.55	-	245,135,765.55	186,303,181.82	-	186,303,181.82

Maximum
Percentage
Allowed

Maximum MHSA Prudent Reserve Level	12,420,212.12
Contra Costa County FY20/21 Prudent Reserve	7,579,248.17
Under the Maxium Level?	YES

33%

Min. MHSA Prudent Reserve Level (5% of 5 yr avg) 1,863,031.82

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

X Annual Plan Update

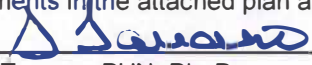
Local Mental Health Director	Program Lead
Name: Suzanne Tavano, PHN, Ph. D	Name: Jennifer Bruggeman, LMFT
Telephone Number: 925-957-5150	Telephone Number: 925-313-9579
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Jennifer.Bruggeman@cchealth.org
Local Mental Health Mailing Address:	
Contra Costa Behavioral 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 June 21, 2022.

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

7-26-22

 Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Contra Costa County

Annual Plan Update

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: <div style="text-align: center;"> Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553 </div>	

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


 Signature Date 7/26/22

I hereby certify that for the fiscal year ended June 30, 2021, 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 2/15/22 for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS 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.

Robert Campbell
 County Auditor Controller / City Financial Officer (PRINT)


 Signature Date 8/2/22

¹ 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)

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR
SUZANNE TAVANO, PHN, PhD
BEHAVIORAL HEALTH DIRECTOR



CONTRA COSTA
BEHAVIORAL HEALTH
ADMINISTRATION
1340 Arnold Drive, Suite 200
Martinez, California 94553
Ph (925) 957-5150
Fax (925) 957-5156

July 13, 2022

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 Update for Fiscal Year 2022-23. Included is the signed Prudent Reserve Assessment form per Welfare and Institutions Code (WIC) section 5892(b) (2) and Department of Health Care Services (DHCS) Mental Health Substance Use Disorder Services (MHSUDS) Information Notice 1819.

Attached as the separate documents are:

- The Innovation Annual Report for FY 2020-21.
- The Prevention and Early Intervention (PEI) Evaluation Report for FY 2018-21

The Draft MHSA Three Year Program and Expenditure Plan Update for FY 2022-23 (MHSA Three Year Plan Update) was posted for the required 30 day public review and comment initially from the period from April 4, 2022 through May 4, 2022. The public hearing was conducted on May 4, 2022. The MHSA Three Year Program and Expenditure Plan Update for FY 2022-23 was adopted by the Contra Costa Board of Supervisors on June 21, 2022. 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,

Karen Mitchoff, District 4
Chair of the Contra Costa County Board of Supervisors

Enclosures:

- Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan Update for FY 2022-23
- Innovation Annual Report for FY 2020-21
- Prevention and Early Intervention Annual Report for 2018-21





Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: July 26, 2022

Subject: Correct June 21, 2022 Board Order Item #C.187 with the Mental Health Services Act Program (Proposition 63):
Expenditure Plan Update Fiscal Year 22-23

RECOMMENDATION(S):

APPROVE clarification of the Board Action of June 21, 2022, (Item C.187) which adopted the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2022-23 to reflect a continued MHSA funding amount of \$63,270,000 instead of the erroneous amount of \$63,214,544 as previously requested by the department.

FISCAL IMPACT:

Adoption of the Mental Health Services Act Three Year Program and Expenditure Plan Update, Fiscal Year 2022-23 assures continued MHSA funding in the amount of \$63,270,000, which is \$54,456 more than previously submitted to the Board.

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 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

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: 07/26/2022 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
Karen Mitchoff, District IV Supervisor
Federal D. Glover, District V Supervisor

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

ATTESTED: July 26, 2022

Monica Nino, County Administrator and Clerk of the Board of Supervisors

By: Antonia Welty, Deputy



Contact: Suzanne Tavano,
925-957-5150

cc:

BACKGROUND: (CONT'D)

is a State mandated program under Welfare & Institutions Code.

On June 21, 2022, the Board of Supervisors adopted the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2022-23 with a funding amount of \$63,214,544. Due to an oversight the funding amount specified on the Board Order did not match the amount listed in the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2022-23. The purpose of this Board Order is to correct the funding amount from \$63,214,544 to \$63,270,000.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Board Order will not match the funding outlined in the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update for Fiscal Year 2022-23.

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.