

Contra Costa County

Mental Health Services Act  
Plan Update

Fiscal Year 2016 - 2017



## Introduction

We are pleased to present Contra Costa County Behavioral Health Services (CCBHS) Fiscal Year 2016-17 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 (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities/Information Technology (CF/TN).

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.

**Plan Changes for FY 2016-17.** Significant changes to the Three Year Plan that are incorporated in this year's Plan Update include:

- A description of this year's Community Program Planning Process (pages 26 to 29).
- Changes to the Adult Full Service Partnership program (pages 34 to 36).
- The implementation of the Assisted Outpatient Treatment Program (pages 36 to 37), and description of its proposed evaluation (page 45).
- Changes to the description of the Miller Wellness Center (pages 42 to 43).
- Adjustments to CSS (page 46), and INN (pages 61 to 65) component budget line items to more closely align with projected expenditures. Component totals are not affected.
- A description of the passage and potential impact of new PEI (page 47) and INN regulations (page 61).
- *The Budget* (pages 73 to 74) reflects increased projected revenues to reflect current estimates. Funding summaries indicate sufficient MHSA funds are available to fully fund authorized budgeted amounts for FY 2016-17.

- An alphabetized Program and Plan Element Profiles Table of Contents (pages B-1 to B-2).

## Table of Contents

Introduction.....	3
Vision.....	7
The Community Program Planning Process.....	9
- For Fiscal Year 2014-15.....	10
- For Fiscal Year 2015-16.....	19
- For Fiscal Year 2016-17.....	26
The Plan.....	31
- Community Services and Supports (CSS).....	31
- Prevention and Early Intervention (PEI).....	47
- Innovation (INN).....	61
- Workforce Education and Training (WET).....	67
- Capital Facilities/Information Technology (CF/TN).....	71
The Budget.....	73
Evaluating the Plan.....	75
Acknowledgments.....	77
Appendices	
- Mental Health Service Maps.....	A-1
- Program and Plan Element Profiles.....	B-1
o Program and Plan Element Profiles Table of Contents.....	B-1
- Glossary.....	C-1
- Certifications.....	D-1
- Funding Summaries.....	E-1
- Public Comment and Hearing.....	F-1
- Board Resolution.....	G-1

**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.

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

**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.

### **Community Program Planning Process for Fiscal Year 2016-17**

The Community Program Planning Process for Fiscal Year 2016-17 began in August 2015 by utilizing the Consolidated Planning and Advisory Workgroup (CPAW) as a forum for planning community engagement. Recommendations included an emphasis on 1) engaging those stakeholders who normally have not previously participated, 2) partnering with prevention and early intervention (PEI) programs for help in reaching out and engaging populations traditionally underserved by public mental health, and 3) using creative events or venues to surface age related and culturally specific priority

needs and strategies to meet those needs. PEI program representatives subsequently worked with CPAW to develop a schedule of 23 different events throughout the County during the months of October, November and December of 2015. These events were hosted by PEI providers, and were held in various locations and settings where individuals currently receive services. Examples of venues were focus groups, town hall meetings and forums, and generally adding a community engagement process to existing, planned events, such as graduations, holiday parties, and regularly scheduled meetings. This process effectively reached and received input from previously underrepresented populations, such as homebound elderly adults, parents and families of at-risk children, isolated communities, and individuals identifying as LGBTQ and Native American. The entire community of stakeholders were invited to participate. A PEI Roundtable meeting took place in December that actively engaged consumers and family members, county behavioral health services staff, and PEI providers in developing suggested strategies to meet the needs surfaced in the 23 events.

In addition to the activities listed above, a survey form was available both at the events and on line for stakeholders in order to supplement the qualitative input obtained.

645 surveys were completed by individuals, including service providers, consumers, family members and community members, who participated in the above events as well as the on line survey. In general, the top prioritized needs from this year's community engagement process (events and surveys) were identified as:

- Affordable housing as part of the treatment plan,
- Better information and help in accessing services and resources in the community,
- Better communication and coordination between service providers,
- Transportation assistance in getting to and from services, and
- Services that are culturally and linguistically competent.

Improvements suggested were:

- To provide more PEI services of the kind that responders were receiving,
- Greater outreach to the community,
- Quicker mental health response to requests for service,
- Services that are provided in the language/dialect spoken by the person receiving services,
- Services that are more culturally sensitive,
- Less staff turnover.

Suggested strategies were:

- Increased access to mental health services by having care providers stationed at the sites where people are already accessing other types of services, such as PEI programs, schools, independent living centers, senior centers,
- Provide more cultural competency training, particularly in terms of language interpreters,
- Institute monitors for translation services,
- Set up a county wide Uber or Lyft account to increase access to transportation,
- Expand free ride window for county transit busses (currently senior and disabled discounts only apply for transit from 10-2),
- Provide trainings on how consumers and family members can learn about, access and advocate for resources and services,
- Host events, such as a resource fair, that bring together providers, consumers and family members to learn about each other and have purposeful discussions regarding how to collaborate to provide more and better services.

Of note are survey aggregate responses that may be of use in establishing system benchmarks for this County's PEI programs:

- 76% identified mental health services as an important service to be provided; 62% identified primary care provision, 45% identified participation in local community organizations, and 33% identified participation in social/vocational services as important. Respondents could identify more than one area as important.
- Of those who had tried to access mental health services:
  - 54% accessed services in less than two weeks
  - 31% accessed services over two weeks later
  - 15% did not receive services at all
- 62% of PEI program participants indicated that they were receiving mental health services
- 26% indicated that they had declined mental health services because they:
  - Did not want help of that nature (42%)\*
  - Were too embarrassed to ask (33%)\*
  - Services were not in their community (29%)\*
  - Services were not in their language (26%)\*

\*Respondents could indicate more than one reason.

The full report on the current year's community program planning process can be found at: <http://cchealth.org/mentalhealth/pdf/2014-0417-CCMHSA-Consoildated-Report.pdf> .

**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 Behavioral Health Services utilizes MHSA funding for the categories of Full Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to \$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 Behavioral Health Services both operates and contracts with mental health service providers to enter into collaborative relationships with clients, called full service partnerships. Personal service coordinators develop an individualized services and support plan with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals. Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health 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, seven 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:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
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
<b>Total</b>			<b>171</b>	<b>\$2,885,820</b>

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

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,400,642
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	665,000
<b>Total</b>			<b>100</b>	<b>\$2,065,642</b>

**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. Three contractors to the County will provide full service partnerships in Fiscal Year 2016-17, 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. Historically, Rubicon Programs contracted with the county to provide full services partnerships for West County clients. Rubicon Programs announced they will be ending their provision of mental health treatment services by the end of Fiscal Year 2015-16. Consequently, CCBHS solicited proposals from suitably qualified community-based providers to provide FSP services to eligible adults in West Contra Costa County. Based upon the results of the Request for Proposals process, CCBHS will be contracting with Portia Bell Hume Behavioral Health and Training Center to provide FSP services in West County. CCBHS Administration is currently working with Rubicon and the Hume Center to effect a smooth program transition in the latter part of Fiscal Year 2015-16.

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 took responsibility for serving full service partners in West County, and Anka Behavioral Health took responsibility for serving full service partners in Central County. CHAA re-directed staff to provide contract specialty mental health services for the County outside of MHSA funding.

The Adult Full Service Partnership Program is summarized below:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
Full Service Partnership	Hume Center	West County	60	928,813
		East County	50	907,493
Full Service Partnership • Includes Forensic clients	Anka Behavioral Health	Central County	50	768,690
		Countywide		
Full Service Partnership	Familias Unidas	West County	30	207,096
<b>Total</b>			<b>190</b>	<b>\$2,812,092</b>

**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 at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

The two Wellness Nurse positions initially funded through the Adult Mental Health Clinic Support plan element have been moved to the Innovation component to provide clinical direction to the Coaching to Wellness project which will help consumers maximize their well-being and minimize the negative side effects of any psychotropic medications that may be prescribed.

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,553,687
<b>Total</b>				<b>\$1,553,687</b>

**Assisted Outpatient Treatment.** In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County 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. CCBHS underwent a competitive bid process to select a suitably qualified community-based organization to provide Assertive Community Treatment (ACT) to eligible adults in Contra Costa County; as a result, CCBHS entered into contract with Mental Health Systems, Inc. Services began during FY 2015-16.

Contra Costa Mental Health has dedicated clinicians and administrative support within the Forensic Mental Health Clinic to serve on the AOT Care Team in the following capacity: provide the lead in receiving referrals in the community, conduct outreach and engagement to assist a referred individual, conduct the investigation and determination of whether a client meets eligibility criteria for AOT, prepare Court Petitions with supporting documentation and ongoing affidavits, testify in court, coordinate with County Counsel, Public Defender and law enforcement jurisdictions, act as liaison with ACT contractor, and participate in the development of the treatment plan.

The Assisted Outpatient Treatment Program is summarized below:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
Assisted Outpatient Treatment Assertive Community Treatment	Mental Health Systems, Inc.	Countywide	75	1,900,000
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	350,000
<b>Total</b>			<b>75</b>	<b>\$2,250,000</b>

**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.

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

**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:

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

**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:

<b>Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
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	675,447
Augmented Board and Care	Divines	Vallejo West County	46 beds 6 beds	4,850
Augmented Board and Care	Modesto Residential	Countywide	7 beds	30,000
Augmented Board and Care	Oak Hill	East County	8 beds	21,120
Augmented Board and Care	Pleasant Hill Manor	Central County	18 beds	90,000
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
<b>Total</b>			<b>***</b>	<b>\$5,150,103</b>

**\*\*\* 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:

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

**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:

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

**Miller Wellness Center.** The County has 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. Positions to be filled

under MHSA funding include a program manager, program supervisor, and two community support workers.

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

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

**Liaison Staff.** CCBHS partners with primary health care to provide Mental Health Clinical Specialists who assist with mental health treatment planning and transitioning clients appropriate mental health care in the community. In addition, 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.

The allocation for the Liaison Staff is summarized below:

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

**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
<b>Total</b>				<b>\$1,201,637</b>

**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
<b>Total</b>				<b>\$493,973</b>

**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.

Contra Costa County's Board of Supervisors directed that the Health Service Department develop an evaluation design for the Assisted Outpatient Treatment (AOT) program to determine the difference, if any, in program impact and cost savings to the County for individuals ordered to participate in services versus those individuals who voluntarily participate in the same level and type of service. The implementation of AOT is a three-year term project, with continuance contingent upon demonstration of the efficacy of court ordered outpatient treatment. Resource Development Associates was selected as the Principal Investigator through a competitive bid process to apply their proposed independent, objective social research design to Contra Costa's AOT Program. The evaluation is expected to start during FY 2015-16.

The following functions and positions are summarized below:

1) Quality Assurance.

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

2) Administrative Support.

<b>Function</b>	<b>Position(s)</b>	<b>MHSA Annual Funds Allocated</b>
Project and Program Manager	5	757,210
Clinical Coordinator	2	213,902
Planner/Evaluator	3	357,276
Family Service Coordinator	1	105,205
Administrative and Financial Analyst	3	327,336
Clerical Support	5	390,310
Community Planning	Contract	100,000
Assisted Outpatient Treatment Evaluation	Contract	100,000
<b>Total</b>		<b>\$2,351,239</b>

## Community Services and Supports (CSS) Annual Program Budget Summary

Full Service Partnerships		Number to be Served: 536	19,609,363
	Children	2,885,820	
	Transition Age Youth	2,065,642	
	Adults	2,812,092	
	Adult Clinic Support	1,553,687	
	Assisted Outpatient Treatment	2,250,000	
	Wellness and Recovery Centers	875,000	
	Crisis Residential Center	2,017,019	
	MHSA Housing Services	5,150,103	
General System Development			11,959,268
	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	2,351,239	
<b>Total</b>			<b>\$31,568,631</b>

## **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. New regulations for Prevention and Early Intervention went into effect on October 6, 2015. Programs in this component must now do one of the following: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; and 5) stigma and discrimination reduction. Each county must include at least one of each of these five program types in its Prevention and Early Intervention component. Additionally, counties may include one or more programs in the following categories: 1) suicide prevention; and 2) improving timely access to mental health services for underserved populations. All of the programs contained in this component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as 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. In the FY 16-17 Annual Update, Prevention and Early Intervention programs follow the convention established in the MHSA Three Year Plan for FYs 14-15 through 16-17 and are categorized as either prevention or early intervention programs. However, CCBHS is currently working with existing Prevention and Early Intervention providers and stakeholders to assign the Prevention and Early Intervention programs outlined in this MHSA Plan Update to the program categories delineated in the Prevention and Early Intervention Regulations. The results of this process will be described in the MHSA Three Year Plan for FYs 17-18 through 19-20.

## 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:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
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
<b>Total</b>			<b>6050</b>	<b>\$1,476,176</b>

- 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 coordinate appropriate linkages to services and supports as youth transition back into their communities.

The allocation for these prevention activities are summarized below:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Yearly Funds Allocated</b>
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
<b>Total</b>			<b>3630</b>	<b>\$1,550,954</b>

- 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:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Yearly Funds Allocated</b>
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
<b>Total</b>			<b>800</b>	<b>\$585,434</b>

- 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:

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

- 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:

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

- 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:

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

- 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:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>		<b>Yearly Funds Allocated</b>
Stigma Reduction	County Operated	Countywide		682,985
<b>Total</b>				<b>\$682,985</b>

- 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:

<b>Program/Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Yearly Funds Allocated</b>
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
<b>Total</b>				<b>\$416,343</b>

- 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:

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

## **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:

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

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

Prevention			6,352,206
Early Intervention			1,685,607
<b>Total</b>			<b>\$8,037,813</b>



## **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.

New Innovation Regulations went into effect on October 1, 2015. As before, 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. While Innovation programs have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation programs. During FYs 15-16 and 16-17, CCBHS staff and stakeholders will ensure all existing Innovation programs comply with the Innovation Regulations.

### **Approved Programs**

The following programs have been approved, implemented, and funds have been allocated for Fiscal year 2016-17:

- 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 Behavioral 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.

- 6) Wellness Coaches (Coaching to Wellness). Individuals who have experience as a consumer and/or family member of the mental health system have been 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 are part of the County’s Behavioral Health Services integration plans that are currently being implemented. The Wellness Coaches are paired with Wellness Nurses, and are assigned to the adult mental health clinics. The Coaches have received training specific to the skill sets needed to improve health and wellness outcomes for consumers. Coaching to Wellness began implementation in FY 15-16.
- 7) 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. Partners in Aging was approved by the Mental Health Oversight and Accountability Commission in FY 15-16 and will begin implementation during the second half of FY 15-16.

The allocation for these programs are summarized below:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
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
Coaching to Wellness	County Operated	Countywide	90	462,006
Partners in Aging	County Operated	Countywide	60	250,000
Administrative Support	County	Countywide	Innovation Support	121,773

**Total                      555                      \$1,975,556**

### **Emerging Program**

The following concept has been designated to be an Innovation Project, and is on track to be fully developed, approved and implemented during the period of this Three Year Plan:

- 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 concept has been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. It is a result of recommendations from previous community program planning processes. The detailed project description of *Overcoming Transportation Barriers* will be submitted to the MHSOAC for approval in a separate document. 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 project listed above.

### **Innovation (INN) Component Annual Yearly Program Budget Summary**

Programs Implemented			1,975,556
Funds allocated for emerging program			43,939
<b>Total</b>			<b>\$2,019,495</b>



## Workforce Education and Training

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

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	184,426
<b>Total</b>				<b>\$184,426</b>

- 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 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:

<b>Plan Element</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Annual Funds Allocated</b>
Staff Training	Various vendors	Countywide	To be determined	156,500
Family to Family	NAMI	Countywide	48	20,000
Law Enforcement	Various	Countywide	70	5,000
<b>Total</b>				<b>\$181,500</b>

- 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 Behavioral Health Services 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 member to enter the workforce as a family partner. 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 partner, 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:

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

- 4) Residency, Internship Programs. Contra Costa County supports internship programs which place graduate level students in various county operated and community based organizations. Particular emphasis is put on the recruitment of individuals who are bi-lingual and/or bi-cultural, and individuals with consumer and/or family member experience. CCBHS 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.

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

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

- 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
<b>Total</b>			<b>\$638,871</b>

## **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 estimated to be available for Fiscal Year Fiscal Year 2016-17: \$849,936.**



## 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 Year 2016-17. Previous chapters provide detailed projected budgets for individual MHSA plan elements, programs, categories and components for FY 2016-17. The following table summarizes the total MHSA spending authority by component for the third year of the Three Year Plan.

	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
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 2016/17

<b>A.Estimated FY 2016/17 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
1.Estimated unspent funds from prior fiscal years	28,761,349	4,504,423	4,444,462	761,000	648,779	39,120,013
2. Estimated new FY 16/17 funding	30,470,104	7,617,526	2,004,612			40,092,242
3. Transfers in FY 16/17	0					
4.Estimated available funding for FY 16/17	59,231,453	12,121,949	6,449,074	761,000	648,779	79,212,255
<b>B.Budget Authority For FY16/17</b>	31,568,631	8,037,813	2,019,495	638,871	849,936	43,114,746
C.Estimated FY 16/17 Unspent Fund Balance	27,662,822	4,084,136	4,429,579	122,129	(201,157)	36,097,509

**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 the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this 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 and any new CF/TN projects for the next three year period (FY 2017-20) may require use of funding set aside under this provision.
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.

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 indicated that revenues exceeded expenditures. Coupled with a revised upward estimate of MHSA revenues in fiscal years 2016-17 and 2017-18 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 the next Three Year Plan.

## Evaluating the Plan

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review process has been implemented to a) improve the services and supports provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policies.

During each three year period, each of the contract and county operated programs and plan elements receiving MHSA funds will undergo 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 Behavioral Health Services has delivered on the promise provided by the Mental Health Services Act. It is, however, a plan for how the County can continually improve upon delivering on the promise. We have had the honor to meet many people who have overcome tremendous obstacles on their journey to recovery. They were quite open that the care they received literally saved their life. We also met people who were quite open and honest regarding where we need to improve. For these individuals, we thank you for sharing.

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

The MHSA Staff



## **Mental Health Service Maps**

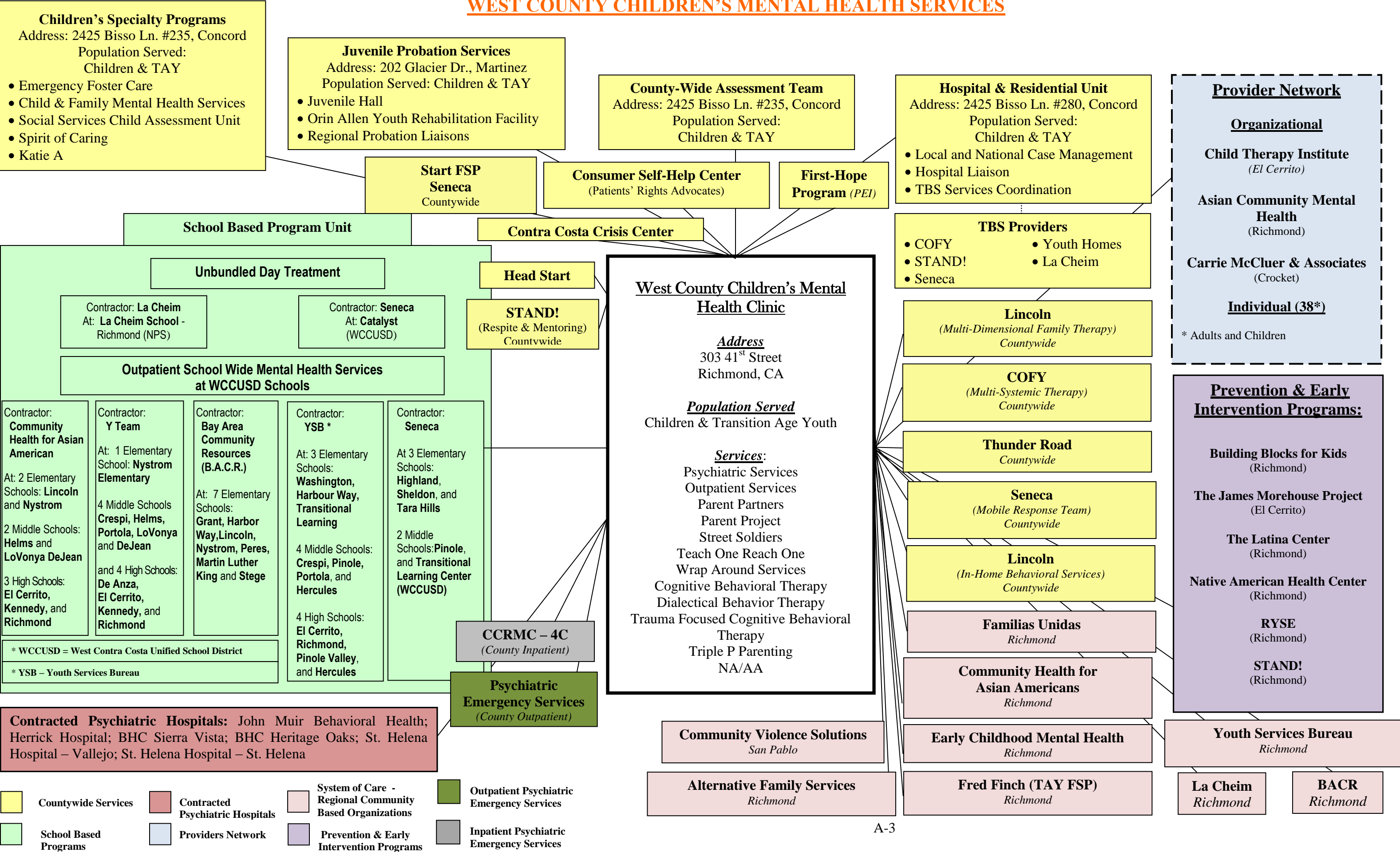
Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the CCMH system of care is its three county operated Children's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

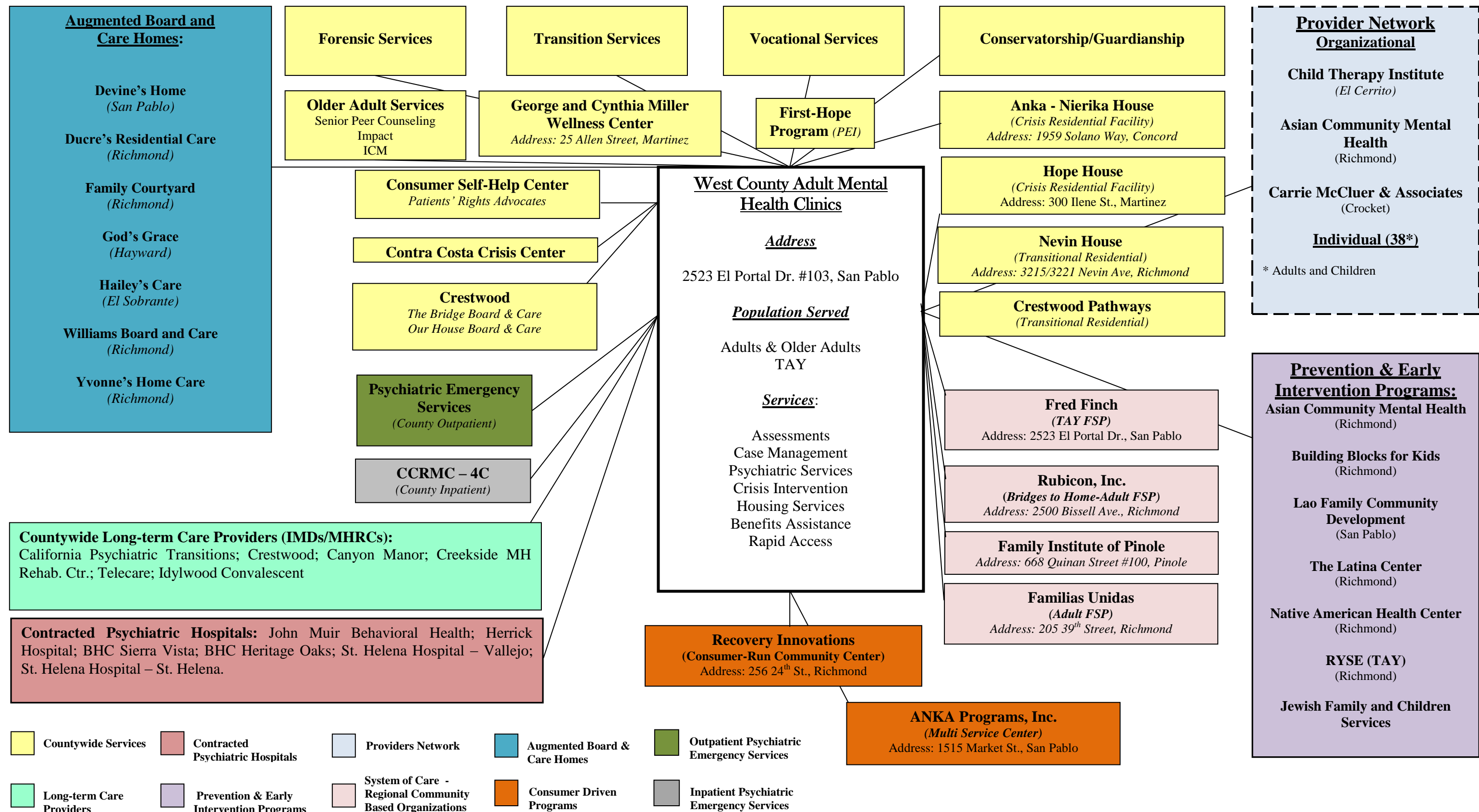




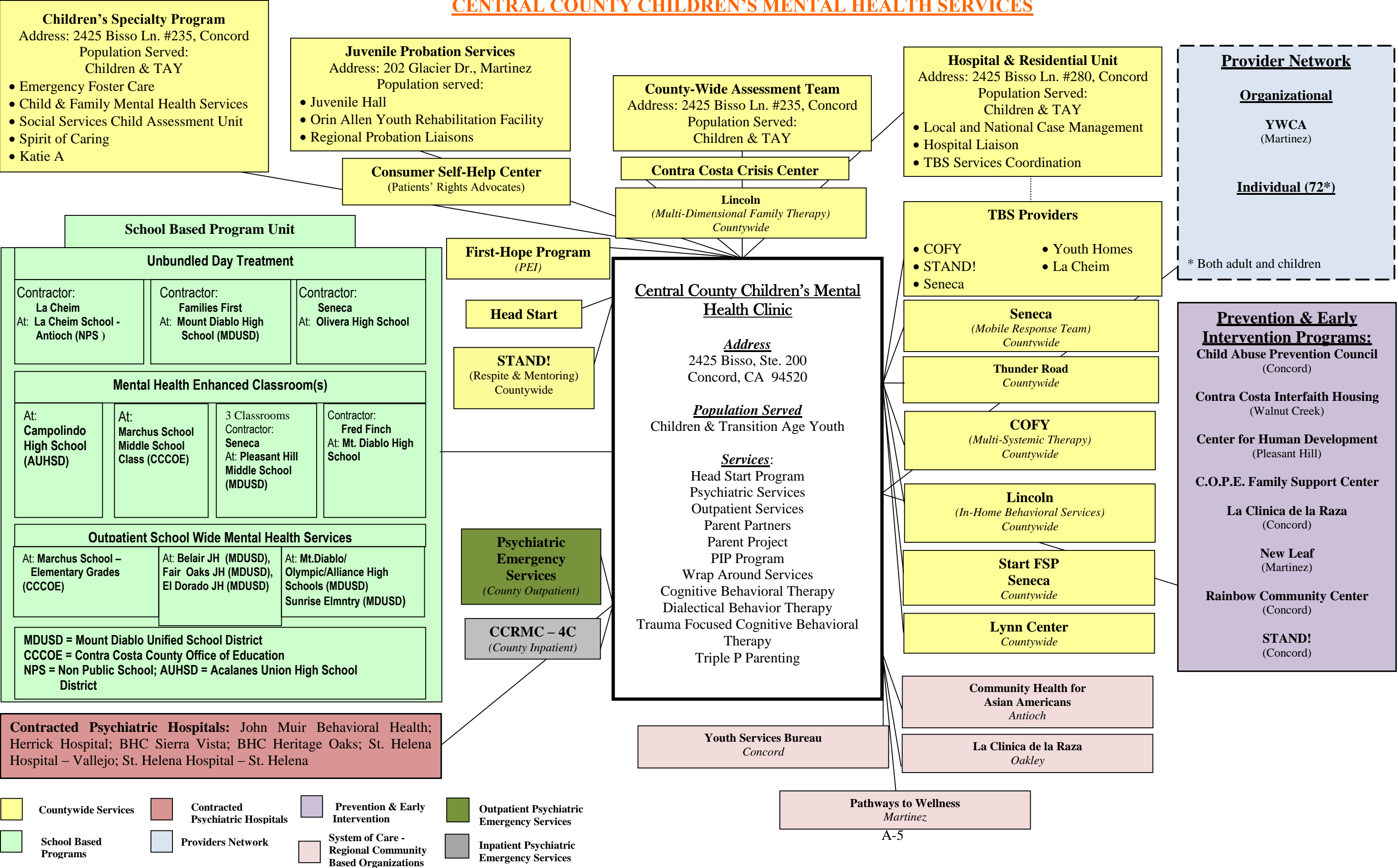
WEST COUNTY CHILDREN’S MENTAL HEALTH SERVICES



**WEST COUNTY ADULT MENTAL HEALTH SERVICES**

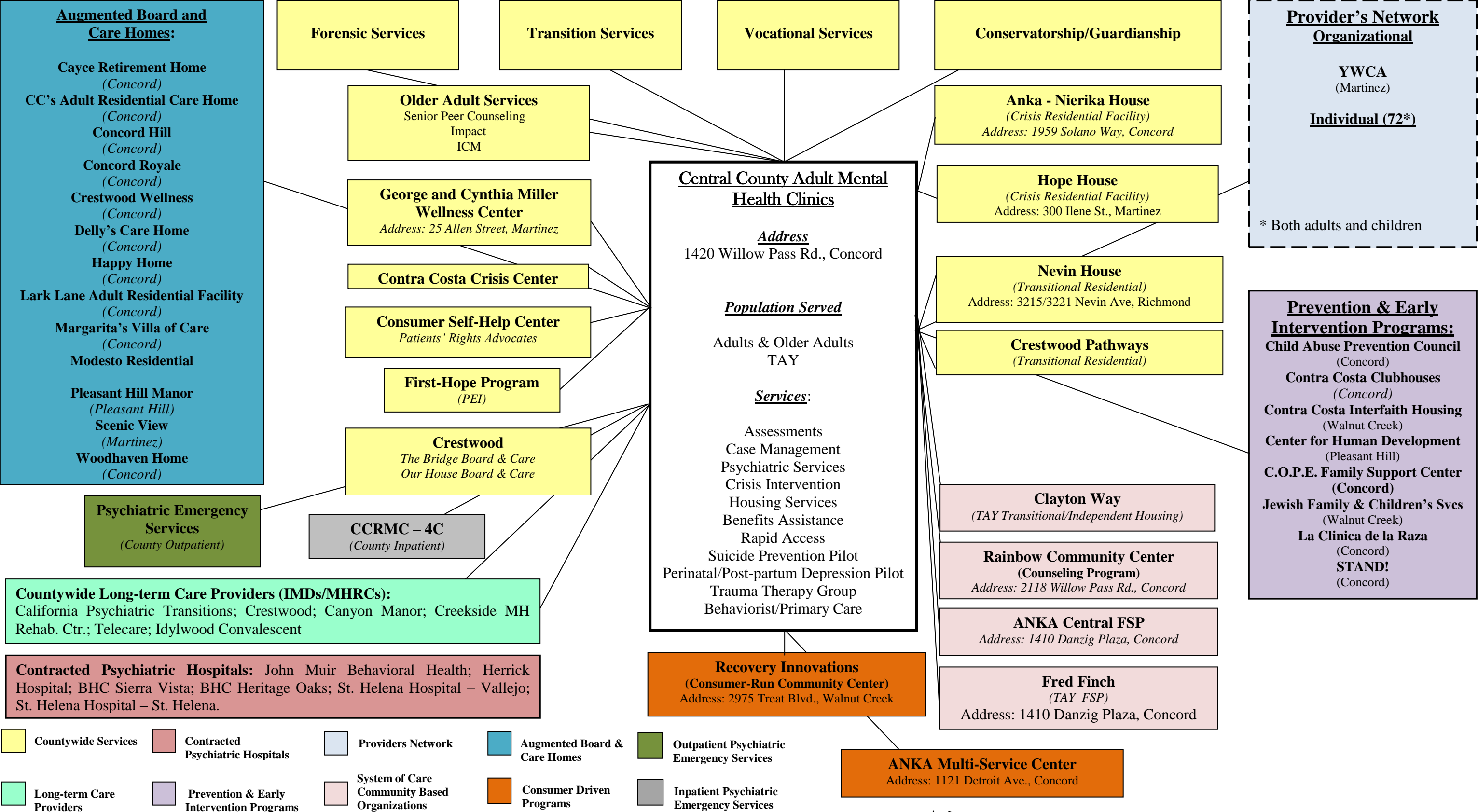


CENTRAL COUNTY CHILDREN’S MENTAL HEALTH SERVICES

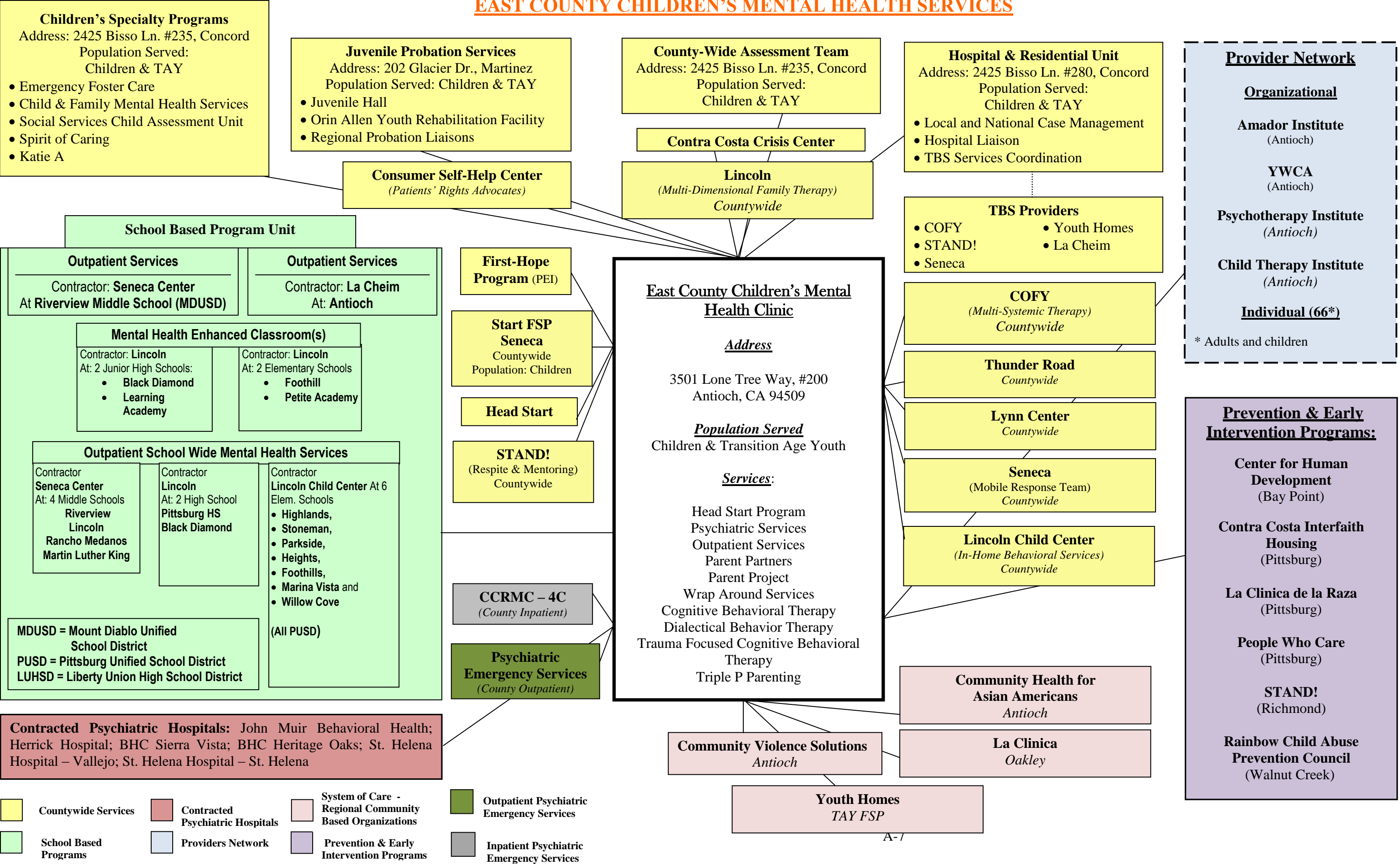




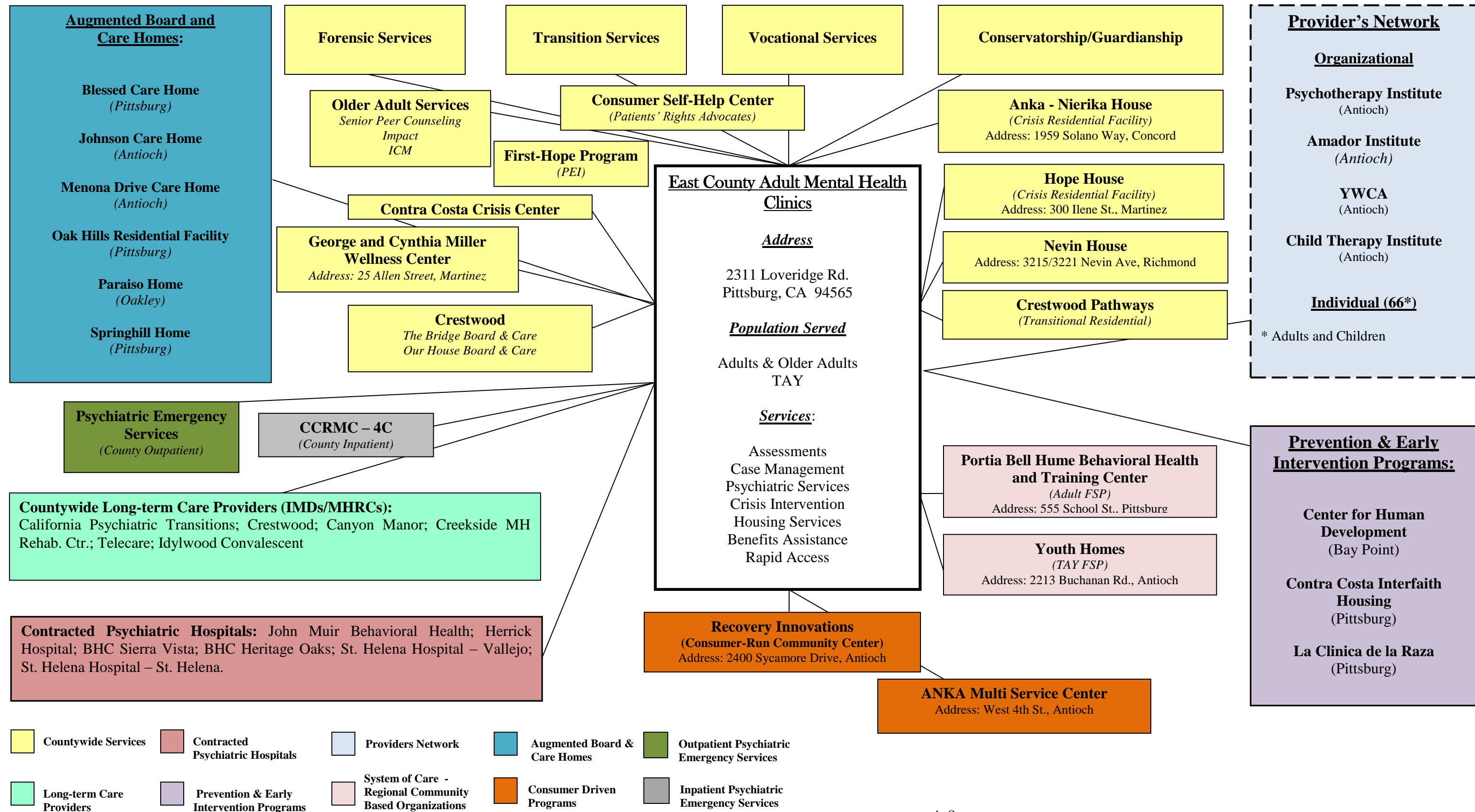
**CENTRAL COUNTY ADULT MENTAL HEALTH SERVICES**



EAST COUNTY CHILDREN’S MENTAL HEALTH SERVICES



**EAST COUNTY ADULT MENTAL HEALTH SERVICES**



# Program and Plan Element Profiles

## Table of Contents

Anka Behavioral Health, Inc.....	B-3
Asian Community Mental Health Services.....	B-5
Building Blocks for Kids.....	B-7
Center for Human Development.....	B-9
Central County Adult Mental Health Clinic (Contra Costa Behavioral Health).....	B-11
Central County Children’s Mental Health Clinic (Contra Costa Behavioral Health)....	B-14
Child Abuse Prevention Council.....	B-15
Community Options for Families and Youth, Inc.....	B-17
Community Violence Solutions.....	B-18
Contra Costa Crisis Center.....	B-20
Contra Costa Interfaith Housing.....	B-22
Counseling Options Parent Education.....	B-24
Crestwood Behavioral Health, Inc.....	B-26
Desarrollo Familiar, Inc.....	B-27
Divines Home.....	B-29
East County Adult Mental Health Clinic (Contra Costa Behavioral Health).....	B-30
East County Children’s Mental Health Clinic (Contra Costa Behavioral Health).....	B-32
First Five Contra Costa.....	B-33
First Hope (Contra Costa Behavioral Health).....	B-34
Forensic Mental Health (Contra Costa Behavioral Health).....	B-36
Fred Finch Youth Center.....	B-37
George and Cynthia Miller Wellness Center (Contra Costa Behavioral Health).....	B-39
Mental Health Services Act Housing Services (Contra Costa Behavioral Health)....	B-40
James Morehouse Project at El Cerrito High, YMCA East Bay.....	B-42
Jewish Family and Community Services East Bay (JFCS/ East Bay).....	B-44
Juvenile Justice System – Supporting Youth (Contra Costa Behavioral Health).....	B-45
La Clinica de la Raza.....	B-47
LAO Family Community Development.....	B-48
Lifelong Medical Care.....	B-49
Lincoln Child Center.....	B-51
LTP CarePro, Inc (Pleasant Hill Manor).....	B-53
Mental Health Systems, Inc.....	B-54
Modesto Residential Living Center, LLC.....	B-56
Native American Health Center (NAHC).....	B-57
New Leaf Program – Vincente High School - Martinez Unified School District.....	B-59
Oak Hills Residential Facility.....	B-61
Office of Consumer Empowerment (Contra Costa Behavioral Health).....	B-62
Older Adult Mental Health (Contra Costa Behavioral Health).....	B-64
People Who Care (PWC) Children Association.....	B-66
Portia Bell Hume Behavioral Health and Training Center.....	B-67
Primary Care Clinic Behavioral Health Support (Contra Costa Behavioral Health)....	B-71

Putman Clubhouse.....	B-72
Rainbow Community Center (RCC).....	B-74
Recovery Innovations.....	B-76
Resource Development Associates.....	B-78
RYSE Center.....	B-80
Seneca Family of Agencies.....	B-83
Shelter, Inc.....	B-87
STAND! For Families Free of Violence.....	B-91
Telecare Corporation.....	B-93
The Latina Center.....	B-96
United Family Care, LLC (Family Courtyard).....	B-97
West County Adult Mental Health Clinic (Contra Costa Behavioral Health).....	B-98
West County Children’s Mental Health Clinic (Contra Costa Behavioral Health).....	B-99
Williams Board and Care.....	B-100
Woodhaven.....	B-101
Youth Homes, Inc.....	B-102



## **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](mailto: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 employs 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 Behavioral Health Services, and utilizes a modified 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 between the ages of 26 to 59 in Central County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- c. Payment Limit: \$768,690
- d. Number served: In FY14/15 Anka Central FSP served 58 individuals.
- e. Outcomes: Below are the FY 14/15 outcomes for Anka Central FSP.
  - Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Pre- and post-enrollment utilization rates for 58 Anka Central FSP participants enrolled in the FSP program during FY 14-15.**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	154	132	0.346	0.240	- 30.6
Inpatient episodes	34	11	0.061	0.026	- 57.4
Inpatient days	288	66	0.513	0.109	- 78.8

*\* 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*

## **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](mailto: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 in 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, 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 14/15: 69. To be served: 50 high risk and underserved community members.
- e. Outcomes:
  - All of the 69 program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits. 36 of 69 clients responded to the wellness survey.
  - 91% of the 36 survey respondents increased their knowledge of mental health resources and benefits available.
  - 89% of the 36 survey respondents reported better linkage to community resources.

- 86% of 36 respondents reported a reduction in mental health symptoms, while 92% reported having less stress in their life after completion of the program.

## **Building Blocks for Kids (BBK)**

Point of Contact: Jennifer Lyle.

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

[jlyle@bbk-richmond.org](mailto: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.
  - 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
  - Sanctuary support groups for women focusing on topics such as ‘healing from domestic violence’, ‘using social support’, ‘recognizing serious mental illness’, ‘building confidence’
  - 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 living in Central Richmond
- c. Payment Limit: \$192,894
- d. Number served: In FY 14/15: 892 Individuals (includes outreach and education events).
- e. Outcomes:
  - Over the course of the 14/15 year, BBK worked with Richmond parents to present to foundations, organizations and city and county providers. The total number of organizations engaged was approximately 40, which represents approximately 5% of the estimated 240 organizations serving Richmond families.
  - BBK held over 15 Sanctuary groups and had consistent participation from 20 Latina mothers and 6 African American mothers. One hundred percent of mothers that responded to the survey, reported making progress on their wellness goals.
  - Over 30 new resident leaders emerged; several took direct action in their children’s school community. One action resulted in a district wide policy change.

- BBK partnered with COPE and Child Abuse Prevention Council to expose 25 mothers, fathers and grandparents to an array of educational opportunities and services. 95% of recipients agreed or agree strongly with the statement “I am confident that I have the skills I need to parent my children well.”

## **Center for Human Development (CHD)**

Point of Contact: David Carrillo

Contact Information: 901 Sun Valley Blvd., Suite 220, Concord, CA 94520

(925) 349-7333

[david@chd-prevention.org](mailto:david@chd-prevention.org)

### **1. General Description of the Organization**

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting 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 14/15: 657 individuals were served in both programs combined. 577 in the African American (AA) Wellness Program and 80 in the Empowerment Program.

e. Outcomes:

Wellness Program

- Mind-Body-Soul support groups in Pittsburg and Bay Point throughout the year with topics such as “Depression and Stress”, “Maintaining Emotional Well Being”, “Guide to Vitamins and Minerals in Fresh Foods”, “Self-Care (Physical, Emotional, Mental and Spiritual)”.
- Seven community health / mental health workshops throughout the year.
- 100% of the participants in the Mind-Body-Soul peer health education support groups reported and increased wellness (wellbeing) within fiscal year 2014-15.
- 88% of participants in AA Wellness Program received navigational support for their service referral needs.

Empowerment Program

- LGBTQ youth empowerment support groups at Pittsburg and throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism.”
- 83% of the participants in the Empowerment Psycho-Educational Leadership support groups reported and increased sense of emotional health and well-being within fiscal year 2014-15.
- 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.



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

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](mailto: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 clinical staff at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

### **Plan Element: Clinic Support - CSS**

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

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

b. Total Number served by clinic: For FY 14-15: Approximately 3,518 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. This clinician also supports countywide efforts to bring awareness to Suicide Prevention by participating in the Suicide Prevention Committee, the LGBTI committee and the Training Advisory group.

- a. Target Population: Clients at risk of suicide.
- b. Total Budget: \$123,493
- c. Staff: 1 Full time equivalent
- d. Number Served:60
- e. Outcomes:
  - Decrease in Suicide Rate (among clients open to Concord Adult Mental Health)
  - Increase in Cognitive Behavioral Therapy Participation
  - Trained in QPR, and acts as a trainer to primary responders in the community

**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 14/15: 58 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. 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 2014-2015.

**Table 1. Pre- and post-enrollment utilization rates for 34 Trauma Recovery Group participants enrolled in FY 2014-2015.**

	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 2014-2015.*

## **Central County Children's Mental Health Clinic (Contra Costa Behavioral Health)**

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](mailto: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 Children's Mental Health Clinic are the following MHSA funded plan elements:

### **2. Plan Element: Clinic Support - CSS**

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

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

Number served by clinic: For FY 14/15: Approximately 1,220 Individuals.

## **Child Abuse Prevention Council (CAPC)**

Point of Contact: Carol Carillo

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

[capccarol@sbcglobal.net](mailto: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 "The Nurturing Parenting" program. This is an evidence-based curriculum that is culturally, linguistically, and developmentally appropriate parent education class. Classes are provided to Spanish speaking families in East County and Central County's Monument Corridor. CAPC provides four 22 week classes, serving approximately 15 parents and 15 children each session. The Nurturing Parenting Program is a family-centered, trauma-informed initiative, designed to foster positive parenting skills as an alternative to abusive and neglecting parenting practices. The classes are offered free to the community.

Parents and children attend separate groups that meet concurrently. Group sessions are designed to build self-awareness, positive concept and increase level of empathy; teach alternatives to hitting and yelling; enhance family communication and social connections; replace abusive behavior with nurturing behaviors that promote healthy physical and emotional development.

The long term goals are to decrease and or prevent recidivism in families receiving services from Social Services. It is also intended to decrease the risk of families entering the system and to stop the cycle of child abuse. It works to decrease mental health stigma, strengthen families and support healthy development of their children in their own community.

- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: \$118,828
- d. Number served: In FY 14/15: 68 parents and children
- e. Outcomes:
  1. Four 22 week classes in Central and East County serving 52 children/youth and 59 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: 3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523,  
(925) 943-1794, [j.sievenpiper@cofy.org](mailto: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 MST 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: for fiscal year 2014-2015 was \$1,041,176, \$650,000 of which was MHSA funds.
- d. Number served: Program served: 93 clients entered treatment during this timeframe.
- e. Outcomes: For clients served in 2015: Percent of clients with no new arrests: 71.43%, living in the home: 80.95%, and working or in school: 80.95%.

## **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](mailto: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.

- b. 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.

- c. Target Population: Sexually exploited youth (ages 16 to 25 years) and youth at risk of sexual exploitation.
- d. Annual Payment Limit: \$126,000
- e. Number served: For FY 14/15: 64 youth
- f. 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 14/15 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.

## **Contra Costa Crisis Center**

Point of Contact: Rhonda James

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

925 939-1916

[RhondaJ@crisis-center.org](mailto: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 is not English or Spanish through the 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 CC Crisis Center's Suicide risk assessment model.

As a result of these service activities, people who call the crisis line and are assessed to be at medium to high risk of suicide will receive additional follow-up services, including confirming survival/safety rate of 99% 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 60-80 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 14-15: 33,172 crisis calls were fielded.
- e. Outcomes:
  - Calls were answered in both English and Spanish 12 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. 300 follow-up phone calls were provided to 190 callers and 132 (5150)"rescues" were initiated.
- New volunteers graduated two sessions of trainings during this fiscal year.

## **Contra Costa Interfaith Housing (CCIH)**

Point of Contact: Louise Bourassa

Contact Information: 399 Taylor Blvd. Ste 115, Pleasant Hill, CA 94530 (925) 944-2244, [Louise@ccinterfaithhousing.org](mailto:Louise@ccinterfaithhousing.org)

### **1. General Description of the Organization**

Contra Costa Interfaith Housing (CCIH) provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources. CCIH case managers are licensed clinicians and receive clinical supervision on a regular basis, to provide the most appropriate support to families coping with mental health challenges. Several of our programs serve residents with disabilities, predominantly in the realm of mental health and or substance abuse problems. On-site staff availability enhances relationship building and trust between the case managers/youth enrichment coordinators and the residents. These ongoing relationships fight problems of stigma and discrimination as residents and service providers get to know each other, over time, with respect and attention to resident-defined needs and requests. We strive to 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. Goals of programming are to improve parenting skills, child and adult life skills, and family communication skills among residents. This program is designed to help families stabilize; parents achieve the highest level of self-sufficiency possible, and provide early intervention for at-risk youth in these families. Homeless youth are frequently exposed to violent and traumatic events and are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key program 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.

CCIH also provides afterschool programming 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. An on-site case manager and youth enrichment coordinator is available at these permanent affordable housing sites. At Lakeside Apartments 12 units are set aside for families with special needs including mental health challenges. These housing units are integrated into a 124 unit complex, and services are offered to all families, in Spanish and English, reducing the stigma and discrimination related to the families in the 12 supportive housing units.

All services are accessible on a daily basis and case managers are available for urgent or crisis support as needed at these housing sites.

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

c. Payment Limit: \$65,526

d. Number served: 374

e. Outcomes:

- **Improved school functioning and regular attendance of school-aged youth in afterschool programs.**

- Garden Park: 100% of students regularly attending homework club achieved one or more new benchmark during school year.
- Lakeside: 83% of students regularly attending afterschool program achieved one or more new benchmark during the school year.
- East County: 88% of students regularly attending afterschool program achieved one or more new benchmark. Additionally, three eligible graduating high school seniors were all accepted into 4 year colleges. Eighty-one percent elementary students are reading at grade level or above.
- Seventy-one youth attended afterschool programming at the 3 sites this past year and 60 of those youth attended the programming 75% or more of the time.
- A total of 71 students were served in the 3 programs at these sites.

- **Improved family functioning and confidence as measured by the self-sufficiency matrix (SSM) and individual family goals and eviction prevention. (SSM evaluates 20 life skill areas including mental health, physical health, child custody, employment, housing stability).**

- Garden Park: 96% of families receiving case management improved their score on the self-sufficiency matrix. Areas of progress for families included obtaining employment, increasing parenting knowledge, and retaining custody of children. 100% of these families made progress on self-set annual goals such as obtaining a driver's license, attending a parenting class, accessing financial benefits. 26 families served.
- Lakeside and East County: 94% of the families referred for eviction prevention remained housed.
- 119 families received case management in all programs.

## **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](mailto:cathy.botello@copefamilysupport.org)

### **1. General Description of the Organization**

C.O.P.E.'s mission is to prevent child abuse, by providing 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 First 5 Contra Costa Children, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program classes to parent of children age 0 – 17.

#### Parent Education Classes:

- Children ages 0 to 12 (9 week class)
- Teens ages 13 to 17 (9 week class)
- Children with Special Needs (10 weeks)
- Seminars for parents of children ages 0-12 (1-3 weeks)
- Coaching sessions based on Positive Parenting
- Enhanced classes dealing with stress, depression, anxiety, co-parenting difficulties, and anger management in parenting.

All classes are available in Spanish and/or English and level 4 is available in Arabic and Farsi. In regards to the curriculum on Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies. They support and organize trainings, including pre-accreditation trainings, fidelity oversight and clinical and peer support in an effort to build and maintain a pool of Triple P practitioners

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

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

- d. Number served: For FY 14/15: 254 (6 – 17) and 242 (0 – 5).

- e. Outcomes:

- Completed 17 parent education classes of for various levels of parenting problems, and one seminar for parents of children age 0-5.
- Completed 15 parent education classes and 9 seminars for parents of children age 6 –17.
- 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.

## **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.

#### **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: \$ 675,447**

#### **d. Number served: For FY 14/15: 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.**

#### **e. Outcomes: To be determined.**



## **Desarrollo Familiar, Inc.**

Point of Contact: Lorena Huerta, Executive Director.

Contact Information: 205 39<sup>th</sup> Street, Richmond, CA 94805, (510) 412–5930,

[LHuerta@Familias-Unidas.org](mailto: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 14/15: 34 Individuals**

#### **e. Outcomes: For FY 14/15:**

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

**Table 1. Pre- and post-enrollment utilization rates for 34 Familias Unidas participants enrolled in the FSP program during FY 14-15.**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	31	10	0.108	0.025	- 76.9
Inpatient episodes	5	1	0.015	0.002	- 86.7
Inpatient days	38	12	0.105	0.026	- 72.4

*\* 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 Riformo.

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.

a. 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 14/15: 6 beds available.

d. Outcomes: To be determined.

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

Point of Contact: Beverly Fuhrman, Program Manager

Contact Information: 2311 Loveridge Rd., Pittsburg, CA 94565,

(925) 431-2621, [Beverly.Fuhrman@hsd.cccounty.us](mailto: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:

#### **1. Plan Element: Adult Full Service Partnership Support - CSS**

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

#### **Plan Element: Clinic Support - CSS**

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in 1) obtaining benefits they 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 14-15: Approximately 3,355 Individuals.

#### **Plan Element: Coaching to Wellness/Performance Improvement Project - INN**

The Coaching to Wellness program is designed to provide an additional level of care through intensive peer and nursing support for consumers with mental health and medical comorbidity. Consumers will receive individual and group (e.g., WRAP, Facing Up To Health) services aimed at empowering individuals in their own recovery. Consumers identify their own well-being goals and receive education and training on self-management skills. The goals of the program are to: 1) Improve consumer perception of their own wellness and well-being; 2) Increase healthy behaviors and decrease symptoms for consumers; and 3) Increase cross-service collaboration among primary and mental health care staff.

- c. Target Population: Adults aged 18 years and older who are currently receiving psychiatric-only services at the East County Adult Clinic; Diagnosed with a serious mental illness (but at a stage to be engaged in recovery); Diagnosed with a chronic health risk condition of cardiac, metabolic and/or COPD issues; Expressed an interest in the program; and indicated a moderate to high composite score on mental health and medical levels of support needed.
- d. Total Budget: \$222,752
- e. MHSA-funded Staff: 4.5 Full-time equivalent
- f. Total Number served: To Be Determined. Program to begin in FY 15/16. The expected case load is approximately 10-20 consumers per staff within an approximately 1 to 6 month service duration period.
- g. Outcomes: Evaluation of the program will include pre- and post-surveys that measure key indicators in areas such as: perceived recovery, functioning, and quality of life. Self-rated health and mental health data will be collected by the Wellness Coaches at each visit and vitals collected and levels of support assessed by the Wellness Nurses at each visit. Satisfaction and achievement on self-identified wellness goals will be recorded at post-program. Other proposed indicators include appointment attendance, and utilization rate of involuntary psychiatric emergency admissions and/or acute psychiatric admissions.

## **East County Children's Mental Health Clinic (Contra Costa Behavioral Health)**

Point of Contact: Eileen Brooks, Program Manager

Contact Information: 3501 Lone Tree Way, #200, Antioch, CA 94509,

(925) 427-8545, [Eileen.Brooks@hsd.cccounty.us](mailto: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 Children's Mental Health Clinic are the following MHSA funded plan elements:

### **2. Plan Element: Clinic Support - CSS**

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
  - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
  - Support for full service partners.
- a. Target Population: Children aged 17 years and younger, who live in 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 14/15: Approximately 1,265 Individuals.

## **First Five Contra Costa**

Point of Contact: Wanda Davis

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

[wdavis@firstfivecc.org](mailto: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. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence based practice that provides preventive and intervention support. First 5 Contra Costa provides oversight to the subcontractor, works closely with the subcontractor on program implementation, identify, recruit and onboard new Triple P Practitioners, management the database, review of outcome measurements, and quality improvement efforts.
- b. Target Population: Contra Costa County parents of at risk 0 – 5 children.
- c. Payment Limit: \$75,000
- d. Number served: For FY 14/15: 242 (0 – 5) (included in C.O.P.E.)
- e. Outcomes:
  - Completed 17 parent education classes and one seminar for parents of children age 0 – 5 (C.O.P.E.)
  - In partnership with C.O.P.E., First Five organized trainings for 14 new practitioners.

## **First Hope (Contra Costa Behavioral 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](mailto: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 Children's System of Care but is a hybrid program serving both children and young adults.

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

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

- 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.
- Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family counseling, case management, occupational therapy, supported education and vocation and psychiatric management within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.

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 14-15: 124 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 provided ongoing outreach education reaching 571 participants in the community and 155 initial phone screenings and consultation to at risk individuals, families, or providers.

f. Outcomes:

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

Long Term Public Health Outcomes:



- Reduce conversion rate from prodromal symptoms to schizophrenia
- Reduce incidence of psychotic illnesses in Contra Costa County.
- Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

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

Point of Contact: David Seidner, Program Manager

Contact Information: 1430 Willow Pass Road, Suite 100, Concord CA 94520.

(925) 681-9381. [David.Seidner@hsd.cccounty.us](mailto: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.

- a. 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.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. Budget: \$493,973
- d. MHSA-Funded Staff: 4.0 Full-time equivalent
- e. Number Served in FY 14/15: 203 cases were opened. Future MHSA Plans will report on number screened as well as number of cases opened.
- f. 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

## **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](mailto: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 collaborates with the Contra Costa Youth Continuum of Services, The Latina Center and Contra Costa Mental Health to provide a full service partnership program for transition age youth in West and Central Contra Costa County.

#### **a. Scope of Services**

- Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. 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, including co-occurring substance disorder and bi-lingual capacity. Services include:
  - Outreach and engagement
  - Case management
  - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
  - Crisis Intervention
  - Collateral
  - Medication support (may be provided by County Physician)
  - Housing support
  - Flexible funds
  - Referrals to Money Management services as needed
  - Supported Employment Services
  - Available to consumer on 24/7 basis

- 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 14/15: 112 Individuals.
- f. Outcomes: For FY 14/15:
  - Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 1. Pre- and post-enrollment utilization rates for 112 CCTAY participants enrolled in the FSP program during FY 14-15.**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	117	62	0.126	0.076	- 39.7
Inpatient episodes	51	11	0.057	0.013	- 77.2
Inpatient days	397	153	0.434	0.176	- 59.4

*\* 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*

## **George and Cynthia Miller Wellness Center (Contra Costa Behavioral Health)**

Point of Contact: Thomas Tighe, Mental Health Program Manager

Contact Information: 25 Allen Street, Martinez CA 94553.

(925) 890-5932 [Thomas.Tighe@hsd.cccounty.us](mailto:Thomas.Tighe@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 George and Cynthia Miller Wellness Center is a Federally Qualified Health Center under the Contra Costa Health Services Hospital and Clinics Division.

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

The George and Cynthia Miller Wellness Center (Miller Wellness Center) provides a number of services to the Contra Costa Behavioral Health Services' system of care consumers that includes the diversion of children and adults from Psychiatric Emergency Services (PES). Children and adults who are evaluated at PES may step-down to the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center offers 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 include brief family therapy, medication refills, substance abuse counseling, and general non-acute assistance. In addition, the Center provides appointments for patients post psychiatric inpatient discharge. This provides the opportunity for a successful transition that ensures that medications are obtained and appointments are scheduled in the home clinic. The behavioral health service site is located in a Federally Qualified Health Center with separate entrances from the physical health side.

- a. Target Population: Children and adults who are being diverted from PES, transition from inpatient, and consumers not yet connected to the outpatient system of care.
- b. Total Budget: \$500,000
- c. Staff funded through MHSA: 4 FTE – A Program Manager, two Community Support Workers, and a Program Supervisor yet to be created.
- d. Number Served: To Be Determined
- e. Outcomes: To Be Determined

## **Mental Health Services Act Housing Services (Contra Costa Behavioral Health)**

Point of Contact: Jenny Robbins, LCSW, Housing and Services  
Administrator, Contact Information: 1350 Arnold Drive, Suite 202, Martinez  
CA 94553. (925) 313-7706. [Jenny.Robbins@hsd.cccounty.us](mailto:Jenny.Robbins@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 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.

- b. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed, and are homeless.
- c. Total MHSA Portion of Budget: \$1,672,000
- d. Number Served in FY 14/15: 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 40 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, 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 14/15: 50 units.
- d. Outcome: To Be Determined

### **Program: Coordination Team**

Behavioral 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 14/15: Support to MHSA Housing Services and the Homeless Program.

## **James Morehouse Project at El Cerrito High, YMCA East Bay**

Point of Contact: Jenn Rader (Director)

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

[jenn@jmhopp.org](mailto:jenn@jmhopp.org)

### **1. General Description of the Organization**

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

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

- a. Scope of Services: The James Morehouse Project (JMP), the school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay), 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 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; The Culture Keepers (a youth leadership/school climate initiative in collaboration with school administrators and teachers), Youth Health Workers; Bereavement Groups; Skittles (queer youth of color); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Migrations and Journeys (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. Numbers Served: For FY 14/15: 348
- e. Outcomes:

- Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
- Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc) for participating youth.
- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- Reduce likelihood of ECHS youth being excluded from school.
- Strengthened culture of safety, connectedness and inclusion schoolwide

#### Measures of Success



- 90% of participating students will show an improvement across a range of resiliency indicators, using a resiliency assessment tool that measures change in assets within the academic year, 2015 to 2016.
- 90% of participating students will report an increase in well-being through self-report on a qualitative evaluation tool within the academic year, 2015 to 2016.
- ECHS School Climate Index (SCI) score will increase by 15 or more points from 2015 to 2016.

## **Jewish Family and Community Services East Bay (JFCS/ East Bay)**

Point of Contact: Razia Iqbal

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

### **1. General Description of the Organization**

Jewish Family & Community Services/ East Bay is one of the oldest and largest family service institutions in the United States. Today, JFCS/ East Bay serves 76,000 people annually with the bi-lingual, bi-cultural social services designed to strengthen individuals, families, and the community. As a problem-solving center for residents of several Bay Area counties, JFCS/ East Bay 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/ East Bay provides culturally grounded, community-directed mental health education and navigation services to 250-300 refugees and immigrants of all ages in the Afghan, Bosnian, Iranian, Iraqi, Syrian 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, as well as 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 14/15: 600
- e. Outcomes:
  - 200 clients received individual mental health, health, system navigation support
  - 20 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 Behavioral Health)**

Point of Contact: Daniel Batiuchok, Program Manager

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

[Daniel.Batiuchok@hsd.cccounty.us](mailto: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:**

##### **Orin Allen Youth Rehabilitation Facility (OAYRF)**

OAYRF provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric services (pilot expected to begin fall 2015), case management and transition planning

##### **Mental Health Probation Liaison Services**

MHAPS has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.

#### **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 14/15: 350
- 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](mailto: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; 3) 48 parents/caretakers participating in individual education/support sessions with a social worker to include psycho-education, support and/or case management regarding psycho-social and behavioral health stressors; and 4) 24 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 14/15 All programs combined: 3252. Vias de Salud provided 2488 screenings, 2087 behavioral health (BH) consultations, 63 clients participated in groups. Familias Fuertes: 784 screenings, 175 BH consultations, 159 individual education and support, 14 parent group participants.
- e. **Outcomes:** Vias de Salud - 91% 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](mailto:KRothberg@lfcd.org)

### **1. General Description of the Organization**

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD delivers timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

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

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Integrated service system approach for Asian and South East Asian adults throughout CC County. The program activities includes comprehensive case management and educational workshops and support groups, including conducting the Strengthening Families Program (SFP). LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. LFCD staff provides timely access for support and community linkages to access 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 and the offices of Lao Family 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 14/15: 124
- e. Outcomes:
  - 100% of program participants completed the Lubben Social Networking Scale assessments.
  - 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 6<sup>th</sup> Street, Berkeley, CA 94710 (510) 981-4156

[kstambaugh@lifelongmedical.org](mailto:kstambaugh@lifelongmedical.org)

### **1. General Description of the Organization**

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2015, LifeLong provided over 225,000 health care visits to more than 45,000 people of all ages.

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

- a. Scope of Services: Lifelong Medical Care reaches isolated and underserved older adults in West Contra Costa County through door-to-door outreach in public housing and referrals from other community and county organizations, such as Senior Peer Counseling and Adult Protective Services. Services are social and educational in nature, designed with consumer input to build community connections, promote feelings of wellness and self-efficacy, address feelings of anxiety and depression, reduce the effects of stigma and discrimination, and provide timely access to consumers who are reluctant or unable to access other mental health services.

LifeLong's **Senior Network and Activity Program (SNAP)** brings therapeutic and life-changing drama, art, music and wellness programs to public housing residents in Richmond nine (9) times per month. Recent efforts culminated in two consumer-directed murals depicting the distress and resiliency experienced by Richmond seniors, as well as a live performance "Getting to Know Us," performed at the Iron Triangle Theater, in which seniors shared their stories of struggle, discrimination, hard work, recovery and redemption. Other recent SNAP workshop topics have included Mindfulness, healthy cooking, arts and crafts, Spanish language, and cultural celebrations. Services include screening for depression and isolation, and information and referral services.

The **Elders Learning Community (ELC)** is an arts, education, and engagement program for low-income, socially isolated seniors in West Contra Costa County. The ELC encourages lifelong learning and creativity and provides opportunities for reducing the depression, dementia, and social isolation associated with aging. Trained volunteers are connected with seniors as Learning Partners and meet in their homes to focus on a project of their choosing. Volunteers also facilitate two monthly groups: a History Group and an art making group. These linkages bring

participants together to share their collective histories, reduce loneliness, encourage friendships, and to focus on an interest to offset their negative feelings. Also provided are case management services, which connect seniors to local resources as a way to help them remain living independently. Together these two parts of the program - the Learning Community and the case management – help reduce stigma and discrimination by reaching participants in a holistic, wrap around approach.

- a. Target Population: Seniors in low income housing projects at risk for developing serious mental illness..
- b. Payment Limit: \$118,970
- c. Number served: For FY 14/15: 156
- d. Outcomes:
  - More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project through SNAP or the ELC.
  - On average, PHQ-2 scores improved by 40% among participants who completed the screening tool.



## **Lincoln Child Center**

Point of Contact: Christine Stoner-Mertz, CEO

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

[chrisstoner@lincolnchildcenter.org](mailto: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: \$1,074,417
- d. Number served: The program served 82 clients in FY14/15.
- e. Outcomes: Because the program began in FY 14/15, there are no outcomes to report at this time. Lincoln Child Center will report on the outcomes listed below in the upcoming MHSA Plans.
  - Of youth who completed the program with a history of or current substance use issues at intake, 76% at discharge had reduced drug use or maintained abstinence per drug screens and CANS, as compared to intake data.
  - Of youth who completed the program with truancy issues at intake, 82% at discharge had reduced truancy per school attendance records and CANS, as compared to intake data.
  - Of youth who completed the program with delinquency issues at intake, 94% at discharge had reduced delinquency per CANS as compared to intake data.
  - Of the youth who completed the program, 100% of clients reported satisfaction with services on the Consumer Satisfaction Surveys at discharge.
  - Of the caregivers who completed the program, 89% reported satisfaction on the Consumer Satisfaction Surveys at discharge.

**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 14/15: 18 beds available.
- e. Outcomes: To be determined.

## **Mental Health Systems, Inc.**

Point of Contact: Crystal Luna-Yarnell, MFT, Program Manager  
Contact Information: 2280 Diamond Blvd., #500, Concord, CA 94520  
(925) 483-2223 [cluna@mhsinc.org](mailto:cluna@mhsinc.org)

### **1. General Description of the Organization**

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

### **2. Program: MHS Contra Costa ACTiOn Team - CSS**

Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura's Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders.

The Contra Costa ACTiOn program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS' FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community-based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services.

- a. Scope of Services: The AOT/ACT Adult Full Service Partnership is a collaborative program that joins the resources of Mental Health Systems, Inc. and Contra Costa County Behavioral Health Services in a program under the auspices of the Mental Health Services Act (MHSA). ACT is an evidence-based treatment model approved by Substance Abuse and Mental Health Services Administration (SAMHSA). The primary goal of ACT is recovery through community treatment and rehabilitation.
- b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
- c. Total Budget: \$1,900,000
- d. Staff: 16.02 FTE
- e. Number Served: 75 adults

- f. Outcomes: Since the program has not yet been implemented, the Contra Costa ACTiOn team will report on the following goals and outcomes in future plans:
- i. No less than 75% of program consumers will show clinical improvement or stabilization.
  - ii. No less than 75% of program consumers will show functional improvement or stabilization.
  - iii. No less than 25% of program consumers with housing objectives will demonstrate progress.
  - iv. No less than 25% of program consumers with vocational and/or educational objectives will demonstrate progress.
  - v. No less than 15% of program consumers will have employment involvement.
  - vi. 100% of program consumers will be assessed for co-occurring disorders; of those who have substance-abuse challenges, 50% will show stabilization and/or progress toward recovery.
  - vii. 100% of program consumers will be connected to a Primary Care Physician and needed medical care.
  - viii. Consumers will be encouraged to use Wellness Recovery Action Plan (WRAP) with 25% of consumers will develop and share WRAP plans.

## **Modesto Residential Living Center, LLC.**

Point of Contact: Dennis Monterosso.

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

[info@modestoRLC.com](mailto: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 14/15: 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](mailto: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 and other underserved populations, to offer include medical, dental, behavioral health, nutrition, peri-natal, substance abuse prevention, HIV/HCV care coordination and prevention services.

#### **Program: Native American Wellness Center - PEI**

- a. Scope of Services: Native American Health Center provides Mental Health Prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: beading, quilting, shawl making and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communications skills and address issues related to mental health, including domestic violence, individual and historical trauma and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county.

Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.

- b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. Payment Limit: \$213,422
- d. Number served: For FY 14/15: 290
- e. Outcomes:
  - a. 65% of program participants increased social connectedness within a twelve month period.
  - b. 60% of program participants increased family communications.

- c. 50% 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: Rona Zollinger - MUSD PEI Coordinator,  
[rzollinger@martinez.k12.ca.us](mailto:rzollinger@martinez.k12.ca.us) and Lori O'Connor - Vicente Martinez High School  
Principal, [loconnor@martinez.k12.ca.us](mailto:loconnor@martinez.k12.ca.us)

Contact Information: 614 F Street Martinez, CA 94553

### **1. General Description of the Organization**

The New Leaf program at Vicente Martinez High School provides 9-12th grade, at-risk students with a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure, and academic growth while also encouraging, linking and increasing student access to direct mental health services. The New Leaf program is jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3).

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

a. Scope of Services: New Leaf is an integrated, mental health focused, learning experience at Vicente Martinez High School and Briones School of Independent Study for students of all cultural backgrounds. Key services include student activities that support:

- individualized learning plans
- mindfulness and stress management interventions
- team and community building
- character, leadership, and asset development
- place-based learning, service projects that promote hands-on learning, ecological literacy, and intergenerational relationships
- career-focused preparation and internships
- direct mental health counseling

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

All students enrolled in Vicente and Briones have access to the variety of New Leaf PEI intervention services through a variety of in-school choices that meet their individual learning goals. Some students choose participate in a small learning community called the New Leaf Leadership Academy. The New Leaf Leadership Academy directly serves a cohort of 23 students (maximum enrollment) in one semi-self-contained classroom. Cohort students monitor their own progress through a comprehensive, leadership program that is designed to assist students to become more self-confident through various academic, leadership, communication, career and holistic health activities. Students are considered part of the academy if they have 3 or more classes with the primary New Leaf Leadership Academy teacher.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: \$170,000
- d. Number served: For FY 14/15: 120+.

e. Outcomes:

*Engagement Focus:*

Increased engagement of Vicente/Briones students in New Leaf services.

*Short Term Focus:*

Increased mental health resiliency among Vicente/Briones students.

*Intermediate Focus:*

Students enrolled in New Leaf Leadership Academy will:

- Develop an increased ability to overcome social, familial, emotional, psychiatric, and academic challenges and hence work toward academic, vocational, relational, and other life goals.
- 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 14/15: 6 beds.
- e. Outcomes: To be determined.

## **Office of Consumer Empowerment (Contra Costa Behavioral Health)**

Point of Contact: Susan Medlin

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

[Susan.Medlin@hsd.cccounty.us](mailto: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: \$682,985
- 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 Behavioral Health)**

Point of Contact: Heather Sweeten-Healy, LCSW, Mental Health Program Manager  
Ellie Shirgul, PsyD, Mental Health Program Supervisor

Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520, (925)-521-5620, [Heather.Sweeten-Healy@hsd.cccounty.us](mailto:Heather.Sweeten-Healy@hsd.cccounty.us), [ellen.shirgul@hsd.cccounty.us](mailto:ellen.shirgul@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, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

### **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, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

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

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

### **Program: Senior Peer Counseling - PEI**

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. 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, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to these underserved populations.

- 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 14/15: ICMT served individuals; IMPACT served Individuals; Senior Peer Counseling Program trained and supported 40 volunteer Peers and served 120 individuals.
- e. Outcomes: Changes in Level of Care Utilization System (LOCUS) scores (Impact and ICM only), reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores (Impact only), and reduced isolation, which is assessed by the PEARLS.

## **People Who Care (PWC) Children Association**

Point of Contact: Constance Russell

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

[Pwc.cares@comcast.net](mailto:Pwc.cares@comcast.net)

### **1. General Description of the Organization**

People Who Care Children Association have provided educational, vocational and employment training programs to children ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower 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 14/15: 222
- e. Outcomes:
  - 68% of the "Youth Green Jobs Training Program" participants increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "Green Economy".
  - 75% of the "PWC After-School Program" participants showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
  - 73% of the participants did not re-offend during the participation in the program
  - 65% of the "PWC After-School Program" participants reported having a caring relationship with an adult in the community or at school.
  - 79% increase in school day attendance among "PWC After-School Program" participants.
  - 74% decrease in the number of school tardiness among "PWC After-School Program" participants.



## **Portia Bell Hume Behavioral Health and Training Center**

### **Program: Community Support Program East**

Point of Contact: Chris Celio, PsyD, Program Manager

Contact Information: 555 School Street, Pittsburg, CA 94565

(925) 481-4433, [ccelio@humecenter.org](mailto:ccelio@humecenter.org)

### **Program: Community Support Program West**

Point of Contact: Leslie Miao, MA, Program Manager

Contact Information: 1333 Willow Pass Rd, Concord, CA, 94520

(925) 825-1793, [lmiao@humecenter.org](mailto:lmiao@humecenter.org)

## **1. General Description of the Organization**

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

## **2. Program: Adult Full Service Partnership - CSS**

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

### **A. Goal of the Program:**

- a. Prevent repeat hospitalizations
- b. Transition from institutional settings
- c. Attain and/or maintain medication compliance
- d. Improve community tenure and quality of life
- e. Attain and/or maintain housing stability
- f. Attain self-sufficiency through vocational and educational support
- g. Strengthen support networks, including family and community supports

### **B. Referral, Admission Criteria, and Authorization:**

- a. Referral: To inquire about yourself or someone else receiving our Full Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at 925.432.4118. For services in our CSP West program, please contact our Concord office at 925.825.1793.
- b. Admission Criteria: This program serves adult aged 26 to 59 who are diagnosed with severe mental illness and are:

- i. Frequent users of emergency services and/or psychiatric emergency services
  - ii. Homeless or at risk of homelessness
  - iii. Involved in the justice system or at risk of this
- c. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.

#### C. Scope of Services

- Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
  - Community outreach, engagement, and education to encourage participation in the recovery process and our program
  - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
  - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
  - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
  - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involves them in service planning and delivery.
  - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
  - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
  - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
  - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
  - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement.

The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.

- Money Management, which is provided by a contract with Criss Cross Money Management, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
- 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.

D. Target Population: Adults diagnosed with severe mental illness between the ages of 26 through 59 in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.

E. Payment Limit: For FY 15-16 (East and West CSP): \$1,430,000  
For FY 16-17 (East and West CSP): \$1,908,813

F. Number served: For FY 14-15: 19 individuals (East); 60 existing FSPs transferred from Rubicon (West)

G. Outcomes: No outcomes data for the CSP West Program are included below, as the transition between Rubicon to Hume will complete in early 2016, however, the CSP West program will be reporting on similar outcome measures in the next MHSA Plan.

For FY 14-15, the following objective related outcomes were reported for the CSP East Program:

- Reduce Hospitalization Rates; Reduce Emergency Room Visits

Pre- and post-enrollment utilization rates for 19 Hume Center participants enrolled in the FSP program during FY 14-15.

	<b>No. pre-enrollment</b>	<b>No. post-enrollment</b>	<b>Rate pre-enrollment</b>	<b>Rate post-enrollment</b>	<b>% change</b>
PES episodes	136	97	0.645	.0478	- 25.9
Inpatient episodes	14	17	0.070	0.088	+ 20.5
Inpatient days	94	189	0.496	0.956	+ 92.7

- Increase Satisfaction with Services

Average of 3.5 out of 4 on Client Satisfaction Questionnaire (CSQ-8), with an 82% response rate.

- Increase Housing Stability

Four consumers were assisted in attaining independent living through sub-leasing MHSA Subsidized Housing through Shelter Inc. Of these three consumers were able to maintain it and one, who was not able to successfully live independently during this attempt, was moved back to a Room and Board after. One consumer, who had lived in Residential Treatment for over a year, was able to successfully live more independently by moving to a Room and Board.

- Increase Recovery; Increase Independent Living Skills; Increase Employment Status
- Five expressed a renewed desire to return to work or school. Two of those consumers had concrete plans to do so, one started a volunteer job and was looking for part-time paid work, and the other two had just started to develop a renewed hope that they could succeed and a renewed trust in themselves to accomplish their goals.

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

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](mailto:Anita.Devera@hsd.cccounty.us)

### **1. General Description of the Organization**

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

### **2. Plan Element: Clinic Support - PEI**

- a. Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. Target Population: Adults in central and West county, who present at the clinic for medical reasons
- c. Number served by clinic: For FY 14/15.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

## **Putnam Clubhouse**

Point of Contact: Tamara Hunter, Clubhouse Director; Molly Hamaker, Executive Director

Contact Information: 3024 Willow Pass Rd #230, Concord CA 94519; 925-691-4276; [www.putnamclubhouse.org](http://www.putnamclubhouse.org); Tamara: 510-926-0474, [tamara@putnamclubhouse.org](mailto:tamara@putnamclubhouse.org); Molly: 925-708-6488, [molly@putnamclubhouse.org](mailto:molly@putnamclubhouse.org)

### **1. General Description of the Organization**

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

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

#### **a. Scope of Services:**

Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. In collaboration with the Office of Consumer Empowerment, the Clubhouse hosts Career Corner, an online career resource blog for mental health consumers in Contra Costa. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduce stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.

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 14/15: 309 members.
- e. Outcomes:
  - 60 new members enrolled; 10 were young adults ages 18-25 years.
  - 127 members and their families completed the annual Clubhouse survey (47 of respondents were family members of program participants).
  - 86% of family members who completed the survey reported that Clubhouse activities and programs provided them with respite care and 95% reported a high level of satisfaction with Clubhouse activities and programs.
  - 89% of family members of program participants and 86% of members completing the annual survey reported that the member's independence increased; 90% of members completing the survey reported an increase in peer contacts.
  - 90% of members & caregivers completing the annual survey reported an increase in mental, physical, and emotional well-being
  - 89% of members using career services were "very satisfied" or "satisfied" with the services related to employment and education.
  - 105 career-related postings were researched, summarized, and made by members to the Career Corner Blog.
  - 69 members began and/or sustained paid employment with Clubhouse support.
  - 30 members received support starting and/or continuing school attendance.
  - Members experienced a significant decrease in hospitalizations/re-hospitalizations and out-of-home placements
  - 2014 SPIRIT graduation coordinated by the Clubhouse; SPIRIT video created.
  - 400 people attended consumer holiday party in December coordinated by the Clubhouse in collaboration with multiple agencies, including OCE.
  - 379 people attended the annual community mental health picnic in June coordinated by the Clubhouse in collaboration with 10 agencies, including OCE.
  - The Clubhouse administered the MHSIP consumer surveys for two separate weeks at area clinics under the supervision of Contra Costa Mental Health.

## **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](mailto:Ben@rainbowcc.org)

### **1. 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. Services are the main office in Concord and in East and West County in locations by arrangement with partner organizations.

### **2. 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 works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services. Services are available in English, Spanish, and Vietnamese. Onsite translation support is available in Tagalog.

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

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

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

b. Target Population: LGBTQ community of Contra Costa County (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 14/15: 1) Outpatient Services: 274 (including counseling and case management services onsite and at Contra Costa schools); 2) PEI total served is 1452 participants with the following breakdowns: Pride and Joy: 995 in-person participants (includes 163 LGBTQ seniors and 150 HIV+ people); 3) Youth Development: 489 participants (including 182 on school sites); 4) Inclusive Schools: is



measured in numbers of school sites supported, trainings offered, and school policies developed. Over 3000 community members receive health promotion messages and mental health resources via Rainbow's Facebook page, and 1800 households via RCC's bi-monthly newsletter.

e. Outcomes:

Outpatient Clinic:

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

Prevention and Early Intervention/Pride and Joy:

- 75% of program participants indicated an increase in social network, over 50% indicated an increase in resources they could turn to when they had a problem
- 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 over 700 meals served

Youth Development:

- 80% of youth participants in school-based programming reported increase in resiliency when facing minority stress (e.g. new strategies in place to report bullying, identification of resources, increase in supportive peers, and confidence in disclosing identity to parents, faith leaders and teachers)
- 83% of youth participants working one-on-one with staff achieved progress in at least one individual goal

Inclusive Schools:

- 8 trainings were delivered to over 80 teachers from schools districts including Mt. Diablo Unified, Pittsburg Unified, Antioch Unified, and Martinez Unified.
- Post training and event surveys among school staff show greater understanding of LGBTQ competence and techniques to prevent bullying.
- Faith Leader Open House at RCC reached 10 Contra Costa religious community leaders
- Welcoming Schools and Communities Summit was held in Central County - more than 100 parents, youth and faith leaders attended the one day event and learned strategies to create more welcoming environments for LGBTQ youth

## **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](mailto: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.

#### **b. 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
- c. 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.
- d. Payment Limit: FY 15/16: \$1,117,058 (MHSA: 875,000)
- e. Number served: FY 14/15: 451 (217 are active, regular participants)
- f. Outcomes: 34% of citizens who attend one WRAP class complete the class. 37% who attended one WELL class completed the class, 34% of those who attend one Facing Up to Health class completed the class and 34% of those who attend one “My Personal Wellness Plan” completed the class.

## **Resource Development Associates**

Point of Contact: Roberta Chambers

Contact Information: 230 4<sup>th</sup> Street, Oakland, CA 94607 (510) 488-4345

[rchambers@resourcedevelopment.net](mailto:rchambers@resourcedevelopment.net)

### **1. General Description of the Organization**

Resource Development Associates (RDA) has over thirty years of experience evaluating complex and multi-systems initiatives within California's mental health system as well as evaluation that explores the intersection between the mental health and justice systems. Through these experiences, we have researched and developed numerous strategies and practices related to: a collaborative approach to evaluation; supporting new programs during the formative phase as well as existing programs with evaluation implementation; timely and ongoing reporting of data for continuous quality improvement and compliance; and outcome measurement that helps counties and programs understand individual, program, and systems level outcomes. For this evaluation, we seek to explore not only what the programs are achieving in terms of outcomes but also how the programs are achieving the observed results.

### **2. Program: Assisted Outpatient Treatment (AOT) Program Evaluation - CSS**

Resource Development Associates will 1) design and implement a program evaluation that determines the difference, if any, in program impact and cost savings to the County for individuals who are ordered to participate in behavioral health services versus those individuals who voluntarily participate in the same level and type of services, and 2) provide a comprehensive report to the County and the State Department of Health Care Services on or before May 1st of each contract year. The variables for reporting are detailed in Welfare and Institutions Code Section 5348(d) (1-14), and require both quantitative and qualitative variables (including conducting interviews with behavioral health consumers and their families).

- a. Scope of Services: The total study period will be three years, with three cohorts representing the above groups established. Individuals will be matched by age, gender, race/ethnicity, diagnoses, level of severity of psychiatric disability, income level, and length of active participation in the program. For program and fiscal impact, cohorts will be compared at pre- and post-program intervention on the performance and cost indicators of 1) change in level of functioning, to include successful step down to lower levels of care, 2) number and cost of psychiatric crises interventions, such as the County's Psychiatric Emergency Service (PES), 3) days and cost of psychiatric hospital confinement (State and/or local) and incarceration, 4) incidence of engagement in significant, meaningful participation in the community, 5) engagement in conservatorship, and 6) return to previous level of functioning prior to AOT intervention (recidivism). For cost

savings, cohorts will be compared at pre- and post-program intervention on County dollars spent on each cohort.

- b. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services as provided by Mental Health Systems, Inc. and in partnership with Contra Costa Behavioral Health Services.
- c. MHSA Payment Limit: For FY 15-16: \$ 101, 875; For FY 16-17: \$99,375
- d. Outcomes: RDA seeks to answer the following overarching questions related to the implementation of Assisted Outpatient Treatment/Assertive Community Treatment:
  - 1. How faithful are ACT services to the ACT model?
  - 2. What are the outcomes for people who participate in AOT, including the DHCS required outcomes?
  - 3. What are the differences in demographics, service patterns, psychosocial outcomes, and cost between those who agree to participate in ACT services without court involvement and those who participate with an AOT court order or voluntary settlement agreement?
  - 4. What are the differences in demographics, service utilization, psychosocial outcomes, and cost between those who engage in existing full service partnership services and those who receive ACT services?

## **RYSE Center**

Point of Contact: Kanwarpal Dhaliwal

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

[Kanwarpal@rysecenter.org](mailto: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 Behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

### **2. Program: Supporting Youth - PEI.**

#### **a. Scope of Services:**

1) Trauma Response and Resilience System (TRRS): develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).

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, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).

3) Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services,

conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools. etc.

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

c. Payment Limit: FY 15-16: \$460,388

d. Unique Number served: For FY 14/15: All programs combined: 871 1): over 688 young people, 183 adult stakeholders 2): 485 youth attended two or more program activities 3): 323 young people

e. Outcomes:

#### Trauma and Resilience

- RYSE Youth Restorative Justice (formerly Justice Project) served at least 134 unduplicated young people through probation referrals, community service, juvenile hall workshops and/or presentations, and drop-in programming
- 90% 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
- At least 96% of participants in each session report increased understanding of trauma-informed youth development.
- At least 183 individual stakeholders from over 60 organizations and agencies participated in the Trauma and Healing Learning Series local sessions.

#### Youth Development

- 121 youth members completed wellness plans
- An estimated 485 members participated in at least 2 program activities aimed at supporting healthy peer relationships, community engagement, and leadership
- 70% to 95% (depending on indicator) of RYSE youth members reported positively on indicators of social-emotional well-being such as increased feelings of hope, control over their lives, and a sense of stability and safety, and reduced feelings of isolation.
- 67% of youth members report RYSE programs and services helped them pay attention to their feelings.
- 100% of RYSE staff (youth and adults) were trained to utilize RYSE social media as a means to address stigma and inequity, 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

- Youth members who identify as LGBTQQ report positive sense of self-efficacy, positive peer relations, youth-adult relations, and agency consistent with all survey respondents (see above).
- 47% of youth members report participation in at least one program on LGBTQQ awareness.
  - Of this group, 83% report better understanding of LGBTQQ identity,
  - 82% report better understanding of LGBTQQ issues.
  - All stakeholders involved in the Inclusive Schools Coalition (renamed West Contra Costa LGBTQQ Youth Advocacy Network) reported increased understanding of the priorities and needs of LGBTQ youth and their peers.
  - At least 159 young people received supports through school linked clinical services



## **Seneca Family of Agencies**

Point of Contact: Jessica Donohue, Program Director

Contact Information: 2351 Olivera Road, Concord, CA, 94520, (925) 808–8724,  
[jessica\\_donohue@senecacenter.org](mailto: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

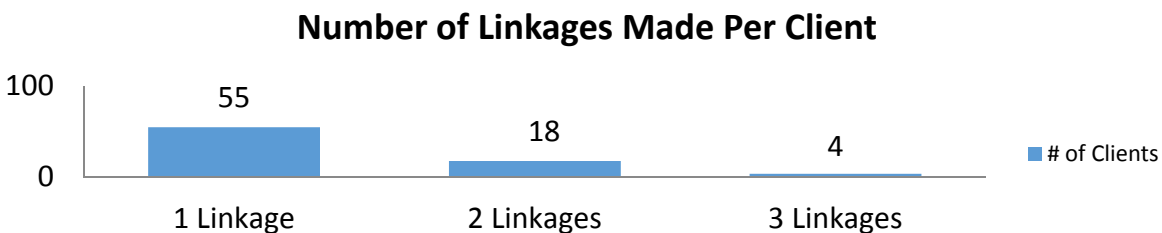
b. Target Population: The target population for the program includes youth 18 years and under with a history of multiple psychiatric hospitalizations and crisis interventions, imminent risk of homelessness, who have a serious mental illness and/or are seriously emotionally disturbed, and are not being 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 14/15 -- Total 116 (115 unduplicated): West 41 (40 unduplicated), Central 27, and East 48

- Outcomes: 79 of the 116 enrolled clients were discharged in FY 14/15. The data below reflects all clients discharged within this fiscal year. Discharge and CALOCUS data on the clients who will close in FY 15/16 will be included in next year's report.
- Linkages  
During the fiscal year 22 clients discharged unplanned. These clients were discharged due to reasons such as moving out of the area, declining further support, aging out, not engaging, changes in client legal offenses, or becoming no longer eligible for services.

The START team attempted to link clients with many different resources during the service period. A total of 77 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.

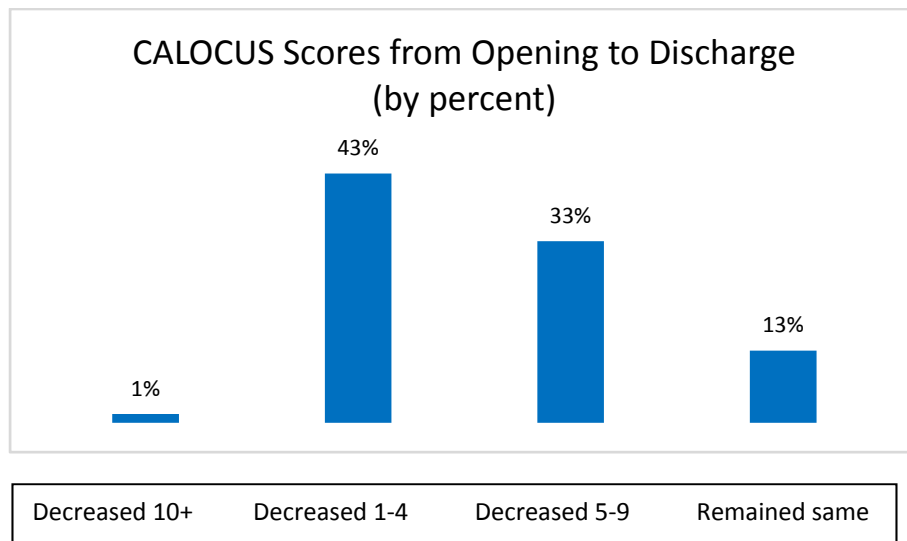


The linkages above are in no particular order, as the first linkage might not have ranked more importance than the second linkage. Some clients might have had a successful relationship maintained with their second or third linkage, but not with their first. The data listed under planned discharges shows more on this information. Overall, seventy-five percent (75%) of the linkages were successful, meaning that the client remained connected to the linked resource 30 days post-discharge from START.

Eight clients also had “other” linkages to resources that are not in the above data. These linkages consist of crisis support lines (2), recreational activities (4), pro-social activities (1), peer supports and mentoring agencies (3), and job corporations (1).

- CALOCUS Scores  
We reviewed the CALOCUS scores at opening or time of referral and at time of discharge for 79 clients. Of the 79 clients, 71 clients (90%) had a CALOCUS score that decreased or remained the same.

- One client's score decreased by more than 10 points.
- Twenty-six clients' (33%) scores decreased by 5-9 points.
- Thirty-four clients' (43%) scores decreased by 1-4 points.
- 10 clients (13%) scores remained the same.
- The successful data is depicted in graph below:



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

**Table 1. Pre- and post-enrollment utilization rates for 99 START participants enrolled in the FSP program during FY 14-15.**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	118	42	0.157	0.054	- 65.6
Inpatient episodes	18	11	0.021	0.014	- 33.3
Inpatient days	149	64	0.149	0.080	- 46.3

*\* 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: Leslie Gleason, Interim Executive Director.

Contact Information: 1333 Willow Pass Rd. Suite 206, CA, 94520,  
(925) 335-0698, [leslieg@shelterincofccc.org](mailto:leslieg@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. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

#### **a. Scope of Services.**

- Provide services in accordance with the State of California Mental Health Service Act 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 120 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.

- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and Section 8.
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to Consumers living in master leased and owned properties.
- Maintain property management systems to track leases, occupancy, and maintenance records.
- Maintain an accounting system to track rent and security deposit charges and payments.
- Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
- Provide and/or coordinate with outside contractors and Shelter, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
- Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
- Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
- Work collaboratively with full service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
- Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
- Provide tenant education to consumers to support housing retention.

- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full service partnership programs.
- c. Annual Payment Limit: \$1,663,668.
- d. Number served: For FY 14/15: Shelter, Inc. served 117 consumers. FY 15/16 Target: 120 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 unforeseen changes in FSP service provision.

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

FY 14/15, 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 120. The addition of new Consumers to housing during the second half of the contract year had an impact on this outcome. At the 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 graduated from the FSP programs and no longer qualified for Clinic based Mental Health case management because their symptoms improved. Some Consumers were solely receiving medication management through County Mental Health Clinics. The reduction in case management support resulted in some Consumers not being able to maintain their housing. Several new FSP Providers 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 due to the contract expansion. Additionally there are Consumers who have graduated from their FSP, and/or are receiving light case management, and/or

are receiving medication management from a County Mental Health Clinics. All of these factors impact housing retention.

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

FY 14/15 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 properties were set aside for MHSA Consumers.

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, new FSP programs with differing 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](mailto:SharonT@standffov.org), [rubys@standffov.org](mailto:rubys@standffov.org)

### **1. General Description of the Organization**

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

### **2. Program: "Expect Respect" and "You Never Win With Violence" - PEI.**

a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and help maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly 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 adolescent 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 14/15 : 1579 youth, 120 Adults

e. Outcomes:

- 75.8% of the 1579 students that participated in the "You Never Win With Violence" presentations demonstrated an increase in knowledge of health and unhealthy relationship behaviors.
- 70% of 255 youth aged 13-24 who made calls to the 24 hour crisis line 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.
- 81.9 % of 385 youth who completed the 15-week Expect Respect Support groups demonstrated increased knowledge about the difference between healthy and unhealthy teen dating relationships, an increased sense of belonging to positive peer groups and increased knowledge of their rights and responsibilities in a dating relationship.
- 120 adults were trained on the dynamics of teen dating violence including how to identify it, how to be an advocate for youth experiencing any kind of violence and how to refer youth to appropriate services. Of completed surveys of the 120 adults trained, 100% indicated an increase in knowledge with an average score of 88%.

## **Telecare Corporation**

Point of Contact: Chris Roach, Program Director

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

[croach@telecarecorp.com](mailto: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 14/15, there are no outcomes to report at this time. Telecare will report on the outcomes listed below:
- d. Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.

- e. 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](mailto: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 14/15: 323
- e. Outcomes:
  - 100% of the 323 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.
  - 60 of parent participants were Latino Fathers (goal: 60)
  - 94 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 14/15: 48 beds available.
- e. Outcomes: To be determined.

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

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](mailto: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. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full Service Partnership services. Clinic management act as the gatekeepers for the Full Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full Service Partnership programs. Full Service Partnership Liaisons provide support to the Full Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

### **Plan Element: Clinic Support - CSS**

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 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 14-15: Approximately 2,789 Individuals.



## **West County Children's Mental Health Clinic (Contra Costa Behavioral Health)**

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](mailto: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 Children's Mental Health Clinic are the following MHSA funded plan elements:

### **2. Plan Element: Clinic Support - CSS**

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
  - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
  - Support for full service partners.
- e. 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.
- f. Number served by clinic: For FY 14/15: Approximately 1,620 Individuals.

## **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 14/15: 12 beds available.
- e. Outcomes: To be determined.

## Woodhaven

Point of Contact: Milagros Quezon.

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

### 1. **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.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Consumers eligible for MHSA services.
- c. Annual MHSA Payment Limit: \$ 13,500
- d. Number served: For FY 14/15: 5 beds available.
- e. 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](mailto: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 a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment model. These models are 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 14/15: 36 individuals
- e. Outcomes: For FY 14/15:
  - Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 1. Pre- and post-enrollment utilization rates for 36 Youth Homes participants enrolled in the FSP program during FY 14-15.**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	69	57	0.176	0.144	- 18.2
Inpatient episodes	36	30	0.088	0.072	- 18.2
Inpatient days	481	499	1.141	1.162	+ 1.8

*\* 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*



## 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/Martinez ☐ Three-Year Program and Expenditure Plan  
☒ Annual Update

<p style="text-align: center;"><b>Local Mental Health Director</b></p> <p>Name: <u>Cynthia Belon</u></p> <p>Telephone Number: <u>925/957-5201</u></p> <p>E-mail: <u>Cynthia.Belon@hsd.cccounty.us</u></p>	<p style="text-align: center;"><b>Program Lead</b></p> <p>Name: <u>Warren Hayes</u></p> <p>Telephone Number: <u>925-957-5154</u></p> <p>E-mail: <u>warren.hayes@hsd.cccounty.us</u></p>
<p>Local Mental Health Mailing Address:</p> <p style="text-align: center;"><u>1340 Arnold Drive, Suite 200</u>  <u>Martinez, CA 94553</u></p>	

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.

<p><u>Cynthia Belon, LCSW</u></p> <p>Local Mental Health Director (PRINT)</p>	<p style="text-align: center;"> <span style="float: right; text-align: right;">4/13/16</span> </p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: \_\_\_\_\_

- ☐ Three-Year Program and Expenditure Plan  
☐ Annual Update  
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Local Mental Health Mailing Address:	

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.

\_\_\_\_\_  
Local Mental Health Director (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby certify that for the fiscal year ended June 30, \_\_\_\_\_, 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

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



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

County: Contra Costa

Date: May 11, 2016

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
<b>A. FY 2014/15 Funding</b>							
1. Unspent Funds from Prior Fiscal Years	25,128,668	6,998,856	3,315,681	1,995,221	4,464,601	0	41,903,027
2. New FY2014/15 Funding	30,059,657	7,514,914	1,977,609				39,552,180
3. Transfer in FY2014/15 <sup>a/</sup>	0						
4. Available Funding for FY2014/15	55,188,325	14,513,770	5,293,290	1,995,221	4,464,601	0	81,455,207
<b>B. Actual FY2014/15 MHSA Expenditures</b>	23,819,956	8,327,420	1,136,488	598,577	1,667,119	0	35,549,560
<b>C. FY2015/16 Funding</b>							
1. Unspent Funds from Prior Fiscal Years	31,368,369	6,186,350	4,156,802	1,396,644	2,797,482	0	45,905,647
2. Estimated New FY2015/16 Funding	24,469,699	6,117,425	1,609,849				32,196,973
3. Transfer in FY2015/16 <sup>a/</sup>	0						
4. Estimated Available Funding for FY2015/16	55,838,068	12,303,775	5,766,651	1,396,644	2,797,482	0	78,102,620
<b>D. Projected FY2015/16 Expenditures</b>	27,076,719	7,799,352	1,322,189	635,644	2,148,703	0	38,982,607
<b>E. Estimated FY2016/17 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	28,761,349	4,504,423	4,444,462	761,000	648,779	0	39,120,013
2. Estimated New FY2016/17 Funding	30,470,104	7,617,526	2,004,612				40,092,242
3. Transfer in FY2016/17 <sup>a/</sup>	0						
4. Estimated Available Funding for FY2016/17	59,231,453	12,121,949	6,449,074	761,000	648,779	0	79,212,255
<b>F. Budgeted FY2016/17 Expenditures</b>	31,568,631	8,037,813	2,019,495	638,872	849,936	0	43,114,747
<b>G. Estimated FY2016/17 Unspent Fund Balance</b>	27,662,822	4,084,136	4,429,579	122,128	(201,157)	0	36,097,508
<b>H. Estimated Local Prudent Reserve Balance</b>							
1. Estimated Local Prudent Reserve Balance on June 30, 2016		7,125,250					
<b>I. Estimated Beginning Balance for FY 2016/17</b>							
1. Estimated Unspent Funds from Fiscal Year 2015-16		39,120,013					
2. Estimated Local Prudent Reserve Balance on June 30, 2016		7,125,250					
3. Estimated Total Beginning Balance		46,245,263					

**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: May 12, 2016

	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
<b>FSP Programs</b>						
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					
<b>Non-FSP Programs</b>						
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				
I. Estimati 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					
<b>CSS Administration</b>	0					
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	30,068,631	30,068,631	0	0	0	0
<b>FSP Programs as Percent of Total</b>	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: May 12, 2016

	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
<b>FSP Programs</b>						
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					
<b>Non-FSP Programs</b>						
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					
<b>CSS Administration</b>	0					
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	31,568,631	31,568,631	0	0	0	0
<b>FSP Programs as Percent of Total</b>	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: May 12, 2016

	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
<b>FSP Programs</b>						
1. Children	2,885,820	2,885,820				
2. Transition Age Youth	2,065,642	2,065,642				
3. Adult	2,812,092	2,812,092				
4. Adult Mental Health Clinic Support	1,553,687	1,553,687				
5. Wellness and Recovery Centers	875,000	875,000				
6. Crisis Residential	2,017,019	2,017,019				
7. MHSA Housing Services	5,150,103	5,150,103				
8. Assisted Outpatient Treatment	2,250,000	2,250,000				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>Non-FSP Programs</b>						
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	500,000	500,000				
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	2,351,239	2,351,239				
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
<b>CSS Administration</b>	0					
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	31,568,631	31,568,631	0	0	0	0
<b>FSP Programs as Percent of Total</b>	62.1%					

**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: May 12, 2016

	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
<b>PEI Programs - Prevention</b>						
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					
<b>PEI Programs - Early Intervention</b>						
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					
<b>PEI Administration</b>	0					
<b>PEI Assigned Funds</b>	0					
<b>I. Estimated Beginning Balance for FY 2016/17</b>	<b>8,037,813</b>	<b>8,037,813</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>PEI Programs - Prevention</b>						
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					
<b>PEI Programs - Early Intervention</b>						
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					
<b>PEI Administration</b>	0					
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>8,037,813</b>	<b>8,037,813</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>PEI Programs - Prevention</b>						
1. Underserved Communities	1,476,176	1,476,176				
2. Supporting Youth	1,550,954	1,550,954				
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	533,400	533,400				
7. Stigma Reduction	682,985	682,985				
8. Suicide Prevention	416,343	416,343				
9. Administrative support /Planning/Evaluation	370,479	370,479				
10.	0					
<b>PEI Programs - Early Intervention</b>						
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					
<b>PEI Administration</b>	0					
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>8,037,813</b>	<b>8,037,813</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

County: Contra Costa

Date: May 12, 2016

	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
<b>INN Programs</b>						
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					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	<b>2,019,495</b>	<b>2,019,495</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



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

County: Contra Costa

Date: May 12, 2016

	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
I. Estimated Beginning Balance for FY 2016/17						
<b>INN Programs</b>						
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					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	<b>2,019,495</b>	<b>2,019,495</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

County: Contra Costa

Date: May 12, 2016

	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
<b>INN Programs</b>						
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	126,000	126,000				
5. Administrative Support	121,773	121,773				
6. Emerging programs	43,939	43,939				
7. Recovery through Employment Readiness	277,445	277,445				
8. Coaching to Wellness	462,006	462,006				
9. Partners in Aging	250,000	250,000				
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	<b>2,019,495</b>	<b>2,019,495</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>WET Programs</b>						
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					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>638,871</b>	<b>638,871</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
I. Estimated Beginning Balance for FY 2016/17						
<b>WET Programs</b>						
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					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>638,871</b>	<b>638,871</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>WET Programs</b>						
1. Administrative Support	184,426	184,426				
2. Staff Training	156,500	156,500				
3. SPIRIT	0	0				
4. Family to Family	20,000	20,000				
5. Law Enforcement	5,000	5,000				
6. High School Academy	3,000	3,000				
7. Graduate Level Internships	269,945	269,945				
8. Bachelor/Master Degree Scholarships	0	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					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	<b>638,871</b>	<b>638,871</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Records System - Adminis	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>849,936</b>	<b>849,936</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

I. Estimated Beginning Balance for FY 2016/17

	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Records System - Adminis	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>849,936</b>	<b>849,936</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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: May 12, 2016

	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11. Electronic Health Records System - Adminis	849,936	849,936				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	<b>849,936</b>	<b>849,936</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>





**PUBLIC COMMENT  
PUBLIC HEARING  
MHSA FISCAL YEAR 2016/2017  
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.

## LATEST INFORMATION

---

- Contra Costa Behavioral Health Services has posted the Mental Health Services Act [Three Year Program and Expenditure Plan Update for 2016-2017](#) | [Spanish](#) for 30 day public comment. Please use these [forms](#) | [Spanish](#) to make any public comment. The public comment period begins on Monday, February 22, 2016, and ends Monday, March 21, 2016. A public hearing will be held on Wednesday, April 6, 2016 at 5:15pm at 550 Ellinwood Way in Pleasant Hill.
- [MHSA Community Engagement Activities for FY 16-17 Plan Update](#)
  - [Three Year Program and Expenditure Plan 2014 – 2017](#)
  - [MHSA Program Overview 2014 - 2017](#)
  - [MHSA Program Overview 2014 - 2017 Spanish](#)

## LINKS & RESOURCES

---

- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health](#)

Proposition 63 in November,  
2004, and the Mental Health

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

Attached is a [form \(/mentalhealth/mhsa/pdf/2016-issue-resolution-request.pdf\)](/mentalhealth/mhsa/pdf/2016-issue-resolution-request.pdf) and [instructions \(/mentalhealth/mhsa/pdf/2016-issue-resolution-memo.pdf\)](/mentalhealth/mhsa/pdf/2016-issue-resolution-memo.pdf) should an individual wish to request a review of any issues related to:

- The MHSa Community Program Planning Process.
- Consistency between approved MHSa plans and program implementation.
- The provision of MHSa funded mental health services.

Community Services & Supports	Prevention & Early Intervention	Innovation
Workforce Education & Training	Capital Facilities/Information Technology	
<p><b>Community Services and Supports</b></p> <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</p>		

where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues.

For more information:

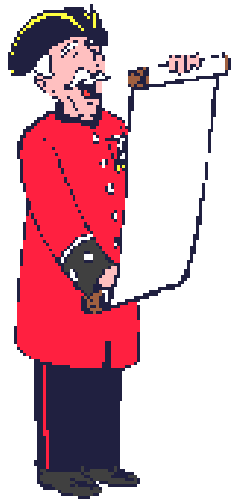
---

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) (<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**

**Fiscal Year 2016-2017**

**Mental Health Services Act (MHSA)**

**Three Year Program**

**and Expenditure Plan Update**

**Wednesday, April 6, 2016**

**5:15-6:30 p.m.**

**550 Ellinwood Way, Pleasant Hill**

### **AGENDA**

**I. 5:15 Call to Order / Introductions – Duane Chapman, MHC Chair**

**II. Opening Comments by Duane Chapman, MHC Chair**

- Review authority for Public Hearing – Welfare & Institutions Code 5848(a)(b)
  - a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.
  - (b) 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.

- III. Overview of Fiscal Year 2016-2017 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update – Warren Hayes, MHSA Program Manager**  
*Note: The Plan is available for review at <http://cchealth.org/mentalhealth/mhsa>*
- IV. 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.
- V. 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.
- VI. Mental Health Commission discussion regarding recommendations to the County Mental Health Administration and the Board of Supervisors. *Action Item***
- VII. 6:30 Adjourn Meeting**

## **Public Hearing Presentation - MHSA Fiscal Year 2016-17 Plan Update**

Contra Costa Behavioral Health Services is pleased to present the Draft Mental Health Services Act Plan Update for Fiscal Year 2016-17. We welcome your input this evening.

The 16-17 Plan Update proposes to set aside \$43.1 million for fiscal year 2016-17 in order to fund over 80 programs and plan elements. This includes \$31.6 million annually to fund 36 programs and plan elements in the Community Services and Supports component that will serve approximately 2,000 individuals who are experiencing a serious mental illness. Our Prevention and Early Intervention component plans to set aside \$8 million annually to fund 28 programs serving approximately 13,000 persons, and are designed to prevent mental illness from becoming severe and debilitating. \$2 million is budgeted annually for eight Innovative projects, and up to \$638,000 is set aside for programs to recruit, train and retain our public mental health workforce. Finally, our Capital Facilities/ Information Technology component will utilize the remaining funds allocated for implementation of the electronic mental health records project.

This is a Plan Update, and, as such, updates the Three Year Program and Expenditure Plan that was approved in 2014. Changes to the Three Year Plan that are included in this Draft Plan Update are:

- A description of this year's Community Program Planning Process, where our Prevention and Early Intervention programs hosted multi-venue outreach events to encourage our underserved populations the opportunity to voice priority needs and suggested strategies to meet those needs.
- Describes changes to the Full Service Partnership program in West County, where Rubicon Programs is phasing out of providing mental health services, and Portia Bell Hume Behavioral Health and Training Center will be assuming responsibility for Full Service Partner services in West County for Fiscal Year 2016-17.
- The implementation of the Assisted Outpatient Treatment Program through a partnership of County and Mental Health Systems staff.
- Adjustments to CSS and INN component budget line items to more closely align with projected expenditures. Component totals are not affected.
- Changes to the description of the Miller Wellness Center.

- Updates progress on implementation of the previously approved Innovation Projects of Wellness Coaches, Partners in Aging, and Overcoming Transportation Barriers.
- Provides a description of the passage and potential impact of new PEI and INN regulations.
- The Budget chapter reflects increased projected revenues for FY 16-17 to reflect most recent estimates provided by the State. Funding summaries indicate sufficient MHSA funds are available to fully fund authorized budgeted amounts for FY 2016-17.
- Program and Plan Element Profiles have been updated, to include outcomes reported by programs for Fiscal Year 2014-15.
- An alphabetized Program and Plan Element Profile Table of Contents has been added.

Again, we welcome both Public and Commission input this evening. We are pleased to have already received a number of written submissions during our 30 day public comment period. The Draft Plan Update will be sent to the Board of Supervisors for review once we have included our written response to any substantive recommendations for revisions received by either the Public or the Commission.



**PUBLIC HEARING**  
**Fiscal Year 2016-2017 Mental Health Services Act (MHSA)**  
**Three-Year Program and Expenditure Plan Update**  
**Minutes from April 6, 2016 – 1<sup>st</sup> Draft**

Agenda Item / Discussion	
<b>I.</b>	<p><b>Call to Order / Introductions</b></p> <p>In the absence of MHC Chair Duane Chapman, Vice Chair Barbara Serwin called the meeting to order at 5:28.</p> <p><u>Commissioners Present</u></p> <p>Candace Andersen, BOS Representative  Greg Beckner, District IV  Doug Dunn, District III  Diana MaKieve, District II  Tess Paoli, District III  Lauren Rettagliata, District II  Barbara Serwin, District II  Gina Swirsding, District I  Sam Yoshioka, District IV</p> <p><u>Commissioners Absent:</u></p> <p>Peggy Black, District V  Duane Chapman, District I</p> <p><u>Other Attendees:</u></p> <p>Richard Andazola, IBT LU 856  Maichael Baldwin, Member of the Public  Marina Becerra, ECAMHS  Bev Barr, Rainbow Center  N.W. Boyd, ANKA BHI  Anton Cloird, AOD Board  Corey Hallman, IBT  Ralph Hoffmann, CCC Senior Mobility Action Council  Warren Hayes, MHSA Program Manager  Donnell Jones, CCISCO  Kimberly Krisch, MWC-BH  Melinda Meahan, Transcriptionist  Michelle Milam, RPD  Eddie Morris, CCMH Men with a Purpose and Wraparound Program  Maria Virginia Padilla, Spanish Interpreter  Natasha Paulson, CCC Senior Mobility Action Council</p>

	<p>Karen Shuler, Mental Health Commission Executive Assistant          Connie Steers, CPAW/BHCP          Kathleen Sullivan, Member of the Public          Mandy Swirsding, RPD          Katherine Wade, Member of the Public          Nancy Williams, East CMH</p>
<p><b>II.</b></p>	<p><b>Opening Comments</b></p> <ul style="list-style-type: none"> <li>Review authority for Public Hearing – Welfare &amp; Institutions Code 5848(a)(b)          Barbara Serwin referred to the W&amp;I Code statute that mandated the Mental Health Commission to conduct the Public Hearing. The entire statute was printed on the Agenda for people to read.</li> </ul>
<p><b>III.</b></p>	<p><b>Overview of Fiscal Year 2016-2017 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update</b></p> <p>As an introduction to the taking of Public Comments, MHSA Program manager Warren Hayes gave a brief overview of the Three Year Program and Expenditure Plan Update. He referred to materials that were available in the meeting packet.</p>
<p><b>IV.</b></p>	<p><b>Public Comments on Plan</b></p> <ol style="list-style-type: none"> <li>Eddie Morris: I am a resident of Contra Costa County, Richmond. I'm a Director of Mental Health in Men and Women of Purpose, and I'm part of the group that we have developed in Contra Costa for mental health first aid. We would like to advocate for more services in West County. The reason why we advocate – that's not the only job that I cover. I worked on different jobs, and I worked at John George as a milieu therapist and telecare, so I'm quite sure everybody here is quite familiar with that environment. So I'm right on the front line on observing mental health on a day-to-day basis. So West County is so deprived of the services needed, because we've had a series of different events that have occurred over the past couple of months and more likely it's directed toward mental health. I'm trying not to go past two minutes, but I'm doing the best I can. We want to increase the behavioral health care and wraparound services for West County for trauma victims to assist them from the first line with a Crisis Unit Team. We want to offer a series of different beds to be offered. We would picture four beds that would be offered in a type of way that could them with detoxification. And it's a long list of things that we really have to offer, but this is the main priority, that the West County services are really depleted, as most of the services are out here. If someone is in West, they have to go to John Muir. By that time, the psychiatric disorder has been probably covered up a lot of different areas, that that's related to a ____ moment by then. So we as this group are really trying to work hard to solicit funds to assist us with these series of different projects that's about to occur.</li> <li>Kathleen Sullivan: Good evening. My name is Kathleen Sullivan, and I am, as well, part of a coalition that is from West County that is here to advocate for services for our West County community. I currently work in the Housing arena, work in public housing, and many of you in the East and Central community may not know, but we have had an uptake in violence in our community, and I work on a property where it was that we've had gunfire that has happened quite a lot over the last seven to</li> </ol>

eight months, and that's when it is I came on board to start looking into what was available for mental health. And it was a travesty, that there was no emergency response services available, there was no, in calling out, who we ended up having to come and do on-site with residents mental health support was a local community-based mental health organization, and that's \_\_\_\_\_ (11:27). It was not without looking into the school system, looking into the police department, even looking into the County. There was no one there. So I'm not talking about what I heard; I'm talking about what outreach was done by me to look for services. So as a result, I have participated in Mental Health 101 training myself, I have brought some other people in. We are really clear that we have trauma issues that are happening, not only with adults and children, unaddressed, that the resources to come into our community are not available in the way that they should be, and this has been an ongoing condition. The disproportionate amount of money that comes to West County versus goes into other areas of the County, my research says this has been going on for way too long. So we've got issues of trauma; we've got issues where it is that we need additional beds for adults and children. The one really serious point of fact I was given is the number of beds, that there are 80 beds in the State of California, hospital beds for behavioral health. We need some more beds in the county, period, much less what we see is available just limited in the State of California. I heard a number mentioned about how much money was spent in behavioral health and what's proposed; I can't even believe it. I can't even believe the amount of money that was just quoted that's going to be spent in 16-17 and know about kids hitting the deck traumatized and can't get services in West County. So we have made some proposals about some things that need to be changed, and your budget is not reflecting, right now with what I've heard, and I will look through it, but it's not reflecting responding to emergency needs, emergency trauma, beds, alcohol and drug recovery beds, beds for children. It's not reflecting that for our West County residents, and so I hear this word, "consumers," who are you talking about? Who are the consumers you're talking about? You meet with the coalition, we've got about eight or nine people here, we can let you know what the depravity of the consumers in West County really looks like.

- 3) Donnell Jones: I, too, am a part of this coalition in Richmond that has come here tonight to advocate for more funds around mental health and the trauma that is seen. I did know for a fact that Kathleen, I helped to coordinate the cease-fire efforts in Richmond along with RPD, and I understand that there is some conversations about having some cease-fire out in East County as well. I just want to piggyback on what she said about the trauma. When you have 7- and 8-year-olds, and 15-year olds, and 13-year-olds, and 20-year-olds whose lives over the past 10 years have seen nothing but crime and gun violence in their areas, there's some residual effects and there are some by-products of that. I don't know if any of you have ever been around gunfire, but it is traumatizing. My family and I, I moved away for quite some time. I grew up in Richmond area, but I moved away. The ministry took me away. I'm a pastor as well. The ministry took me away for about 19 years, and upon my return, I moved back into my family's home, and we weren't

- there for two months before a young man was killed in the Eastshore Park area, just right down the street from my house. Well, my children were privileged, so to speak. They were sheltered in a parsonage in Birmingham, Alabama; in Jacksonville, Florida; in Riverside, California; those places where I pastored and moved across the state as an itinerant pastor. They had never experienced anything like that. And I saw my own children, who came to bed at night, my son, my daughter, with earplugs in their ears because they did not want to hear that. And they were traumatized, would not want to go outside and play, and so that's a child who hasn't lived in this apartment complex that was highly attacked with gun violence \_\_\_\_\_ surrounding that house. We do advocate for more. It's really a sad commentary to only have 80 beds for traumatized kids across the State of California. It is really a bad commentary to have to see all of the moneys that are going throughout the County and none is in West County for this very dismal amount. So we are here tonight to just say, "Please consider West County as you are doing your budget."
- 4) Katherine Wade: Good evening, everyone. Being an ex-employee for Contra Costa County Mental Health, I used to work for the Office for Consumer Empowerment. I basically helped develop services under MHSA, which was Prop 63, and to read about place care providers where people are already accessing other types of services and it's evident that West County does not have those services, so I guess there still won't be providers sent to West County as it has been. When I went out years ago, took Target cards and Safeway cards into all the communities in West County to get information about the unserved and underserved population, African-Americans and Latinos came up. Shortly after, all of that disappeared. I don't know where the funding went. I'm still an advocate in West County. I lost two of my fiancés to homicide in West County, and I have actually brought a pair of my son's father's shoes from 24 years ago, but I said that was doing too much. But just speaking here today and letting you know that when you talk about providing more cultural competency training to include training for language interpreters, it's not just about language interpreters; it's about people who have been traumatized in a community and just remembering a training that I went to, and I did a skit where someone called me and someone had gotten murdered, because that's the norm in my community, and after the training, the next day, the trainers came and said some of the participants there, that I scared them. Now, most of the participants were Europeans and other cultures, probably two were African-American, and I'm saying to myself, "How can you do this job effectively if you're afraid of what's really going on in these people's lives?" So I want to say here today, I'm still advocating for people in West County for different services, and you talk about PES overcrowded; of course, PES is overcrowded, because you closed down our hospital in West County, and then your priorities are taking money that was reserved from AB109 to expand the jail for mental health services? Get your priorities straight, West County, because this is a very diverse community.
- 5) Ralph Hoffman: Another name for MHSA or Prop 63 is, it's funded by what's called a millionaire's tax. If there ever was a time we need another millionaire's tax, it's in this very polarized economy that we have here today. I would suggest Supervisor

- Andersen, first of all, is Chair of the Board of Supervisors, and she also is running unopposed, because she's so popular in her own district. Her district, the San Ramon Valley, has no homeless, so they've solved the homeless problem there. But what we need is another millionaire's tax that will fund more homes for very low, low, and moderate income people, particularly in West County or East County, where the problem is really severe. Right now it's funded partly by in-lieu fees on apartments and condos, and the also the Interfaith Council of Churches lending or giving money for affordable housing, nowhere is it near enough. So I would suggest that we lobby Governor Brown and the State Legislature for another millionaire's tax devoted to solving the homelessness problem. Because when we solve the homelessness problem, I think we will cut down on the violence in these communities in West County and East County and other parts of the county.
- 6) Antwan Cloird: I am also a Board Commissioner for Contra Costa County District 1 on AOD, and I'm just here as a community person who lives in West County. So my title doesn't mean anything when I watch my people suffer; when y'all get paid and they get played. I grew up in Richmond; I've been there 45 years. I am dual-diagnosed. My mother sent me to Beaumont, California, for me to get services, because there were no services. I'm talking about when I was a kid. \_\_\_\_ My mother was able to get me to a diagnostic center in San Francisco, and for those who've been around here, knew about the diagnostic center. And I come from a Black rural area, and I was the only Black kid in that hospital getting some services. Our people don't have that opportunity now. They're stuck in a facility where the boards are facing inside, not out, so they can keep you in and not let anybody else come in. So the mindset of our community is, so what? So when I got these calls around these kids getting shot, I went personally as a Board member, saying, "What's all that?" They tell me Rubicon. Rubicon hasn't had any mental health in years. They're saying, "These people have it." When I found out who really had that money, it was all given to Rise. Rise does not come to the 'hood. They just don't. When they called us, I had Mr. Morris going there. I said, "I don't know what you'd like to do, but you need to go do exactly what I do, but these kids and these families need help now." And so we've been in there doing what we do, and that's how this coalition got started, because you know what? We're tired of getting played. We're tired of seeing y'all got something over there and we don't have a hospital. I had a young man get shot right around the corner from my house and died, getting into the helicopter. When the helicopter got ready to land, it kept on going, because he died, but he got shot right around the corner, 15 steps from my front door. Another young kid who got shot on the pathway was homeless, a 14-year-old kid homeless, got shot in the face. I had to go to the funeral. So I'm telling you what I deal with. Y'all are sitting here in your chair and go wherever you want to go, but when you come to the 'hood, it's real. It's real in the 'hood; it's real in West County. They don't save blood, they spill blood, and my kids are the trauma victims of this. Absence of their families, their loved ones, the negative impact of conversations that go on, and they've got to be nurtured. My kids have got to be nurtured not to think in that same mindset and lifestyle that they have been living in, because there

is a way to get a second chance at a first-class life.

- 7) Michael Baldwin: I am with the coalition team. The main thing is, I'm a mental health patient and I need help. I tore my knee, and about nine months after that, they closed down the hospital. I have been trying to get SSI and all kinds of things. And from that, I have no answers. I have been denied, and I'm upset, not only, it's not about me, but it's about my community. There's nothing in Richmond that can help us. There is no hospital. If a young man or women, or even an older person, gets hurts or gets in danger or is in critical need, they have to go 15, 20, maybe 25 miles to get medical services. That is not tolerated. It's like going to \_\_\_\_ Do we not matter, or are your priorities in order? That's the question. We need mental health services in West County; not in San Ramon, not in Concord, but West County.
- 8) Michelle Milam: As a lifelong resident of Richmond, my name is Michelle Milam, and I work in law enforcement. I am part of the coalition. One of the things that we see frequently when there is an uptick in violence is children being affected by violence. I don't know how many times I have talked to a mother who had to bury their teenaged child, and there were a whole group of other children who witnessed the violence. Our officers go and respond to the scene, but we don't offer mental health services. We have the \_\_\_\_ (MET?) Team that can help with those kinds of things, but the emergency or the urgent care wraparound services, somebody to be able to talk to that family and work with that family immediately, to work with those children immediately, is direly needed. It's no different than the way domestic violence used to be. We think about these things differently, in that in that first 48-72 hours, that's a critical moment, and right now, if they are signed up for health care, an Affordable Care plan, they might wait a month to see somebody. I can't imagine someone seeing someone shot, which I have seen, and waiting a month to be able to see or get some emergency services. This is something that's really desperately needed in our communities. It's something our officers see every day. We send our officers to get health care because they have post-traumatic stress from going and responding to those scenes. They're professionals, so of course they have to deal with their job, but these are people who are living around it every single day and seeing it every single day, and their children. It's important for the behavioral health to be in West County because these are children who need the services. And it's important that we say not just mental health, but behavioral health, because it's the self-medicating. We've gone out on street corners with our clergy as part of our Cease-Fire Partnership, and you see people drinking out of liquor bottles, why? Because they're self-medicating. And a lot of times we don't think of that as a real issue with behavioral health, but it most certainly is. So I just ask you, think about your own children, think about the things that you face when you go home, and if it's anything less than what we want for our own children, then it's impetus upon us to change it if we're in policy positions or positions of change to make a difference.

**V. Commissioner Comment on Plan**

- 1) Lauren Rettagliata: I really appreciate the members of the public who came and spoke with us, and they really gave us some very good information, so thank you

- very much. I wanted to speak about the MHSA Plan. Anybody who has given money through MHSA is supposed to have documented outcomes. I've been reading these MHSA plans for three years now, and there is a long list, and I'll send them to you Warren; I'm sure you're aware of them, too; agencies that we are funding that for the past three years that I've been on the Board have never had outcomes listed. Also, many of our own mental health clinics, the primary care clinics and the mental health clinics, they don't have outcomes listed. They have what I call statements, that they're going to do this and they're going to do that. There was one outstanding agency that gave a really good report, and that was Seneca Family Agency. Whether they're doing what they say they're doing or not, that report, if you look at it, actually tells you what an outcome should look like and what we should require at the County for those people. I also have some questions about Hope House and First Hope. These are wonderful programs, but the one thing I think we as a community need to ask is, are we getting our federally qualified health care dollars back from the federal government? Are we putting in MHSA dollars when we should, instead, be getting back federally qualified health care dollars? There are others. The two that I found that were the most glaring, that we should ask questions on, are Hope House and First Hope. These are wonderful programs, but, when we've got to keep it in our community, we have to expand them in our community, and expansion can happen if we get the federal health care dollars. I want to also speak about full-service partners. The full-service partnerships – I want to thank the full-service partnerships for giving us honest outcomes. Their outcomes were not perfect. They were far from perfect, from what we should be getting from full-service partners, so I think we as a community have to ask, are we giving, what do we do as a community to make sure that a full-service partnership gets the outcomes it is getting in other counties in our state? Because our outcomes are not there. Also, I did do a quick review on the augmented board and care section, and I ask that you have your staff look at that. There was Pleasant Hill Home, I just pulled out one, where in our book it says we're giving them \$90,000, but when I went back and looked at the agenda for the Board of Supervisors, they were approved for \$120,000. So let's take a look at these.
- 2) Sam Yoshioka: What I'd like to point out is the fact that originally in the MHSA plan and funding, we had a psychiatric health facility in that proposal, and for some reason out of the three projects, which is the crisis residential, the Hope House; the ARC, Assessment Recovery Center, which is in with the Miller Center; the psychiatric health facility was never funded. Well, it was funded but was not implemented. And I think we need to look at that project again. The very fact that in the white paper it does mention where a consumer went to 4C or was referred to 4C and was not admitted because that consumer did not have a medical issue. That consumer just had psychiatric issues, and that's where the psychiatric health facility comes into play. The question I have is, how many of the consumers in Contra Costa County are sent outside the county, and is it worthwhile to bring people back if you have psychiatric health care facility to take care of these people that are outside the county. [sic] I propose that we bring that back on the front burner for

- consideration. A quick note that I'd like to mention is that at the MHSA meeting, or the CPAW meeting, one of the stakeholders mentioned that their mother had problems reading the assessment or the needs survey, and just about a week later, I was talking to a friend who volunteers at the Election Department and I was told that their ballot, if you have problems reading, they have a reader that you can insert the ballot and it will come on the screen in a larger form so they can read and vote. Now, the question I have is that we have these technologies in other departments, and why not in the Health Services Department? We should be able to be inclusive and provide accessibility for those who are underserved because of disability, and also for the people with hearing disability, you have the technology now to translate what is being said in a print form on the screen so you can read if you have problems hearing. We have this technology, and I suggest that we consider looking into these things to make it more accessible for the disabled.
- 3) Gina Swirsding: One of the areas I'm extremely concerned about, which is not only occurring in West County but throughout the county, is the issues of consumers who are dual-diagnosed who have drug and alcohol problems. Many of them – actually, it's a problem throughout the state, that when they are in programs for drugs and alcohol, many of them don't remain in there or are pushed out because of their mental illness, where you have more who just have the alcohol and drugs, they remain. I just have heard the stories over and over again: We have family members who have mental illness plus drug and alcohol problems, and there are not the services for drug and alcohol for these patients. Then on top of it all, in the psychiatric ward on the psychiatric side, there are many psychiatrists out there in the community who will not even take people who are taking drugs or alcohol. They have to be clean. And this also includes outpatient programs. So I am extremely concerned that a lot of these patients are self-medicating themselves, and they also have a problem with denial. There needs to be some kind of program within the County that deals with people with mental illness plus drug and alcohol, dealing with that problem. Because to mix your drugs with alcohol, or drugs, is bad news. So this is what I'm concerned about. I just want to say this is throughout the County; it's not just in West County; it's in East County, it's in Central County and South County.
- 4) Barbara Serwin: I have just a few questions. I'd just like to know more about a few of the high-level financial pieces to the program. I was very curious about the unspent funds and what the exact amount is. I'm not sure; I kind of think it's in the report – kind of the history of how these unspent funds developed over what timeframe and are they still developing, or it sounds like they might be leveling out expenses versus revenues coming in versus the expenses. How do they expect to use them, over what timeframe, and what are the criteria for spending the unspent funds? I see that there are a couple of programs, WET and the Capital Expenditures, and the IT Expenditures. Then speaking of IT, there are \$850,000 applied to Epic Tapestry implementation of electronic information systems for the behavioral health systems, and I'm wondering in the upcoming fiscal year what those funds specifically are targeted for. Just generally speaking, how we're assessing the



<p>progress, what are our benchmarks and success criteria for the information technology implementation. Lastly, I'm curious about our reserve amount and how that's determined.</p>
<p><b>VI. Mental Health Commission discussion regarding recommendations to the County Mental Health Administration and the Board of Supervisors</b></p> <p>Barbara: Now, our last agenda item is the Mental Health Commission discussion regarding the recommendations that have come through the comments that have been made by the public and the Commission and recommendations to the County Mental Health Administration and the Board of Supervisors.</p> <p>Karen: What we've done in the past is categorized them and the things that the commission would like to discuss and recommend, that really some concentration be placed on, so I've written down the categories as people spoke, and I may have missed some individual things, and Melinda will pick those up. But basically I wrote down as the people were speaking, I put a "1" next to them if they were from the Richmond Coalition, and then as they came up with something different from the last person, I tried to cover everything. So under #1 issue were more services in West County, wraparound services, additional beds for adults and children, especially with the emphasis on children, but it is for adults and children; emergency response services, emergency trauma services, AOD treatment services, helping families and children, and a mention that Rise was not meeting that need, no hospital, medical health needs, children being affected by violence, behavioral health as well as mental health. Is there anything else that was not covered in that that was from the coalition?</p> <ul style="list-style-type: none"> <li>• You said "More services in West County. Shouldn't that be, "More mental health services in West County?"</li> <li>• Karen: I assumed that when I'm taking my notes, but yes, I will put that.</li> <li>• Then, too, me being a survivor and having to raise children by myself with their fathers' being murdered in Richmond, I had to actually leave West County to start my services, because when I went to the doctor, he said, "Do you drink alcohol?" I answered yes, I was an alcoholic. So he said, "When you deal with your alcohol issues," like Sam said, "come to get treatment."</li> <li>• Karen: So it's treatment out of West County.</li> <li>• It's being culturally competent. Becoming culturally competent.</li> <li>• Karen: You did say that, and I didn't know how to put that. So culturally competent, okay. I'm not trying to add to the comment period.</li> <li>• When you say that we have no substance abuse services, no detox in West County, and we don't have that.</li> <li>• Karen: I put AOD treatment services. You will have opportunity to expand, and I gave them your papers that you wrote out. I was given copies of those papers. If you want to turn in your comments, the things that you actually brought with you to comment on, you can do that. Put your name on them, and I'll include that all with the information for the transcriptionist. So that was that on #1 that was presented by the coalition, issues that were presented by them.</li> </ul> <p>Number 2 was having a tax for the homeless as an issue to help cut down, one of the</p>

things that it would do is help cut down on violence, but the tax in order to get homeless services, not just in West County but where needed.

Number 3, Lauren had a combination of documented outcomes not tested on the MHSA, Hope House, First Hope; using the federal dollars instead of the MHSA dollars; FSP. You said something about the outcomes.

- Lauren: I can send you my written comments.
- Karen: Well, these are needed. If you have them written, give them to Melinda.
- Lauren: I don't have them written right now.
- Karen: Send them to Lisa or Warren, not to me, at this point.

And then look at the augmented board and care, so that was issue number 3.

Issue #4, Sam spoke about the MHSA Plan, a psychiatric health facility was not implemented, how many consumers are sent outside the county, the Needs Survey being hard to read, ballots with larger print, why aren't we using the technology that we have available, so access to large-print, handicapped accessibility. Visual, audio, language, whatever the people need in accessibility. Understanding when I say language, I don't mean just Spanish and English, I mean language they can understand that is not County legalese but language they can understand also on the information. Gina spoke about dual diagnosis, meaning AOD not development and mental health. People are pushed out because of mental health. They can't get a psychiatrist or enter programs, that we need to have an AOD-plus-mental-health program. Does that capture?

- Gina: Yeah. It would be something that's geared to the mentally ill that we have.
  - Karen: But AOD and with all three of the diagnoses. We need to have a triple instead of a dual diagnosis, then.

Barbara spoke about having several questions on the financial end, high-level financial pieces, history of unspent funds, still developing, how do we use them, the criteria, ID implementation plans, how we are assessing the projects with criteria, how to determine the resources amount. And you can add anything to that.

- Barbara: I would just, how is the Epic Tapestry implementation of information systems for behavioral health systems, what is the amount going to be applied for this year, and how is success being measured? Then just lastly, how are reserve funds determined, the amount?
- Doug: Unspent funds, I believe. Unspent as opposed to reserve.
- Barbara: I was also asking about the reserve.
- Doug: What I'm saying, they are two different things.

Karen: So those are your issues for the Commission to make a recommendation on. You're not voting to okay the plan. That's not your place. The thing is making recommendations on the plan. Those were presented by the public, issues presented by the public, and the Commissioners.

Barbara: We have had these high-level topics presented with a lot of detail under them. Do we have any recommendations from Commissioners on specific recommendations that we would like to make to address the issues that have been described to us this

evening? I can speak to my own, if I may, is that acceptable? That we look into how our unspent funds are being used, how they are being evaluated, how they are being selected.

Lauren: I had two things that could really be looked at and answered, and that is on our federally qualified reimbursement dollars that we're getting. Can we make adjustments in the MHSA Plan if it is possible to have part of these costs covered through Medi-Cal and Medicare payments, and also I would like to ask that no further contracts be awarded to any entity if they have not provided outcomes to us, that the Board of Supervisors hold the line and not approve future funding if they are not meeting the requirements of the MHSA Act.

Doug: I heard from West County that the focus be beyond the Laura's Law issue, focusing on the most seriously mentally ill among us in the County, because that's where the greatest wastage of dollars occurs in the County budget.

Barbara: Could you repeat that again?

Doug: I said that there could be a focus toward serving the most mentally ill in the county, because that's where the greatest forced use of County mental health dollars occurs.

Diana: I feel that we owe West County the opportunity to take a look at what's going on there in terms of what services, what we can do with the services issues. I don't think we can just leave it sitting here. We know it's a problem. I just don't know quite how to voice it in such a way to create an action item on it, I guess you could say.

Karen: We can't do that here. We can receive the public comment, but we can't respond to it. This goes into the Plan; however, believe me, they have been heard, and it will come up in Commission meetings. There have been some things that can go right into Quality of Care, right into MHSA, and so on. But the purpose of this is to get this information for recommendations on that. So all of these issues, there are a lot of them that I want to shout out and say go there, do this. But we can't respond to a public comment other than for clarification. I'm sorry.

Gina: Under the law of MHSA, if you read the law, it's a requirement that they have to hear what the public has to say, so that's why they have this open time of writing your comments in and for the citizens to come out here and speak. It's something that the Board of Supervisors and those in management needing to hear this voice. This is that process for MHSA funding. It's a vital part, and it's done in every county.

Greg: You know, it's a thing that it's not a question of where the funding, where we put it, but how can we get more? I think that's the biggest issue here is, after hearing the stories of West County, I think that's the #1 priority in this whole, out of every comment that I've heard so far, because we're talking about murder, we're talking about child abuse, we're talking about problems that are much beyond any other problem that I've seen in all the comments that I've heard so far, and I think that we need to find a way to get more money. Start writing letters to senators or congressmen and find out how we can get more money to put into the systems that need the most help. I just think that it's important that we focus on the people that need the help the most.

Barbara: I also go back to one of my own, that I'm very, I come from a technology background and I'm always very concerned with how technology costs a lot, and

understandably so, but for the funds that are being put into it, how we're measuring the success of those outcomes, and are we reaching those milestones.

Karen asked last year's MHC Chair, Lauren Rettagliata, for clarification on next steps.

Lauren, from last year, did you just vote and say yes, we want to recommend that, that, and that?

Lauren: We voted that there had been a public hearing and that we had taken the recommendations, and the recommendations would all be forwarded to the MHSA division of Behavioral Health for answers and incorporation into the plan.

Barbara: Before we do that, I wanted to put out there to the public, is there any concern that you voiced that you believe has not been covered by the Commission in terms of recommendations? We really don't want to leave here with any of your concerns that have not really been brought into recommendation form.

Connie: Just one thing I would like to add about alcohol and drug detox treatment. It really needs to be medically supervised. Very often than not, it's just putting someone in a group home of sorts and letting peer pressure. People with really severe drug and alcohol issues really need competent, well-trained and supervised medical detox, and they also need; very, very much need real health screening to find out how their health is, what kinds of follow-up services do they need from every sector of services.

Eddie Morris: I'm going to put another hat on. My organization is Men with a Purpose. We find out that our assessments through our jail, assessments that we do on our population, that there are more dual-diagnosis individuals that come out of that system, and when they come out, they are really working hard with mental health, and I thank mental health for trying to get these gentlemen on medication as quickly as they leave out. We don't want any recidivism, because there's a real -- Connie, when she first started, we sat down, and that was one of the main things with Contra Costa Regional Medical Center. They have people who go inside, so basically when the participants get out, they have a get-out date, and so when they get out, they try to make sure they have their medication before they exit, and that's very vital, and even after. So just a note, because it's a lot. These people are employable; they just have to be balanced. Their medication has to be balanced, right? So once you balance it, you can move forward with their treatment and onward for their success, not just to hold them hostage with that high dosage, but to lower the dosage so they can still function and be productive members of society even though they have a mental health condition. They shouldn't hold them hostage when they can be a positive member of society. I think the approach should change a little bit so y'all can give people hope so they can be employed. Because in their minds they think they're not employable because they have a condition, but they are employable. They just need their medication to be at a level where they can function.

Gina: I do want to make a note about South County about homelessness, because there are a lot of homeless, even people who live in South County live there. What they do is, in the winter they live in the hills in South County, and then in the summer they move over the hill. In winter, they get the protection, and then they move. This is something I have learned with some of the homeless people who have mental illness. So I wanted to say that it is a problem, even in South County.

(Member of public): I just wanted to mention one more thing that I forgot to say, and that is that there is some exploration around doing what I recall called place-based mental health support, where you take the mental health support services into the community. So we're exploring that possible model in Richmond, and I think that we need to take a look a little closer at taking mental health services into the housing developments, into those properties themselves, and offering groups and those services directly on properties. What I have heard from some of the mental health professionals is that them sitting in the building and you making the phone call and getting connected, and here's where you go at such-and-such a time for your appointment, is not a working model. So I'm just putting it out there, that that conversation has been going on in Richmond. I'm hoping that we do something in that area, but I think it needs to be addressed at you guys' level as a shift in how you deliver services.

Katherine Wade: I was a Community Support Worker, too, and West County was my region when I worked for Contra Costa County, so they do have Community Support Workers under the mental health umbrella. I don't know what they're doing at this point, but I just want to say, after losing my second fiancé in West County, I developed agoraphobia. I have had agoraphobia for, I think, four years. And had it not been for my support services, my mother coming from Mississippi, and my family being involved, my children would have been placed with Social Services. So when you think about people in West County and their suffering PTSD, agoraphobia, mood disorder, all the diagnoses you can think of experiencing trauma, from children, babies left without their parents up to adults not having their children any more and having to raise their grandchildren, there is a big issue in West County. And even looking at this panel here today, I don't see the cultural diversity. I really don't see the cultural diversity, and I know this is a conservative county, because I worked for it, and I always went to bat for the underserved and unserved populations regardless of what culture they came from, so I'm just saying that today to put it on your mind; I've been healed. When I got myself healed receiving psychiatric services, I come from a Christian family, but God is God, spirituality, but mental health services helped me heal so that I could function and take care of my children and my family and going on to live my life and be productive. So what I want to leave with you today is, hurt people hurt people; healed people heal people. I would love to see healing in West County, knowing that I was a part of Prop 63 that was turned into the MHSA.

Karen: The Chair of the Mental Health Commission, Duane Chapman, is not here today because he is ill, just so you know, Duane is the Chair. He has a really big heart for West County. He really is very sorry that he is not here. There are vacancies on the Commission.

Gina: We have a seat in West County that could be filled by someone. Oh, and there's other parts of the County that are missing, too.

Barbara: So I have a question. Are there any other recommendations? This is the final call for Commissioners to pull out recommendations from these last comments that we have heard. Now that we've had additional public comment, whether there are recommendations, additional recommendations that any Commissioner would like to make to address these comments if they have not already been addressed by

recommendations that they have made so far.

Gina: It is my understanding that we got a grant for crisis intervention, and it was supposed to go.

Barbara: Is this a recommendation?

Gina: It's a recommendation.

Karen: From what was already said, there was not any comment about crisis intervention here today.

Lauren: Do we need a motion to close the meeting?

Barbara: Lauren, I was just giving Commissioners an opportunity for any final recommendations based on what was just said. I wanted to make a recommendation, speaking to your point, and it's going to be hard for me to articulate, I think, but, that we look at what is happening in our jails in terms of how those who are incarcerated who are mentally ill, how they are released back into the community with adequate medication, and it being provided in a timely way and being tracked, and that we look at ways to support their transition in terms of employment. Lauren, would you please make a motion, since I think you know which motion we need to make?

- Lauren: I move that we as a Mental Health Commission have done our duty to listen to the public comments and to give our own comments to the Behavioral Health Administration so that we complete our duties as required under the Mental Health Services Act. Gina seconded the motion.

Discussion: No further discussion.

Vote: By a unanimous vote of 8-0-0, the Mental Health Commission voted to forward all recommendations to the MHSA division of Behavioral Health for answers and incorporation into the plan.

Ayes: (8) Candace, Doug, Diana, Tess, Lauren, Barbara, Gina, Sam.

Nays: (0)

Abstain: (0)

Absent: (3) Peggy, Duane and Greg (who left the meeting prior to the vote)

## **VII. Adjourn Meeting**

The meeting was adjourned at 6:35 p.m.

Respectfully Submitted,  
Karen Shuler, Executive Assistant  
Contra Costa County Mental Health Commission

Melinda Meahan,  
Administrative Clerk, Transcriptionist

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

**PUBLIC COMMENT** – The following is a summary of the 23 written comments received during the 30-day comment period.

- a. Comment. West Contra Costa County residents, particularly children, youth and families, experience a disproportionate level of trauma due to gun violence. We want increased behavioral health care and wrap around services in West County, to include urgent care, after hours psychiatric emergency services, and a quick, coordinated first response between community and professional staff. We want to ensure that West County trauma survivors have access to high quality, innovative and culturally appropriate services that fit the needs of people impacted by trauma.
- b. Comment. There is a need for crisis intervention in West County after a tragedy has occurred in a community where there are witnesses to that tragedy. There is no help for the witnesses seeing the tragedy. There is no follow-up help either. There should be a place for community healing, support and referral out for professional mental health services.
- c. Comment. We would like to have a mental health crisis team in West County to come out following a traumatic event. Many of my African American family members have been victims of violence, and not much in the way of services have been offered.
- d. Comment. Many of my friends were shot and killed. The doctor that I saw treated me like I was a bad person. We need services for African American folks, and need to be viewed as human beings.
- e. Comment. We want to eliminate barriers to accessing existing behavioral health services, and increase education, training and outreach to West County.

Response. We agree that Contra Costa Behavioral Health Services (CCBHS), to include MHSA funded programs, should be part of a quality mental health response to traumatic violence experienced by the community. Starting in July, all of our Prevention and Early Intervention programs who provide outreach and engagement to at-risk and underserved populations will be required to provide access and linkage to mental health care. There are several programs in Western Contra Costa County who are responsive to at-risk youth, as well as provide culturally relevant programming specific to racial/ethnic groups, such as African American, Native American, Hispanic and Asian Americans. Moving forward we are working to strengthen the partnership between these programs and our mental health clinics where more intensive treatment is available. Also, we are currently in the process of planning to train and certify a number of our mental health professionals to offer Mental Health First Aid training to community groups who have a special interest in responding to trauma events. A component of the training will be strengthening the ability to identify the need for more intensive mental

health care as well as the ability to connect individuals to the right resources. We are anticipating that Mental Health First Aid Training will be available sometime this fall. Contra Costa Behavioral Health Services recognizes the importance of making the system of care trauma-informed. Accordingly, CCBHS will be offering a Trauma-Informed Systems training in May. Additionally, CCBHS participates in the Bay Area Trauma-Informed Regional Collaborative which has developed plans to regionally coordinate trauma-informed practices, knowledge, and approaches. Finally, CCBHS has implemented several programs specifically targeting clients who have experienced trauma, including Trauma-Focused Cognitive Behavioral Therapy for children and Trauma Recovery Group for adults.

- f. Comment. I am a homeless African American from West County. We need more homeless, crisis and mental health services specifically for African Americans. We need our own people to help us.
- g. Comment. Mental health and addiction treatment for our youth and families matters, and should be reflected in the upcoming budget.

Response. Contra Costa Behavioral Health Services has been working to integrate its Alcohol and Drug Abuse Services, Housing and Homeless Services, and its Mental Health Services into a unified team approach for individuals with addiction, housing and mental health service needs. The MHSA Community Services and Supports component has several Full Service Partnership Programs that are regionally based, and field multi-disciplinary teams specific to the mental health, substance abuse and housing supports needs of children, youth, adults and older adults experiencing serious mental illness.

- h. Comment. Doctor's Hospital closed and citizens in Richmond do not get the same services when in crisis, and are not treated the same as in Central or East County.
- i. Comment. We want expanded children's in-patient psychiatric beds and more beds to provide mental health services for youth who would otherwise enter the criminal justice system.

Response. The closing of Doctor's Hospital in San Pablo and its emergency services effectively reduced the number of primary care hospital beds and emergency response for residents of West County. However, Doctor's Hospital did not offer in-patient psychiatric care or psychiatric emergency services. Contra Costa County, as do other counties, competes for a very limited number of in-patient psychiatric beds, especially children's beds. Often children are sent to facilities located in other counties, or in some cases other States, many at quite a distance from Contra Costa County. This issue is being studied by the County for potential solutions. Unfortunately, the Mental Health Services Act requires funds to be specifically earmarked for voluntary mental health



services provided in the community, and are not a resource for ongoing support of locked psychiatric facilities.

## **PUBLIC HEARING COMMENTS**

- a. Comment. I am a resident of Richmond. I'm a Director of Mental Health in Men and Women of Purpose, and I'm part of the group that we have developed in Contra Costa for Mental Health First Aid. We would like to advocate for more services in West County. The reason why we advocate – that's not the only job that I cover. I worked on different jobs, and I worked at John George as a milieu therapist and Telecare, so I'm quite sure everybody here is quite familiar with that environment. So I'm right on the front line on observing mental health on a day-to-day basis. So West County is so deprived of the services needed, because we've had a series of different events that have occurred over the past couple of months and more likely it's directed toward mental health. We want to increase the behavioral health care and wraparound services for West County for trauma victims to assist them from the first line with a crisis unit team. We want to offer a series of different beds to be offered. We would picture four beds that would be offered in a type of way that could help them with detoxification. And it's a long list of things that we really have to offer, but this is the main priority, that the West County services are really depleted, as most of the services are out here. If someone is in West, they have to go to John Muir. By that time, the psychiatric disorder has been probably covered up a lot of different areas. So we as this group are really trying to work hard to solicit funds to assist us with these series of different projects that's about to occur.
- b. Comment. I am, as well, part of a coalition that is from West County that is here to advocate for services for our West County community. I currently work in the housing arena, work in public housing, and many of you in the East and Central community may not know, but we have had an uptick in violence in our community, and I work on a property where it was that we've had gunfire that has happened quite a lot over the last seven to eight months, and that's when it is I came on board to start looking into what was available for mental health. And it was a travesty, that there were no emergency response services available. We ended up having to come and do on-site with residents mental health support. It was not without looking into the school system, looking into the police department, even looking into the County. There was no one there. So I'm not talking about what I heard; I'm talking about what outreach was done by me to look for services. So as a result, I have participated in Mental Health 101 training myself. I have brought some other people in. We are really clear that we have trauma issues that are happening, not only with adults and children, unaddressed, that the resources to come into our community are not available in the way that they should be, and this has been an ongoing condition. The disproportionate amount of money that comes to West County versus goes into other areas of the County, my research says this has been going on for way too long. So we've got issues of trauma; we've got issues where it is that we need additional beds for adults and children. The one really serious point of fact I was given is the number of beds - that there are 80 beds in the State of California, hospital beds for behavioral health. We need some more beds in the county. I

heard a number mentioned about how much money was spent in behavioral health and what's proposed. I can't even believe it. I can't even believe the amount of money that was just quoted that is going to be spent in 16-17 and know about kids hitting the deck traumatized and can't get services in West County. So we have made some proposals about some things that need to be changed, and your budget is not reflecting right now with what I've heard. I will look through it, but it's not reflecting responding to emergency needs, emergency trauma, beds, alcohol and drug recovery beds, beds for children. It's not reflecting that for our West County residents. I hear this word, "consumers". Who are you talking about? You meet with the coalition, we've got about eight or nine people here, we can let you know what the depravity of the consumers in West County really looks like.

- c. Comment. I, too, am a part of this coalition in Richmond that has come here tonight to advocate for more funds around mental health and the trauma that is seen. I helped to coordinate the cease-fire efforts in Richmond along with the Richmond Police Department, and I understand that there are some conversations about having some cease-fire out in East County as well. When you have children and youth whose lives over the past ten years have seen nothing but crime and gun violence in their areas, there's some residual effects, and there are some by-products of that. I don't know if any of you have ever been around gunfire, but it is traumatizing. My family and I moved away for quite some time. I grew up in Richmond area, but I moved away. The ministry took me away. I'm a pastor as well. The ministry took me away for about 19 years, and upon my return, I moved back into my family's home, and we weren't there two months before a young man was killed in the Eastshore Park area, just right down the street from my house. Well, my children were privileged, so to speak. They were sheltered in a parsonage in Birmingham, Alabama, in Jacksonville, Florida and in Riverside, California. Those were places where I pastored and moved across the state as an itinerant pastor. They had never experienced anything like that. And I saw my own children come to bed at night with earplugs in their ears because they did not want to hear that. And they were traumatized, would not want to go outside and play. We do advocate for more. It's really a sad commentary to only have 80 beds for traumatized kids across the State of California. It is really a bad commentary to have to see all of the moneys that are going throughout the County and none is in West County for this very dismal amount. So we are here tonight to just say, "Please consider West County as you are doing your budget."
- d. Comment. Being an ex-employee for Contra Costa County Mental Health, I used to work for the Office for Consumer Empowerment. I basically helped develop services under MHSA, and I read about care providers where people are already accessing services, and it's evident that West County does not have those services. So I guess there still won't be providers sent to West County. When I went out years ago, took Target cards and Safeway cards into all the communities in West County to get information about the unserved and underserved population, African-Americans and Latinos came up. Shortly after, all of that disappeared. I don't know where the funding went. I'm still an advocate in West County. I lost two of my

fiancés to homicide in West County. But just speaking here today and letting you know that when you talk about providing more cultural competency training to include training for language interpreters, it's not just about language interpreters; it's about people who have been traumatized in a community and just remembering a training that I went to, and I did a skit where someone called me and someone had gotten murdered, because that's the norm in my community. After the training the trainers came to me and said I scared some of the participants. Now, most of the participants were Europeans and other cultures, probably two were African-American, and I'm saying to myself, "How can you do this job effectively if you're afraid of what's really going on in these people's lives?" So I want to say here today, I'm still advocating for people in West County for different services, and you talk about Psychiatric Emergency Services being overcrowded. Of course, PES is overcrowded, because you closed down our hospital in West County, and then your priorities are taking money that was reserved from AB109 to expand the jail for mental health services? Get your priorities straight, West County, because this is a very diverse community.

- e. Comment. I am a Board Commissioner for Contra Costa County District 1 on AOD, and I'm just here as a community person who lives in West County. So my title doesn't mean anything when I watch my people suffer - when y'all get paid and they get played. I grew up in Richmond; I've been there 45 years. I am dual-diagnosed. My mother sent me to Beaumont, California, for me to get services, because there were no services. I'm talking about when I was a kid. My mother was able to get me to a diagnostic center in San Francisco, and for those who've been around here, you know about the diagnostic center. And I come from a Black rural area, and I was the only Black kid in that hospital getting some services. Our people don't have that opportunity now. They're stuck in a facility where the boards are facing inside, not out, so they can keep you in and not let anybody else come in. So the mindset of our community is, so what? So when I got these calls around these kids getting shot, I went personally as a Board member, saying, "What's all that?" They tell me Rubicon. Rubicon hasn't had any mental health services in years. They're saying, "These people have it." When I found out who really had that money, it was all given to RYSE. RYSE does not come to the 'hood. They just don't. When they called us, I said, "I don't know what you'd like to do, but you need to go do exactly what I do. These kids and families need help now." And so we've been in there doing what we do, and that's how this coalition got started, because you know what? We're tired of getting played. We're tired of seeing y'all got something over there and we don't have a hospital. I had a young man get shot right around the corner from my house and died, getting into the helicopter. When the helicopter got ready to land, it kept on going, because he died. He got shot right around the corner, 15 steps from my front door. Another young kid who got shot on the pathway was homeless, a 14-year-old kid homeless, got shot in the face. I had to go to the funeral. So I'm telling you what I deal with. Y'all are sitting here in your chair and go wherever you want to go, but when you come to the 'hood, it's real. It's real in the 'hood; it's real in West County. They don't save blood, they spill blood, and my kids are the trauma victims of this. Absence of their families, their loved ones, the negative impact of

conversations that go on, and my kids have got to be nurtured not to think in that same mindset and lifestyle that they have been living in. Because there is a way to get a second chance at a first-class life.

- f. Comment. I am with the coalition team. The main thing is, I'm a mental health patient and I need help. I tore my knee, and about nine months after that, they closed down the hospital. I have been trying to get SSI and all kinds of things. And from that, I have no answers. I have been denied, and I'm upset. It's not about me, but it's about my community. There's nothing in Richmond that can help us. There is no hospital. If a young man or woman, or even an older person, gets hurt or gets in danger or is in critical need, they have to go 15, 20, maybe 25 miles to get medical services. That is not tolerated. Do we not matter? Are your priorities in order? That's the question. We need mental health services in West County; not in San Ramon, not in Concord, but West County.
- g. Comment. I am a lifelong resident of Richmond and work in law enforcement. I am part of the coalition. One of the things that we see frequently when there is an uptick in violence is children being affected by violence. I don't know how many times I have talked to a mother who had to bury their teenage child, and there were a whole group of other children who witnessed the violence. Our officers go and respond to the scene, but we don't offer mental health services. We have the Mental Health Emergency Team that can help with those kinds of things, but the emergency or the urgent care wraparound services, somebody to be able to talk to that family and work with that family immediately, to work with those children immediately, is direly needed. It's no different than the way domestic violence used to be. We think about these things differently, in that in that first 48-72 hours, that's a critical moment, and right now, if they are signed up for health care they might wait a month to see somebody. I can't imagine someone seeing someone shot, which I have seen, and waiting a month to be able to see or get some emergency services. This is something that's really desperately needed in our communities. It's something our officers see every day. We send our officers to get health care because they have post-traumatic stress from going and responding to those scenes. They're professionals, so of course they have to deal with their job, but these are people who are living around it every single day and seeing it every single day. It's important for behavioral health to be in West County because these are children who need the services. And it's important that we say not just mental health, but behavioral health, because it's the self-medicating. We've gone out on street corners with our clergy as part of our Cease-Fire Partnership, and you see people drinking out of liquor bottles. Why? Because they're self-medicating. And a lot of times we don't think of that as a real issue with behavioral health, but it most certainly is. So I just ask you, think about your own children, think about the things that you face when you go home, and if it's anything less than what we want for our own children, then it's impetus upon us to change it if we're in policy positions or positions of change to make a difference.
- h. Comment. Another name for MHSA is the "millionaire's tax." If there ever was a

time we need another millionaire's tax, it's in this very polarized economy that we have here today. What we need is another millionaire's tax that will fund more homes for very low, and moderate income people, particularly in West County or East County, where the problem is really severe. Right now it's funded partly by in-lieu fees on apartments and condos, and also the Interfaith Council of Churches lending or giving money for affordable housing. Nowhere is it near enough. So I would suggest that we lobby for another millionaire's tax devoted to solving the homelessness problem. Because when we solve the homelessness problem, I think we will cut down on the violence in these communities in West County and East County and other parts of the county.

Response. The above individual comments at the Public Hearing were provided by the same individuals who submitted written input during the 30 day Public Comment period. The issues raised in both venues are consistent with each other. Therefore, Behavioral Health Administration's responses to the issues summarized for the Public Comment period also apply to the Public Hearing comments.

## **MENTAL HEALTH COMMISSION COMMENTS**

Upon completion of the Public Comment period the Mental Health Commission provided individual comment and discussion. A summary of the topics are as follows:

- All programs listed in the MHSA Plan should have outcomes listed.

Response. All MHSA funded programs that generate reportable outcomes are listed in the Plan Update. However, many MHSA funded plan elements that supplement non-MHSA funded programs, such as county operated clinics, do not list outcomes, as the MHSA funded portion of the program is only one element of the varied programming contributing to program outcomes.

- All MHSA funded programs should generate as much federal financial participation as possible, such as Medi-Cal and Federally Qualified Health Center reimbursement. These funds should then be returned to the County's budget for mental health.

Response. The County generates as much federal financial participation as possible, and all of these reimbursed federal dollars are utilized to support balancing the mental health budget.

- Reported outcomes for our Full Service Partnership programs are far from perfect. How do they compare with other counties in the state?

Response. The last published report on statewide outcomes for Full Service Partnership programs indicate that Contra Costa County's Full Service Partnership programs met or exceeded the statewide average for partners who met their goal at discharge, decreased arrests, decreased mental health or substance abuse emergency events, and decreased psychiatric hospitalizations.

- Take a look at the Plan Update amounts budgeted for the augmented board and care versus the Board Orders. There seem to be discrepancies.

Response. Budgeted amounts for augmented board and care contracts are dynamic in nature, as they are adjusted during the year due to bed availability. However, the FY 16-17 budget amounts have been adjusted to reflect as closely as possible projected expenditures for the upcoming year.

- Some years ago stakeholders supported the construction of a psychiatric hospital facility via the MHSA Capital Facilities component. However, this was not implemented. We should re-visit this, as we are sending many of our consumers out of the county.

Response. This concept was not funded at the time because stakeholders recommended prioritizing building the George Miller Wellness Center and the Hope House. The upcoming MHSA Three Year Community Program Planning Process will be considering support for new capital facility projects, as projects such as these need a more extended feasibility study period.

- We should also consider purchasing the latest technologies that provide reasonable accommodation for individuals who have visual difficulties with normal print size.

Response. The upcoming MHSA Three Year Community Program Planning Process will be considering support for new Information Technology projects. For this fiscal year all Information Technology funds are projected to be spent on the completion of the Electronic Mental Health Record Project.

- I am concerned that people who experience mental illness and also have a substance abuse disorder are categorically ruled out because mental health programs won't treat people who are using alcohol and/or drugs, or drug and alcohol programs won't treat substance abuse disorders with concurrent mental health problems. It is very dangerous for people taking medication for their mental illness who also use alcohol and/or drugs to self-medicate.

Response. The Behavioral Health Administration shares this very legitimate concern, and is working toward eliminating this bias as part of program development within behavioral health services. The supported model is a multi-disciplinary team approach where health care, mental health and drug and alcohol issues are treated at the same time.

- We would like to know a lot more about the amount that is unspent from previous years; how much is it, what can it be spent for, how is this decided?

Response. The Consolidated Planning Advisory Workgroup is planning to study this issue in detail in the upcoming months as preparation for the Community Program Planning Process for the new MHSA Three Year Plan. Mental Health Commission members are most welcome to participate in this study. The Plan Update provides a conservative estimate of funds available in the Budget Chapter. However, a more precise amount will be available as the current fiscal year ends. Both the Workforce Education and Training and the Capital Facilities/Information Technology components are projected to fully utilize all available funds, and thus program decisions and funding amounts for these components will need to be determined for the new Three Year Plan.

- How are we assessing progress, what are our benchmarks and success criteria for the Epic Tapestry implementation, and what will the remaining funds be specifically targeted for?

Response. The Epic Tapestry project utilizes a detailed, ongoing progress report format that matches time line to deliverables. Participating staff report on a regular basis to various entities, to include a monthly update to the Consolidated Planning Advisory Workgroup (CPAW)'s System of Care Committee. As of April 11, the Epic Tapestry pilot went live, to include testing Customer Relationship Management, Referrals/Authorization Management, Accounts Payable, In-Basket Messaging, and a Provider Portal. These systems will be tested by over 125 users in the Access Care Management Unit, Adult and Child Mental Health Clinic Rapid Access Teams, Mental Health Administration, Patient Accounting, Patient Financial Services, and over 240 external Network Providers. Remaining MHSA funds earmarked for this project will be utilized to complete this pilot and to support expanding this application module within Epic ccLink to the entire Contra Costa Behavioral Health System.

### **MENTAL HEALTH COMMISSION RECOMMENDATION**

The Mental Health Commission thanks all those present today for their participation in the review of the 2016-2017 MHSA Update of our three year plan. This hearing fulfills the Commissions duties under the Mental Health Services Act requirements. The Commission directs that all recommendations made at this hearing be addressed in the Updated Plan submitted to the Board of Supervisors for adoption.

Response. The Behavioral Health Services Administration appreciates the support provided by the Commission to collaboratively comply with Welfare and Institutions Code (WIC) Section 5848(b); namely, to conduct a public hearing on the draft MHSA Three-Year Program and Expenditure Plan Update, and to respond to any substantive recommendations for revisions provided during either the thirty day comment period or public hearing.

