

Contra Costa County

Mental Health Services Act
Plan Update

Fiscal Year 2015 - 2016

Introduction

We are pleased to present Contra Costa County Behavioral Health Services (CCBHS) Fiscal Year 2015-16 Plan Update to the integrated Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three Year Plan). This Three Year Plan started July 1, 2014, and integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology.

This Plan Update describes 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 Update 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 and supports 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.

Thus the Mental Health Services Act not only provides additional funding, but also provides a philosophical framework for the entire Behavioral Health Services System to successfully provide care to those whose needs are greatest.

Plan Changes for FY 2015-16. Significant changes to the Three Year Plan that are incorporated in this year's Plan Update are the following:

- A description of this year's Community Program Planning Process (pages 14 to 22).
- Changes to the Adult Full Service Partnership program (pages 26 and 27).
- The addition of an Assisted Outpatient Treatment Program (page 27).
- Adjustments to the Innovation (pages 49 to 53), Workforce Education and Training (pages 54 to 57), and Capital Facilities/Information Technology (pages 58 and 59) components to more closely reflect projected expenses.
- The chapter entitled, *The Budget*, reflects increased projected revenues to reflect current estimates. (pages 60 to 62).
- Appendix E - Funding Summaries that indicate sufficient MHSA funds are available to fully fund authorized budgeted amounts.

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Note. Program and plan element profiles and a glossary section are included in the Appendices to provide more information regarding a specific program or plan element, and to assist in better understanding terms that are used.

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.

During this past year we asked our consumers, their families and our service providers to describe mental health care that works best. The following elements emerged:

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

Capacity. Care providers are most appreciated when they are able to take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, mental 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 mental health issues.

Integration. Mental 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.

Cynthia Belon, L.C.S.W.
Behavioral Health Services Director

The Community Program Planning Process

The County has utilized the community program planning process to 1) identify issues related to mental illness that result from a lack of mental health services and supports, 2) analyze mental health needs, and 3) identify priorities and strategies to meet these mental health needs.

In 2006, CCBHS completed its first community program planning process under MHSA, and received funding for the Community Services and Supports component of the Act. The Prevention and Early Intervention component was approved in 2010, and the remaining components of Workforce, Education and Training, Innovation, Capital Facilities and Information Technology soon followed. Additional programs and services were incrementally approved and added each succeeding year as service needs were identified by means of the community program planning process.

CCBHS has consolidated all of these components into a single Plan, and its current MHSA funded programs and services were included in the Fiscal Year 2013-14 Plan Update.

In addition to the above community program planning processes, CCBHS continues to provide support and seeks counsel from an active stakeholder body, entitled the Consolidated Planning Advisory Workgroup (CPAW). Over the years these stakeholder representatives have provided input to the Behavioral Health Services Director as each MHSA component was developed and implemented. For the Three Year Plan, CPAW has recommended that the Plan provide a more 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. Thus the Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County's entire Behavioral Health System.

Overview. With one million residents Contra Costa County is comprised of three distinct regions in the West, Central and Eastern parts of the county. It is estimated that potentially 60,000 of these individuals may be adults who have a serious mental illness, or are children and youth who have been diagnosed with a serious emotional disorder. Many of these individuals are faced with the compounding debilitating effects of poverty; the daily struggle with the basic necessities of food, clothing, employment, transportation, health care and a safe place to live. With the addition of MHSA funded services and supports CCBHS now provides services to approximately 20,000 individuals who have a serious mental illness or serious emotional disturbance, and who cannot afford private mental health treatment. This ranks Contra Costa County's

performance for providing services to this potentially eligible population in the top 25% of counties throughout the state. However, it is reasonable to conclude that the County will continue to operate in an environment where there are more people in need of public mental health services than there are resources to meet this need.

Community Program Planning Process for Fiscal Year 2014-15

A comprehensive community program planning process was initiated in Fiscal Year 2013-14 in order to inform the direction of the Three Year Plan.

Assessment of Need. During the months of September and October of 2013, CCBHS initiated an assessment of need process in order to provide a preliminary identification of issues related to mental illness, and to assess mental health needs.

Staff conducted a series of site visits to interview both individuals who provide services and individuals who receive services. These consumers, their families and mental health professionals were considered “key informants” who could provide a preliminary assessment of public mental needs throughout the county. A stratified sampling of 25 CCBHS programs were selected to ensure representation from 1) all three regions of the county, 2) all four age groups (children, transition age youth, adults and older adults, 3) both county and contract operated services, and 4) all types of services, to include clinics, full service partnership programs, housing programs, wellness and recovery centers, prevention and early intervention programs, and CCBH administrative staff.

The method for participation was small group discussions that were supplemented by surveys in English and Spanish that could be completed and mailed in by individuals who either chose to provide written input, or were not available for scheduled discussions. The agenda for the group discussions and format for the written surveys were the same; namely, the participants were asked to discuss 1) what the program, service provider or agency does well, 2) what the program, service provider or agency needs to improve upon, and 3) what needed mental health services and supports are missing.

Over 300 consumers, family members, line staff, supervisors and senior staff actively participated in the discussions and/or completed surveys. Host agency staff arranged for consumers and family members to participate with them (in some cases separately) in the discussions, although all individuals were considered stakeholders without designation of affiliation during the discussions.

A summary of the discussions and surveys was completed for each of the 25 sites, and the detailed results of this preliminary needs assessment was made available for the subsequent consumer, family member and service provider focus groups and the community forums that were conducted in January through March of 2014.

Focus Groups and Community Forums. Resource Development Associates (RDA) was contracted with to provide independent facilitation of the focus group and community forum phases of the community program planning process. Individuals with lived mental health consumer experience co-facilitated these group discussions with RDA staff in order to foster a safe environment for individuals to freely discuss issues they may not otherwise feel comfortable discussing.

Focus Groups. 232 consumers and family members and 50 service providers met in small groups, provided their perceptions of priority mental health needs, and suggested ideas to address these needs. Eighteen consumer and family focus groups were conducted in all three regions of the County, with recruitment to each age group, underserved communities, persons experiencing homelessness, persons monolingual in Spanish, and individuals identifying as lesbian, gay, bi-sexual, transgender, or questioning their sexual identity. Four service provider focus groups were conducted, covering all geographic regions. RDA developed reports with participant feedback on strengths, gaps, barriers and proposed solutions for service access, quality, and sufficiency of services.

Community Forums. Approximately 150 members of the public participated in three community forums that were held in the western, central and eastern parts of the county. RDA presented the accumulated input from the needs assessment and focus group events, and solicited additional feedback.

Finally, RDA presented the results of the needs assessment, focus groups and community forums to the Consolidated Planning Advisory Workgroup, with the Mental Health Commission invited to attend. This event was also open to the public, and all in attendance were invited to provide input.

The full preliminary needs assessment report and Resource Development's subsequent report on the community program planning process can be found at:

<http://cchealth.org/mentalhealth/pdf/2014-0417-CCMHSA-Consoildated-Report.pdf> .

Results. The following are broad themes taken from these detailed reports that enable informed decision-making regarding program direction and evaluation efforts. Stakeholders participating in the community program planning process identified the following significant shortfalls as priority needs, and weighed in on strategies to improve access to services, quality and levels of service provided, integration of effort, accountability, and stakeholder participation in planning and evaluation. Each theme includes a cross reference of where relevant program or plan elements are contained in the Plan. This Plan's chapter on Evaluating the Plan outlines a process by which each of the funded programs and plan elements will be assessed for the extent to which they address these needs.

Access.

- **Getting to and from services.** The cost of transportation and the County's geographical challenges make access to services a continuing priority. Flexible financial assistance with both public and private transportation, training on how to use public transportation, driving individuals to and from appointments, and bringing services to where individuals are located, are all strategies needing strengthening and coordinating.
 - Relevant program/plan elements: Transportation assets and flexible funds to assist consumers get to and from services are included in supports provided in Full Service Partnerships. MHSA purchased vehicles to augment children, adult and older adult county operated clinic transportation assets, and additional staff are being hired through MHSA funding to drive consumers to and from appointments. A proposed Innovation Component program is being developed to provide a comprehensive, multi-faceted approach to transportation needs.
- **Navigating the system.** Mental health and its allied providers, such as primary care, alcohol and other drug services, housing and homeless services, vocational services, educational settings, social services and the criminal justice system provide a complexity of eligibility and paperwork requirements that can be defeating. Just knowing what and where services are can be a challenge. Easy access to friendly, knowledgeable individuals who can ensure connection to appropriate services is critical. Suggested strategies include expanding the system navigation capacity by use of trained peer and family partners (both paid and volunteer), strengthening system emphasis on active collaboration among service providers, and improving timely response and efficiency of the County's telephone access line.
 - Relevant program/plan elements: Family partners are stationed at the children's county operated clinics to assist family members participate in wraparound services. Clinicians are stationed at adult operated clinics to assist consumers with rapid access and connectivity to services. The Women Embracing Life and Learning (WELL) program in the Innovation component has a public health nurse assist participants navigate health and behavioral health resources. The Workforce Education and Training Component contracts with NAMI to provide family to family training. Outside the scope of this Plan Behavioral Health Services has focused attention on improving the County's Access Line as a single source of entry to mental health, alcohol and other drugs, and homeless services.
- **Cultural/linguistic appropriate outreach and engagement.** Focus groups underscored that mental health stigma and non-dominant culture differences continue to provide barriers to seeking and sustaining mental health care.

Emphasis should continue on recruiting and retaining cultural and linguistically competent service providers (especially psychiatrists), training and technical assistance emphasis on treating the whole person, and the importance of providing on-going staff training on cultural specific treatment modalities. Also, culture-specific service providers providing outreach and engagement should assist their consumers navigate all levels of service that is provided in the behavioral health system. Transition age youth, to include lesbian, gay, bi-sexual, transgender and questioning youth, who live in at-risk environments feel particularly vulnerable to physical harassment and bullying. Stakeholders continued to emphasize MHSA's role in funding access to all levels of service for those individuals who are poor and not Medi-Cal eligible.

- Relevant program/plan elements: Prevention and Innovation programs provide outreach and engagement to individuals and underserved populations who are at-risk for suffering the debilitating effects of serious mental illness. These programs are culture specific, and will be evaluated by how well they assist individuals from non-dominant cultures obtain the cultural and linguistically appropriate mental health care needed. The full service partnership programs in the Community Services and Supports component are to provide bi-lingual staff on their teams. The training and technical assistance category of the Workforce Education and Training component utilizes MHSA funding to sensitize service providers to the issues impacting cultural awareness and understanding, and mental health access and service delivery for underserved cultural and ethnic populations.

Capacity.

- **Serve those who need it the most.** Through MHSA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to be in need of a full spectrum of services. These are described in the full service partnership category of the Community Services and Supports component. In spite of these programs, stakeholders report that a number of individuals who have been most debilitated by the effects of mental illness continue to cycle through the most costly levels of care without success. Strategies put forth are to enact Assembly Bill 1421 (Laura's Law), and implement elements of the law that more assertively applies a comprehensive, multi-disciplinary service response, such as that described in the assisted outpatient treatment model. Also, stakeholders recommended that full service partner programs develop outcome data that could help determine and improve the level to which the most severely disabled are served.

- Relevant program/plan elements: In FY 2014-15, the County Board of Supervisors passed a resolution to enact Assembly Bill 1421, or Laura's Law, and authorized MHSA funding for the accompanying assisted outpatient treatment model to be implemented in FY 2015-16. Also in FY 2014-15 two new full service partnership programs, one for transition age youth and one for adults, were started in the Eastern part of the county. Their impact should be felt in coming years. The chapter entitled Evaluating the Plan describes a comprehensive program and fiscal review process that includes addressing whether programs serve those who need the service and achieve the outcomes that have been agreed upon.
- **Crisis response.** Response to crisis situations occurring in the community needs to be improved for both adults and children. Crisis response now primarily consists of psychiatric emergency services located at the Contra Costa Regional Medical Center (CCRMC). There are few more appropriate and less costly alternatives. Suggested strategies included implementing the much anticipated crisis residential facility and assessment and recovery center being built and co-located with the CCRMC, developing mobile crisis teams, improving partnership with law enforcement, and building coordinated follow-up and support for individuals and their families after a crisis event. Stakeholders emphasized that crisis response from mental health providers needs to be available outside normal business hours.
 - Relevant program/plan elements: Hope House, a crisis residential facility, is now fully operational, and the Miller Wellness Center (formerly known as the assessment and recovery center), opened its behavioral health wing in FY 2014-15. CCBHS has been awarded state MHSA funding for a mobile, multi-disciplinary team for adults and older adults to be first responders to a psychiatric emergency occurring in the community. Seneca Family of Agencies contracts with the County as part of the Children's Services full service partnership program, and provides a mobile response team for coordinating crisis support activities on behalf of youth and their families.
- **Housing and Homeless Services.** The chronic lack of affordable housing make this a critical factor that affects the mental health and well-being of all individuals with limited means. However, it is especially deleterious for an individual and his/her family who are also struggling with a serious mental illness. Stakeholders suggested a range of strategies that would increase housing availability, such as increasing transitional beds, housing vouchers, supportive housing services, permanent housing units with mental health supports, staff assistance to locate and secure housing in the community, and coordination of effort between Homeless Services and CCBHS.

- Relevant program/plan elements: Unfortunately, sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County's Behavioral Health Services budget. It is estimated that up to 3,800 individuals in the County are homeless on any given night. However, the MHSA funded Housing Services category of the Community Services and Supports component is coordinating staff and resources with Homeless Services of the Behavioral Health Division in order to improve and maximize the impact of the number of beds and housing units available, shorten wait times, and improve mental health treatment and life skills supports needed for consumers to acquire and retain housing. In addition, evaluation efforts will focus attention on efforts to improve the overall quality of housing and supports, and to seek opportunities to move housing units within county boundaries.
- **Assistance with meaningful activity.** Stakeholders underscored the value of engaging in meaningful activity as an essential element of a treatment plan. Youth in high risk environments who are transitioning to adulthood were consistently noted as a high priority. For pre-vocational activities, suggested strategies include providing career guidance, assistance with eliminating barriers to employment, and assistance with educational, training and volunteer activities that improve job readiness. Stakeholders highlighted the need for better linkage to existing employment services, such as job seeking, placement and job retention assistance. For daily living skills, suggested strategies include assistance with money and benefits management, and improving health, nutrition, transportation, cooking, cleaning and home maintenance skill sets.
 - Relevant program/plan elements: The prevention component lists a number of programs providing outreach and engagement to transition age youth. An Innovation project from Vocational Services staff of CCBHS is implementing a new and different pattern of service that will expand Contra Costa Vocational Services capacity to provide more pre-vocational services to enable greater access to existing employment services. Resource planning and management specialists, or money managers, are being added to the three adults clinics to assist consumers better manage financial and in-kind resources. All full service partnership programs are to provide money management services. Approved for plan development in the Innovation component are the addition of peer and family partners to provide health and wellness coaching.
- **Children in-patient beds.** In-patient beds and residential services for children needing intensive psychiatric care are not available in the county, and are difficult to find outside the county. This creates a significant hardship on families who can and should be part of the treatment plan, and inappropriately strains care

providers of more temporary (such as psychiatric emergency services) or less acute levels of treatment (such as Children's' clinics) to respond to needs they are ill equipped to address. Additional funding outside the Mental Health Services Fund would be needed to add this resource to the County, as in-patient psychiatric hospitalization is outside the scope of MHSA.

- **Supporting family members and significant others.** Critical to successful treatment is the need for service providers to partner with family members and significant others of loved ones experiencing mental illness. Stakeholders continued to underscore the need to provide families and significant others with education and training, emotional support, and assistance with navigating the system.
 - Relevant program/plan elements: Children's Services utilizes family partners to actively engage families in the therapeutic process, and is implementing the evidence based practices of multi-dimensional family therapy and multi-systemic therapy, where families are an integral part of the treatment response. Adult Services provides family advocacy services out of their Central Adult Mental Health Clinic. In the Prevention and Early Intervention Component the County provides clinicians dedicated to supporting families experiencing the juvenile justice system due to their adolescent children's involvement with the law. Five Prevention programs provide family education designed to support healthy parenting skills. Project First Hope provides multi-family group therapy and psycho-education to intervene early in a young person's developing psychosis. Two Innovation programs, Rainbow Community Center and Community Violence Solutions, have a family support component. The Workforce Education and Training Component describes NAMI's Family-to Family training, where emotional support and assistance with how to navigate the system is provided.
- **Support for peer and family partners.** CCBHS was acknowledged for hiring individuals who bring lived experience as consumers and/or family members of consumers. Their contributions have clearly assisted the County to move toward a more client and family member directed, recovery focused system of care. However, these individuals have noted the high incidence of turnover among their colleagues due to exacerbation of mental health issues brought on by work stressors, and lack of support for career progression. Individuals in recovery who are employed need ongoing supports that assist with career progression, and normalizes respites due to relapses.
 - Relevant program/plan elements: CCBHS has received state MHSA funding to strengthen its certification training for consumers who are preparing for a service provider role in the behavioral health system.

These funds are to expand the curriculum to include preparing family members as well, provide ongoing career development and placement assistance, and develop ongoing supports for individuals with lived experience who are now working in the system. This is described in the Workforce Education and Training Component.

- **Care for homebound frail and elderly.** Services for older adults continue to struggle with providing effective treatment for those individuals who are homebound and suffer from multiple physical and mental impairments. Often these individuals cycle through psychiatric emergency care without resolution.
 - Relevant program/plan elements: The Prevention and Early Intervention component describes a contract agency and a county operated plan element to provide services designed to support isolated older adults. The Innovation component describes a project in development that would train and field in-home peer support workers to engage older adults who are frail, homebound and suffer from mental health issues.
- **Intervening early in psychosis.** Teenagers and young adults experiencing a first psychotic episode are at risk for becoming lifelong consumers of the public mental health system. Evidence based practices are now available that can successfully address this population by applying an intensive multi-disciplinary, family based approach. A suggested strategy is to expand the target population now served by Project First Hope from youth at risk for experiencing a psychotic episode to include those who have experienced a “first break”.
 - Relevant program/plan elements: The Early Intervention category of the Prevention and Early Intervention component describes Project First Hope. This county operated program is in its second year in operation. Consideration will be given for expansion to youth experiencing a first psychotic break, should the program demonstrate success and funds be available.

Integration.

- **Between levels of care.** Levels of care range from in-patient hospitalization to intensive case management to therapy and medication to self-care recovery services. Stakeholders (both care providers and receivers) consistently cited the difficulty in moving from one level of care to another. Consumers often cited the disincentive to getting better, as it meant loss of care altogether. Consumers and their families indicated that this system inattention to level of care movement often interfered with the important work of minimizing or eliminating the level of psychotropic medications needed to maintain recovery and wellness. Often a “meds only” service response was not responsive to appropriate lower levels of medication and/or psychosocial support alternatives. Care providers indicated

that they faced the choice of either ending service or justifying continuance of a more intensive level of care than was needed. Continuity of care from a more intensive to a less intensive level and vice-versa need to be improved.

Suggestions included using contracts and memorandums of understanding as a means of incentivizing professionals at different care levels to collaborate and facilitate the process of recovery.

- Plan Response. This is a system-wide emphasis that affects all programs and plan elements. The chapter entitled Evaluating the Plan describes the method by which every program and plan element will be evaluated as to the degree to which it meets the needs of the community and/or population. The degree to which there is successful integration between levels of care will be addressed in each written report, with program response and plan(s) of action required where attention is needed.
- **Between service providers**. Integrating mental health, primary care, drug and alcohol, homeless services and employment services through a coordinated, multi-disciplinary team has been proven effective for those consumers fortunate to have this available. Often cited by consumers and their families was the experience of being left on their own to find and coordinate services, and to understand and navigate the myriad of eligibility and paperwork issues that characterize different service systems. Also cited was the difficulty of coordinating education, social services and the criminal justice systems to act in concert with the behavioral health system. Suggested strategies were to emphasize and normalize system collaboration and navigation as an expected service from the most senior leaders down through managers to service providers. Also recommended was to add paid and volunteer peer and family partners to facilitate both care providers working together and assist care receivers to navigate these systems.
 - Plan Response. The Plan funds a number of multi-disciplinary teams that models effective integration of service providers for select groups of clients. However, this is a system issue that affects all programs and plan elements. The chapter entitled Evaluating the Plan describes the method by which every program and plan element will be evaluated as to the degree to which it communicates effectively with its community partners. The degree to which there is successful communication, cooperation and collaboration will be addressed in each written report, with program response and plan(s) of action required where attention is needed.

Accountability and Stakeholder Participation.

The stakeholder community has requested CCBHS to provide more transparent and ongoing program and fiscal information and decision-making in order to better understand what is working well, what needs to improve, and what needs to change in order to address identified priority needs. This would enable a better working partnership in planning, implementation and evaluation between consumers, their families, service providers, and administration.

- Plan Response. The chapter entitled Evaluating the Plan outlines a comprehensive program and fiscal review of every MHSA funded program and plan element that will be conducted in the next three years. These reviews and written reports will provide a transparent means for better aligning resources with needs on an ongoing basis. A monthly program and budget report has been developed and now provides an ongoing means of program and fiscal communication between administration and stakeholders.

Community Program Planning Process for Fiscal Year 2015-16

The Community Program Planning Process for Fiscal Year 2015-16 built upon the previous year's comprehensive needs assessment and community engagement process by engaging stakeholders in an active public dialogue of both needs identified from the previous year, and introducing emerging public mental health needs. Also input was solicited in anticipation of implementing an Assisted Outpatient Treatment program in Fiscal Year 2015-16.

A community forum was held on February 25, 2014 in which 143 consumers and family members, the Consolidated Planning and Advisory Workgroup, the Mental Health Commission, National Alliance on Mental Illness – Contra Costa, provider organizations and CCBHS staff planned, facilitated and participated in the event. Breakout sessions discussed and prioritized identified and emerging mental health service needs, strategies to address these needs, and provided input on implementing an Assisted Outpatient Treatment program.

In addition to the Community Forum stakeholders provided written input online, and the results of this alternate method of feedback are included below.

Finally, included below is input from five Community Living Room Partnership Conversations held throughout the County that addressed health and behavioral health service needs and suggested strategies. These conversations were designed to include consumer, family members and service provider invitees to discuss needs and solutions that encompassed primary care, mental health, housing and homeless services, and alcohol and other drug services.

1. Identified Needs and Strategies to Meet These Needs

Participants who attended the Community Forum were afforded the opportunity to discuss identified needs from last year's community program planning process, and then each participant assigned five dot markers to the listed needs. The following identified needs from last year's community program planning process are listed in order of dot markers assigned, with summaries of suggested strategies that participants provided to meet these needs:

- Housing and homeless services (42 dots assigned).
 - Housing first – housing should be the first priority for mental health treatment response. Addressing this priority with providing adequate, affordable and appropriate housing can positively impact so many other needs.
 - Lack of affordable housing needs a much better coordinated response in matching availability with need. Utilize electronic technology to maintain an up to date data base and assign people to beds by having real time visibility of need versus availability; much like the hospitality industry does today.
 - Living homeless, dealing with substance addiction and battling mental illness are examples of conditions that make one feel less a person. Respectful human contact can be all that is needed.
 - Homelessness affects children's mental health and performance in school. Educators need more training and partnership with mental health providers.
 - Need more flexibility in housing resources, such as funds for application costs, transportation, maintenance costs in order to get and keep housing.
 - Need more transitional housing; we have supported housing and shelter beds.
 - Mental health consumers with a criminal record cannot get housing.
 - Convert vacant existing public buildings, such as at the Concord Naval Weapons Station, for temporary housing.
- Assistance with meaningful activity (29 dots assigned).
 - People need training on activities of daily living and life coaching as part of their treatment plan so that they can gain self-sufficiency and better manage their resources.
 - Need to link preparation for employment activities with mental health treatment.
 - Assist people get involved in volunteer activities as a bridge to employment.
 - There needs to be a clubhouse model service in West and East County.

- Integrate recreational therapy activities as part of the mental health treatment plan.
- Integration between service providers (25 dots assigned).
 - Necessary services do exist, but they are either unknown, hard to access, inconvenient to access, not integrated, or otherwise confusing.
 - Integration of health services and behavioral health services is vital, as lack thereof leads to system confusion, ineffective treatment, and is dangerous to a person's recovery.
 - People have to start all over again when they go to a new provider. Have the current provider go with the client to ensure a warm hand-off to a new provider.
 - Allow staff from contract agencies to communicate electronically with county operated service providers and each other to share information and coordinate services.
- Crisis response (24 dots assigned).
 - Need a much larger and more immediate mobile response to persons in crisis.
 - The 5150 and psychiatric emergency service (PES) response continually needs to be re-evaluated to ensure the most kind and humane response possible,
 - School counselors need to be better trained to deal with students in emotional crisis.
 - Ambulances are expensive and traumatizing. Provide less expensive transportation in a crisis situation, if appropriate.
- Intervening early in psychosis (22 dots assigned).
 - Kids can be helped at an early age. Reluctance to assign a diagnostic label prevents help at the right time, as Medi-Cal only funds if medical necessity is documented with a diagnosis of seriously emotionally disturbed.
 - Train teachers how to identify a child with mental health problems.
 - We need to engage at risk young adults in healthy activities before they become seriously mentally ill.
- Children inpatient beds (21 dots assigned).
 - There are no children's in-patient psychiatric beds in the County. Kids are sent far away. This separates them from their families and prevents access.
 - Consider strengthening lower levels of care, such as group homes, to lessen the incidence of children needing to be put in locked facilities.
 - Put an emphasis on services to children and foster care providers where children are seen as at risk, but not yet placed in a locked facility.

- Support for peer and family partners (19 dots assigned).
 - Create more positions for peer and family member providers, develop career progression capacity, and assist them in promotional opportunities.
 - Pay them a living wage.
- Navigating the system (18 dots assigned).
 - Need more information on available resources. Most people don't realize resources are there until they have been through a mental health issue.
 - Knowing what resources and how to navigate them is a very difficult task, even by service providers employed by the system.
 - There is no navigation between the mental health and education system.
 - Work on improving system navigation on multiple levels, including system mapping and guidance, resource collection and distribution, and ensuring that there is no wrong door to services, to include the person's front door.
 - Create an easy to understand and use flow chart to help people get to the right place.
- Cultural/linguistic appropriate outreach and engagement (18 dots assigned).
 - There are still cultural/ethnic groups who do not receive sufficient mental health services, such as transgender women.
 - Need to develop culturally appropriate means for identifying and reaching out to those communities who do not participate in treatment or current forums to identify their mental health needs.
 - Make mental health care more accessible and less stigmatizing to individuals who identify as lesbian, gay, bi-sexual, transgender, or who question their sexual identity.
- Access to services (17 dots assigned).
 - Busses take hours. Take people to and from their mental health appointments.
 - Have health care needs coordinated with mental health needs so that there are not multiple trips.
 - Peer providers should be available to coach consumers how to take public transportation, to include riding along with them.
 - Need an easier access to all services. It takes too long.
 - Allow consumers to access the electronic mental health record system to make appointments and receive follow up reminders.
 - Develop a system wide transportation response that can coordinate and more efficiently apply resources.
- Supporting family members and significant others (14 dots assigned)
 - Provide more and better education and communication regarding mental health treatment and medications provided.

- Provide peer mentoring and counseling to family members and significant others.
- Need more family support advocacy in East and West County.
- Provide suicide prevention training for family members, such as identifying early warning signs, how to get help, and follow up.
- Serve those who need it the most (12 dots assigned)
 - Need a better response to those who are dangerous to themselves and their family and friends, and won't take treatment. Hopefully implementing Laura's Law here will address this.
 - Police responders should be trained to safely respond to people who are severely compromised with mental health issues.
- Integration between levels of care (11 dots assigned)
 - Need an agreed upon means to support people from pre-break through hospitalization.
- Care for homebound frail and elderly (9 dots assigned)
 - Mobile teams consisting of mental health treatment providers, health care workers and peer providers should provide care to the homebound elderly in their homes.

2. Emerging Needs and Strategies to Meet These Needs

Participants discussed service needs that were not listed from last year, and provided suggested strategies to meet these needs.

- Trauma informed care
 - Returning veterans are falling through the cracks. Need to partner with veteran's programs to ensure our returning service men and women get the care they need.
 - Provide grief support for families undergoing loss.
 - Assist coping with the trauma of neighborhood and gang violence and immigration issues.
- Education through social media
 - Utilize today's social media technology to provide community education on reducing stigma and discrimination.
 - Keep 211 information current and spread awareness of this resource.
- Improved program response
 - As programs demonstrate they are not addressing the needs for which they are funded then take away the funding and give it to other programs.
- Increased funding
 - The need for public mental health care keeps increasing, but public funding does not keep up. Stakeholders should coordinate efforts to

influence the political process to bring in more dollars to meet this increasing need.

- There is inadequate reimbursement for providing services, with too much time taken to complete claim forms for billing.
- Need more funding to attract the most qualified professionals.
- Persons with developmental and mental health issues
 - Service providers of persons with the co-occurring issues of mental health and developmental disabilities, such as autism and Down's syndrome, often do not provide a coordinated response that efficiently and effectively applies appropriate resources. Systems that serve these individuals need to facilitate dialogue, cooperation and remove system barriers to coordinated service delivery.
- Youth with co-occurring mental health and substance abuse issues
 - Transition age youth often experience the compounding adverse effects of alcohol and other drugs with mental health issues. Mental health providers and substance abuse counselors should develop a developmentally appropriate coordinated response to this at risk population.
- Support our behavioral health workers
 - Develop and support all behavioral health workers, with emphasis on those working in the most chronically stressful environments. Provide pay commensurate with skills needed, a healthy work environment, and the leadership and support needed for our workforce to provide the best care possible.

3. Implementing an Assisted Outpatient Treatment (AOT) Program

Participants in the community forum provided input on how they would like an assisted outpatient treatment program designed. They responded to the following questions:

- How would you suggest we engage persons who are eligible for AOT?
 - Have a mobile team capable of responding to crisis situations, and capable of determining whether an individual is a threat to him/herself or others.
 - Outreach to potentially eligible individuals needs to be caring and client centered.
 - Outreach staff need to be experienced in recognizing and treating symptoms of trauma, and experienced with persons under the influence of multiple psychoactive substances.
 - Staff need to be competent in responding to unique cultural and ethnic differences. Capacity in non-dominant languages needs to be available.

- Prioritize engaging those individuals who pose a danger to others.
- Prioritize those individuals from Contra Costa who are being released from out of county locked psychiatric facilities.
- Partner with law enforcement and emergency medical treatment (EMT) staff, and ensure they are trained in mental health crisis intervention (CIT).
- Develop and implement a training curriculum for all staff at potential places of referral regarding AOT and protocol for referral.
- Train all affected parties on 5150 statute, and follow up to ensure provisions are uniformly applied.
- Develop positive working relationships with places where potentially eligible individuals would be identified, such as psychiatric emergency services (PES) and inpatient psychiatric hospitalization (4-C).
- Client rights and the benefits of AOT need to be clearly and consistently communicated.
- AOT staff should develop a partnership with Adult Protective Services.
- Multi-media communication of the program should educate the community and positively communicate rights and benefits that reflect actual practice.
- Outreach should also engage the individual's family and support network to assist the individual participate in treatment.
- Peer and family provider staff should be available to assist the individual throughout the process, to include system navigation and transportation assistance.
- Establish a staffed AOT hot line, and ensure 211 information is current. Hot line and 211 response should support family members and significant others who are dealing with current and potentially eligible individuals.
- Literature should be available in jails, homeless shelters and other places where potentially eligible individuals reside.
- Keep outreach and engagement records to inform subsequent efforts.
- How would you like the assessment and court process designed?
 - Ensure all parties involved in the court process are trained in AOT.
 - Either use the existing Behavioral Health Court or model the approach after the Behavioral Health Court in Contra Costa.
 - Mitigate the effects of the courtroom environment by considering holding the court process in a more normalized environment.
 - Ensure a multi-disciplinary team is involved in the assessment process, to include primary care, substance abuse professionals and peer and family member providers.
 - Ensure the assessment process evaluates the source of the referral in order to ensure the motivation of the referral source and veracity of information provided supports an appropriate referral.

- Ensure peer provider support and patient rights advocacy is provided throughout the process. Use volunteers if necessary.
- The presiding judge(s) is critical. He/she needs to be well trained in AOT, culturally competent and compassionate.
- What services would you want emphasized?
 - Provide services in accordance with the minimum standards specified in the evidence based practice of the Assertive Community Treatment Team model.
 - In addition to mental health treatment and case management services provide housing first, ensure peer and family member supports throughout, quality health care, substance abuse assessment and services, and attention to addressing developmental disability issues.
 - Services need to be trauma informed and culturally and linguistically competent.
 - Staff need to be experienced in connecting to what motivates an eligible individual in order to establish treatment goals and plans in which the individual will actively participate.
 - Involve the consumer's family members and significant others in the treatment process as much as is practicable, with emphasis toward mending relationships and developing natural supports.
 - Include transition planning to ensure the right level of care is provided at the right time, and the consumer is appropriately connected to lower levels of care as they improve.
 - Providers need to continually assess potential harm to consumer, family members and staff, and develop protocols to maximize safety.
 - Employ stringent confidentiality measures throughout the process, with care toward minimizing stigma and potential further criminalization.
 - Make clear the process by which to opt out of treatment and obtain legal representation.
 - Establish stakeholder oversight, and develop clear program and fiscal outcome measures.

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

The full complement of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded

services, but addressed the entire public 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 of 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 chapter contains programs and plan elements that are funded by the County's MHSA Fund, and will be evaluated by how well they address the Three Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

The Plan

Community Services and Supports

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

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to \$31.568 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues. 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.

Full Service Partnerships

Contra Costa Mental Health both operates and contracts with mental health service providers to enter into collaborative relationships with clients, called full service partnerships. Personal service coordinators develop an individualized services and support plan with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals. Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health treatment, including alternative and culturally specific treatments, peer support, family education services, access to wellness and recovery centers, and assistance in accessing needed medical, substance abuse, 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, 7 days a week to provide after-hours intervention.

In order to provide the full spectrum of needed services, the County makes available a variety of services that may be provided outside the particular agency who enters into a full service partnership agreement with a client. These additional services are included here as part of providing the full spectrum of services in the Full Service Partnership category. These services are utilized by full service partners on a pro-rated basis in order to direct as required by statute the majority of Community Services and Supports funds to those individuals who need services from a full service partnership.

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 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) 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.
- 3) Multi-systemic Therapy (MST) for Juvenile Offenders. Community Options for Families and Youth (COFY) contracts with the County to provide home-based multiple therapist-family sessions over a 3-5 month period. These sessions

are based on nationally recognized evidence based practices designed to decrease rates of anti-social behavior, improve school performance and interpersonal skills, and reduce out-of-home placements. The ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.

- 4) 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 helps families facilitate movement through the system.

The Children's Full Service Partnership Program is summarized below. Note that the total contract amount of these programs are funded by a combination of Medi-Cal reimbursed specialty mental health services and MHSA funds. Amounts listed are the MHSA funded portion of the total contract:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Personal Service Coordinators	Seneca Family Agencies	Countywide	45	562,915
Multi-dimensional Family Therapy	Lincoln Center	Countywide	60	874,417
Multi-systemic Therapy	Community Options for Family and Youth	Countywide	66	650,000
Children's Clinic Staff	County Operated	Countywide	Support for full service partners	798,488
Total			171	\$2,885,820

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. Fred Finch Youth Center contracts with the County 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 bi-lingual 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.

Youth Homes contracts with the County 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.

The Transition Age Youth Full Service Partnership Program is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	90	1,400,642
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	40	665,000
Total			130	\$2,065,642

Adult. Adult Full Service Partnerships provide a full range of services to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 300% of the federal poverty level, and are uninsured or receive Medi-Cal benefits. Four contractors to the County currently provide full service partnerships, and utilize a modified assertive community treatment model. This is a model of treatment made up of a multi-disciplinary mental health team, including a peer specialist, who work together to provide the majority of treatment, rehabilitation, and support services that clients use to achieve their goals. Rubicon Programs currently contracts with the county to provide full services partnerships for West County clients. Rubicon Programs has recently announced that they will be ending their provision of mental health treatment services by the end of Fiscal Year 2016-17. Mental Health Administration staff are currently working with Rubicon to effect a smooth transition to a new Full Service Partner provider in the latter part of the upcoming fiscal year.

Anka Behavioral Health takes the lead in providing full service partnership services to Central County. The Hume Center contracts with the County to provide full service partnerships for East County, while Familias Unidas contracts with the County to provide the lead on full service partnerships for West County's Hispanic population.

Anka Behavioral Health additionally serves those adults who have been charged with non-violent felonies or misdemeanors, who experience a serious mental illness/serious emotional disturbance, and are on probation. Contra Costa Behavioral Health's Forensic Team refers those individuals who have been screened for services and need the full spectrum of care of a full service partnership program. In FY 2014-15 Anka began receiving referrals directly from the Forensics Team for individuals involved with the criminal justice system. Previously, the Contra Costa's Behavioral Health Court directly provided referrals to Anka.

During FY 2014-15 the heretofore Bridges to Home partnership between Rubicon programs, Anka Behavioral Health and Community Health for Asian Americans (CHAA) was restructured. Rubicon Programs now serves full service partners in West County, and Anka Behavioral Health serves full service partners in Central County. CHAA has re-directed staff to provide contract specialty mental health services for the County outside of MHSA funding.

Assisted Outpatient Treatment. In February 2015 the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment program. The County will implement the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program will provide an experienced, multi-disciplinary team who will provide around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and will provide the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment will be served, whether they volunteer for services, or are ordered by the court to participate. Services are expected to start during FY 2015-16.

The Adult Full Service Partnership Program is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Assisted Outpatient Treatment	To be determined	Countywide	75	2,250,000
Full Service Partnership	Rubicon Programs	West County	75	928,813
Full Service Partnership	Anka Behavioral Health	Central County	50	768,690
• Forensic clients		Countywide	30	
Full Service Partnership	Familias Unidas	West County	30	207,096

Full Service Partnership	Hume Center	East County	60	907,493
Total			320	\$5,062,092

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. Contra Costa Mental Health has dedicated clinicians and nursing 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. Two Wellness Nurse positions have been added to help consumers maximize their well-being and minimize the negative side effects of any psychotropic medications that may be prescribed. As these new positions are filled they will provide clinical direction to Wellness Coaches, positions being filled by Community Support Workers through an Innovation Project.

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
FSP Support, Rapid Access, Wellness Nurses	County Operated	West, Central, East County	Support for Full Service Partners	1,794,059
Total				\$1,794,059

Wellness and Recovery Centers. Recovery Innovations contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups, which teach self-management and coping skills. The centers offer wellness recovery action plan (WRAP) groups, physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Recovery and Wellness Centers	Recovery Innovations	West, Central, East County	200	875,000
Total			200	\$875,000

Hope House - Crisis Residential Program. The County contracts with Telecare to operate a recently constructed MHSA financed 16 bed residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid in-patient psychiatric hospitalization. It also serves consumers being discharged from the hospital and long term locked facilities that would benefit from a step-down from institutional care in order to successfully transition back into community living. Services are designed to be up to a month in duration, are recovery focused with a peer provider component, and will be able to treat co-occurring disorders, such as drug and alcohol abuse.

The Crisis Residential Program is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Hope House - Crisis Residential Program	Telecare	Countywide	200	2,017,019
Total			200	\$2,017,019

MHSA Housing Services. MHSA funded housing services supplements services provided by CCBHS and the County's Homeless Services Division, and is designed for those 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 being homeless. The annual budget for this program provides affordable housing, and is comprised of five elements, 1) supportive housing, 2) augmented board and care facilities, 3) temporary shelter beds, 4) permanent housing units, and 5) a centralized county operated coordination team.

1. Supportive 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 move in and maintain their homes independently. In addition to Shelter, Inc., Bonita House is proposing to develop a supportive housing program, entitled the "Knightsen Farm", in the Eastern part of the County. As a result of stakeholder support, a \$220,000 placeholder in the annual housing services budget has been added, while feasibility and program design are determined.
2. Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to

live in the community. Of these 26 augmented board and care providers, seven were added due to MHSA funding.

3. Temporary Shelter Beds. The County's Homeless Services Division operates a number of temporary bed facilities in West and Central County for transitional age youth and adults. In 2010, CCBHS entered into a Memorandum of Understanding with the 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.
4. Permanent Housing Units. Having participated in a specially legislated state run MHSA Housing Program through the California Housing Finance Agency (CalHFA) the County, in collaboration with many community partners, embarked on 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 Services 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 Anka Behavioral Health.
5. Coordination Team. Mental Health Housing 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.

The allocation for MHSA Housing Services is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Supportive Housing	Shelter, Inc.	Countywide	119	1,663,668
Supportive Housing	Bonita House	Countywide	To be determined	220,000 (estimated)
Augmented Board and Care	Crestwood	Central County	80 beds	411,653
		Vallejo	46 beds	
Augmented Board and Care	Divines	West County	6 beds	4,850
Augmented	Modesto	Countywide	7 beds	90,000

Board and Care	Residential			
Augmented Board and Care	Oak Hill	East County	8 beds	21,120
Augmented Board and Care	Pleasant Hill Manor	Central County	18 beds	30,000
Augmented Board and Care	United Family Care (Family Courtyard)	West County	48 beds	271,560
Augmented Board and Care	Williams Board and Care Home	West County	12 beds	30,000
Augmented Board and Care	Woodhaven	Central County	5 beds	13,500
Shelter Beds	County Operated	Countywide	64 beds	1,672,000
Permanent Housing	County Operated	Countywide	50 units	One time funding allocated
Coordination Team	County Operated	Countywide	Support to Homeless Program	457,958
Total			***	\$4,886,309

***** It is estimated that up to 700 individuals per year will receive temporary, supported or permanent housing by means of MHSA funded Housing Services.**

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:

Older Adult Mental Health Program. First implemented in 2008, there are now two programs serving the older adult population over the age of 60, 1) Intensive Care Management, and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment).

- 1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers' mental health, physical health and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
- 2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults in a primary care setting who are experiencing co-occurring physical health impairments. The model involves short-term (8 to 12 visits) problem solving therapy and medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.

The Older Adult Mental Health Program is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Intensive Care Management	County Operated	Countywide	237	3,189,600
IMPACT	County Operated	Countywide	138	370,479
Total			375	\$3,560,079

Children's Wraparound Support. 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, were 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 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.

Children's Wraparound Support is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	2,161,974
Total				\$2,161,974

Miller Wellness Center. The County has recently completed construction on a separate building near the Contra Costa Regional Medical Center that houses an assessment and recovery center. This county operated mental health treatment program for both children and adults is co-located with a primary care site, and will be utilized to divert adults and families from the psychiatric emergency services (PES) located at the Regional Medical Center. Through a close relationship with Psychiatric Emergency Services children and adults who are evaluated at PES can quickly step down to the services at the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center will also allow for urgent same day appointments for individuals who either are not open to the Contra Costa Behavioral Health System of Care, or have disconnected from care after previously been seen. The annual costs of the behavioral health service delivery at the Miller Wellness Center has been reduced to \$500,000 starting in FY 2015-16. This is due to the Center being certified as a federally qualified health center, and thus being able to be reimbursed for mental health clinical staff time without use of MHSA funds. Positions to be filled under MHSA funding include a program supervisor, two community support workers, and a clerk.

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

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Miller Wellness Center (Formerly Assessment and Recovery Center)	County Operated	Countywide	To be Determined	500,000
Total				\$500,000

Liaison Staff. Contra Costa Mental Health partners with the Regional Medical Center to provide two Mental Health Clinical Specialists who assist with mental health treatment planning and transitioning clients from in-patient hospitalization at the Regional Center to an appropriate treatment plan of mental health care in the

community. In addition, two Community Support Worker positions have been authorized to liaison with Psychiatric Emergency Services in order to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions will be housed at the Miller Wellness Center, and will be filled as supervisory and clerical support are brought on line.

The allocation for the Liaison Staff is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Liaison Staff	County Operated	Countywide	Hospital Support	513,693
Total				\$513,693

Clinic Support. The Community Program Planning Process that supported the 2012-13 MHSA Plan Update recommended adding County positions to supplement clinical staff implementing treatment plans at the three adult clinics and three children's clinics. These are:

- 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. One money management specialist is allocated for each clinic, and work with and are trained by financial specialists.
- 2) Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA funds were utilized in Fiscal Years 2013-14 and 14-15 to purchase additional county vehicles to be located at the clinics. Community Support Workers, one for each adult clinic, have been added to the three 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 allocation for Clinic Support Staff are as follows:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Resource Planning and Management	County Operated	Countywide	Clinic Support	617,465

Transportation Support	County Operated	Countywide	Clinic Support	213,693
Evidence Based Practices	County Operated	Countywide	Clinic Support	370,479
Total				\$1,201,637

Forensic Team. Authorized for Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing services to individuals with serious mental illness who are 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.

The allocation for mental health clinicians on the Forensic Team are as follows:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Forensic Team	County Operated	Countywide	Support to the Forensic Team	493,973
Total				\$493,973

Quality Assurance and Administrative Support. In 2008, the County first added needed positions via MHSA funding to perform various administrative support and quality assurance functions for statutory, regulatory and contractual compliance, as well as management of quality of care protocol. County staff time and funding to support the community program planning process are also included here. Utilizing the state's allowance guide of 15% of total MHSA budget for this support element, the County's total percentage has varied from 10% to 12% each year. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased.

The following functions and positions are summarized below:

1) Quality Assurance.

Function	Position(s)	MHSA Annual Funds Allocated
Utilization Review	3	370,473
Medication Monitoring	1	89,843
Clinical Quality Management	3	370,473
Clerical Support	4	345,884
Total		\$1,176,673

2) Administrative Support.

Function	Position(s)	MHSA Annual Funds Allocated
Project and Program Manager	5	757,210
Clinical Coordinator	2	213,902
Planner/Evaluator	2	260,400
Family Service Coordinator	1	105,205
Administrative and Financial Analyst	3	327,336
Clerical Supervisor	1	96,876
Clerical Support	5	390,310
Community Planning	Contract	100,0000
Total		\$2,251,239

Community Services and Supports (CSS) Annual Program Budget Summary

Full Service Partnerships		Number to be Served: 651	19,709,363
	Children	2,885,820	
	Transition Age Youth	2,065,642	
	Adults	5,056,092	
	Adult Clinic Support	1,794,059	
	Wellness and Recovery Centers	875,000	
	Crisis Residential Center	2,017,019	
	MHSA Housing Services	4,886,309	
General System Development			11,859,268
	Older Adults	3,560,079	
	Children's Wraparound Support	2,161,974	
	Assessment and Recovery Center	500,000	
	Liaison Staff	513,693	
	Clinic Support	1,201,637	
	Forensic Team	493,973	
	Quality Assurance	1,176,673	
	Administrative Support	2,251,239	
Total			\$31,568,631

Prevention and Early Intervention

Prevention and Early Intervention is the component of the Three-Year Program and Expenditure 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. Programs in this component are designed to 1) reduce risk for negative outcomes related to untreated mental illness for groups whose risk of developing a serious mental illness is significantly higher than average; 2) prevent relapse for individuals in recovery from a serious mental illness; 3) reduce the stigma and discrimination related to mental illness; and 4) prevent suicide. All of the programs contained in this component help create access and linkage to mental health treatment, with an emphasis on outreach and engagement to those populations who have been identified as traditionally underserved.

First approved in 2009, with an initial State appropriation of \$5.53 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to \$8.037 million annually in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-6 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.

Prevention

Prevention programs provide outreach and engagement to individuals and underserved populations who are at-risk for suffering the debilitating effects of serious mental illness, and educate the community as to the adverse effects that stigma and discrimination have on persons experiencing mental illness. The County provides dedicated staff and contracts with community based organizations to 1) reduce the risk of developing a serious mental illness, 2) prevent relapse of individuals in recovery, 3) reduce stigma and discrimination, 4) prevent suicide, and 5) administratively support and evaluate MHSA funded prevention and early intervention programs.

- 1) Reducing risk of developing a serious mental illness. This category includes
 - a) providing outreach and engagement to underserved communities, b)

supporting at-risk youth, c) supporting healthy parenting skills, d) integrating primary care and mental health care for adults, and e) providing outreach and support to isolated older adults.

- a. Eight agencies contract with the County to provide outreach and engagement to underserved communities.
 1. Asian Community Mental Health 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 Center for Human Development serves the primarily African American population of Bay Point in Eastern 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. In addition, the Center for Human Development provides mental health education and supports for gay, lesbian, bi-sexual, and questioning youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.
 3. Jewish Family and Children's 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.
 4. La Clinica de la Raza reaches out to at-risk Latinos 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.

5. 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.
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. Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity. Key activities include reaching out to the community in order to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.
8. The Building Blocks for Kids Collaborative, 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.

The allocation for these prevention activities are summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Underserved Communities	Asian Community Mental Health	Countywide	50	130,000
Underserved Communities	Center for Human Development	East County	230	133,000
Underserved Communities	Jewish Family and Children's Services	Central and East County	350	159,679
Underserved Communities	La Clinica de la Raza	Central and East County	3750	256,750
Underserved Communities	Lao Family Community Development	West County	120	169,926
Underserved Communities	Native American Health Center	Countywide	150	213,422
Underserved Communities	Rainbow Community Center	Countywide	1,000	220,505
Underserved Communities	Building Blocks for Kids	West County	400	192,894
Total			6050	\$1,476,176

- b. Five agencies contract with the County to provide outreach and engagement to support at-risk youth, while the County provides clinicians dedicated to supporting families experiencing the juvenile justice system.
 1. The James Morehouse Project 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 coping with anger, violence and bereavement, factors leading to substance abuse, teen parenting and caretaking, peer conflict and immigration acculturation.
 2. The New Leaf program at 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 after school 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 licensed clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.
4. 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 a number of city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.
5. STAND! Against Domestic Violence is a prevention program that 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.
6. 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, and two clinicians work with the Oren Allen Youth Ranch. The clinicians provide direct short-term therapy and coordinates appropriate linkages to services and supports as youth transition back into their communities.

The allocation for these prevention activities are summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Supporting Youth	James Morehouse Project	West County	300	94,200
Supporting Youth	New Leaf	Central County	80	170,000
Supporting Youth	People Who Care	East County	200	203,594
Supporting Youth	RYSE	West County	2,000	460,427
Supporting Youth	STAND! Against Domestic Violence	Countywide	750	122,733
Supporting Youth	County Operated	Countywide	300	500,000
Total			3630	\$1,550,954

- c. Five agencies contract with the County to provide prevention programs designed to support healthy parenting skills.
 1. 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.
 2. 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, and Los Medanos Village in Pittsburg. Services include 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.
 3. The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence based practices of the Positive Parenting Program to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and

Spanish a number of seminars, training classes and groups throughout the year.

4. 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.
5. 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.

The allocation for these prevention activities are summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Supporting Families	Child Abuse Prevention Council	Central and East County	120	118,828
Supporting Families	Contra Costa Interfaith Housing	Central and East County	170	64,526
Supporting Families	Counseling Options Parenting Education	Countywide	210	225,000
Supporting Families	First Five	Countywide	(numbers included in COPE)	75,000
Supporting Families	Latina Center	West County	300	102,080
Total			800	\$585,434

- d. The County's primary care system staffs the County Health Centers, which integrate primary and behavioral health care. Two mental health clinicians are funded by MHSA to enable a multi-disciplinary team to provide an integrated response designed to prevent the onset of serious functional impairment among adults visiting the clinic for medical services.

The allocation for this prevention activity is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Supporting Adults	County Operated	Central County	To be determined	246,986
Total				\$246,986

- e. One contract agency and one county operated plan element provide prevention services designed to support isolated older adults.
 1. 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.
 2. The Senior Peer Counseling Program within the Contra Costa Mental Health Older Adult Program engages volunteer peer counselors to reach out to older adults at risk of developing mental illness by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latino and Asian American seniors. The volunteers receive extensive training and consultation support.

The allocation for this prevention activity is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Supporting Older Adults	Lifelong Medical Care	West County	115	118,970
Supporting Older Adults	County Operated	Countywide	225	370,479
Total			340	\$489,449

- 2) Preventing relapse of individuals in recovery. Following the internationally recognized clubhouse model, the Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. 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.

The allocation for this prevention activity is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Preventing Relapse	Putnam Clubhouse	Countywide	300	533,400
Total			300	\$533,400

- 3) Reducing stigma and discrimination. The Contra Costa Behavioral Health Services Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to a) reduce stigma and discrimination, b) develop leadership and advocacy skills among consumers of behavioral health services, c) support the role of peers as providers, and d) encourage consumers to actively participate in the planning and evaluation of MHSA funded services.
- a. Staff from the OCE support a number of activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness. The PhotoVoice Empowerment Program enables consumers to produce artwork that speaks to the prejudice, discrimination and ignorance that people with behavioral health challenges face. The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's 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.
 - b. The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County, and supports ongoing support groups in partnership with the Contra Costa chapter of the National Alliance for the Mentally Ill (NAMI). These groups include a writer's group and a self-help group led by NAMI certified facilitators.
 - c. The Service Provider Individualized Recovery Intensive Training (SPIRIT) is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived mental health experience. 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 Contra Costa Behavioral Health in the classification of Community Support Worker. Participants learn peer counseling skills, group facilitation, Wellness Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider positions in both county operated and community based organizations. The OCE offers monthly group peer support and training for those individuals who are employed by the County in various peer and family support roles.

- d. 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, alcohol and other drug, and homeless 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.

The allocation for this prevention activity is summarized below:

Program	County/Contract	Region Served		Yearly Funds Allocated
Stigma Reduction	County Operated	Countywide		692,988
Total				\$692,988

- 4) Preventing Suicide. There are three plan elements that augment the County's efforts to reduce the number of suicides in Contra Costa County; a) augmenting the Contra Costa Crisis Center, b) dedicating a clinical specialist to support the County's adult clinics and psychiatric emergency services, and c) supporting a suicide prevention committee.
 - a. The Contra Costa Crisis Center provides services to prevent suicides by operating a certified twenty four 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.

- b. The County fields a mental health clinical specialist to augment the psychiatric emergency services unit and the adult clinics for responding to those individuals identified as at risk for suicide. This clinician receives referrals from psychiatrists and clinicians of persons deemed to be at risk, and provides a short term intervention and support response, while assisting in connecting the person to more long term care.
- c. A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee will now oversee 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.

The allocation for this prevention activity is summarized below:

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
Suicide Prevention	Contra Cost Crisis Center	County wide	25,000	292,850
Suicide Prevention	County Operated	County wide	50	123,493
Suicide Prevention	County Supported	County wide	N/A	Included in PEI administrative cost
Total				\$416,343

- 5) Administrative support and evaluation of prevention and early intervention programs. A program supervisor and two planner/evaluator positions have

been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA. The allocation for this activity is summarized below:

Plan Element	County/Contract	Region Served		Yearly Funds Allocated
Administrative Support	County Operated	Countywide		123,493
Planning/Evaluation	County Operated	Countywide		246,986
Total				\$370,479

Early Intervention

Early intervention means services that provide treatment and other interventions to address and promote recovery and related functional outcomes, and to mitigate the negative outcomes that result from untreated mental illness. The County operated First Hope Program serves youth who are at risk for, or show early signs of psychosis. 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 psycho-education, education and employment support, and occupational therapy.

The allocation for this program is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	Yearly Funds Allocated
First Hope	County operated	Countywide	100	1,685,607
Total			100	\$1,685,607

Prevention and Early Intervention (PEI) Component Yearly Program and Expenditure Summary

Prevention			6,362,209
Early Intervention			1,685,607
Total			\$8,047,816

Innovation

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

These innovative programs accomplish one or more of the following objectives; i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services.

The following programs have been approved, implemented and funds are allocated for each year of the Three Year Plan :

- 1) Mental Health and Social Supports for Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ) Consumers. Rainbow Community Center has contracted with the County to continue to develop a behavioral/mental health model to serve youth, TAY and adult consumers who identify themselves as lesbian, gay, bi-sexual, transgender or questioning their sexual identity or gender. Previously, this program worked to identify unmet needs and tested the effectiveness of various modes of engagement, assessment and service provision, and developed best practices for engaging and serving LGBTQ consumers and broadening and strengthening their social supports (peers, family, schools, faith communities). A key component of the project included building learning collaboratives of local community members and organizations who worked to improve linkage and care services for LGBTQ community members in schools, faith communities, and service provider settings. The project developed proposed models of LGBTQ counseling, support groups, youth and TAY development activities, and specialty mental health services tailored to meet needs of LGBTQ community members. Three categories of interventions will be sustained with future funding in order to inform the mental health system of care as to best practices and to assist in replication: i) promote inclusive climates with faith communities and service providers, ii) individual counseling (clinic and school-based) and support group services to promote healthy LGBTQ identity development, iii) specialty mental health services for consumers who have been

marginalized and have a serious mental illness, and iv) development of evaluation methodology for school and agency-based mental health services. The counseling and mental health programs have begun to serve TAY and adults and older adults as well as youth.

- 2) Women Embracing Life and Learning (WELL). This project is a collaboration between Contra Costa Mental Health, Public Health Nursing and the Women, Infant and Child (WIC) program. This new pattern of service integrates a coordinated approach to addressing perinatal and post-partum depression among women in order to improve health outcomes and prevent serious mental illness. The Central County WIC office screens for symptoms of depression, refers women at risk to the multi-disciplinary team, and the team provides one-on-one and group counseling, medication support as appropriate, and referral and linkage to additional treatment as needed.
- 3) Trauma Recovery Project. The County is providing staff to lead trauma recovery groups within the County's adult mental health clinics for individuals who are both suffering from post-traumatic stress disorder (PTSD) and are receiving mental health services for a serious mental illness. The groups adhere to the trauma recovery group practice for treatment of PTSD. This is a promising practice that utilizes cognitive restructuring, and seeks to reduce involuntary hospitalizations and psychiatric emergency services for this at-risk population.
- 4) Reluctant to Rescue. Community Violence Solutions contracts with the County to provide outreach and engagement to exploited youth who engage in street socialization, commercial sex work or survival sex. Staff adapt their outreach to engaging youth where they are located, providing safe, accessible drop-in centers, and providing mental health and support services. This project is developing promising practices to identify exploited and at-risk youth, coordinate with and educate public entities, such as law enforcement, and mobilize resources to assist youth leave exploited situations.
- 5) Recovery Through Employment Readiness. The community program planning process has placed an urgent priority on the County providing pre-vocational and employment services to a large number of mental health consumers who are not currently receiving this service. An analysis indicates that Contra Costa Vocational Services currently partners with the California Department of Rehabilitation to provide a "place and train" model of employment services. This model screens applicant for readiness to enter competitive employment, and then provides job placement and supported employment services to facilitate job retention. However, a large number of individuals who need training, education and other pre-employment services are being screened out. A new and innovative model

is being developed to combine a “train and place” approach with the existing “place and train” approach in order to serve a larger number of consumers who represent a broader spectrum of readiness for employment.

The allocation for these programs are summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Supporting LGBTQ Youth	Rainbow Community Center	Countywide	125	420,187
Women Embracing Life and Learning (WELL)	County Operated	Central County	50	194,652
Trauma Recovery Project	County Operated	Central County	40	123,493
Reluctant to Rescue	Community Violence Solutions	West, East County	40	126,000
Recovery Through Employment Readiness	County Operated	Countywide	150	277,445
Administrative Support	County	Countywide	Innovation Support	121,773

Total 405 \$1,263,550

The following concepts have been designated to be Innovation Projects, and are on track to be fully developed, approved and implemented during the period of this Three Year Plan:

- Wellness Coaches. Individuals who have experience as a consumer and/or family member of the mental health system will be trained to provide mental health and health wellness coaching to recipients of integrated health and mental health services within Contra Costa Mental Health. These peer providers will be part of the County’s Behavioral Health Services integration plans that are currently being implemented. As these positions are filled they will be paired with

Wellness Nurses, and will be assigned to the adult mental health clinics. They will receive training specific to the skill sets needed to improve health and wellness outcomes for consumers.

- Partners in Aging. Older adults who are frail, homebound and suffer from mental health issues experience higher rates of isolation, psychiatric emergency interventions, and institutionalization that could be prevented. An Innovation Project is being developed that would train and field in-home peer support workers to engage older adults who have been identified by Psychiatric Emergency Services as individuals who need additional staff care in order to avoid repeated crises, engage in ongoing mental health treatment, increase their skills in the activities of daily living, and engage appropriate resources and social networks.
- Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study was completed via the County's community program planning process, and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. These strategies include training consumers to independently navigate public transportation, providing flexible resources to assist with transportation costs, educating consumers regarding schedules, costs and means of various modes of public transportation, transport consumers to and from mental health appointments and develop shuttle routes, accommodate special transportation needs, and create a centralized staff response to coordinate efforts and respond to emerging transportation needs. During this Three Year Plan an Innovation Project will be developed to address these needs and provide a means to inform the overall mental health system of care regarding solutions for improving transportation access to mental health care.

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. They are a result of recommendations from previous community program planning processes. Additional concepts for Innovation Projects will be entertained and vetted through the Innovation Committee on an ongoing basis. These submitted concepts will be consistent with the priorities of this year's community program planning process.

The Mental Health Services Act states that five percent of MHSA funds will be for Innovation Projects. In order to meet this five percent requirement additional funds will

be set aside for the emerging projects listed above, as well as new concepts that are brought forward, should funds be available.

Innovation (INN) Component Annual Yearly Program Budget Summary

Programs Implemented			1,263,026
Funds allocated for emerging programs			755,945
Total			\$2,019,495

Workforce Education and Training

Workforce Education and Training is the component of the Three Year Program and Expenditure Plan that includes staff development through education and training, workforce activities including career pathway development, and financial incentive programs for current and prospective Contra Costa Behavioral Health Services employees, and contractor agency staff. The purpose of this component is to develop and maintain a diverse mental health workforce capable of providing consumer and family-driven services that are compassionate, culturally and linguistically responsive, and promote wellness, recovery and resilience across healthcare systems and community-based settings.

The County's Workforce, Education and Training Component 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, Internship Programs, and 5) Financial Incentive Programs.

- 1) Workforce Staffing Support. Workforce education and training staff are designated to develop and coordinate all aspects of this component. This includes conducting a yearly workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordinating intern placements throughout the County, and managing the contracts with various training providers and community based organizations who receive funding for graduate level interns.

The County's funding allocation for this category is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Administrative Support	County Operated	Countywide	N/A	68,863
Total				\$68,863

- 2) Training and Technical Assistance. Various individual and group staff trainings will be funded that support the values of the Mental Health Services Act. As a part of the MHSA community program planning process and training surveys

stakeholders identified the need for training to increase knowledge related to cultural communities, such as disadvantaged populations, and the lesbian, gay, bi-sexual, transgender communities, and those who question their sexual identity. Additionally, stakeholders expressed the need to develop activities to reduce stigma. In response the County will host a variety of culture-specific training events focused on cultural groups, such as Asian Americans, Latinos, and African Americans.

In addition, the following specific contracts will be let out; i) payment to the Contra Costa National Alliance on Mental Illness (NAMI) to provide Family-to-Family training in both English and Spanish that assists families support their loved ones navigate the public mental health system, ii) training for law enforcement officers to respond safely and compassionately to crisis situations involving persons with mental health issues.

The County's funding allocation for this category is summarized below:

Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Staff Training	Various vendors	Countywide	To be determined	83,000
Family to Family	NAMI	Countywide	48	20,000
Law Enforcement	Various	Countywide	70	5,000
Total				\$108,000

- 3) Mental Health Career Pathway Programs. Funding is annually allocated to enable a designated Contra Costa County high school to develop and deliver a mental health class curriculum and provide stipend work experiences. By introducing high school students to mental health through this curriculum, students increase their knowledge of mental health concepts and potential careers in the public mental health system. Staff assist students connect with colleges that support a career ladder in the public mental health system.

Contra Costa Mental Health has successfully created a number of peer and family provider positions in its system of care, and, through its SPIRIT program has recruited and prepared individuals with lived experience for entry level positions as peer providers. However, the County's assessment of workforce needs has determined that these individuals could benefit from ongoing support and assistance with career development and advancement through the system. Also, training is needed for individuals with lived experience as a family members

for entry to enter the workforce as a family provider. Toward this end, the County applied for and received a \$436,386 grant through the statewide workforce, education and training funds administered by the Office of Statewide Health Planning and Development. These funds are to expand the curriculum to include training to be a family provider, supporting ongoing career development and placement assistance, and developing ongoing supports for individuals with lived experience who are now working in the system.

The County's funding allocation for this category is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
High School Academy	Contra Costa Unified School District	Countywide	15	3,000
Total				\$3,000

- 4) Residency, Internship Programs. Contra Costa County supports internship programs which place graduate level students in various county operated and community based organization locations. Particular emphasis is put on the recruitment of individuals who are bi-lingual and/or bi-cultural, and individuals with consumer and/or family member experience. CCMH provides funding to enable up to 75 graduate level students to participate in paid internships in both county operated and contract agencies that lead to licensure as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Clinical Psychologist and Mental Health Nurse Practitioner. These County financed internships are in addition to the state level workforce education and training stipend programs that are funded by the California Office of Statewide Health Planning and Development. This state funded stipend program requires that participants commit to working in community public mental health upon graduation. The County's assessment of workforce needs has determined that a combination of state and locally financed internships has enabled the County and its contractors to keep pace with the annual rate of turnover of licensed staff.

Recruitment and retention of psychiatrists remain a challenge for Contra Costa County. Toward this end the County is seeking state level workforce, education and training funds to develop a psychiatric residency relationship with the University of California at San Francisco to enable psychiatrists to complete their final year of residency within the County's mental health system of care.

The County's funding allocation for this category is summarized below:

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Annual Funds Allocated
Graduate Level Internships	County Operated	Countywide	25	169,945
Graduate Level Internships	Contract Agencies	Countywide	50	100,000
Total			75	\$269,945

- 5) Financial Incentive Programs. The County participates in the state level workforce, education and training funded Mental Health Loan Assumption Program. Administered by the Office of Statewide Health Planning and Development, this program makes annual payments of up to \$10,000 to an educational lending institution on behalf of an employee who has incurred debt while obtaining education. The recipient is required to work in the public mental health system for each year (up to five years) in a capacity that meets the employer's workforce needs. Contra Costa County has been allocated \$309,733 from the state level WET fund to apply toward this program. The County plans to maximize the impact of this retention strategy by incrementally increasing the number of awards provided yearly for county and contract agency employees who work in the Contra Costa Behavioral Health Services system of care.

Workforce Education and Training (WET) Component Yearly Budget Authorization:

WET Component			\$638,871
Total			\$638,871

Capital Facilities/Information Technology

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

Capital Facilities. The County completed an extensive community program planning process related to capital facility outlays and received approval from the State in 2010 to spend up to \$4 million for construction of a facility to house an assessment and recovery center (Miller Wellness Center). In the fiscal year 2011-12 MHSA Plan Update the construction of a 16 bed crisis residential facility (Hope House) was approved and added as a Capital Facilities project. This was funded by transferring \$3 million from the County's Prudent Reserve. Construction of both the Hope House and Miller Wellness Center was completed in the Spring of 2014. Behavioral health programs are operational in both facilities, with services described in the Community Services and Supports component of the Three Year Plan.

Information Technology. Contra Costa received approval from the State in 2010 to utilize up to \$6 million in MHSA funds to develop and implement an electronic mental health record system. The approved project is intended to transform 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 would replace 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 proposed system would allow doctors to submit their pharmacy orders electronically, and permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability. It would also allow consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

Subsequent to approval for this project Contra Costa Health Services, to include Contra Costa Regional Medical Center, the ambulatory care clinics and the Contra Costa Health Plan converted existing systems to an integrated electronic medical record system, entitled EPIC. This conversion of the larger health care system initiated an analysis to determine the feasibility of using the EPIC system for behavioral health services. The analysis indicated significant functionality gaps in the clinical documentation and billing for specialty mental health services, as it utilized a different billing format. Closing the gap required significant development efforts by EPIC system

staff. Initiation of the electronic mental health record system was delayed until EPIC was fully operational in Contra Costa's Health Service Division, and functionality between EPIC's capacity and the electronic mental health record's objectives could be determined. This was solved by the certification of EPIC's Tapestry module, and work began in FY 2013-14. The Epic Tapestry project will have the capacity to communicate and share information with EPIC and other systems currently in use by contract providers and other entities involved in the treatment and care of clients. The project is scheduled to be completed in two years. As per the 2010 proposal, funding from the County's Health Services Department would be sought for any costs that exceed the originally approved \$6 million.

Information Technology Project funds available for Fiscal Year 2015-16 and Fiscal Year 2016-17: \$3,396,421

The Budget

The Contra Costa County Board of Supervisors authorized use of MHSA funds not to exceed \$43.1 million annually for the remaining Fiscal Years 2015-16 and 2016-17. Pages 23 through 59 provide detailed projected budgets for individual MHSA plan elements, programs, categories and components for FY 2015-16. The following table summarizes the total MHSA spending authority by component for the remaining two years of the Three Year Plan.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 15/16	31,568,631	8,037,813	2,019,495	638,871	849,936	43,114,747
FY 16/17	31,568,631	8,037,813	2,019,495	638,871	849,936	43,114,747

Appendix E, entitled *Funding Summaries*, provides a revised FY 2014-15 through FY 2016-17 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 and plan elements for the duration of the three year period. The following fund ledger depicts projected available funding versus total budget authority:

Fiscal Year 2015/16

A.Estimated FY 2015/16 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1.Estimated unspent funds from prior fiscal years	23,376,885	6,198,315	3,764,013	1,359,451	3,336,356	38,035,020
2. Estimated new FY 15/16 funding	25,915,302	6,479,394	1,704,506	0	0	34,099,202
3. Transfers in FY 15/16						
4.Estimated available funding for FY 15/16	49,292,187	12,677,709	5,468,519	1,359,451	3,336,356	72,134,222
B.Budget Authority FY 15/16	31,568,631	8,037,813	2,019,495	638,872	849,936	43,114,747

Fiscal Year 2016/17

A.Estimated FY 2016/17 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1.Estimated unspent funds from prior fiscal years	17,723,556	4,639,896	3,449,024	720,580	2,486,420	29,019,476
2. Estimated new FY 16/17 funding	31,133,361	7,783,908	2,047,679	0	0	40,964,948
3. Transfers in FY 16/17						
4.Estimated available funding for FY 16/17	48,856,917	12,423,804	5,496,703	720,580	2,486,420	69,984,424
B.Budget Authority For FY16/17	31,568,631	8,037,813	2,019,495	638,872	849,936	43,114,746
C.Estimated FY 16/17 Unspent Fund Balance	17,288,286	4,385,991	3,477,208	81,708	1,636,484	26,869,677

Prudent Reserve: \$7,125,250

Notes.

1. The Mental Health Services Act requires that 20% of the total new funding for the County go for the PEI component. The balance of new funding is for the CSS component. From the total of CSS and PEI components, five percent of the total new funding is to go for the Innovation (INN) component, and is to be equally divided between the CSS and PEI allotment. The estimated new funding for each fiscal year reflects this distribution.
2. The County may set aside up to 20% of its total allocation of new funding for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this three year period the County is not allocating any new funding for these areas, as the existing balances are estimated to be sufficient to fund estimated expenditures. However, it is anticipated that continuation of part or all of the

existing WET programs for the next three year period (FY 2017-20) may require use of new funding.

3. 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, 2017 is estimated to be \$7,125,250. This figure is in addition to the estimated available funds.
4. For the CF/TN component it is projected that the one-time costs of implementing a mental health electronic record system will utilize the entire component fund balance by the end of this three year period. Any costs that are incurred above the total funds set aside for this project will be considered separately as a new and additional funding obligation.
5. Significant changes in revenues or funding commitments, such as program additions, reductions or general cost of living adjustments will be reflected in subsequent plan updates.

Toward Balancing the Budget. In FY 2014-15 it was determined that actual MHSA expenditures in FY 2013-14, while not exceeding budget authority, did exceed actual MHSA revenues received. Extrapolating this shortfall forward in future years indicated that available unspent MHSA funds from previous years could eventually be exhausted, and sufficient MHSA funds might not exist in future Three Year Plans to fully fund all authorized MHSA programs and plan elements. However, projected expenditures for FY 2014-15 indicate that revenues will exceed expenditures. Coupled with a revised upward estimate of MHSA revenues in future years it is determined that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements in future Three Year Plans.

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 the next three years each of the contract and county operated programs and plan elements receiving MHSA funds are undergoing a program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

- Delivering services according to the values of the Mental Health Services Act.
- Serving those who need the service.
- Providing services for which funding was allocated.
- Meeting the needs of the community and/or population.
- Serving the number of individuals that have been agreed upon.
- Achieving the outcomes that have been agreed upon.
- Assuring quality of care.
- Protecting confidential information.
- Providing sufficient and appropriate staff for the program.
- Having sufficient resources to deliver the services.
- Following generally accepted accounting principles.
- Maintaining documentation that supports agreed upon expenditures.
- Charging reasonable administrative costs.
- Maintaining required insurance policies.
- Communicating effectively with community partners.

Each program or plan element 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 monthly 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 Mental Health 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.

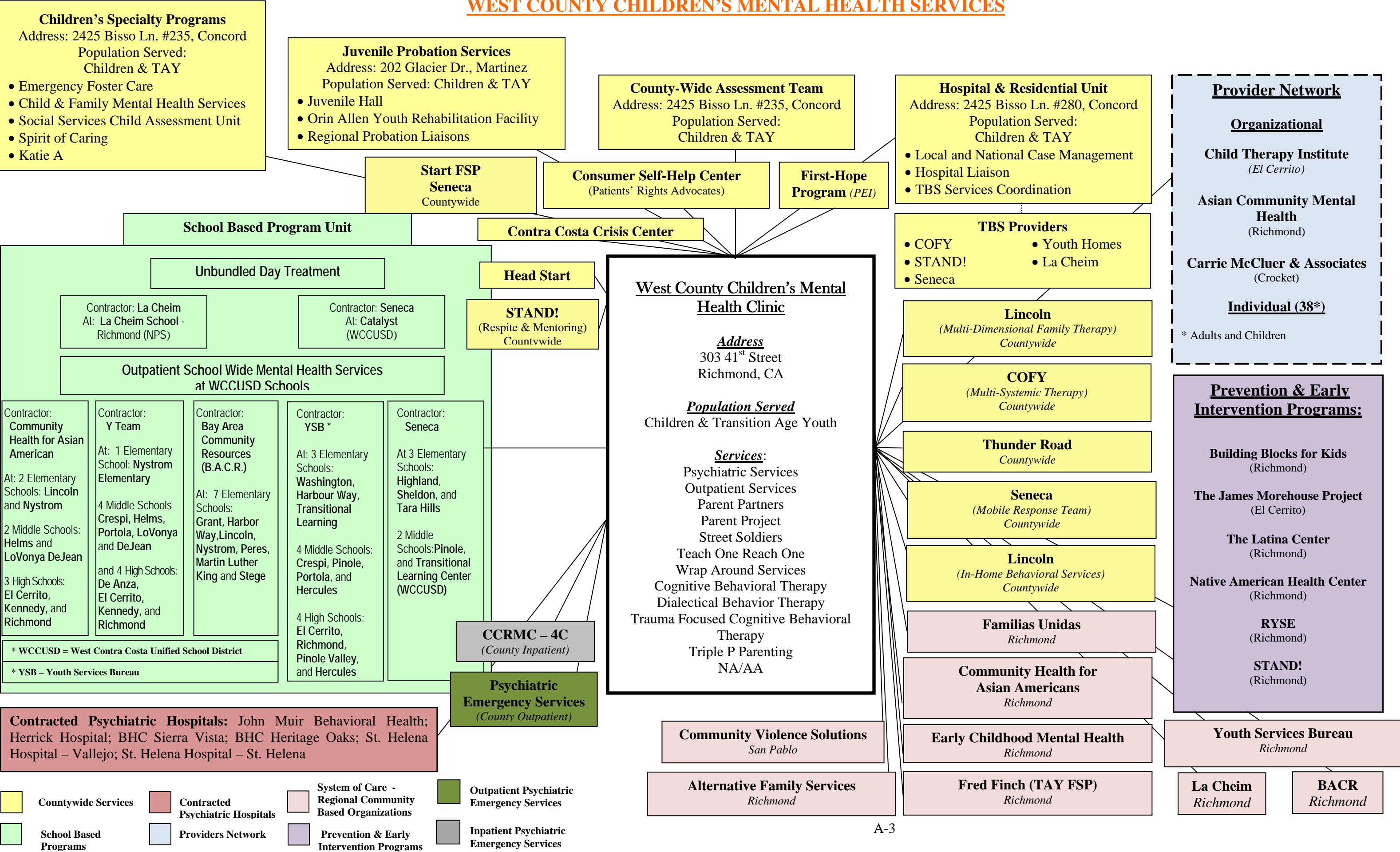
The MHSA Staff

Mental Health Service Maps

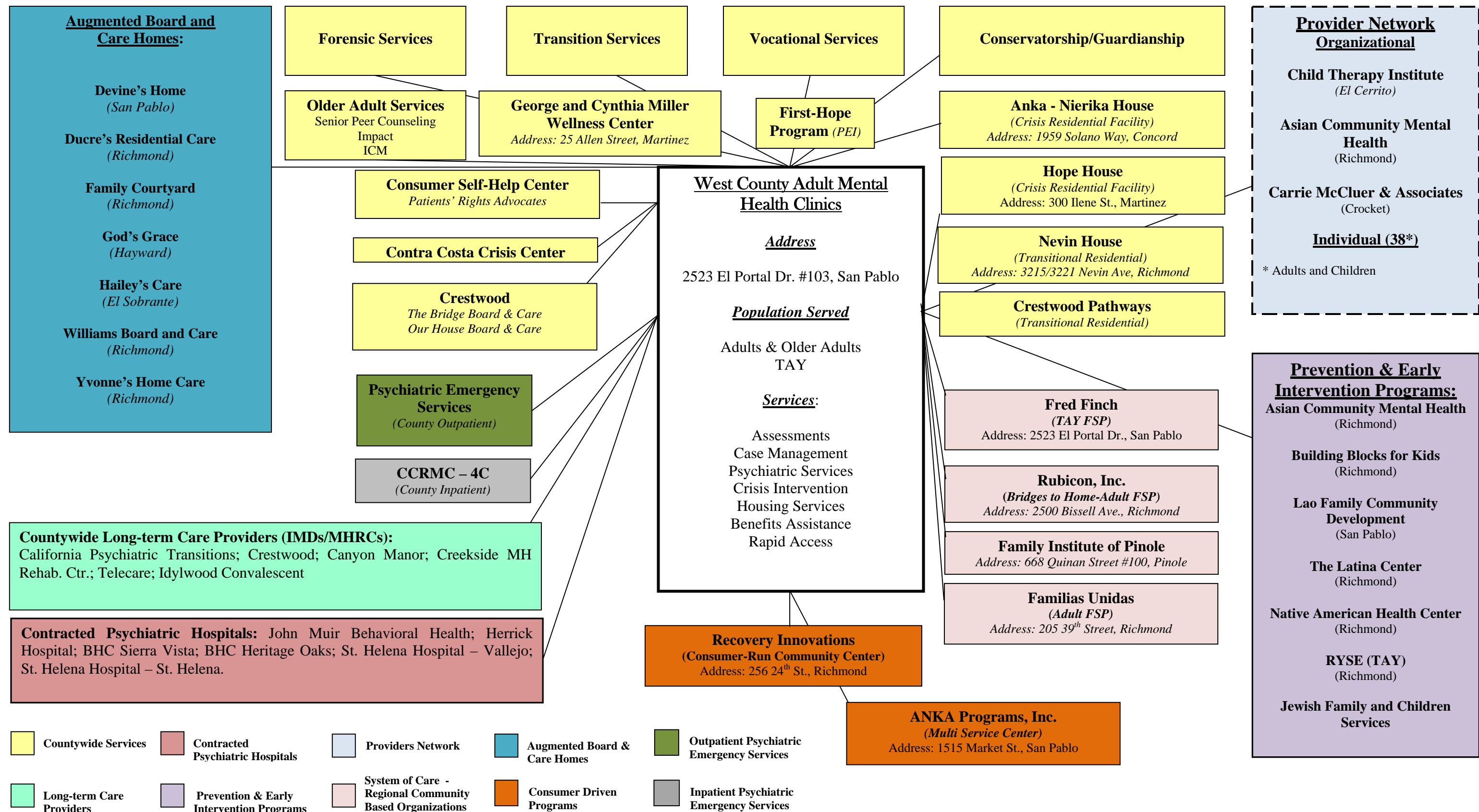
Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the CCMH system of care is its three county operated Children's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

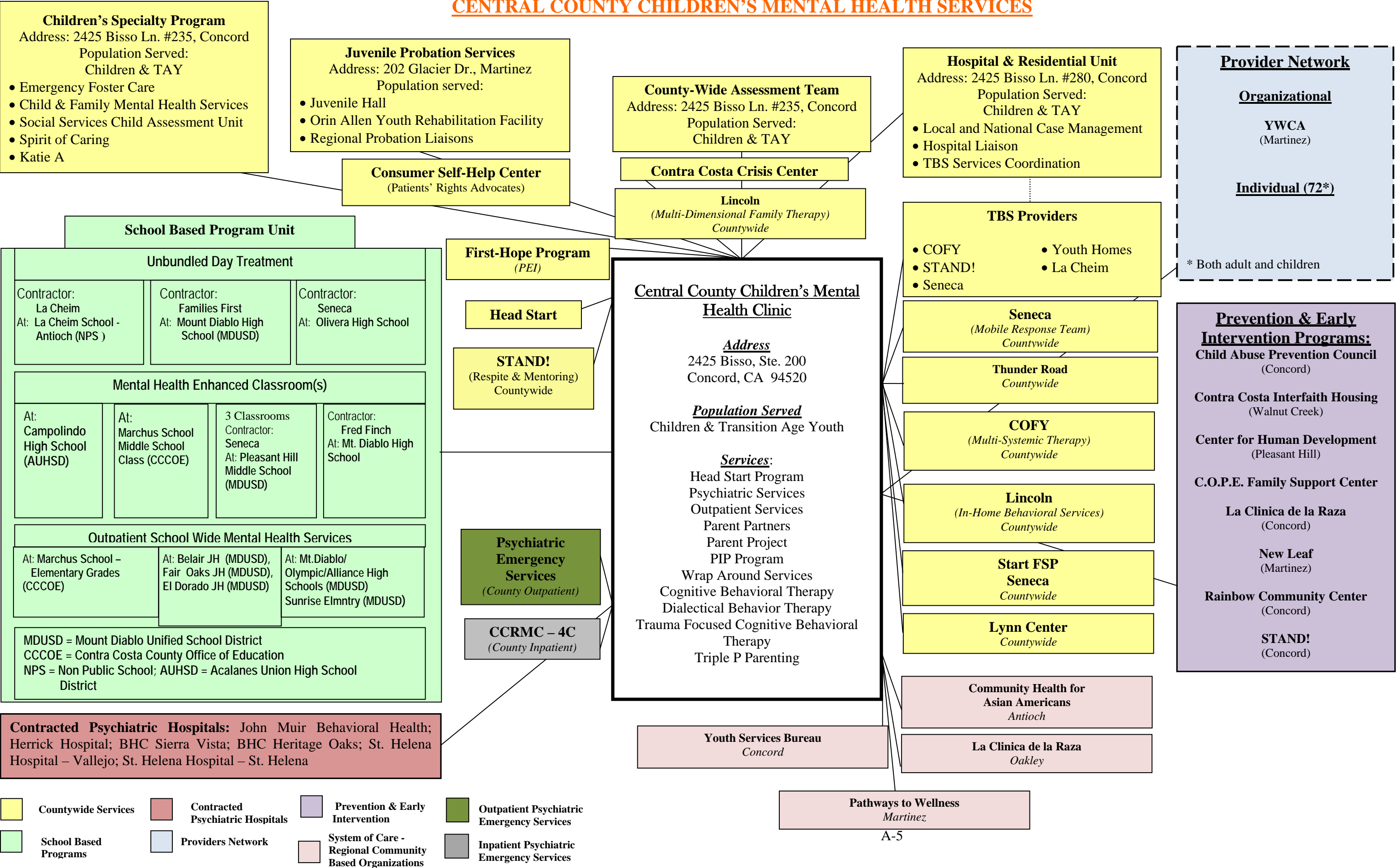
WEST COUNTY CHILDREN’S MENTAL HEALTH SERVICES



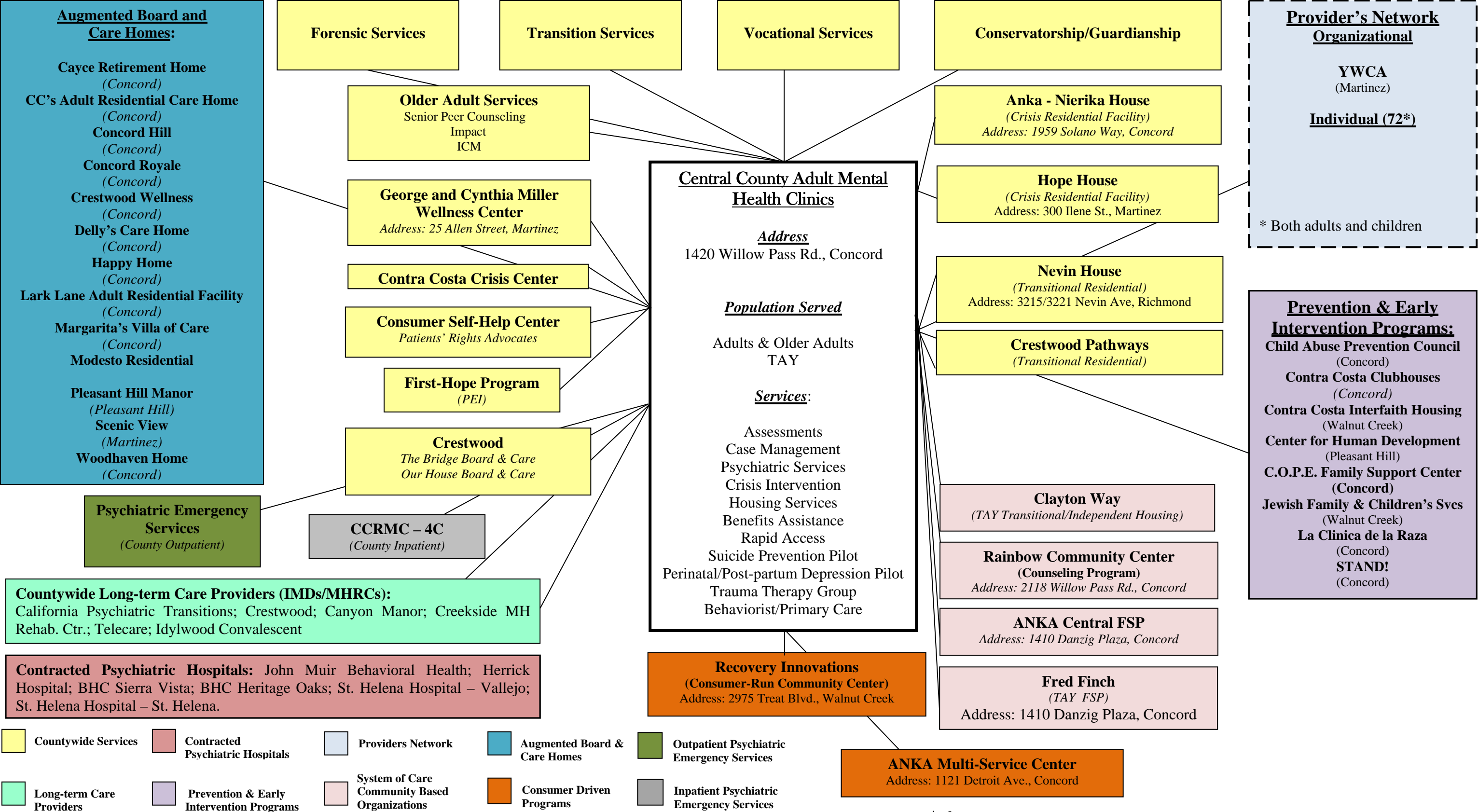
WEST COUNTY ADULT MENTAL HEALTH SERVICES



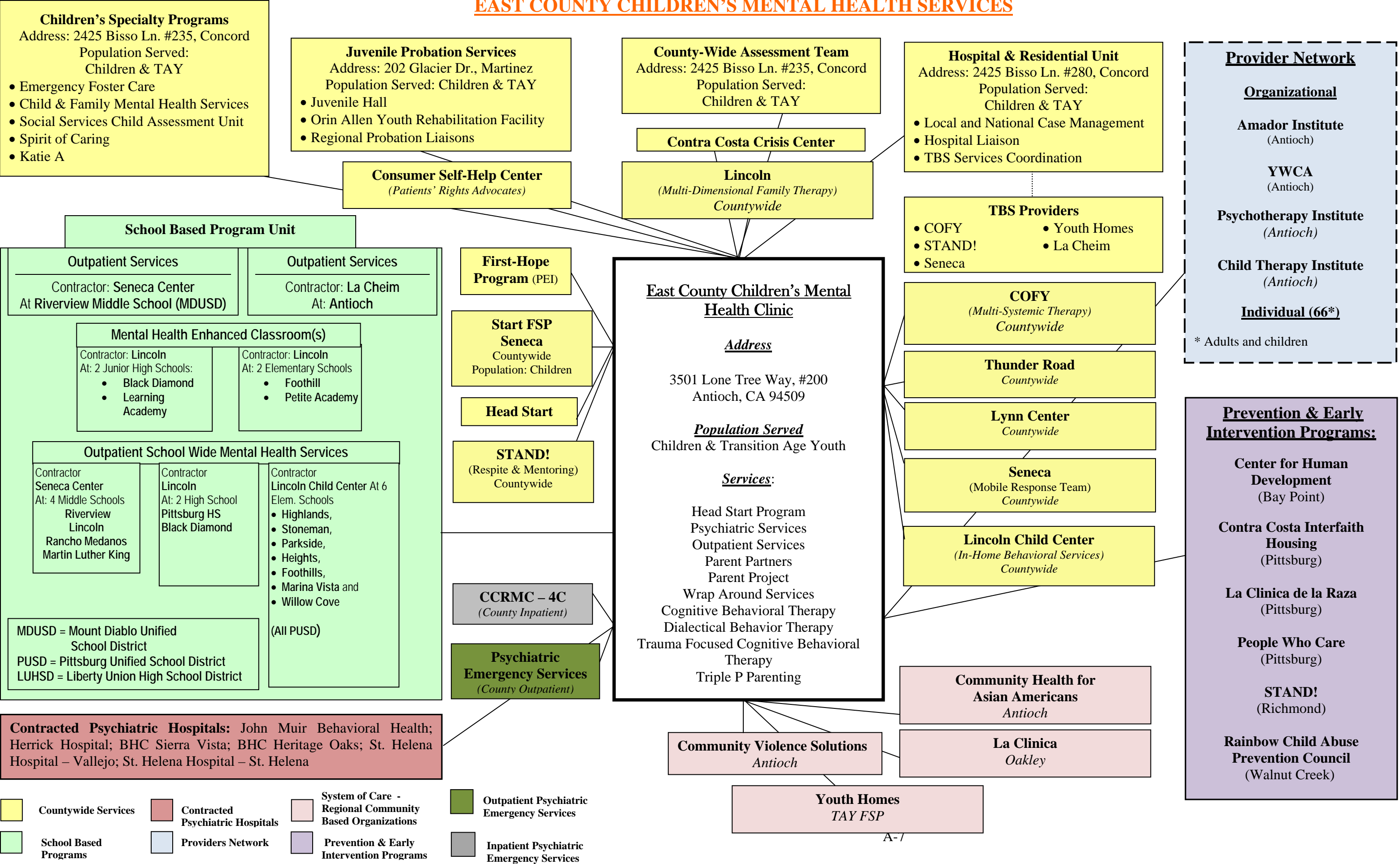
CENTRAL COUNTY CHILDREN’S MENTAL HEALTH SERVICES



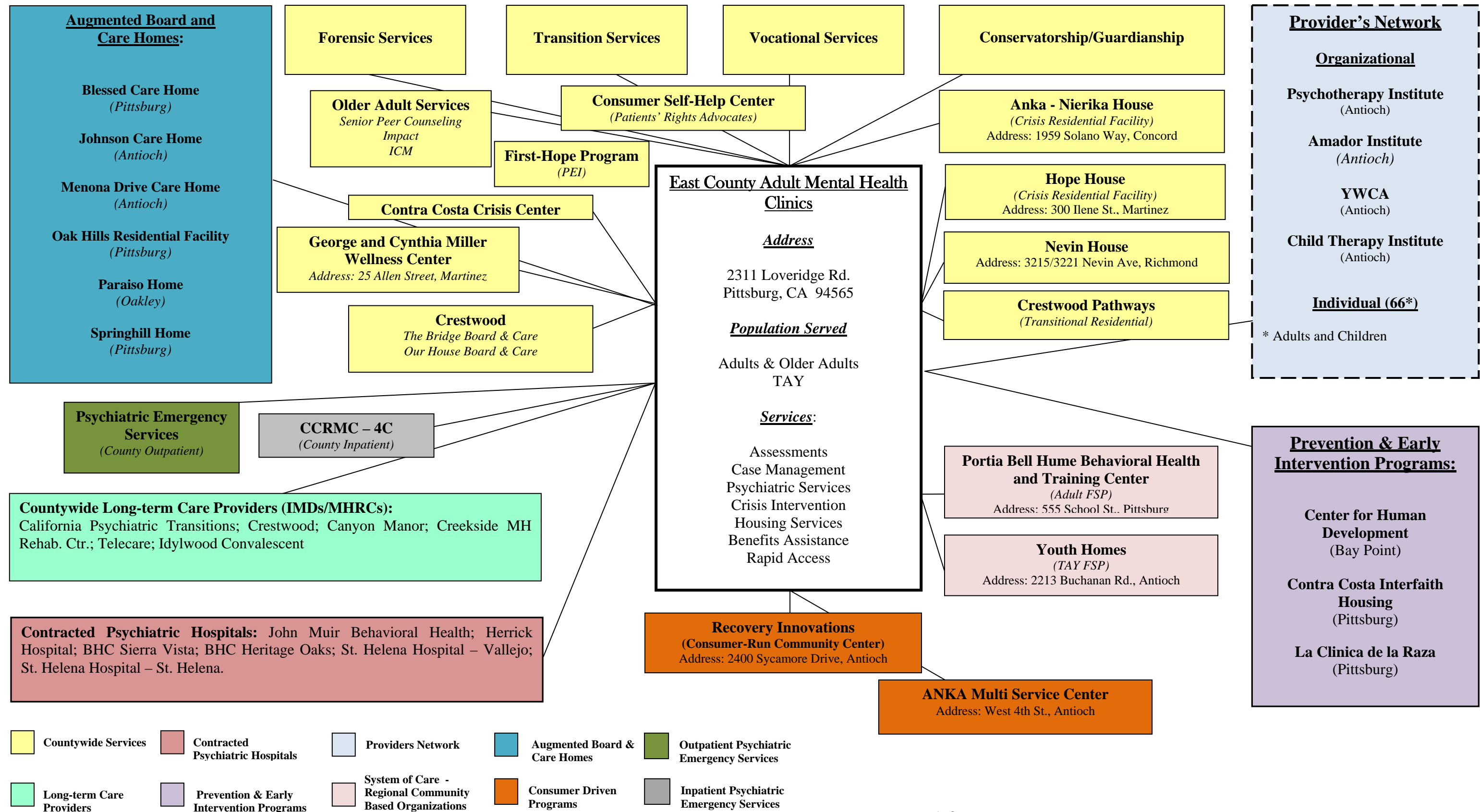
CENTRAL COUNTY ADULT MENTAL HEALTH SERVICES



EAST COUNTY CHILDREN’S MENTAL HEALTH SERVICES



EAST COUNTY ADULT MENTAL HEALTH SERVICES



Program and Plan Element Profiles

Anka Behavioral Health, Inc.

Point of Contact: Chris Withrow, Chief Executive Officer.

Contact Information: 1850 Gateway Boulevard, Suite #900, Concord CA 94520, (925)-825-4700, cwithrow@ankabhi.org

1. General Description of the Organization

Anka's mission is to eliminate the impact of behavioral health problems for all people. Anka serves more than 15,000 individuals annually and employ nearly 1,000 professional, specialized staff members. Anka's philosophy is to treat the whole person by fully integrating care of both mind and body, always using clinically-proven, psycho-social models designed to promote health and wellness while containing costs.

2. Program: Adult Full Service Partnership - CSS

The Adult Full Service Partnership (FSP) joins the resources of Anka Behavioral Healthcare and Costa County Mental Health Services, and utilizes the assertive community treatment model.

Anka'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. Previously, the Contra Costa's Behavioral Health Court directly provided referrals to Anka.

- a. Scope of Services: 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. Anka staff are available to consumers on a 24/7 basis.
- b. Target Population: Adults over the age of 18 in West and 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.
- c. Payment Limit: \$768,690
- d. Number served: In FY13/14 Anka was part of the Bridges to Home (BTH), a collaborative made up of two programs, BTH West and BTH Central. Together, BTH West and Central served 185 Individuals (target 155 individuals). BTH Central served 87 individuals.
- e. Outcomes: Below are the FY 13/14 outcomes for Bridges to Home Central.

- Reduction in incidence of psychiatric crisis*
- Reduction of the incidence of restriction*

Pre- and post-enrollment utilization rates for 87 Bridges to Home Central County participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	231	210	0.277	0.265	- 4.3
Inpatient episodes	64	34	0.070	0.039	- 44.3
Inpatient days	497	293	0.544	0.309	- 43.2

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

Asian Community Mental Health Services (ACMHS)

Point of Contact: Pysay Phinith

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave,
Richmond, Ca. (510) 604-6200

Pysayp@acmhs.org

1. General Description of the Organization

ACMHS 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) in Richmond provides comprehensive, culturally-sensitive and appropriate education and access to Mental Health Services to Asian and Pacific Islanders immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC employs multilingual and multidisciplinary staff from the communities which they serve, including bilingual/bicultural peer navigators for mental health outreach, engagement, system navigation, and stigma reduction. Staff provides the following Prevention and Early Intervention activities: community outreach, home visits to senior housing sites, medication compliance education, community integration skills, older adult care giving skills, basic financial management, survival English communication skills, travel training, health and safety education and computer education, mental health workshops, 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, and health and mental health system navigation. Services are aimed at assisting consumers in actively managing their own recovery process.
- b. Target Population: Asian and Pacific Islanders immigrants and refugees (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: \$130,000
- d. Number served: In FY 13/14: 91. To be served: 50 high risk and underserved community members.
- e. Outcomes:
 - All of the 91 program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - 91% of survey 80 survey respondents increased their knowledge of mental health resources and benefits available.
 - 77% of 80 survey respondents reported better linkage to community resources.
 - 47% of respondents reported a reduction in mental health symptoms

Building Blocks for Kids (BBK)

Point of Contact: Jennifer Lyle.

Contact Information: 310 9th Street, Richmond, Ca 94804, (510) 232-5812

jlyle@bbk-richmond.org

1. General Description of the Organization

Building Blocks for Kids Richmond Collaborative is a place-based initiative with the mission of supporting the healthy development and education of all children, and the self-sufficiency of all families, living in the BBK Collaborative zone located in downtown Richmond, California. The Collaborative consists of member residents, member organizations, and working groups that work toward community change in the area of wellness and health, education, and community engagement.

2. Program: Not Me Without Me (PEI)

a. Scope of Services

- Ensure BBK Zone families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services
 - Sanctuary support groups for women focusing on topics such as ‘healing from domestic violence’, ‘using social support’, ‘recognizing serious mental illness’, ‘building confidence’
 - Linkage with east bay service providers
 - Family engagement activities
- Train and support families to self-advocate and directly engage the services they need
 - Parent partners who work out of elementary schools support families and model advocacy skills
- Provide a range of parent support services for parents/primary caregivers, including cumulative skills-based training opportunities on effective parenting approaches

b. Target Population: Children and Families in the Iron Triangle, Richmond

c. Payment Limit: \$192,894

d. Number served: In FY 13/14: 1226 Individuals (includes outreach and education events). To be served: 1200 individuals.

e. Outcomes:

- BBK trained 49 community health advocates to represent the BBK zone
- 93% of surveyed program participants reported an increased understanding of mental health related topics and resources.
- 100% of 31 polled parents reported improvement in their children’s behavior and school attendance
- 25 BBK zone families were identified for referral to further mental health services.

Center for Human Development (CHD)

Point of Contact: Elaine Prendergast

Contact Information: 901 Sunvalley Blvd., Suite 220, Concord, Ca 94520 (925) 687-8844

elaine@chd-prevention.org

1. General Description of the Organization

Center for Human Development (CHD) is a community-based organization that offers a spectrum of 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 positive 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:

- **Wellness Program.** Provide mental health outreach and engagement, as well as system navigation support to a minimum of 150 individuals in Bay Point, Pittsburg, and surrounding communities. Increase client emotional wellness, reduce client stress and isolation, and link clients to community resources in a culturally competent manner. Key activities include culturally appropriate education on mental health topics through mind, body, and soul support groups and community health education workshops, outreach at community events, and navigation assistance for culturally appropriate mental health referrals.
- **Youth Empowerment Program.** Provide strength-based educational support services that build on youths' assets and foster their resiliency to a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities. Key activities include, a) two 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) a leadership group that meets a minimum of twice a month to foster community involvement, and c) referrals to culturally appropriate mental health services.

b. Target Population: Wellness Program: African American residents (East County) at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County

c. Payment Limit: \$133,000

d. Number served: In FY 13/14: 294 individuals were served in both programs combined, 110 in the Empowerment Program, 184 in the African American (AA)

Wellness Program. To be served: 80 youth in the Empowerment Program, 150 in the AA Wellness Program

e. Outcomes:

Wellness Program.

- Mind-Body-Soul support groups in Pittsburg and Bay Point throughout the year with topics such as “Action Plan for the Year”, “Emotional Wellness and Nutrition”, “Reducing Stress”, “Self Care for People with No Time and Money”.
- Seven community health / mental health workshops throughout the year.
- 94 clients received individual navigation and referral services

Empowerment Program:

- Asked how much they feel part of a community that supports you (as a result of involvement in the Empowerment Program), 6 out of 7 youth stated “most of the time”.
- Asked how well informed they about LGBTQ-sensitive resources and services available to youth (as result of Empowerment program) 4 out of 7 youth answered “Very well informed”, 3 out of 7 youth stated “Somewhat informed”.

Child Abuse Prevention Council (CAPC)

Point of Contact: Carol Carillo

Contact Information: 2120 Diamond Blvd #120, Concord, Ca 94520

capccarol@sbcglobal.net

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 in order 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 cultural, linguistic, and developmentally appropriate parent education classes to Spanish speaking families in East County and Central County's Monument Corridor. CAPC provides four classes for 15 parents each session and approximately 15 children each session who are 0-12 years of age. The 22 week curriculum will immerse parents in ongoing training 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.

b. Target Population: Latino children and their families in Central and East County.

c. Payment Limit: \$118,828

d. Number served: In FY 13-14: 149. To be served: 120, 60 adults, 60 children

e. Outcomes:

1. Four 22 week classes in Central and East County serving 81 children/youth and 68 parents.
2. All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).

Community Options for Families and Youth, Inc.

Point of Contact: Julie Sievenpiper, Program Manager

Contact Information: 1910 Olympic Boulevard, Suite 200, Walnut Creek, CA 94596, (925)-943-1794, j.sievenpiper@cofy.org

1. General Description of the Organization

Community Options for Families and Youth (COFY) is a multi-disciplinary provider of mental health services. COFY'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 intensive family and community based treatment that addresses the multiple determinants of serious anti-social behavior. The MST approach views individuals as being surrounded by a network of interconnected systems that encompasses individual, family, and extra familial (peers, school, community) factors. Intervention may be necessary in any one or a combination of these systems, and using the strengths of each system to facilitate positive change. The intervention strives to promote behavioral change in the youth's natural environment. Family sessions are provided over a three to five 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 ultimate goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.

- 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. COFY staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children 12 to 17 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: \$650,000
- d. Number served: Program served: 52 clients entered treatment during this timeframe. Of those, only 36 clients had completed treatment by 6/30/14 and are reflected in outcome data.
- e. Outcomes: Percent of clients with no new arrests: 62.5%

Community Violence Solutions

Point of Contact: Cynthia Peterson, Director of the Rape Crisis Center.

Contact Information: 2101 Van Ness Street, San Pablo, CA 94806, (510)-307-4121, cpeterson@cvsolutions.org

1. General Description of the Organization

Community Violence Solutions (CVS) is dedicated to working in partnership with the community to end sexual assault and family violence through prevention, crisis services, and treatment. Formerly called Rape Crisis Center, CVS was founded by the Greater Richmond Interfaith Program in 1974. Since then, CVS has expanded its services to all of Contra Costa and Marin Counties.

2. Program: Reluctant to Rescue (Innovation)

The intent of this project is to “increase the quality of services, including better outcomes”. Community Violence Solutions (CVS) named the project “Reluctant to Rescue” because it recognized the highly complex dynamic situations that often prevent the “rescue” of youth victimized by sexual exploitation. Through this project, CVS is exploring the effectiveness of various service modalities by addressing two of its operating assumptions. First, commercially sexually exploited (CSEC) youth are nearly always traumatized sexual assault victims; yet, exploited youth do not always see themselves as victims and, as a result, often do not respond to the same approaches as other sexual assault victims. Interventions might be more effective if they: a) assisted youth in recognizing the physical risks and health problems associated with the sex trade and b) addressed the youth’s ability to earn a living through paid job training. Addressing trauma and other psychosocial issues may need to occur later in the intervention. Second, the ways and reasons youth enter a situation of exploitation are often not same reasons they remain in this “work”. Therefore, interventions should address these changes. Staff adapt their outreach to engage youth where they are located, providing safe, accessible drop-in centers, and providing mental health and support services. This project is developing promising practices to identify exploited and at-risk youth, coordinate with and educate public entities, such as law enforcement, and mobilize resources to assist youth leave exploited situations.

- a. Scope of Services: The project recognizes youth as experts in their own experiences and relies on their feedback and expressions of need to inform the development of services and multiple service routes. Accordingly, the project initially approaches the issue of sex for pay with respectful inquiry instead of specific ideas of intervention and service. Youth share information through guided interviews and focus groups. The proposed project seeks to gain detailed information directly from the youth in order to help develop interventions that address complex motivations for entering and continuing in sexual exploitation.

CVS utilizes the youth-generated information to inform curriculum development and intensive training with a core group of CSEC parents, guardians, and foster parents who are open to increasing their skills and willing to care for these challenging and challenged youth. CVS coordinates all aspects of the project and, as appropriate, brings community partners in to deliver specific services requested by youth. Two drop-in centers are staffed and respond to needs of youth expressed in the qualitative data collected during Phase I of the project. CVS contracts with specific individuals and/or other agency providers to serve identified needs.

- b. Target Population: Sexually exploited youth (ages 16 to 25 years) and youth at risk of sexual exploitation.
- c. Annual Payment Limit: \$126,000
- d. Number served: For FY 13/14: 70 youth
- e. Outcomes:

- Reduction in incidence of incarceration
- Reduction in depression symptoms

Community Violence Solutions collected baseline data using the Children and Adolescent Needs and Strengths Assessment (CANS) in FY 12/13; however, due to the transient nature of the target population, in FY 13/14 it was determined that the CANS is not the appropriate screening tool to use. The agency is developing a new outcome measurement tool and outcomes will be included in upcoming Plan Updates.

The following information was the baseline data collected in FY 12/13: To determine if the program may have resulted in changes in the above outcomes, data for these outcomes will be tracked annually using the CANS. Baseline measurements were taken during Fiscal Year 2012/2013. At baseline, the CANS indicated that 100% of the youth participating in the program reported having experienced incarceration. At baseline, the CANS also indicated that 91% of the youth participating in this program showed evidence of depression, with 73% presenting with moderate to severe symptoms.

Contra Costa County Behavioral Health – County-Operated Mental Health Services Act Housing Services

Point of Contact: Sandy Rose, Mental Health Housing Services Coordinator

Contact Information: 1340 Arnold Drive, Suite 200, Martinez CA 94553. (925)-957-5143. Sandy.Rose@hsd.cccounty.us

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 County-operated MHSA Housing Services operates within Contra Costa Mental Health's Adult System of Care, and partners closely with the Homeless Program.

2. Program: Homeless Programs -- Temporary Shelter Beds

The County's Homeless Services Division operates a number of temporary bed facilities in West and Central County for transitional age youth and adults. In 2010, CCMH entered into a Memorandum of Understanding with the 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: \$1,672,000
- c. Number Served in FY 13/14: 64 beds fully utilized for 365 days in the year.

Program: Permanent Housing

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 Mental 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, 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 Anka Behavioral Health.

- 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 in FY 13/14: 50 units.

Program: Coordination Team

Mental Health Housing 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. In addition, the Homeless Program receives MHSA funds to cover repair and maintenance costs for mental health consumers receiving services through the Destination Home program. Destination Home is spearheaded by the Contra Costa Health Services Homeless Program 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: 4.0 FTE
- c. Total MHSA Portion of Budget: \$457,958
- d. Number Served in FY 13/14: Support to MHSA Housing Services and the Homeless Program.

Contra Costa County Behavioral Health – Forensics Services

Point of Contact: David Seidner, Adult Mental Health Supervisor

Contact Information: 1330 Arnold Drive, Suite 143, Martinez CA 94553. (925)-957-5138. David.Seidner@hsd.cccounty.us

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.

2. Program: Forensic Services

The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses, alcohol and other drugs specialists, homeless benefits specialists, 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.

- b. Scope of Services. Authorized for Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. These clinicians provide services to individuals who 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.
- c. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- d. Budget: \$493,973
- e. MHSA-Funded Staff: 4.0 Full-time equivalent
- f. Number Served in FY 13/14: 203 cases were opened. Future MHSA Plans will report on number screened as well as number of cases opened.
- g. Outcomes: The Forensics Team will report on the following outcomes in future MHSA Plans:
 - Percentage of clients screened who are opened by the Forensics Team

- Percentage of clients who are opened by the Forensics Team who receive a first appointment at the mental health clinic

Contra Costa County Mental Health – George and Cynthia Miller Wellness Center (Formerly the Assessment and Recovery Center)

Point of Contact: To Be Determined

Contact Information: 25 Allen Street, Martinez CA 94553.

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 George and Cynthia Miller Wellness Center is operated by Contra Costa Health Services.

2. Program: George and Cynthia Miller Wellness Center (Formerly the Assessment and Recovery Center)

The George and Cynthia Miller Wellness Center (Miller Wellness Center) is meant to serve several purposes in Contra Costa Behavioral Health Services' system of care, including diverting children and adults from Psychiatric Emergency Services (PES). Through a close relationship with PES, the goal will also be to allow children and adults who are evaluated at PES to quickly step-down to the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center will offer urgent same-day appointments for individuals who are not open to the Contra Costa Mental Health System, or who have disconnected from care after previously being seen. Services will include brief family therapy, medication refills, substance abuse counseling, or general non-acute assistance. In addition, the Center is expected to have appointment slots for patients post psychiatric inpatient discharge. This will provide the opportunity to ensure a successful transition, make sure meds are obtained and appointments are scheduled in the home clinic. These appointment slots will be offered to patients being discharged from inpatient hospitals who have serious mental illness. Short term substance abuse counseling and referral for ongoing treatment for substance abuse will also be provided.

The County has recently completed construction on a separate building near the Contra Costa Regional Medical Center that will house the Miller Wellness Center. This county operated mental health treatment program for both children and adults will be co-located with a primary care site. The primary care wing of the Miller Wellness Center opened in 2014. The behavioral health clinic is scheduled to open in phases beginning February 2015. Miller Wellness Center will operate Monday-Friday 8:00 - 9:00 pm and Saturdays 8:00 - 5:00 pm.

- a. Target Population: Children and adults who are being diverted from PES or who require urgent same day appointments.
- b. Total Budget: \$500,000
- c. Staff: 15 Full Time and 16 Part Time
- d. Number Served: To Be Determined
- e. Outcomes: To Be Determined

Contra Costa County Mental Health – Central County Adult Mental Health Clinic

Point of Contact: Kennisha Johnson, Mental Health Program Manager

Contact Information: 1420 Willow Pass Rd., Ste. 200, Concord, CA 94520, (925)-646-5480, Kennisha.Johnson@hsd.cccounty.us

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, 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 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.

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 Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number served by clinic: For FY 13-14: Approximately 3,535 Individuals.

Program: Suicide Prevention Pilot - PEI

A Mental Health Clinical Specialist provides routine follow up care and linkage services for Central County clients who access Psychiatric Emergency Services and are at risk for suicide. In addition, the clinician provides comprehensive assessment as well as group and individual therapy for suicidal patients at Concord Adult Mental Health.

- a. Target Population: Clients at risk of suicide.
- b. Total Budget: \$123,493
- c. Staff: 1 Full time equivalent
- d. Number Served: 41
- e. Outcomes:
 - Decrease in Suicide Rate (among clients open to Concord Adult Mental Health)
 - Increase in Cognitive Behavioral Therapy Participation

Program: Women Embracing Life and Learning (WELL) - INN

WELL is a collaboration between Contra Costa Mental Health Services, Public Health Nursing and the Women Infant and Child (WIC) project. It is integrating perinatal/postpartum depression services into the services currently provided at the Central County WIC office. The target population consists of mothers who receive services from the Central County WIC office who screen positive for perinatal and/or post-partum depression. The goals of the project are to learn: 1) which elements of the collaboration are most/least effective and why; 2) if the collaboration leads to an increase in awareness about mental health services and a decrease in the mothers' perception of stigma associated with depression; and 3) improved health outcomes for the women participating in the collaboration.

- a. Target Population: Low income mothers with perinatal/postpartum depression.
- b. Total Budget: \$194,652
- c. Staff: 2.62 Full time equivalent
- d. Number Served: For FY 13/14: 56 individuals
- e. Outcomes: The WELL Project strives to accomplish the following outcomes:

- A decrease in psychiatric symptoms
- A decrease in mental health stigma

To determine if the program may have resulted in changes in the above outcomes, data for these outcomes will be compared before and after program participation. The baseline data will be derived from participants at enrollment, and the post data will be derived from participants at graduation or upon dropping out from the program. Data related to psychiatric symptoms will be obtained from the PHQ-9 and the Edinburgh Postnatal Depression Scale. Data related to mental health stigma will be obtained from a measurement tool that will be determined.

Program: Trauma Recovery Project - INN

The Trauma Recovery Project is piloting the use of a Trauma Recovery Group with consumers diagnosed with co-occurring Post-Traumatic Stress Disorder (PTSD) and schizophrenia, schizoaffective disorder, bipolar disorder and/or cluster B personality disorders who receive mental health services at the county-operated adult mental health clinics. The goals of the project are to determine: 1) if offering this group to consumers will improve mental health outcomes and promote recovery; 2) how peer providers can support the group; and 3) if the group is effective among various cultural populations, particularly Spanish-speaking populations and transition age youth.

- a. Target Population: Consumers diagnosed with co-occurring Post-Traumatic Stress Disorder (PTSD) and schizophrenia, schizoaffective disorder, bipolar disorder and/or cluster B personality disorders.
- b. Budget: \$123,493
- c. Staff: 1.5 Full-time equivalent
- d. Number Served: 38
- e. Outcomes: The Trauma Recovery Project aims to achieve the following outcomes:
 - A decrease in the rate of involuntary psychiatric emergency admissions
 - A decrease in the rate of acute psychiatric admissions and hospitalization days

To determine if the group may have resulted in changes in the above outcomes, data for these outcomes was compared before and after group participation. The baseline data was derived from participants one year before enrollment, and the post data was derived from participants enrolled in the group during FY 2013-2014.

Table 1. Pre- and post-enrollment utilization rates for 34 Trauma Recovery Group participants enrolled in FY 2013-2014.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES admissions	26	21	0.066	0.051	-22.7%
Hospitalizations	7	8	0.020	0.020	0%
Hospitalization days	104	72	0.311	0.176	-43.4%

Note. Pre-enrollment data is from the calendar year before each participant's enrollment in the group. Post-enrollment data is from FY 2013-2014.

Contra Costa Mental Health – Central County Children’s Mental Health Clinic

Point of Contact: Jan Cobaleda-Kegler, Mental Health Program Manager

Contact Information: 2425 Bisso, Ste. 200, Concord, CA 94520, (925)-521-5707,

Jan.Cobaleda-Kegler@hsd.cccounty.us

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 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 Adult 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 by clinic: For FY 13/14: Approximately 974 Individuals.

Contra Costa County Mental Health – East County Adult Mental Health Clinic

Point of Contact: Beverly, Fuhrman, Mental Health Program Manager

Contact Information: 2311 Loveridge Rd., Pittsburg, CA 94565, (925)-431-2621,
Beverly.Fuhrman@hsd.cccounty.us

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.

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 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. Total Number served by clinic: For FY 13-14: Approximately 3,371 Individuals.

Contra Costa Mental Health – East County Children’s Mental Health Clinic

Point of Contact: Eileen Brooks, Mental Health Program Manager

Contact Information: 3501 Lone Tree Way, #200, Antioch, CA 94509, (925)-427-8545, Eileen.Brooks@hsd.cccounty.us

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 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 Adult 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 East County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.
 - b. Number served by clinic: For FY 13/14: Approximately 1,122 Individuals.

Contra Costa County Mental Health – West County Adult Mental Health Clinic

Point of Contact: Anita De Vera, Mental Health Program Manager

Contact Information: 2523 El Portal Drive, San Pablo, CA 94806, (510)-215-3700,

Anita.Devera@hsd.cccounty.us

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.

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 by clinic: For FY 13-14: Approximately 2,873 Individuals.

Contra Costa County Mental Health – West County Children’s Mental Health Clinic

Point of Contact: Chad Pierce, Mental Health Program Manager

Contact Information: 303 41st St Richmond, CA 94805, (510)-374-7208,

Chad.Pierce@hsd.cccounty.us

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 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 Adult 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 by clinic: For FY 13/14: Approximately 1,588 Individuals.

Contra Costa Crisis Center

Point of Contact: Rhonda James

Contact Information: P.O. Box 3364 Walnut Creek, Ca 94598

RhondaJ@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 provides 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 at a time when people are most vulnerable, enhances safety and connectedness for suicidal individuals, and builds a bridge to community resources for at-risk persons. Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; assisting callers whose primary language isn't English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide; and training all crisis line staff and volunteers in ASIST (Applied Suicide Intervention Skills Training). As a result of these service activities: 95 percent or more of people who call the crisis line and are assessed to be at medium to high risk of suicide will still be alive one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multilingual/culturally competent individuals within the contract year, and the number of hours that a minimum of one Spanish-speaking counselor is on duty will be 80 per week. In partnership with County Mental Health, Contra Costa Crisis Center co-chairs the Suicide Prevention Committee.

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

c. Payment Limit: \$292,850

d. Number served: In FY 13-14: 33,423 crisis calls were fielded.

e. Outcomes:

- Calls were answered in both English and Spanish 16 hours each day and in English with Spanish tele-interpreter back up during late night/early morning hours 8 hours per day.
- Average response time was 5 seconds and call abandonment rate was 1.9 (losing less than half of industry standard number of calls).
- Lethality assessments were provided for 100% of callers rated mid to high level risk. 557 follow-up phone calls were provided to 310 callers.
- 35 new volunteers were trained and added to the line.

Contra Costa Interfaith Housing (CCIH)

Point of Contact: Louise Bourassa

Contact Information: 3164 Putnam Blvd. Ste C, Walnut Creek, CA 94597 (925) 944-2244

Louise@ccinterfaithhousing.org

1. General Description of the Organization

Contra Costa Interfaith Housing strives to provide permanent, affordable housing and vital support services to homeless and at-risk families and individuals in Contra Costa County. CCIH believes that every family in Contra Costa County should have secure housing and the dignity of self-sufficiency. CCIH helps provide living conditions for children that support their development into productive and healthy members of the community.

2. Program: Strengthening Vulnerable Families

a. Scope of Services:

Contra Costa Interfaith Housing provides on-site, on-demand, and culturally appropriate delivery of an evidence-based Strengthening Families Program to help formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill to improve parenting skills, child and adult life skills, and family communication skills. This program is designed to help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: family support, support for sobriety, academic 4-day-per-week homework club, support for families of children aged birth to 5, teen support group, and community building events. Further, CCIH provides an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg, and at one site in Concord: Lakeside Apartments. These complexes offer permanent affordable housing to low-income families.

b. Target Population: Formerly homeless families

c. Payment Limit: \$65,526

d. Number served: 374

e. Outcomes:

- Improved school functioning of the school-aged youth in the afterschool programs.
 - Garden Park: 12 of 15 (80%) of students regularly attending homework club achieved one or more new benchmark during school year
 - Lakeside: 22 of 22 (100%) of students regularly attending afterschool program achieved one or more new benchmark during the school year.

- East County: 25 of 25 (100%) of students regularly attending afterschool program (50% or more) achieved one or more new benchmark. Additionally, three eligible graduating high school seniors were all accepted into 4 year colleges. Eighty-one percent (13 of 16) elementary students are reading at grade level or above.
- Improved family functioning in the realm of self-sufficiency for families receiving case management. (evaluating 20 life skill areas including child custody, employment, housing, addiction with the Self-Sufficiency Matrix).
 - Garden Park: 21 of 27 (77%) improved their score on the self-sufficiency matrix. Areas of progress for some families included obtaining employment, increasing parenting knowledge, and retaining custody of children.
 - Lakeside: 38 of 48 (79%) improved on their matrix scores (4 families were new this year and did not have an annual update yet)
- Improved self-esteem and progress on self-identified goals for families receiving case management.
 - GPA: 22 of 27 (81%) of households made progress on their family goals. Family successes included graduating from DVC, obtaining a CNA certification and a job, and helping a youth improve his reading level.
 - Lakeside: 43 of 52 (83%) of households made progress on their family goals. Goals included accessing legal resources for documentation, accessing parenting resources/classes in the community, planning a budget for better money management.
- At least 75% of the youth attending homework club (approximately 12-15 youth) will attend homework club at least 75% of the time within the fiscal year, 2013 - 2014.
 - Garden Park: 80% (12/15) attended more than 75% of the time during the 13.14 fiscal year at the Garden Park Apartment homework club. This same group (12/15) also achieved at least one new benchmark skill during the year.
 - Lakeside: 64% (14/22) attended more than 75% of the time. Youth in this program also attend other afterschool events, and some do not attend if they don't have homework.

Counseling Options Parent Education (C.O.P.E.)

Point of Contact: Cathy Botello

Contact Information: 2280 Diamond Blvd #460, Concord, Ca 94520. (925) 689-5811

cathy.botello@copefamilysupport.org

1. General Description of the Organization

C.O.P.E.'s mission is to prevent child abuse, provide comprehensive services in order 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. Programs: Triple P Positive Parenting Education and Support (PEI)

a. Scope of Services:

In partnership with community based organizations and County Mental Health, C.O.P.E. delivers Positive Parenting Program classes for parents of children age 6 – 17 and (partnering with First Five) for parents of children age 0 – 5 .

Parenting classes include classes for parents with special needs children, parents with anger in parenting, parents coping with stress and marital conflict. All classes are available in Spanish and/or English as needed. C.O.P.E. provides management briefings and orientation meetings to partner agencies, organizes trainings to build and maintain a pool of practitioners, provides pre-accreditation training to trainees, and provides clinical and peer support for practitioners.

b. Target Population: Contra Costa County parents of children and youth with identified special needs.

c. Payment Limit: \$225,000 (6 – 17), through First Five: \$75,000 (0 – 5).

d. Number served: For FY 13/14: 234 (6 – 17) and 237 (0 – 5).

e. Outcomes:

- Completed 17 parent education classes of for various levels of parenting problem, and one seminar for parents of children age 6 – 17
- Completed 20 parent education classes and one seminar for parents of children age 0 – 5
- Pre and Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression/anxiety measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.
- In partnership with First Five, C.O.P.E. organized trainings for 18 new practitioners.
- Provided pre-accreditation training and one Learning Community retreat.
- Added eight new community agencies and staff trained in Triple P Positive Parenting.

Crestwood Behavioral Health, Inc.

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

Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523. (925) 938-8050.

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. Being supportive, compassionate and inclusive 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.

c. 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. Annual MHSA Payment Limit: \$ 411,653

c. Number served: For FY 13/14: 16 beds available at Pathways in Pleasant Hill. 64 beds available at The Bridge in Pleasant Hill. 46 beds available at Our House in Vallejo.

d. Outcomes: To be determined.

Desarrollo Familiar, Inc.

Point of Contact: Lorena Huerta, Executive Director.

Contact Information: 205 39th Street, Richmond, CA 94805, (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, youth development, and wrap-around services.

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 between the ages of 26 and 59 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: \$ 207,096 (this includes Federal Financial Participation, FFP)

d. Number served: For FY 13/14: 31 Individuals

e. Outcomes: For FY 13/14:

- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 30 Familias Unidas participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	27	7	0.114	0.019	- 82.9
Inpatient episodes	6	1	0.022	0.003	- 87.5
Inpatient days	45	12	0.158	0.067	- 57.9

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

Divines Home

Point of Contact: Maria Rifermo.

Contact Information: 2430 Bancroft Lane, San Pablo, CA 94806.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Divines Homes, 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.

d. 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. Annual MHSA Payment Limit: \$ 4,850

c. Number served: For FY 13/14: 6 beds available.

d. Outcomes: To be determined.

First Five Contra Costa

Point of Contact: Wanda Davis

Contact Information: 1486 Civic Ct, Concord Ca 94520. (925) 771-7300

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 0 to 5 children, as well as the Triple P training necessary to maintain a network of Triple P practitioners in the County. Among other duties, First Five Contra Costa provides classes, helps identify 0-5 Triple P trainees, provides support for trainees to develop their skills, and provides technical assistance and support to sub-contractors to identify sites for classes and gather data.

b. Target Population: Contra Costa County parents of at risk 0 – 5 children.

c. Payment Limit: \$75,000

- Number served: For FY 13/14: 237 (0 – 5) (included in C.O.P.E.)
- Outcomes:
- Completed 20 parent education classes and one seminar for parents of children age 0 – 5 (C.O.P.E.)
- Pre and Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression/anxiety measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.
- In partnership with C.O.P.E., First Five organized trainings for 18 new practitioners.

First Hope – Contra Costa County Mental Health

Point of Contact: Phyllis Mace, Mental Health Program Supervisor

Contact Information: 1034 Oak Grove Rd, Concord, CA 94518 (925) 681-4450

Phyllis.Mace@hsd.cccounty.us

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 First Hope program operates within Contra Costa Mental Health's Adult System of Care.

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

a. Service Plan

The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses in Contra Costa County through:

1. Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
2. Engaging and rapidly treating those identified as "at risk", while maintaining progress in school, work and social relationships
3. Outreach and community education with the goal of identifying all young people in Contra Costa County who would benefit from early intervention services.

Program components include assessment, family-aided assertive community treatment, psycho-education and multi-family groups, medication management, and supported education and employment services.

b. Target Population: 12-25 year old transition age youth and their families

c. Total Budget: \$1,685,607

d. Staff: 14 FTE full time equivalent multi-disciplinary staff

e. Number served: For FY 13-14: 123 clients and their families served (assessments and clinical services). On any given day, the between 55 and 70 clients and their families are open to services. Additionally, First Hope provides ongoing outreach education to the community and initial screenings to at risk individuals.

f. Outcomes:

- Help clients manage prodromal symptoms
- Help clients maintain progress in school, work, relationships
- Prevent development of psychotic illnesses
- Reduce necessity to access psychiatric emergency serves/ inpatient care

Long Term Public Health Outcomes:

- Reduce conversion rate from prodromal symptoms to schizophrenia
- Reduce incidence of psychotic illnesses in Contra Costa County.

Fred Finch Youth Center

Point of Contact: Fanshen Thompson, LCSW, Program Director

Contact Information: 2523 El Portal Drive, Suite 201, San Pablo, CA 94806, (510)–439–3130, ext. 6111, fanshenthompson@fredfinch.org

1. General Description of the Organization

Fred Finch Youth Center (FFYC) seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allows them to build on their strengths, overcome challenges, and live healthy and productive lives. FFYC 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 Youth Center is the lead agency that joins resources 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.

a. Scope of Services

- Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. The team 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 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
 - Vocational Services
 - Contractor must be available to consumer on 24/7 basis

- b. **Target Population:** Young adults ages 16 to 25 years 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. FFYC serves Central and West County.

- c. Payment Limit: \$1,400,642
- d. Number served: For FY 13/14: 124 Individuals.
- f. Outcomes: For FY 13/14:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 124 CCTAY participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	123	97	0.142	0.113	- 20.4
Inpatient episodes	55	26	0.064	0.031	- 51.6
Inpatient days	412	256	0.490	0.305	- 37.8

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

James Morehouse Project at El Cerrito High, YMCA East Bay

Point of Contact: Jennifer Rader

Contact Information: 540 Ashbury Ave, El Cerrito, Ca 94530 (510) 231-1437

jenn@jmhopp.org

1. General Description of the Organization

The James Morehouse Project works to create positive changes in the El Cerrito High School community through health services, counseling, academic support and the arts. Founded in 1999, the James Morehouse Project assumes youth have the skills, values and commitments to make positive change happen in their own lives and the life of the school community. The James Morehouse Project partners with community and government agencies, local providers and universities.

Program: James Morehouse Project (JMP) - PEI

a. Scope of Services:

The James Morehouse Project, the school health center at El Cerrito High School, provides services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. JMP provides a wide range of innovative youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improve students' well-being and success in school include: Alcohol and Other Drug Use/Abuse Prevention; JMP Leadership Class(anger and violence); Arts/Spoken Word (students at risk of school failure); Bereavement Groups (loss of a loved one); Skittles (queer youth of color); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Immigrants Acculturation; Social Skills Group for youth on autism spectrum.

b. Target Population: At-risk students at El Cerrito High School

c. Payment Limit: \$94,200

d. Number served: For FY 13/14: 364

e. Outcomes:

- 19% of 300 youth participating in youth development programs cross-participated in substance abuse prevention programs and/or clinical mental health services in 2012-2013.
- 36 students referred for violent/disruptive behavior were enrolled in youth development programs in 2013-2014.
- 77% of participating students increased their scores across a range of resiliency factors.

Jewish Family and Children's Services (JFCS)

Point of Contact: Razia Iqbal

Contact Information: 1855 Olympic Blvd. #200, Walnut Creek, Ca 94596 (925) 927-2000 riqbal@jfcs-eastbay.org

1. General Description of the Organization

Jewish Family and Children's Services is one of the oldest and largest family service institutions in the United States. Today, JFCS serves 76,000 people annually with the research based social services designed to strengthen individuals, families, and the community. As a problem-solving center for residents of several Bay Area counties, JFCS strives to be a lifeline for children, families, and older adults facing life transitions and personal crises.

2. Program: Community Bridges.

a. Scope of Services:

JFCS provides culturally grounded, community-directed mental health education and navigation services to 350-400 refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian, Iraqi, and Russian communities of central and East 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 are 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 includes 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: \$159,679

d. Number served: For FY 13/14: 600

e. Outcomes:

- 410 clients received individual mental health, health, system navigation support.
- 40 Mental Health Education Groups (attendance ranging between 10 and 69), covering a wide range of topics including parenting, cultural adjustment of immigrants, hoarding, early signs of mental illness.
- Cross cultural mental health training series aimed at helping service providers (20 to 41 per training) understand importance of cross cultural issues.

Juvenile Justice System – Supporting Youth (Contra Costa Mental Health)

Point of Contact: Daniel Batiuchok

Contact Information: 202 Glacier Drive, Martinez, Ca 94553 (925) 957-2739

Daniel.Batiuchok@hsd.cccounty.us

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 Mental Health's Children's System of Care.

2. Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch Clinicians - PEI

County mental 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

- Mental Health Probations Liaisons engage youths on probation and at risk of getting on probation, many of them transitioning out of juvenile detention. The liaisons provide mental health screenings, short term therapy, as well as warm hand offs to service providers within the community or County Mental Health. Liaisons also conduct court ordered assessments of mental status, risk and protective factors, and treatment needs, and contribute to placement recommendations. The liaisons also provide much needed linkages between the juvenile justice system, the educational system, and the community, by consulting to Student Absence Review Boards, educational staff, and community gatekeepers regarding at risk youth. In addition, liaisons provide parenting education support to parents of juveniles.
- Clinicians at the Orin Allen Youth Ranch, a non-locked sentencing facility, assess youth for need of mental health services and provide these if needed. Services include crisis support, individual and family counseling, anger management training, help with developing effective communication skills, trauma –focused cognitive behavioral therapy, support with overcoming gang involvement, and parenting education support for parents of residents of the Ranch. Youth receive warm hand-offs to community resources upon discharge.

b. Target Population: Youth in the juvenile justice system in need of mental health support

c. Total Budget: \$500,000

- d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- e. Number served: For FY 13/14: 413
- f. 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
 - Decrease of symptoms of mental health disturbance
 - Increase of help seeking behavior; decrease stigma associated with mental illness.

La Clinica de la Raza

Point of Contact: Leslie Preston and Nancy Facher

Contact Information: La Clinica Monument, 2000 Sierra Rd, Concord, 94518. (510) 535-6200 nfacher@laclinica.org

1. General Description of the Organization

With 31 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: Vias de Salud and Familias Fuertes (PEI)

a. Scope of Services:

- *Vías de Salud* (Pathways to Health) serves Latinos residing in Central and East County with: a) 3,000 screenings for mental health risk factors; and b) 1,000 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional disturbance; and c) psycho-educational groups facilitated by a social worker for 68 adults to address isolation, stress, communication and cultural adjustment.
- La Clinica implements *Familias Fuertes* (Strong Families), to educate and support Latino parents and caregivers living in Central and East County in the healthy development of their children and youth. Project activities include: 1) Screening for risk factors in youth ages 0-18 (1,000 screenings), 2) 250 assessment and/or parent coaching sessions provided to parents/caretakers of children ages 0-18; and 3) 48 parents/caretakers participating in parent education and support groups. The group utilizes the evidence based and culturally relevant curriculum entitled *Los Niños Bien Educados*.

b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.

c. Payment Limit: Vias de Salud: \$144,139. Familias Fuertes: \$112,611.

d. Number served: For FY 13/14 All programs combined: 6441. Vias de Salud provided 4268 screenings, 3311 behavioral health consultations, 77 clients participated in groups. To be served: 3000 screenings, 1000 BH consultations, 68 clients to participate in groups. Familias Fuertes: 1154 screenings, 575 BH consultations, 41 parent group participants. To be served: 1,000 screenings, 250 BH consultations, 48 parent group participants.

e. Outcomes: Vias de Salud - 96% of Participants of support groups reported reduction in isolation and depression. Familias Fuertes - 100% of parents reported increased knowledge about positive family communication, 100% of parents reported improved skills, behavior, and family relationships.

LAO Family Community Development

Point of Contact: Kathy Chao Rothberg

Contact Information: 1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806, (510) 215-1220 KRothberg@lfcd.org

1. General Description of the Organization

Lao Family Community Development, Inc. (LFCD) assists diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. Lao Family delivers 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 Integrated service system approach for Asian and South East Asian adults. The program activities includes comprehensive case management and educational workshops and support groups, including conducting the Strengthening Families Program (SFP). LFCD provides outreach, education, and support to develop problem solving skills, and increase families emotional well-being and stability. When necessary LFCD staff provides support in accessing needed health and mental health services. 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 client homes and other community based settings as well as the offices of Lao Family Community Development in San Pablo.
- b. Target Population: South Asian and South East Asian Families at risk for developing serious mental illness.
- c. Payment Limit: \$169,926
- d. Number served: For FY 13/14: 125, To be served: 120 Individuals
- e. Outcomes:
 - 100% of program participants created mental health related personal goals.
 - 95% of program participants achieved at least one of their stated goals, 6% did not complete all of their stated goals.
 - 89% of participant in the Strengthening Families Program completed that workshop series.
 - 106 participant completed pre- and post- workshop series surveys
 - 96% of survey respondents were satisfied with services,
 - 80% felt comfortable sharing information with case managers

- 77% of participants felt comfortable or somewhat comfortable with their knowledge about and access to information about health related resources.
- High participation and completion rates suggest cohesiveness among participants and reduction of social isolation.

Lifelong Medical Care

Point of Contact: Kathryn Stambaugh

Contact Information: 2344 6th Street, Berkeley, Ca 94710 (510) 981-4156

kstambaugh@lifelongmedical.org

1. General Description of the Organization

Lifelong Medical Care provides health and social services to underserved people of all ages by creating models of care for the elderly, people with disabilities and families. It advocates for continuous improvements in the health of communities.

2. Program: Senior Network and Activity Program (SNAP) and Elderly Learning Community (ELC) - PEI

a. Scope of Services:

Lifelong Medical Care provides isolated older adults in West Contra Costa County with opportunities for social engagement and linkage to mental health and social services. A variety of group and one-on-one approaches are employed to provide opportunities for socialization that appeal to different groups of seniors, and reach out to those most reluctant to participate in social activities. The Senior Network and Activity Program (SNAP) is provided in three housing developments that lack on-site services. These activities include regular on-site socials (three per month for residents of each site), quarterly outings, and outreach to invite participation in group activities that develop rapport with residents. Services include screening for depression and isolation and information and referral services. The Elders Learning Community provides engagement, learning and social activity services to at least ten frail seniors. The expected impact of these services includes 1) reducing isolation and promoting feelings of wellness and self-efficacy, 2) increasing trust and reducing reluctance to revealing unmet needs or accepting support services, and 3) improving the 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: \$118,970

d. Number served: For FY 13/14: 136

e. Outcomes:

- 63% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project through SNAP or the ELC.
- 75% of ELC or SNAP participants reported improved their feelings morale while attending program.
- 95% of SNAP and ELC participants reported improved social connections and/or decreased isolation as a result of participating in SNAP and ELC activities.

- 98% of SNAP and ELC participants reported being either satisfied with the engagements and activities provided by staff, volunteers and peers.

Lincoln Child Center.

Point of Contact: Christine Stoner-Mertz, CEO

Contact Information: 1266 14th St, Oakland CA 94607, (510) 273-4700

chrisstoner@lincolnchildcenter.org

1. General Description of the Organization

Lincoln Child Center 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 children's services, Lincoln has a continuum of programs to serve challenged children and families throughout the Bay Area. Their community based services include early intervention programs in the Oakland and Pittsburg School Districts aimed at stopping the cycle of violence, abuse and mental health problems for at-risk children and families.

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 youth and adolescents with co-occurring substance use and mental health disorders who may be at high risk for continued substance abuse and other problem behaviors, such as conduct disorder 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 4 to 6 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 ages 11 to 19 years in West, Central and East County experiencing co-occurring serious mental health and substance abuse disorders. Youth and their families can be served by this program.

c. Payment Limit: \$874,417

- d. Number served: The program served 57 clients in FY13/14.
- e. Outcomes: Because the program began in FY 13/14, there are no outcomes to report at this time. Lincoln Child Center will report on the outcomes listed below in the upcoming MHSA Plans.
- Goal: Of youth who completed the program with a history of or current substance use issues at intake, at least 70% at discharge will have reduced drug use or maintained abstinence per drug screens, CANS as compared to intake data. **73%** of clients had reduced or maintained abstinence at discharge.
 - Goal: Of the youth who completed the program, 90% or greater of clients will report satisfaction with services on the Consumer Satisfaction Surveys at discharge. **100%** of clients reported satisfaction with services on the Consumer Satisfaction Surveys.

LTP CarePro, Inc (Pleasant Hill Manor).

Point of Contact: Tony Perez.

Contact Information: 40 Boyd Road, Pleasant Hill CA, 94523.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with LTP CarePro, Inc., 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.

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. Annual MHSA Payment Limit: \$ 30,000

d. Number served: For FY 13/14: 18 beds available.

e. Outcomes: To be determined.

Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso.

Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350. (209)530-9300.

info@modestoRLC.com

1. 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.

b. Target Population: Adults aged 18 years and older 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. Annual MHSA Payment Limit:** \$ 90,000**d. Number served:** For FY 13/14: Capacity of 7 beds, average of 2 beds filled each month.**e. Outcomes:** To be determined.

Native American Health Center (NAHC)

Point of Contact: Michael Dyer

Contact Information: 2566 MacDonald Ave, Richmond, 94804 (510) 232-7020

MichaelD@nativehealth.org

1. General Description of the Organization

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

2. Program: Native American Wellness Center - PEI

a. Scope of Services:

NAHC provides weekly group sessions and quarterly community events for youth, adults, and elders to develop partnerships that bring consumers, families, community members and mental health professionals together and build a community that reflects the history and values of Native American people in Contra Costa County. Activities include elders support groups, youth wellness groups (including suicide prevention and violence prevention activities), traditional arts groups (beading, quilting, arts & crafts), and quarterly cultural events. Family communication activities include weekly Positive Indian Parenting sessions, talking circles that improve communications skills and address domestic violence, trauma and historical trauma, and Gathering of Native Americans to build a sense of belonging and cohesive community. Family members who need supplemental treatment for mental health and substance abuse problems will be referred to appropriate agencies. Mental Health Education/System Navigator Support will include quarterly cultural competency trainings for public officials and other agency personnel, 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: \$213,422

d. Number served: For FY 13/14: 199

e. Outcomes:

- a. 63% of program participants increased social connectedness within a twelve month period.
- b. 58% of program participants increased family communications.
- c. 88% of participants that engaged in referrals and leadership training increased their ability to navigate the mental health/health/education systems.

New Leaf Program – Vicente High School - Martinez Unified School District

Point of Contact: Carol Adams

Contact Information: 614 F Street Martinez, Ca 94553

CAAdams@martinezusd.net

1. General Description of the Organization

The New Leaf Leadership Academy strives to educate students in a holistic manner by providing high school students in grades 9-12 an educational experience that supports their academic, social, and emotional growth through place-based and classroom learning.

2. Program: New Leaf Leadership Academy at Vicente High School - PEI

a. Scope of Services:

The New Leaf Leadership Academy is an alternative high school program at Vicente High School, Martinez, that provides "career academies" which include individualized learning plans, place-based learning projects, career mentorships and internships for at-risk high school students in Martinez of all cultural backgrounds. Key activities include: service-learning projects, career preparation and internships where students, school staff, parents and community partners work together on projects, all derived from California standards-based curricula. Goals include achieving a high school diploma, transferable career skills and certification, acceptance into a college or post-high school training program, strong leadership skills and the development of the assets necessary for holistic, sustainable living. All students at New Leaf receive focused education about mental health concepts that decreases stigma attached to mental illness and help seeking. All students enrolled in Vicente High School and Briones School have access to a licensed psychotherapist for individual and group counseling as well as an internship coordinator who provides support for obtaining paid as well as intern opportunities. Staff at New Leaf has developed a curriculum aimed at implementing New Leaf practices in other High Schools in Contra Costa.

b. Target Population: At-risk high school students in Central County

c. Payment Limit: \$170,000

d. Number served: For FY 13/14 : 145 students at the New Leaf and Vicente. 54 students were enrolled in the New Leaf Leadership Academy.

e. Outcomes:

- 61% of test respondents improved score on Developmental Asset Profile.
- 81.1% of students achieved 4 out of 6 goals of Individual Success Plan.
- 71% of identified students improved on discipline referrals (goal: 70%).
- 58% of identified students improved their attendance rates.
- 75%% of students earned required amount of academic credits (goal: 70%).
- New Leaf staff developed and partially implemented a curriculum to teach New Leaf principals to alternative highs schools in the region.

Oak Hills Residential Facility.

Point of Contact: Rebecca Lapasa.

Contact Information: 141 Green Meadow Circle, Pittsburg, CA 94565.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Oak Hills 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.

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

c. Annual MHSA Payment Limit: \$ 21,120

d. Number served: For FY 13/14: 8 beds.

e. Outcomes: To be determined.

Office of Consumer Empowerment (Contra Costa Mental Health)

Point of Contact: Susan Medlin

Contact Information: 1340 Arnold Drive #200, Martinez, Ca 94553 (925) 957-5104

Susan.Medlin@hsd.cccounty.us

1. General Description of the Organization

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

2. Program: Reducing Stigma and Discrimination – PEI

a. Scope of Services

- The Mental Health Service Provider Individualized Recovery Intensive Training (SPIRIT) 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 Mental Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed by the County.
- The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's Bureau develops individuals with lived mental health and co-occurring experiences to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, schools, law enforcement, and other community groups.
- Staff lead and support the Committee for Social Inclusion. This is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
- Staff provides outreach and support to consumers 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.
- Staff partner with NAMI Contra Costa certified facilitators to offer self-help groups for people diagnosed with mental illness who want to get support and share experiences in a safe environment.

- b. Target Population: Consumers of public mental health services and their families; the general public.
- c. Total MHSA Funding: \$692,988
- d. Staff: 6.5 full-time equivalent staff positions.
- e. Outcomes:
 - Increased access to wellness and empowerment knowledge and skills by consumers of mental health services.
 - Decrease stigma and discrimination associated with mental illness.
 - Increased acceptance and inclusion of mental health consumers in all domains of the community.

Older Adult Mental Health (Contra Costa Mental Health)

Point of Contact: Heather Sweeten-Healy, Mental Health Program Manager

Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520, (925)-521-5655, Heather.Sweeten-Healy@hsd.cccounty.us

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, ranging from preventive care and outreach to under-served at risk communities, problems solving short term therapy, to intensive care management for severely mentally ill individuals.

2. Program: Intensive Care Management Teams - 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 MediCal, dually covered under MediCal 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, and overall quality of life. 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.

Program: Improving Mood Providing Access to Collaborative Treatment (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals over age 60 in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication support 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 age 60 years and older who are at 300% or below of the Federal Poverty Level, are insured by MediCal, MediCal and MediCare, or are uninsured. The program focuses on treating older adults with late-life depression and co-occurring physical health impairment, such as cardio-vascular disease, diabetes, or chronic pain.

Program: Senior Peer Counseling - PEI

This program reaches out to isolated and depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. In addition, both the Latino and Chinese Senior Peer Counseling Programs are recognized as a resource for these underserved populations. This program serves older adults age 55 and older who are experiencing aging issues such as grief and loss, multiple health problems,

loneliness and depression and isolation. Emphasis is on serving underserved cultural communities, especially Latino and Asian older adults.

- 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 - \$3,189,600; IMPACT - \$370,479; Senior Peer Counseling - \$370,479.
- c. Staff: 26 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 13/14: ICMT served 137 individuals; IMPACT served 274 Individuals; Senior Peer Counseling Program served 207 individuals.
- e. Outcomes: 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, reduced isolation.

People Who Care (PWC) Children Association

Point of Contact: Conny Russell

Contact Information: 2231 Railroad Ave, Pittsburg, 94565 Ph: (925) 427-5037

Pwc.cares@comcast.net

1. General Description of the Organization

People Who Care Children Association provides educational, vocational and employment training programs to children ages 12 through 21 years old. 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 children 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) Children Association will provide 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 counseling (screening for mental health problems, individual, group, and family therapy), 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: \$203,594
- d. Number served: For FY 13/14: 204
- e. Outcomes:
 - 100% of the "Youth Green Jobs Training Program" participants increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "green economy".
 - 76% of the "PWC After-school Program" participants showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - 100% of participants did not re-offend during they participation in the program.
 - 73% of the "PWC After-school Program" participants reported having a caring relationship with an adult in the community or at school.
 - 70% increase in school day attendance among "PWC After-school Program" participants.
 - 75% decrease in the number of school tardiness among "PWC After-school Program" participants.

Portia Bell Hume Behavioral Health and Training Center

Point of Contact: Chris Celio, Acting Department Manager.

Contact Information: 2555 School Street, Pittsburg, CA 94565, (925)–586–7811, ccelio@humecenter.org

1. General Description of the Organization

The Hume Center's mission is to provide 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. The Hume Center is committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect.

2. Program: Adult Full Service Partnership - CSS

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

a. Scope of Services

- Services will be 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
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Vocational Services
 - Educational Services
 - Recreational and Social Activities
 - Contractor must be available to consumer on 24/7 basis

- b. Target Population: Adults over the age of 18 in East and 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.

- c. Payment Limit: \$907,493

- d. Number served: For FY 13/14: 6 individuals

- e. Outcomes: Because the program began in FY 13/14, there are no outcomes to report at this time. The Hume Center will report on the outcomes listed below in the upcoming MHSA Plans.
- Decrease incidence of restriction: decrease in hospital utilization.
 - Positive Client Satisfaction.

Putnam Clubhouse

Point of Contact: Tamara Hunter, Clubhouse Director

Contact Information: 3024 Willow Pass Rd #230, Concord Ca 94519, (510) 926-0474 tamara@putnamclubhouse.org

1. General Description of the Organization

Putnam Clubhouse provides a safe and welcoming place where participants (called members) build on personal strengths instead of focusing on illness. Members learn and improve vocational and social skills, while working together to run all aspects of the Clubhouse, to include clerical, cooking, governance and fundraising.

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

a. Scope of Services:

- Project Area A: The Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County in recovery from psychiatric disorders, helping them to develop the support networks, vocational skills, and self-confidence needed to sustain stable, productive, and more independent lives. Services include work-ordered day programming that helps members gain pre-vocational skills, social skills, healthy living skills, and help with access to career development options within the greater community. Assistance and support is provided with navigating the system of care and accessing services. Putnam Clubhouse helps members with goal setting (including educational and vocational goals), building advocacy and media skills, and provides recreational, and respite services for family members. In collaboration with the Office of Consumer Empowerment, Putnam Clubhouse hosts Career Corner, an online blog that focuses on all aspects of vocational rehabilitation for mental health consumers in Contra Costa County. Putnam Clubhouse increases family wellness by reducing stress related to care-giving, provides family member respite through Clubhouse programs for new and existing participants, and supports Clubhouse members in gaining independence through Clubhouse participation.
- Project Area B: Putnam Clubhouse assists the Office of Consumer Empowerment (OCE) in developing a new, comprehensive peer and family-member training program in Contra Costa County that will expand upon the existing SPIRIT courses and prepare students to be certified as peer and family providers in California
- Project Area C: Putnam Clubhouses assists the Department of County Mental Health in a number of other projects, including organizing community events and the administering consumer perception surveys.

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

c. Payment Limit: \$533,400.

d. Number served: For FY 13/14: 309 members.

e. Outcomes:

- 309 unduplicated members engaged in 49,246 program hours.
- 89% of families (members and their families) completing annual survey reported an increase in personal mental, physical, and emotional well-being.
- 81% of family members (caregivers) surveyed reported Clubhouse activities provided them with respite care.
- 94% of caregivers reported an increase in members' independence
- 100% of caregivers reported high level of satisfaction with Clubhouse activities
- Program participants showed decrease of hospitalizations and out-of-home placements (in terms of number of episodes and days of hospitalization) since becoming members.
- 100% of members were referred to appropriate education resources within 14 days (of those indicating education as a goal).
- 100% of members (who indicated employment as a goal) were referred to appropriate employment resources, or had a job within three months.

Rainbow Community Center (RCC)

Point of Contact: Ben-David Barr

Contact Information: 2118 Willow Pass Rd, Concord, Ca 94520. (925) 692-0090

Ben@rainbowcc.org

- **General Description of the Organization**

The Rainbow Community Center of Contra Costa County (RCC) builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies.

- **Programs: 1. Outpatient Behavioral Health (INN), 2. Pride and Joy (PEI), 3. LGBTQ Youth Support (PEI), 4. Inclusive Schools (PEI)**

- a. Scope of Services:

- 1) Outpatient Services: RCC provides outpatient behavioral health services for the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) communities. RCC works with consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management. Counseling and case management services are available in English, Spanish, and Vietnamese. Onsite support is available in Tagalog.

- 2) Pride and Joy: Three tiered support services (Tier One: outreach, isolation reduction and awareness building, Tier Two: support groups for clients with identified needs, Tier Three: individual counseling and system navigation support for clients with higher level of need) aimed at the LGBTQ community of Contra Costa County, particularly LGBTQ seniors, people living with HIV, and community members with unrecognized health and mental health disorders.

- 3) Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Services are provided both on-site as well as school based.

- 4) Inclusive Schools: Community outreach and organization involving school leaders, staff, 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 (mainly Central and East) who are at risk of developing serious mental illness.

- c. Payment Limit: \$486,496 for Innovation program; \$220,506 for PEI programs.

- d. Number served: For FY 13/14: 1) Outpatient Services: 135; 2) PEI total served is 1481 participants with the following breakdowns: Pride and Joy: 1089 in-person participants (includes 147 LGBTQ seniors and 150 HIV+ people); 3) Youth Development: 392 participants; 4) Inclusive Schools: is measured in numbers of school sites supported, trainings offered, and school policies developed.. 3000 participant “liked” (subscribed) to Rainbow’s Facebook page, and 1800 participants subscribed to RCC’s weekly newsletter containing mental health resources.

e. Outcomes:

Outpatient Clinic:

- 135 individuals received one on one services (counseling and case management).

Prevention and Early Intervention:

- 80% of program participants (who completed 'green sheet' survey) showed an increase in social connectedness, by another measure at least 64.7 percent noted that the number of people in their social networks increased.
- RCC identified at least 54 adult individuals in need of higher level of care and provided navigation support
- RCC hosted senior lunches two times per month with 35 to 40 participants each lunch
- 100% of program participants in Youth Development could list resources and supports to turn to if they are bullied or harassed.
- 88% of participants in Youth Development could identify healthy LGBTQ role models.
- 83% of youth participants achieved progress in at least one individual goal
- Post training and event surveys among school staff show greater understanding of LGBTQ competence and techniques to prevent bullying.

Recovery Innovations

Point of Contact: Hillary Bowers, Recovery Services Administrator

Contact Information: 2975 Treat Blvd., Suite C8, Concord, CA 94518, (925)–363–7290, Hiliary.Bowers@recoveryinnovations.org

1. General Description of the Organization

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

2. Program: Recovery Innovations Wellness and Recovery Centers - CSS

Recovery Innovations provides wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. Wellness and Recovery Centers are made up of individuals embarking on or expanding their recovery journey. Staff of well-trained peers who have experienced their own recovery success share what they have learned and walk alongside each person. The clients of Wellness and Recovery Centers learn to identify personal strengths and develop personalized wellness plans that incorporate their hopes and dreams for the future. Each participant partners with a Recovery Coach who understands the challenges and is standing alongside ready to offer support. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups, which teach self-management and coping skills. The centers offer wellness recovery action plan (WRAP) groups, physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

a. Scope of Services:

- Peer and Family Support
- Personal Recovery Planning using the seven steps of Recovery Coaching
- Workshops, Education Classes and Community-Based Activities using the nine dimensions of wellness; physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure
- Community Outreach and Collaboration

- Assist participants to coordinate medical, mental health, medication and other community services
- Wellness Recovery Action Plan (WRAP) classes
- Family Education and Support Programs
- Breakfast/Lunch meals during weekdays for participants
- b. Target Population: Adult mental health participants in Contra Costa County. Recovery Innovations services will be delivered within each region of the county through Wellness and Recovery Centers located in Antioch, Concord and San Pablo.
- c. Payment Limit: FY 15/16: \$1,117,058 (MHSA: 875,000)
- d. Number served: Program began in FY 13/14 with a 6 month contract. Number to be served yearly: 200. Number served in first half year (January to June 2014): 299 participants.
- e. Outcomes:
 - 216 participants attended WRAP (Wellness Recovery and Action Plan) programming
 - 138 attended Wellness and Empowerment in Life and Living (WELL) programming
 - 136 attended Nine Dimensions of Wellness (My Personal Wellness Plan)
 - 105 participated in Facing up to Health program.

Rubicon Programs, Inc.

Point of Contact: Jane Fischberg, President and Executive Director.

Contact Information: 2500 Bissell Avenue, Richmond, CA 94804, (510)–231–3987,
janef@rubiconprograms.org

1. General Description of the Organization

Rubicon's mission is to prepare very low-income people to achieve financial independence and to partner with people with mental illness on their journey of recovery. Since 1973, Rubicon has provided employment, housing, mental health, and other supportive services to individuals who are very low-income, especially people who are homeless or have mental illness. Based in Richmond, California, Rubicon Programs offers services throughout Contra Costa and Alameda counties.

2. Program: Bridges to Home – Full Service Partnership - CSS

The Adult Full Service Partnership (FSP) Bridges To Home (BTH) is a collaborative program that joins the resources of Rubicon Programs and Contra Costa Mental Health.

a. Scope of Services

- Services will be provided using 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 & alcohol and other drug problems
 - Crisis Intervention
 - Collateral
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Vocational Services
 - Educational Services
 - Recreational and Social Activities
 - Contractor must be available to consumer on 24/7 basis
- b. Target Population: Adults over the age of 18 in 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.
- c. Payment Limit: \$928,813
- d. Number served: For FY 13/14: In FY13/14 BTH was made up of two programs, BTH West and BTH Central. BTH West and Central served 185 Individuals combined.
- e. Outcomes: Below are the FY 13/14 outcomes for Bridges to Home West.

- Reduction in incidence of psychiatric crisis*
- Reduction of the incidence of restriction*

Pre- and post-enrollment utilization rates for 95 Bridges to Home Central County participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	193	163	0.257	0.214	- 16.7
Inpatient episodes	36	12	0.037	0.015	- 59.5
Inpatient days	251	104	0.264	0.113	- 57.2

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

RYSE Center

Point of Contact: Kanwarpal Dhaliwal

Contact Information: 205 41st Street, Richmond. CA 94805 (925) 374-3401

Kanwarpal@rysecenter.org <http://www.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 mental health model and employs trauma informed and healing centered approaches in all areas of work, including one-on-one, group and larger community efforts.

2. Program: Supporting Youth - PEI.

a. Scope of Services:

1) Trauma Response and Resilience System (TRRS): develop and implement trauma informed training series for key system partners, facilitate development of a 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.

2) 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, and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referral, outreach to schools, workshops and 'edutainment' activities, youth assessment and implementation of partnership plans (Chat it Up Plans).

3) Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and district aimed at making WCC schools an informed and accepting environment 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 15-16: \$460,427

d. Unique Number served: For FY 13/14: All programs combined: 839 1): over 480 young people, 300 adult stakeholders 2): 441 youth attended two or more program activities 3): 388 young people

e. Outcomes:

Trauma and Resilience

- RYSE Youth Restorative Justice (formerly Justice Project) served at least 157 unduplicated young people through probation referrals, community

service, juvenile hall workshops and/or presentations, and drop-in programming

- 75% of total number of youth involved in the Youth Restorative Justice Project reported increased and/or strong sense of self-efficacy, hope, and community engagement
- 94% of the total number of stakeholders involved in TRRS programming reported increased understanding and capacity to practice trauma-informed youth development
- At least 158 adult stakeholders participated in trainings and workshops focused in trauma informed youth practices and resiliency

Youth Development

- 113 youth members completed wellness plans
- an estimated 441 members participated in at least 2 program activities aimed at supporting healthy peer relationships, community engagement, and leadership
- 75% of RYSE general members reported, as a result of program participation, increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community.
- 81% to 90% (depending on indicator) of RYSE youth members reported positively on indicators of social-emotional well-being such as increased feelings of hope, the ability to imagine a positive future, control over their lives, and a sense of stability, reduced feelings of isolation, alienation, stress, anxiety
- 100% of RYSE staff (youth and adults) were trained to utilize RYSE social media as a means to address health inequities, elevate stories of resiliency, and foster peer-lead/consumer-lead information sharing and education around mental health issues impacting young people in West Contra Costa County

Inclusive Schools

- 75% of young people receiving mental health supports through the Inclusive School initiative reported positively on indicators of social-emotional well-being
- 75% of the total number of stakeholders involved in the Inclusive Schools Coalition reported increased understanding of the priorities and needs of LGBTQ youth and their peers.
- At least 79 young people received supports through school linked clinical services

Seneca Family of Agencies

Point of Contact: Jessica Donohue, Program Supervisor

Contact Information: 2351 Olivera Road, Concord, CA, 94520, (925)–808–8724,
jessica_donohue@senecacenter.org

1. General Description of the Organization

Seneca Center for Children and Families 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 residential treatment, 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.

a. Scope of Services

- Services include:
 - Outreach and engagement
 - Linkage
 - Case management
 - Plan development
 - Crisis Intervention
 - Collateral
 - Flexible funds
 - Contractor must be available to consumer on 24/7 basis

b. Target Population: The target population for the program includes youth 18 years and under 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: \$ 562,915

- d. Number served: Number served in FY 13/14 -- Total 103: West 28, Central 30, and East 45
- e. Outcomes: Because the program began in FY 13/14, there are no outcomes to report at this time. Seneca will report on the outcomes listed below in the upcoming MHSA Plans.

- **Linkages**

The START team attempted to link clients with many different resources during the service period. A total of 108 primary linkages were made to our clients. Most clients had just 1 linkage, but as you can see below, a few clients were linked with secondary, tertiary, and quaternary resources.



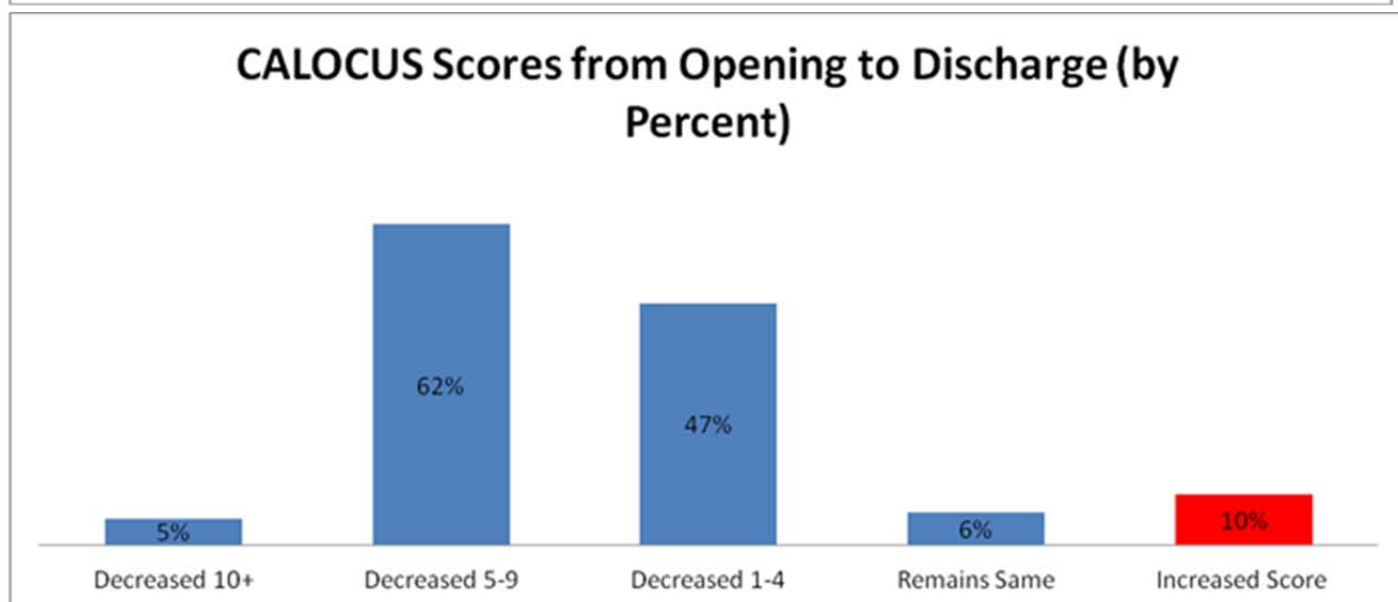
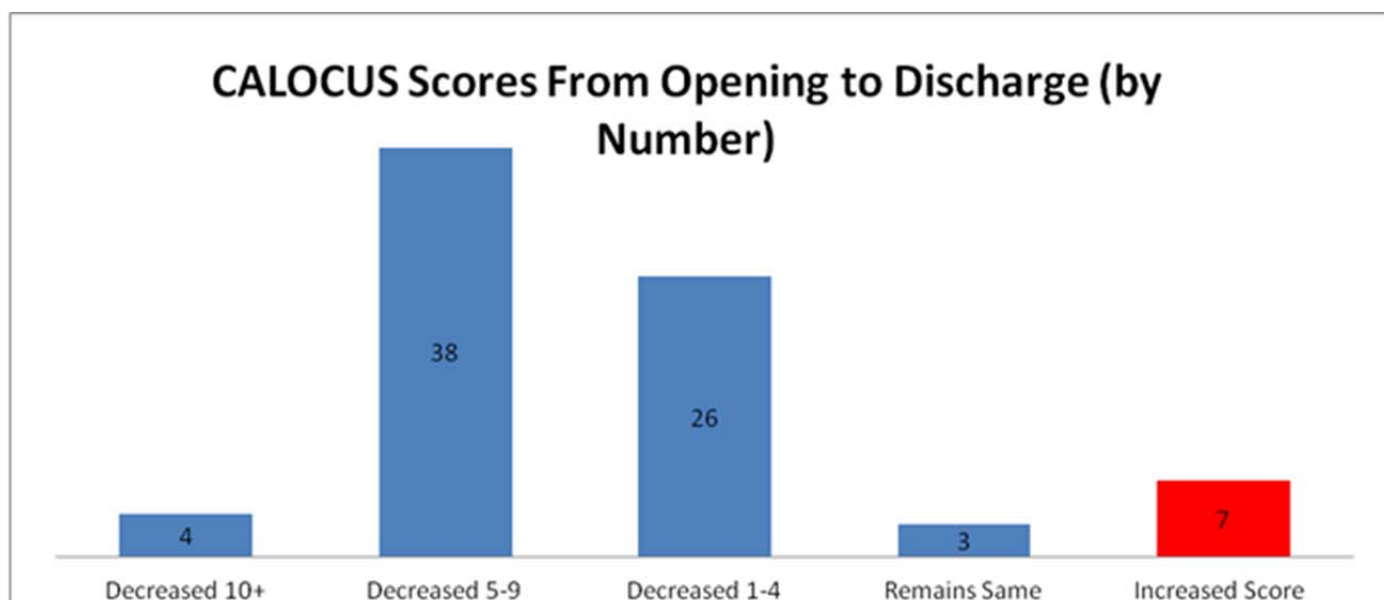
The linkages above are in no particular order, as the first linkage might not have ranked more importance than the second linkage. Some clients might have had a successful relationship maintained with their second or third linkage, but not with their first. The data listed under planned discharges shows more on this information.

Twenty clients also had “other” linkages to resources that are not in the above data. Many of the 26 clients had multiple “other” linkages. These linkages consist of crisis support lines (15), YMCA Reach and Rise Mentoring (1), the REACH project (1), community service opportunity organizations (1), primary care doctors (3), domestic violence support (1), the ACCESS line (2), financial counselors (2), parent partners (1), and after school tutors (1).

- **CALOCUS Scores**

We reviewed the CALOCUS scores at opening or time of referral and at time of discharge for 102 clients. We were unable to obtain a closing CALOCUS score for one client. Of the 102 clients, 95 clients (93%) had a CALOCUS score that decreased or remained the same.

- Four clients (5%) scores decreased by 10 or more points.
- Thirty-Eight clients (62%) scores decreased by 5-9 points.
- Twenty-six clients (47%) scores decreased by 1-4 points.
- Three clients (6%) scores remained the same.
- The successful data is depicted in graphs below:



- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 103 START participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	134	46	0.178	0.058	- 67.1
Inpatient episodes	35	20	0.047	0.027	- 42.9
Inpatient days	223	118	0.299	0.165	- 44.9

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

Shelter, Inc.

Point of Contact: Timothy O'Keefe, Executive Director .

Contact Information: 1815 Arnold Dr. Martinez, CA, 94553, (925)-335-0698,

timo@shelterincofccc.org

1. General Description of the Organization

The mission of Shelter, Inc. is to prevent and end homelessness for low-income residents of Contra Costa County by providing resources that lead to self-sufficiency. Shelter, Inc. was founded in 1986 to alleviate the 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 3 to 24 months of housing in combination with supportive services, such as job training, educational services, health care, and counseling, and 3) providing affordable housing for nearly 250 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. The objective program is to create housing opportunities that are affordable and safe and promote housing stability among MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act Housing Program, the 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 119 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 low income 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 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 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: \$1,663,668.

d. Number served: For FY 13/14: Shelter, Inc. served 117 consumers . FY 15/16 Target: 119 consumers.

e. Outcomes: Shelter, Inc. will report on the following outcomes in future MHSA Plans.

- Quality of life: housing stability.

The outcomes are being revised to take into account a number of unforeseen changes in FSP services and the referral to housing process that were/are not under the control of SHELTER, Inc. but have had a direct impact on outcomes.

- FORMER GOAL: 80% of MHSA Consumers residing in master leased housing shall remain stably housed for 24 months or longer.

FY 13/14, 68% of MHSA Consumers residing in master leased housing remained stably housed for 24 months or longer (Note: SHELTER, Inc. was awarded a contract expansion in February 2014 which increased capacity from 109 to 119. The addition of new Consumers to housing during the second half of the contract year had an impact on this outcome. At the same time of the contract expansion the number served was 101. A major change occurred in the Adult FSP programs; the Bridges to Home collaboration ended and Rubicon Programs closed its Central Contra County office and stopped sending referrals for vacant housing. Some Consumers stopped receiving FSP case management and received only medication services. The reduction in case management support resulted in more consumers falling out of housing. Several new FSPs were brought in and referrals for housing resumed late in the last quarter which all had an impact on this outcome.

REVISED GOAL: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer

This outcome is being revised taking into account a higher than expected number of newly housed Consumers. Additionally many Consumers do not have FSP case management or are receiving a different type service and/or are receiving only voluntary medication services which has had a direct impact on housing retention.

- FORMER GOAL: 90% of MHSA Consumers residing in Shelter, Inc. owned property shall remain stably housed for 16 months or longer.

FY 13/14 71% of MHSA Consumers residing in SHELTER, Inc. owned housing remained stably housed for 16 months or longer. The Bridges to Home FSP collaborative dissolved and Rubicon Programs closed its Central Contra County office which had an impact on consumers living in Central and East County where a majority of SHELTER, Inc. owned property set aside for MHSA Consumers exists. Some Consumers stopped receiving FSP case management and many receive only medication services. The reduction in case management support resulted in more consumers falling out of housing.

REVISED GOAL: 70% of MHSA Consumers residing in Shelter, Inc. owned property shall remain stably housed for 12 months or longer.

This outcome has been revised taking into account that the a majority of the new housing placements in SHELTER, Inc. owned properties occurred at the later part of the contract year in 2014. Additionally, the increase in the number of consumers who only receive medication services with no case management services as well as new FSP programs with different service models have impacted housing retention.

STAND! For Families Free of Violence

Point of Contact: Sharon Turner

Contact Information: 1410 Danzig Plaza #220, Concord, Ca 94520

SharonT@standffov.org

1. General Description of the Organization

STAND! For Families Free of Violence is a community based organization committed to promoting safe and strong families. STAND pursues a well-rounded and community-wide approach to eliminating family violence. In addition to providing a complete spectrum of prevention, intervention, and treatment programs, STAND! enlists the efforts of local residents, partners, and institutions, all of whom are striving to stop domestic violence and child abuse. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for ten years to help solve domestic violence, sexual assault and children exposed to violence.

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 help maintain healthy relationships of at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly affect the behaviors of youth to prevent future violence and enhance 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 of the tenets of a healthy dating relationship. Secondary prevention activities include supporting youths experiencing, or at-risk for, teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing, or youth who are at-risk for, teen dating violence will demonstrate an increased knowledge of 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.

b. Target Population: Middle and high school students at risk of dating violence

c. Payment Limit: \$122,733

d. Number served: For FY 13/14 : 450

e. Outcomes:

- 91% of the 210 students that participated in the “You Never Win With Violence” presentations demonstrated an increase in knowledge of health and unhealthy relationship behaviors.
- 83% of youth aged 13-24 received crisis intervention services including but not limited to emotional support, safety planning, and/or referrals to internal and external services.
- 100% of all partner schools and community based organizations have referral protocols in places for referring students who are dealing with mental health issues.
- 46% of the targeted 150 adults were presented to on the effects of violence on children and strategies to prevent and intervene in teen dating abuse situations.

Telecare Corporation

Point of Contact: Chris Roach, Program Director

Contact Information: 300 Ilene Street, Martinez, CA 94553, (925) 313-7980

croach@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 80 programs staffed by more than 2,500 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

Services include:

- 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 24 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 for substance use following a harm reduction modality in addition to weekly substance abuse group meetings 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 meals and snacks for residents.
 - Transportation to services and activities provided in the community, as well as medical and court appointments.
- 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: \$2,017,019.00
- d. Number served: Program began in April of 2014. Number to be served yearly: 200. Hope House served 19 clients in FY13/14.
- e. Outcomes: Because the program began in FY 13/14, there are no outcomes to report at this time. Telecare will report on the outcomes listed below:
- 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.

The Latina Center

Point of Contact: Miriam Wong, 3701 Barrett Ave #12, Richmond, Ca 94805 (510) 233-8595

Contact Information: miriamrwong@gmail.com

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: Familias Fuertes - 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: \$102,080

d. Number served: For 13/14: 319

e. Outcomes:

- 100% of the 319 parent participants surveyed responded that the program has helped them become a better parent, improve their relationships with their family, improved communication with their children and given them more strategies for relating to and raising their children.
- 84 of parent participants were Latino Fathers (goal: 60)
- 46 women were referred to a peer support group at The Latina Center where they obtained emotional support and developed personal skills (i.e. learned to identify and manage their emotions, learned to identify domestic violence, learned to implement stress management techniques, and more).

United Family Care, LLC (Family Courtyard).

Point of Contact: Julian Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

1. Program: Augmented Board and Care Housing Services - CSS

The County contracts with United Family Care, LLC , 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.

b. Target Population: Adults aged 18 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. Annual MHSA Payment Limit: \$ 271,560.

d. Number served: For FY 13/14: 48 beds available.

e. Outcomes: To be determined.

Williams Board and Care.

Point of Contact: Frederick Williams.

Contact Information: 4229 Taft Street, Richmond, CA 94804.

1. Program: Augmented Board and Care - Housing Services - CSS

The County contracts with Williams Board and Care, 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.

b. Target Population: Consumers eligible for MHSA services.

c. Annual MHSA Payment Limit: \$ 30,000

d. Number served: For FY 13/14: 12 beds available.

e. Outcomes: To be determined.

Woodhaven.

Point of Contact: Milagros Quezon.

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519.

2. Program: Augmented Board and Care - Housing Services - CSS

The County contracts with Woodhaven, 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.

f. Scope of Services

- Augmented residential services.

g. Target Population: Consumers eligible for MHSA services.

h. Annual MHSA Payment Limit: \$ 13,500

i. Number served: For FY 13/14: 5 beds available.

j. Outcomes: To be determined.

Youth Homes, Inc.

Point of Contact: Stuart McCullough, Executive Director

Contact Information: 2025 A Sherman Drive, Pleasant Hill, CA 94523, (925)–933–2627, stuartm@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 the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT). This model is a recognized evidence based practice in which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and a substance abuse disorders. Through Integrated Treatment for Co-Occurring Disorders, consumers receive mental health and substance abuse treatment from a single “integrated treatment specialist” 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. 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 single provider.

a. Scope of Services

- 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
 - 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. Payment Limit: \$665,000.
- d. Number served: For FY 13/14: 7 individuals
- e. Outcomes: For FY 13/14:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 7 Youth Homes participants enrolled in the FSP program during FY 13-14.

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	6	5	0.131	0.083	- 36.4
Inpatient episodes	3	1	0.059	0.024	- 60.0
Inpatient days	33	3	0.536	0.071	- 86.7

** Data on service utilization were collected from the county's internal billing system, PSP. To assess the effect of FSP enrollment on PES presentations and inpatient episodes, this methodology compares clients' monthly rates of service utilization pre-enrollment to clients' post-enrollment service utilization rates. Using PES usage as an example, the calculations used to assess pre- and post-enrollment utilization rates can be expressed as:*

(No.of PES episodes during pre- enrollment period)/(No.of months in pre-enrollment period) =Pre-enrollment monthly PES utilization rate

(No.of PES episodes during post-enrollment period)/(No.of months in post-enrollment period) =Post-enrollment monthly PES utilization rate

Glossary

Assembly Bill 1421. AB 1421, also known as **Laura's Law**, enacted in 2002, would create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program would operate 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.

Assertive Community Treatment (ACT). Assertive Community Treatment is 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.

Assisted Outpatient Treatment (AOT). Assisted Outpatient Treatment is 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 as part of Assembly Bill 1421, or Laura's Law.

Augmented Board and Care. Board and care facilities 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 creating 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.

Behavioral Health System (BHS). This term refers to the grouping of Contra Costa Mental Health, Homeless Services, and Alcohol and Other Drug Services under one division of the Health Services Department.

Capital Facilities/Information Technology (CF/TN). Capital Facilities and Information Technology is the title of one of five components of the Mental Health Services Act. 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.

Case Management. 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.

Clinical Specialist. 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. The Clubhouse Model is 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 "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.

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.

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.

Community Services and Supports (CSS). Community Services and Supports is the title of one of five components funded by the Mental Health Services Act. 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.

Consolidated Planning Advisory Workgroup (CPAW). CPAW is 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.

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

Contra Costa Mental Health (CCMH). CCMH is 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. CCMH is divided into a Children's System of Care and an Adult and Older Adult System of Care.

Co-occurring Disorders. Co-occurring disorders 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.

Cultural Competence. Cultural competence means equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

Employment Services. Employment Services is 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. Epic is 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.

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.

Family-to-Family Training. Family-to-Family is an educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from the National Alliance for the Mentally Ill 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.

Focus Groups. In this context focus groups are a means for 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.

Forensic. In this context this is a term that is connected to individuals involved in the legal court system. Public mental health services utilizing this term identify individuals with mental health issues also involved in the court system.

Full Service Partnership (FSP). Full service partnership is a term created by the Mental Health Services Act as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family. This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services. Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports, and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

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

General System Development. This is a term created by the Mental Health Services Act, 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 region.

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.

Innovation (INN). Innovation is the component of the Mental Health Services Act 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; i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services. 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. This term 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 **Assembly Bill 1421.**

Lesbian, Gay, Bi-sexual, Transgender, Questioning (LGBTQ). 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 the term licensed clinical specialist is 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.

Medi-Cal. Medi-Cal is 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 MHSA.

Mental Health Career Pathway Program. Mental Health Career Pathway Programs are education, training and counseling programs designed to recruit and prepare 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 component of the Mental Health Services Act.

Mental Health Commission (MHC). The County's Mental Health Commission are 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.

Mental Health Loan Assumption Program (MHLAP). This is 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 Mental Health Services Act in the workforce education and training component.

Mental Health Services Act (MHSA). Also known as Proposition 63, the Mental Health Services Act was voted into law by Californians in November 2004. This program 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 MHSA 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.

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan.

Each County prepares and submits a three year plan, which shall be updated at least annually 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.

Mental Health Services Oversight and Accountability Commission (MHSOAC).

The Mental Health Services Oversight and Accountability Commission was established by the MHSA to provide state oversight of MHSA 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.

Mental Health Professional Shortage Designations. This is a term used by the federal Human Resource Services Administration 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.

Money Management. This is a 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.

Multi-dimensional Family Therapy (MDFT). MDFT is 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.

Multi-systemic Therapy (MST). MST is 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.

National Alliance on Mental Illness (NAMI). NAMI is the 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.

Needs Assessment. In this context needs assessment means that part of the community program planning process 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.

Office of Statewide Health Planning and Development (OSHPD). The Office of Statewide Health Planning and Development (OSHPD) is 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 outreach and engagement 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 who 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. This is a 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.

Perinatal Depression. Perinatal depression is depression that occurs during pregnancy and up to twelve months after giving birth. It can be caused by changes in hormones during pregnancy and after having a baby. It can also be caused by the many stresses of being a new mother. Postpartum depression, or depression after delivery, is different from post-partum “blues,” which peak three to five days after delivery and usually end within two weeks after the baby’s birth. A woman with perinatal depression has symptoms that last two weeks or longer.

Personal Service Coordinators. Personal service coordinators, also known as case managers, refers to a mental health clinician 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.

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.

Portland Identification and Early Referral (PIER) Model. This is an evidence based treatment developed by the PIER Institute of Portland, Maine. It is an early intervention program for youth, ages 12-25 who 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.

Positive Parenting Program. The Triple P Positive Parenting Program is 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.

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

Prevention and Early Intervention (PEI). Prevention and Early Intervention is a term created by the Mental Health Services Act, 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 Mental Health Services Act are to be spent for prevention and early intervention services.

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. This is a term created by the Mental Health Services Act, 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 Emergency Services (PES). The psychiatric emergency services unit of Contra Costa County is located next door to the Emergency Room of the Regional Medical Center 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.

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.

Serious Mental Illness (SMI). 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.

Seriously Emotionally Disturbed (SED). 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.

Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is 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 these terms refer 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.

Substance Use Disorder. A substance use disorder is 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.

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. Supportive housing is 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 child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

Systematic Training for Effective Parenting (STEP). Systematic Training for Effective Parenting (STEP) is 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.

Transition Age Youth (TAY). Transition Age Youth is 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.

Workforce Education and Training (WET). Workforce Education and Training is a term created by the Mental Health Services Act, 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.

Wellness Recovery Action Plan (WRAP). The Wellness Recovery Action Plan, or WRAP, is 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. Wraparound services are 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.

Wellness Recovery Education for Acceptance, Choice and Hope (WREACH). The WREACH Speaker's Bureau is sponsored by Contra Costa Behavioral Health Services, and 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.

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: CONTRA COSTA

☐ Three-Year Program and Expenditure Plan
☒ Annual Update


Local Mental Health Director	Program Lead
Name: Cynthia Belon, LCSW	Name: Warren Hayes
Telephone Number: 925-957-5201	Telephone Number: 925-957-5154
E-mail: cynthia.belon@hsd.cccounty.us	E-mail: warren.hayes@hsd.cccounty.us
Local Mental Health Mailing Address: Contra Costa Mental Health Administration 1340 Arnold Dr., Ste.200 Martinez CA 94553	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City 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 or Annual Update, including stakeholder participation and nonsupplantation 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 annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

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 annual update are true and correct.

Cynthia Belon, LCSW		5/26/15
Local Mental Health Director (PRINT)	Signature	Date

Three-Year Program and Expenditure Plan and Annual Update County/City Certification Final (07/26/2013)

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: CONTRA COSTA

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Cynthia Belon, LCSW	Name:
Telephone Number: 925-957-5201	Telephone Number:
E-mail: cynthia.belon@hsd.cccounty.us	E-mail:
Local Mental Health Mailing Address: Contra Costa Mental Health Administration 1340 Arnold Dr., Ste.200 Martinez CA 94553	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Cynthia Belon, LCSW [Signature] 5/26/15
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, 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 _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, 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.

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date

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)

REVISED FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Contra Costa

Date: April 10, 2015

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Estimated FY 2014/15 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	24,756,474	7,064,867	3,897,071	1,998,322	4,186,292	0	41,903,026
2. Estimated New FY2014/15 Funding	28,689,042	7,171,261	1,886,437				37,746,740
3. Transfer in FY2014/15 ^{a/}	0						
4. Estimated Available Funding for FY2014/15	53,445,516	14,236,128	5,783,508	1,998,322	4,186,292	0	79,649,766
B. Budgeted FY2014/15 MHSA Expenditures	30,068,631	8,037,813	2,019,495	638,871	849,936	0	41,614,746
C. Estimated FY2015/16 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	23,376,885	6,198,315	3,764,013	1,359,451	3,336,356	0	38,035,020
2. Estimated New FY2015/16 Funding	25,915,302	6,479,394	1,704,506				34,099,202
3. Transfer in FY2015/16 ^{a/}	0						
4. Estimated Available Funding for FY2015/16	49,292,187	12,677,709	5,468,519	1,359,451	3,336,356	0	72,134,222
D. Budgeted FY2015/16 Expenditures	31,568,631	8,037,813	2,019,495	638,871	849,936	0	43,114,746
E. Estimated FY2016/17 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	17,723,556	4,639,896	3,449,024	720,580	2,486,420	0	29,019,476
2. Estimated New FY2016/17 Funding	31,133,361	7,783,908	2,047,679				40,964,948
3. Transfer in FY2016/17 ^{a/}	0						
4. Estimated Available Funding for FY2016/17	48,856,917	12,423,804	5,496,703	720,580	2,486,420	0	69,984,424
F. Budgeted FY2016/17 Expenditures	31,568,631	8,037,813	2,019,495	638,872	849,936	0	43,114,747
G. Estimated FY2016/17 Unspent Fund Balance	17,288,286	4,385,991	3,477,208	81,708	1,636,484	0	26,869,677

**REVISED FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	7,125,250

I. Estimated Beginning Balance for FY 2014/15	
1. Estimated Unspent Funds from Fiscal Year 2013-14	41,903,026
2. Estimated Local Prudent Reserve Balance on June 30, 2014	7,125,250
3. Estimated Total Beginning Balance	49,028,276

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2014/15					
	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	2,885,820	2,885,820				
2. Transition Age Youth	2,065,642	2,065,642				
3. Adult	2,935,514	2,935,514				
4. Adult Mental Health Clinic Support	1,794,059	1,794,059				
5. Wellness and Recovery Centers	875,000	875,000				
6. Crisis Residential	2,017,019	2,017,019				
7. MHSA Housing Services	4,886,309	4,886,309				
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Older Adult Mental Health Program	3,560,079	3,560,079				
2. Children's Wraparound Support	2,161,974	2,161,974				
3. Assessment and Recovery Center	1,250,000	1,250,000				
4. Liaison Staff	513,693	513,693				
5. Clinic Support	1,201,637	1,201,637				
6. Forensic Team	493,973	493,973				
7. Quality Assurance and Administrative Support	1,176,673	1,176,673				
8. Administrative Support	2,251,239	2,251,239				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	0					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	30,068,631	30,068,631	0	0	0	0
FSP Programs as Percent of Total	58.1%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2015/16					
	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	2,885,820	2,885,820				
2. Transition Age Youth	2,065,642	2,065,642				
3. Adult	2,935,514	2,935,514				
4. Adult Mental Health Clinic Support	1,794,059	1,794,059				
5. Wellness and Recovery Centers	875,000	875,000				
6. Crisis Residential	2,017,019	2,017,019				
7. MHSA Housing Services	4,886,309	4,886,309				
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Older Adult Mental Health Program	3,560,079	3,560,079				
2. Children's Wraparound Support	2,161,974	2,161,974				
3. Assessment and Recovery Center	2,750,000	2,750,000				
4. Liaison Staff	513,693	513,693				
5. Clinic Support	1,201,637	1,201,637				
6. Forensic Team	493,973	493,973				
7. Quality Assurance and Administrative Support	1,176,673	1,176,673				
8. Administrative Support	2,251,239	2,251,239				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	0					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	31,568,631	31,568,631	0	0	0	0
FSP Programs as Percent of Total	55.3%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2016/17					
	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	2,885,820	2,885,820				
2. Transition Age Youth	2,065,642	2,065,642				
3. Adult	2,935,514	2,935,514				
4. Adult Mental Health Clinic Support	1,794,059	1,794,059				
5. Wellness and Recovery Centers	875,000	875,000				
6. Crisis Residential	2,017,019	2,017,019				
7. MHSA Housing Services	4,886,309	4,886,309				
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Older Adult Mental Health Program	3,560,079	3,560,079				
2. Children's Wraparound Support	2,161,974	2,161,974				
3. Assessment and Recovery Center	2,750,000	2,750,000				
4. Liaison Staff	513,693	513,693				
5. Clinic Support	1,201,637	1,201,637				
6. Forensic Team	493,973	493,973				
7. Quality Assurance and Administrative Support	1,176,673	1,176,673				
8. Administrative Support	2,251,239	2,251,239				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	0					
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	31,568,631	31,568,631	0	0	0	0
FSP Programs as Percent of Total	55.3%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2014/15					
	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. Underserved Communities	1,481,361	1,481,361				
2. Supporting Youth	1,600,726	1,600,726				
3. Supporting Families	585,434	585,434				
4. Supporting Adults	246,986	246,986				
5. Supporting Older Adults	489,449	489,449				
6. Preventing Relapse	468,440	468,440				
7. Stigma Reduction	692,988	692,988				
8. Suicide Prevention	416,343	416,343				
9. Administrative support /Planning/Evaluation	370,479	370,479				
10.	0					
PEI Programs - Early Intervention						
11. First Hope	1,685,607	1,685,607				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	8,037,813	8,037,813	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2015/16					
	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. Underserved Communities	1,481,361	1,481,361				
2. Supporting Youth	1,600,726	1,600,726				
3. Supporting Families	585,434	585,434				
4. Supporting Adults	246,986	246,986				
5. Supporting Older Adults	489,449	489,449				
6. Preventing Relapse	468,440	468,440				
7. Stigma Reduction	692,988	692,988				
8. Suicide Prevention	416,343	416,343				
9. Administrative support /Planning/Evaluation	370,479	370,479				
10.	0					
PEI Programs - Early Intervention						
11. First Hope	1,685,607	1,685,607				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	8,037,813	8,037,813	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2016/17					
	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. Underserved Communities	1,481,361	1,481,361				
2. Supporting Youth	1,600,726	1,600,726				
3. Supporting Families	585,434	585,434				
4. Supporting Adults	246,986	246,986				
5. Supporting Older Adults	489,449	489,449				
6. Preventing Relapse	468,440	468,440				
7. Stigma Reduction	692,988	692,988				
8. Suicide Prevention	416,343	416,343				
9. Administrative support /Planning/Evaluation	370,479	370,479				
10.	0					
PEI Programs - Early Intervention						
11. First Hope	1,685,607	1,685,607				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	0					
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	8,037,813	8,037,813	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2014/15					
	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. Supporting LGBTQ Youth	420,187	420,187				
2. Perinatal Depression Treatment	194,652	194,652				
3. Trauma Recovery Project	123,493	123,493				
4. Reluctant to Rescue	159,390	159,390				
5. Administrative Support	121,773	121,773				
6. Emerging programs	1,000,000	1,000,000				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	2,019,495	2,019,495	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2015/16					
	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. Supporting LGBTQ Youth	420,187	420,187				
2. Perinatal Depression Treatment	194,652	194,652				
3. Trauma Recovery Project	123,493	123,493				
4. Reluctant to Rescue	159,390	159,390				
5. Administrative Support	121,773	121,773				
6. Emerging programs	1,000,000	1,000,000				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	2,019,495	2,019,495	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2016/17					
	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. Supporting LGBTQ Youth	420,187	420,187				
2. Perinatal Depression Treatment	194,652	194,652				
3. Trauma Recovery Project	123,493	123,493				
4. Reluctant to Rescue	159,390	159,390				
5. Administrative Support	121,773	121,773				
6. Emerging programs	1,000,000	1,000,000				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	2,019,495	2,019,495	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2014/15					
	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. Administrative Support	184,426	184,426				
2. Staff Training	84,000	84,000				
3. SPIRIT	11,000	11,000				
4. Family to Family	20,000	20,000				
5. Law Enforcement	5,000	5,000				
6. High School Academy	14,500	14,500				
7. Graduate Level Internships	269,945	269,945				
8. Bachelor/Master Degree Scholarships	50,000	50,000				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	638,871	638,871	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2015/16					
	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. Administrative Support	184,426	184,426				
2. Staff Training	84,000	84,000				
3. SPIRIT	11,000	11,000				
4. Family to Family	20,000	20,000				
5. Law Enforcement	5,000	5,000				
6. High School Academy	14,500	14,500				
7. Graduate Level Internships	269,945	269,945				
8. Bachelor/Master Degree Scholarships	50,000	50,000				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	638,871	638,871	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2016/17					
	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. Administrative Support	184,426	184,426				
2. Staff Training	84,000	84,000				
3. SPIRIT	11,000	11,000				
4. Family to Family	20,000	20,000				
5. Law Enforcement	5,000	5,000				
6. High School Academy	14,500	14,500				
7. Graduate Level Internships	269,945	269,945				
8. Bachelor/Master Degree Scholarships	50,000	50,000				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	638,871	638,871	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2014/15					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records System - Admini	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	849,936	849,936	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2015/16					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records System - Admini	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	849,936	849,936	0	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: June 2, 2015

	Fiscal Year 2016/17					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Records System - Admini	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	849,936	849,936	0	0	0	0



**PUBLIC COMMENT
PUBLIC HEARING
MHSA FISCAL YEAR 2015/2016
Annual Update to the Three Year
Program and Expenditure Plan**

Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Mental Health's (CCMH) integrated 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

LATEST INFORMATION

- Contra Costa Behavioral Health Services has posted the Mental Health Services Act [Three Year Program and Expenditure Plan Update for 2015-2016](#) | [Spanish](#) for 30 day public comment. Please use these [forms](#) | [Spanish](#) to make any public comment. The public comment period begins on Monday, April 13, 2015, and ends Wednesday, May 13, 2015. A public hearing will be held on Thursday, May 14, 2015 at 5:15pm at 550 Ellinwood Way in Pleasant Hill.
- RFP: [Family Partner Training and Preparation](#)
- Contra Costa Mental Health has posted the Mental Health Services Act [Three Year Program and Expenditure Plan 2014 - 2017](#)
 - [MHSA Program Overview 2014 - 2017](#)
 - [MHSA Program Overview 2014 - 2017 Spanish](#)
- [The Consolidated Report on MHSA Community Engagement Activities](#)
- [MHSA Annual Plan Program Update \(2013/2014\)](#)

LINKS & RESOURCES

- Find Mental Health Services in [West County](#), [East County](#) and [Central](#)

Act provides significant additional funding to the existing public mental health system, and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and selfsufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services, medications and support set forth in their treatment plan. Finally, the Act requires this Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Thus the Mental Health Services Act not only provides additional funding, but also provides a philosophical framework for the entire Behavioral Health System to successfully provide care to those whose needs are greatest.

Community Services & Supports	Prevention & Early Intervention	Innovation
Workforce Education & Training	Capital Facilities/Information Technology	
<div> <div>Community Services and Supports</div> <div> <p>Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Mental Health utilizes MHSA funding for the categories of Full Service Partnerships and General System Development.</p> <p>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</p> </div> </div>		

identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues.

For more information:

Mental Health Services Act
Contra Costa Mental Health Administration
1340 Arnold Drive, Suite 200
Martinez, CA 94553
mhsa@hsd.cccounty.us (<mailto:mhsa@hsd.cccounty.us>)

[[help with PDF files](#)]



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

PUBLIC HEARING
Mental Health Services Act Program and Expenditure Plan
Fiscal Year 2014--2015 Update
Thursday, May 14th, 2015 ♦ 5:15 p.m.
550 Ellinwood Way, Pleasant Hill

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings. Contact the Executive Assistant at 925-957-5140 at least 48 hours prior to the meeting.

- I. 5:15 Call to Order / Additional Introductions**
- II. Opening Comments by the Chair, Mental Health Commission**
 - **Review of authority for Public Hearing Welfare & Institutions Code 5848 (a)(b)**
- III. Fiscal Year 2014--2015 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan**
- IV. Overview--The Plan is Available for review at:
<http://cchealth.org/mentalhealth/mhsa>**
- V. Public Comment on Plan**

In the interest of fairness, if there are a large number of Public Comments, the Chair will make a decision regarding reducing the time allotted – giving each comment equal time. In accordance with the Brown Act, no response will be given except for clarification. Public Comment cards are available on the table at the back of the room. Please give them to the Executive Assistant.
- VI. Commissioner Comment on Plan**

Commissioner Comment cards are also available on the table at the back of the room. Please give them to the Executive Assistant.
- VII. Recommendations to the County Mental Health Administration and the Board of Supervisors.**

Action Item
- VIII. Adjourn Meeting.**

Contra Costa County Mental Health Commission
Public Hearing on the MHSA Program and Expenditure Plan
Fiscal Year 2014-2015 Update
May 14, 2015

I. Call to Order / Introductions	<p>The meeting was called to order at 5:20 pm by MHC Chairperson Lauren Rettagliata.</p> <p><u>Commissioners Present</u> Greg Beckner, District IV Louis Buckingham, District III Evelyn Centeno, District V Duane Chapman, District I Diana MaKieve, District II Teresa Pasquini, District I Lauren Rettagliata, District II Barbara Serwin, District II Gina Swirsding, District I</p> <p><u>Commissioners Absent</u> Peggy Black, District V, Jerome Crichton, District III, Dave Kahler, District IV, Tess Paoli, District III, Sam Yoshioka, District IV, Supv. Candace Andersen, BOS Rep.</p> <p><u>Non-Commissioners Present</u> Cynthia Belon, Behavioral Health/Mental Health Director Travis Curran, Crestwood Healing Center Douglas Dunn, NAMI-CC Warren Hayes, MHSA Program Manager Georgette Howington, Family member Janet Marshall-Wilson, Consumer advocate Melinda Meahan, MHA Jill Ray, Supv. Andersen's Office Karen Shuler, MHC Executive Assistant Connie Steers, CPAW-BHCP</p>	<p><i>Transfer tape to computer.</i></p> <p><i>Update Commissioner attendance.</i></p> <p><i>Update Database,</i></p>
II. Opening Comments by the Chair, Mental Health Commission	<p>Lauren read the portion of the W&I Code that described the authority, process and purpose of the Public Hearing.</p>	
III. Fiscal Year 2014-2015 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan Overview	<p>Warren Hayes read a short overview of the parameters, budget, and clients served for the five components of the Mental Health Services Act, available at the MHSA web site at http://cchealth.org/mentalhealth/mhsa/. He highlighted the changes in the upcoming fiscal year 2015-2016 portion of the three-year plan, which had been updated in anticipation of the second and third years. He summarized the main budget totals and what they were to be used for as well as major changes to the document. He welcomed any input by the Commission or by the public, stating that the draft plan update would be sent to the Board of Supervisors</p>	

by the end of the month and would include any substantive written recommendations for revisions along with the response to the recommendations.

Discussion:

- Gina expressed her concern that people hired for the assisted outpatient treatment program (AOT) have quality training and will use up-to-date treatment and medications so that the AOT clients, who have been failed by the system before, will not be failed by the AOT program. She stated that older medications given to these patients cause them to be in a stupor and feels that is a reason why a number of them don't want to comply with their medications. She is aware that there are newer medications used that don't cause these side effects. She would also like to see something included in the plan for medical treatment for side effects caused by their mental health treatment and medications, because she feels that this is currently lacking.
- Lauren asked about staff positions listed in the budget that have not yet been filled. She stated she had a printed list of these positions with the relevant pages for review. She also asked about the number of people served annually by the Full Service Program Rapid Access Wellness Nurses, which was listed as "support." She wonders if the number of people using this service are being tracked, and if the program is already up and running or if the staff for this program has not yet been hired.
- Warren discussed the issues involved in counting MHSA-funded versus non-MHSA funded staff, why there seemed to be missing counts of staff or clients, the fact that MHSA positions not located within Behavioral Health might not be included in the totals, and the multiple difficulties experienced by Behavioral Health Services in hiring and retaining qualified staff for these positions.
- Cynthia asked if the suggestion was to get an itemized list of vacant positions and their cost centers as well as the physical location of each position, which they could provide.
- Warren stated that a list of specific positions and FTEs was included with the complete plan but not in the summary. He also added that MHSA funding could fund staff in another division and how that creates difficulties with filling positions and described his own experience of difficulty getting lists of qualified candidates from Human Resources for vacant positions and the difficulties resulting from that.
- Teresa felt that the Commission should support advocating for anything to improve the whole mental health system. She also asked if the plan that she

received was the current plan.

- Karen replied that she had requested the current year's plan and thought that was what was sent to her; however, evidently the previous year's plan was sent to her by mistake. That printed copy would contain the same information, but different budget numbers. The correct copy was on the website and had been provided to all the Commissioners, but she would get printed copies of the current year's plan out to anybody who needed it as quickly as possible.
- Lauren offered to submit the rest of her questions in written form so that everybody who wanted to speak could be heard. Teresa stated that any recommendations coming from the Commission had to be heard in the public meeting.
- Teresa asked about how long it took for someone to get an appointment when calling the Mental Health Access Line. Warren stated that the Access Line does not receive MHSA funding and was not a subject of the public hearing. Teresa felt that this was still important information to know as part of the MHSA plan. She said she has tried very hard to make the Commission aware that the MHSA funds were intended to go toward improving the entire mental health delivery system, not just to create boutique programs. Lauren indicated that that topic was not relevant to the public hearing of the upcoming fiscal year's plan.
- Teresa also asked about Rubicon's discontinuing services to mental health patients. She stated her concern is about what is being done to cover the people that Rubicon will no longer treat plus the additional people who will be served through the AOT program.
- Evelyn asked when the Commission needed to give their recommendations. She also felt the Commission needed to know exactly what the MHSA helps to pay and what that does. She said that during a fiscal program review audit of Anka, they stated they were not getting all the people they were supposed to serve because they did not meet all the necessary qualifications. Because of that, she felt the Commission needed to know if they are spending the correct amount of money and what that money was being used for. She also felt the vacant jobs should be filled. She added she felt there was enough missing information that they did not have adequate information to comment at this point.
- Doug wanted to know when the 3-year plan would be fully operational, and Warren indicated that the estimated start date was 22 months. Lauren commented that the go-live date for Epic Tapestry was stated as November 2015. Warren clarified that date as being a date for Phase I. Doug added that full access was

Obtain copies of current Plan and send them to MHC.

	<p>targeted for 2016. Lauren clarified that this was for seriously mentally ill people.</p> <ul style="list-style-type: none"> • Duane asked if there was a plan to make sure people would be covered with the departure of Rubicon and the additional needs due to implementation of AOT and Warren explained that Rubicon's contract would end at the end of fiscal year 2015-2016 and briefly discussed how they are already planning to find a new provider and an orderly transition to that provider. • Duane expressed a concern for facilities he is aware of that are lax in monitoring their clients, whether there were other facilities that do the same, and how we can make sure programs are adequately serving the people they handle. • Lauren asked that he write down his questions and concerns and send them to Warren as quickly as possible. She asked if today was the cutoff time for response or if it was in another 30 days. Warren responded that he could extend the date for another week. He explained that he will get a list of the comments made and create an addendum for the plan, and for each comment they will either have to make a change to the plan or justify why a change is not being made. His deadline is the end of May, and before then he has to complete sections detailing the public hearing, Mental Health Commission input, and response before sending the plan to the County Administrator's office. • Teresa expressed a concern that recommendations by the Commission could not be made outside of a public meeting. • Karen suggested that either the Executive Committee could handle it on behalf of the Commission or else an emergency meeting could be called. Karen clarified that they only needed to vote on the recommendations, not the Plan itself. • Teresa expressed her confusion about how opinions have changed over the years of whether the Commission needs to approve the Plan or not. 	
IV. Overview	No discussion.	
V. Public Comment on Plan	None.	
VI. Commissioner Comment on Plan	See discussions above.	
VII. Recommendations to the County Mental Health Administration and the Board of Supervisors	<p><u>Motion #1:</u></p> <p>Lauren made a motion, seconded by Teresa, to recommend that the Board of Supervisors be made clearly aware of what positions in the plan are now filled and what positions need to be filled.</p> <p>Vote: The motion was approved by a unanimous vote of 9-0-0.</p>	

	<p><u>Motion #2:</u> Lauren made a motion, seconded by Evelyn to submit the following recommendation: The Commission wants it clarified how the full service partnerships that Rubicon will be leaving and the 74 new full service partnerships that are coming in with Laura's Law are going to be dealt with in this plan. Vote: The motion was approved by a unanimous vote of 9-0-0.</p> <p><u>Motion #3:</u> Duane made a motion, seconded by Evelyn, to submit a recommendation to get a clear understanding of what the role is of this Commission and future Commissions on voting or making recommendations of a Plan to go before the Board of Supervisors. Discussion: Evelyn stated that the Commission makes recommendations after they study the plan, and this is just so their voice is heard. She asked who would do this clarification, and Lauren indicated that clarification would come from County Counsel. Jill confirmed this. Vote: The motion was approved by a unanimous vote of 9-0-0.</p>	
VIII. Adjourn Meeting	The meeting was adjourned at 6:45.	

Respectfully submitted,
 Melinda Meahan, Scribe;
 Edited by Karen Shuler, Executive Assistant
 Contra Costa County Mental Health Commission

**Contra Costa Mental Health Administration Responses to Public Comments,
Public Hearing/Mental Health Commission Comments and Recommendations**

PUBLIC COMMENT

- a. Comment. Many youth ages 18 to 26 have their first encounter with mental health issues and services. With the advent of Assisted Outpatient Treatment in the next fiscal year what provisions have been made for them to receive Full Service Partnership Services (pages 27-28)?

Response. Currently there are two MHSA funded Full Service Partnerships specifically for transition age youth (ages 16-25), serving the three regions of the County. The Assisted Outpatient Treatment will serve eligible individuals 18 years of age or older, thus providing additional intensive mental health services for this age group.

- b. Comment. How many Wellness Nurses (page 29) are funded and have been hired? How many clients are seen? How are outcomes tracked?

Response. There are 1.5 full-time equivalent Wellness Nurse positions authorized. These positions are in the process of being filled for the first time; thus, number to be served and outcomes have yet to be determined.

- c. Comment. For Crestwood (page 31), is the 46 beds available in the Vallejo location included in the annual funds allocated.

Response. Yes.

- d. Comment. On page 32, is the Housing Coordination Team County operated through a fiscal agent? If so, do the contracts stipulate a percentage the fiscal agent is awarded?

Response. The Housing Coordination Team are County employees, and not operating under a fiscal agent.

- e. Comment. Children's Wraparound Support (page 33) – is a fiscal agent involved? How many people are employed? How many people are served?

Response. No fiscal agent is involved in Children's Wraparound Support. MHSA funds were added to augment the existing County's Wraparound Program in 2008 by adding 16 additional positions, mostly Family Service Partners – County staff with lived family member experience to support the families of children with serious emotional disturbance. No separate numbers are kept regarding people served, as this is an augmentation to the legally mandated Wraparound Program.

- f. Comment. What other positions besides Community Support Worker will MHSA funding cover at the Miller Wellness Center (page 34)?

Response. In addition to the Community Support Workers MHSA funding will cover mental health supervision and clerical support at the Miller Wellness Center.

- g. Comment. Liaison staff have been in the plan for a few years (page 34). Have these positions been filled? If they have not been filled, does this reduce the amount of MHSA funds expended?

Response. The mental health positions who assist with treatment planning and transitioning have been filled. The two Community Support Workers who are planned to assist with transitioning individuals from Psychiatric Emergency Services (PES) to services that will support them in the community have yet to be filled. Due to the lack of available space, supervision and support at PES, Health Services management has been waiting for space, supervision and clerical support to become available at the recently constructed Miller Wellness Center. It is anticipated that these positions will be filled in FY 15-16.

- h. Comment. How many staff have been hired in the positions authorized for Resource Planning and Management, Transportation Support, and Evidence Based Practices (page 35)? How many clients?

Response. All authorized positions are now filled. No separate numbers are kept regarding people served in these positions, as this is an augmentation to the services provided at the clinics.

- i. Comment. How does the Transportation Support augmentation described on page 35 differ from the proposed Innovative Project proposed on page 53?

Response. The positions assigned to the clinics provide direct hands-on assistance for client transportation needs pursuant to obtaining services at that clinic. The positions assigned to the proposed Innovative Project will provide a centralized staff response to coordinate efforts in a systemic and comprehensive manner; such as cross levelling vehicle and driver availability, provide client training in public transportation, assist with access to public transportation subsidies, and represent client interests to transit authorities.

- j. Comment. Why isn't the Forensic Team costs covered under Assembly Bill (AB) 109 funding (page 36).

Response. Most of the Forensic Team costs are covered under AB 109. The funding under AB 109 has specific client eligibility requirements and funding limits that do not cover all County residents who are involved with the criminal justice system, experience serious mental illness, are high utilizers psychiatric emergency services but low utilizers of the level and type of care needed. MHSA funds augment the Forensic Team to add four clinical specialists who join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing services to individuals with serious mental illness.

- k. Comment. Under the plan elements of Quality Assurance and Administrative Support (page 36), how many of the 29 listed positions are not filled?

Response. All of the 29 positions have been filled. As of March 31, 2015 two positions are temporarily unfilled due to normal turnover, with hiring efforts in place.

- l. Comment. Where are the number of positions?
Response. MHSA funds 161 positions.
- m. Comment. Two mental health clinicians are funded by MHSA to join a multi-disciplinary team providing medical services at the County Health Centers (page 45). Have these staff been hired? If so, how many people were seen last year?
Response. Yes, staff have been hired. No separate numbers are kept regarding people served in these positions, as this is an augmentation to the services provided at the County Health Centers.
- n. Comment. Regarding the Trauma Recovery Project on page 52, are these people already on staff? How many staff positions does this include? Was it charged by the hour?
Response. This includes two County staff positions, a full-time Mental Health Clinical Specialist and a part-time Community Support Worker, that are authorized and filled. The Mental Health Clinical Specialists and Community Support Workers are not charged by the hour, but are salaried County employees.
- o. Comment. Regarding Community Options for Families and Youth, Inc. in the Program Profiles, under what category do we find the budgeted \$650,000?
Response. Community Options for Family and Youth is a contract provider of multi-systemic therapy as part of the Children's Full Service Partnership Program that is described on page 26.

PUBLIC HEARING AND MENTAL HEALTH COMMISSION COMMENTS

- a. Comment. People hired for the Assisted Outpatient Treatment Program should have quality training, and use up-to-date treatment and medications, to include treatment for side effects.
Response. CCBHS Administration agrees. Implementation efforts will provide written language as well as follow-up addressing the hiring of experienced professionals who are trained in the use of current, evidence based practices, as well as appropriate response to any medication side effects.
- b. Comment. What positions have not been filled, such as the Wellness Nurses?
Response. A listing of MHSA funded positions that have not yet been filled will be provided, to include the program or plan element to which the position is assigned.
- c. Comment. How long does it take for someone to get an appointment when calling the Mental Health Access Line? This is important to be known as part of the MHSA Plan, as MHSA funds were intended to go toward improving the entire

mental health delivery system, not just to create “boutique” programs.

Response. According to Access Line management the time from placing a call to the Access Line and getting an appointment varies due to two factors. Clinicians screening calls assess degree of urgency, and calls deemed urgent are prioritized and seen as soon as possible. Calls deemed routine are dependent upon the number of filled/unfilled intake clinician positions at a particular clinic at any particular time, and can vary from a next day appointment up to five weeks.

The Mental Health Access Line has experienced challenges in the past due to various factors, and was a priority subject of a completed External Quality Review Organization (EQRO) Performance Improvement Project (PIP). Several significant technology, procedural and staffing improvements resulted from this process. This is an example of an element (the Mental Health Access Line) of the entire public mental health system utilizing established protocol for improvement (a Performance Improvement Project). On a parallel track the MHSA Community Program Planning Process engaged stakeholders in prioritizing public mental health needs and suggesting strategies for meeting those needs. Access to services by adults who were seriously mentally ill was deemed a high priority. This process resulted in significant staffing being authorized and funded by MHSA to enable the adult mental health clinics to provide a more rapid and flexible access to available services at respective clinics (page 29).

- d. Comment. Rubicon Programs has announced that they will be discontinuing services to mental health patients. What is being done to cover the people that Rubicon will no longer treat plus the additional people who will be served through the AOT program.

Response. Mental Health Administration has been meeting with Rubicon Executive staff to plan for an orderly transition of their mental health services to a prospective community based organization. In particular, they are looking to transfer their case management responsibilities of the Full Service Partnership Program sometime after the first of the calendar year. On May 5 Rubicon publicly announced their plans to focus solely on their Economic Enterprise Division, while transitioning out of providing mental health services in Western Contra Cost County. Over the Summer Mental Health Administration will be initiating a process to invite prospective community based mental health providers to express interest in becoming a Full Service Partnership provider for West Contra Costa County. As Full Service Partnership programs are funded by the Mental Health Services Act, a community program planning process will be implemented that will invite our stakeholders to actively participate in the

process. In the interim Rubicon has committed that they will maintain their current level of mental health services until a new provider can be selected. For the Assisted Outpatient Treatment (AOT) Program, a program design with budget is currently being developed (page 28). This funding is in addition to and separate from the Full Service Partnership funding.

- e. Comment. When will the Electronic Mental Health Project be fully operational?
Response. The estimated start date, as approved in the original proposal, is 22 months from date of initiation. The project started in February 2015, with phase one completion planned for November of this year.

MENTAL HEALTH COMMISSION RECOMMENDATIONS

1. The Commission requests that the Board of Supervisors be made clearly aware of what positions in the plan are now filled and what positions need to be filled.
Response. As with any County positions, the 161 positions funded by the MHSA experience normal turnover due to staff leaving County employment for other positions, promotions, retirements, and the like. The County's Human Resources Department, Behavioral Health Services Personnel, and hiring managers work together to back-fill positions that have become vacant. The number, type and locale of MHSA vacancies change on a regular basis, and are consistent with the vacancy rate experienced by Behavioral Health Services in general .

Unique to MHSA and the Three Year Plan and Plan Updates are new positions generated as a result of the MHSA Community Program Planning Process. This is where stakeholders have prioritized public mental health needs, suggested strategies to meet these needs, and the Board of Supervisors have authorized the use of MHSA funds for specific programs and plan elements to meet priority needs. The following positions have been authorized in the MHSA Three Year Plan and Plan Updates, but have yet to be filled. As per the Mental Health Commission's recommendation this information has been incorporated into the Fiscal Year 2015-16 MHSA Plan Update.

<u># Positions</u>	<u>Position Title</u>	<u>Program/Plan Element</u>	<u>Page</u>
2	Community Support Worker	Miller Wellness Center	34
1	Program Supervisor	Miller Wellness Center	34
1	Clerk	Miller Wellness Center	34
2	Registered Nurse	Wellness Nurses	29
3	Community Support Worker	Wellness Coaches	52
2	Community Support Worker	Liaison Staff (with PES)	34

2. The Commission wants it clarified how the Full Service Partnerships (FSPs) that Rubicon will be leaving, and the 74 new FSPs that are coming in with Laura's Law are going to be dealt with in this Plan.

Response. Rubicon publicly announced its intention to cease serving Full Service Partnerships subsequent to the draft Plan Update being posted for Public Comment. Now that Rubicon has made its announcement, this issue is addressed (page 27-28) in the Plan Update going before the Board of Supervisors, as well as responded to in the Mental Health Administration's response to the Public Hearing and Mental Health Commission's comments. For clarification, the additional 74 individuals to be served via Assisted Outpatient Treatment (AOT) will be funded in addition to and separately from the existing FSP programs.

3. The Commission has asked for a clear understanding of what the role is of this Commission and future Commissions on voting or making recommendations of a Plan to go before the Board of Supervisors.

Response. Welfare and Institutions Code (WIC) Section 5848(b) clearly delineates the role of the Mental Health Commission regarding the MHSA Three Year Plan and/or Plan Updates: "The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions."