

CALENDAR FOR THE BOARD OF SUPERVISORS
CONTRA COSTA COUNTY
AND FOR SPECIAL DISTRICTS, AGENCIES, AND AUTHORITIES GOVERNED BY THE BOARD
**BOARD CHAMBERS, ADMINISTRATION BUILDING, 1025 ESCOBAR STREET
MARTINEZ, CALIFORNIA 94553-1229**

DIANE BURGIS, CHAIR, 3RD DISTRICT
FEDERAL D. GLOVER, VICE CHAIR, 5TH DISTRICT
JOHN GIOIA, 1ST DISTRICT
CANDACE ANDERSEN, 2ND DISTRICT
KAREN MITCHOFF, 4TH DISTRICT

MONICA NINO, CLERK OF THE BOARD AND COUNTY ADMINISTRATOR, (925) 655-2075

To slow the spread of COVID-19, the Health Officer's Shelter Order of December 16, 2020, prevents public gatherings ([Health Officer Order](#)). In lieu of a public gathering, the Board of Supervisors meeting will be accessible via television and live-streaming to all members of the public as permitted by the Governor's Executive Order N29-20. Board meetings are televised live on Comcast Cable 27, ATT/U-Verse Channel 99, and WAVE Channel 32, and can be seen live online at www.contracosta.ca.gov.

PERSONS WHO WISH TO ADDRESS THE BOARD DURING PUBLIC COMMENT OR WITH RESPECT TO AN ITEM THAT IS ON THE AGENDA MAY CALL IN DURING THE MEETING BY DIALING **888-251-2949** FOLLOWED BY THE ACCESS CODE **1672589#**. To indicate you wish to speak on an agenda item, please push "#2" on your phone.

All telephone callers will be limited to two (2) minutes apiece. The Board Chair may reduce the amount of time allotted per telephone caller at the beginning of each item or public comment period depending on the number of calls and the business of the day. Your patience is appreciated.

A lunch break or closed session may be called at the discretion of the Board Chair. Staff reports related to open session items on the agenda are also accessible online at www.contracosta.ca.gov.

AGENDA
February 9, 2021

9:00 A.M. Convene, call to order and opening ceremonies.

Inspirational Thought- *"It doesn't matter how strong your opinions are. If you don't use your power for positive change, you are indeed part of the problem."* ~Coretta Scott King

CONSIDER CONSENT ITEMS (Items listed as C.1 through C.62 on the following agenda) – Items are subject to removal from Consent Calendar by request of any Supervisor or on request for discussion by a member of the public. **Items removed from the Consent Calendar will be considered with the Discussion Items.**

PRESENTATIONS (5 Minutes Each)

- PR.1** RECEIVE presentation recognizing the participation and generosity of County employees in the 2020 Counties Care Holiday Food Fight. (Tia Wilborn, County Administrator's Office)
- PR.2** RECEIVE presentation from the Justice Coalition. (Supervisor Burgis)
- PR.3** RECEIVE presentation recognizing February 11, 2021 as 211 Day. (Supervisor Burgis)

DISCUSSION ITEMS

- D.1** CONSIDER authorizing the Public Works Director, or designee, to issue a Request for Proposals (RFP) for a design-build contractor for the demolition of the existing county facility at 651 Pine Street and the Old Jail complex, and the construction of up to three stories of office space with parking and associated open public space. (Eric Angstadt, Chief Assistant County Administrator)
- D.2** CONSIDER adopting a process to recruit and appoint members of the Measure X Community Advisory Committee and provide direction to staff regarding next steps. (Timothy Ewell, Chief Assistant County Administrator)
- D.3** HEARING to consider adopting Ordinance No. 2021-03 and approving a fourth amendment to the East Contra Costa Regional Fee and Financing Authority joint exercise of powers agreement to add the Sand Creek Extension Project to the ECCRFFA project list, with no changes to ECCRFFA fees, Antioch, Brentwood, and Oakley areas. (100% ECCRFFA Fee Admin Fund) (Nancy Wein, Public Works Department)
- D.4** HEARING to consider adoption of Resolution No. 2021/60 approving the reissuance of tax-exempt revenue obligations in an aggregate principal amount not to exceed \$6,300,000 by the California Enterprise Development Authority to benefit Seven Hills School, Walnut Creek area. (Timothy Ewell, Chief Assistant County Administrator)
- D.5** ACCEPT the recommendation of the Health Services Director and Family and Human Services Committee to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2020-23; and AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission to inform these agencies of the adoption of this plan update. (Suzanne Tavano, Ph.D., Behavioral Health Director and Jennifer Bruggeman, MHSA Program Manager)
- D.6** ACCEPT update on COVID 19; and PROVIDE direction to staff.
 - 1. Health Department - Anna Roth, Director and Dr. Farnitano, Health Officer

D.7 CONSIDER determining one of three state options Contra Costa County will select to implement the Emergency Rental Assistance Program in support of County residents and AUTHORIZE the County Administrator, or designee, to complete an Expression of Interest Form indicating the selected option and remit to the California Department of Housing and Community Development. (Timothy Ewell, Chief Assistant County Administrator)

D. 8 CONSIDER Consent Items previously removed.

D. 9 PUBLIC COMMENT (2 Minutes/Speaker)

D. 10 CONSIDER reports of Board members.

Closed Session

A. CONFERENCE WITH LABOR NEGOTIATORS (Gov. Code § 54957.6)

Agency Negotiators: Monica Nino.

Employee Organizations and Unrepresented Employees: Public Employees Union, Local 1; AFSCME Locals 512 and 2700; California Nurses Assn.; SEIU Locals 1021 and 2015; District Attorney Investigators' Assn.; Deputy Sheriffs Assn.; United Prof. Firefighters I.A.F.F., Local 1230; Physicians' & Dentists' Org. of Contra Costa; Western Council of Engineers; United Chief Officers Assn.; Contra Costa County Defenders Assn.; Contra Costa County Deputy District Attorneys' Assn.; Prof. & Tech. Engineers IFPTE, Local 21; Teamsters Local 856; and all unrepresented employees.

ADJOURN in memory of
Dr. Robert Litman
Host of "Ask the Doctor" on CCTV

CONSENT ITEMS

Road and Transportation

C. 1 APPROVE improvement plans for the installation of an edge drain along Charbray Street in Danville, as recommended by the Public Works Director. (100% Local Road Funds)

C. 2 ADOPT Traffic Resolution No. 2021/5002 to prohibit stopping, standing, or parking on a portion of Pacifica Avenue (Road No. 5094B), as recommended by the Public Works Director, Bay Point area. (No fiscal impact)

- C. 3** ADOPT Resolution No. 2021/53 accepting as complete the contracted work performed by Granite Rock Company for the Three Creeks Parkway Restoration Project, as recommended by the Chief Engineer, Brentwood area. (100% Drainage Area 130 Funds)

Engineering Services

- C. 4** ADOPT Resolution No. 2021/46 approving the Road Improvement Agreement for development plan permit DP14-03041, for a project being developed by IPT Richmond DC III LLC, North Richmond area. (No fiscal impact)

Special Districts & County Airports

- C. 5** APPROVE the design plans and bid documents for security upgrades at Buchanan Field Airport in Concord and take related actions under the California Environmental Quality Act; AUTHORIZE the Public Works Director, or designee, to solicit and issue bid addenda; and take related actions. (100% Federal Aviation Administration)

Claims, Collections & Litigation

- C. 6** DENY claims filed by Doctor's Medical Center Modesto, Maisaa Eissa-Asaad, Farmers Insurance Exchange, Saul Lerma, Marlon Mayberry, Van Nguyen, Kira Janai Secrease, Kellie M. Smith, State Farm Mutual Insurance, Salvador Valle, Andrea Wood, and Isaiah Glaze. DENY amended claim filed by Rodric Petrece Stanley Jr.

Honors & Proclamations

- C. 7** ADOPT Resolution No. 2021/59 to recognize the participation and generosity of County employees in the 2020 Counties Care Holiday Food Fight, as recommended by the County Administrator.
- C. 8** ADOPT Resolution No. 2021/54 recognizing February 11, 2021 as 211 Day, as recommended by Supervisor Burgis.

Ordinances

- C. 9** ADOPT Ordinance No. 2021-02 amending the County Ordinance Code to exclude from the merit system the classification of Senior Financial Counsel-Exempt, as recommended by the Interim Human Resources Director.

Appointments & Resignations

- C. 10** REAPPOINT Hannah Brown to the District IV seat on the Contra Costa Commission for Women and Girls, as recommended by Supervisor Mitchoff.
- C. 11** REAPPOINT Roger Bass to the District II seat on the Contra Costa County Aviation Advisory Committee, as recommended by Supervisor Andersen.
- C. 12** APPOINT Brendan Foley to Private/Non-Profit No. 2 seat and Desire Medlen to Low-Income No. 3 seat on the Economic Opportunity Council, as recommended by the Employment and Human Services Director.
- C. 13** ACCEPT the resignation of Tess Snook O'Riva, DECLARE vacant the District V seat on the Arts & Culture Commission of Contra Costa County and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Glover.
- C. 14** ACCEPT the resignation of Mujdah Rahim, DECLARE vacant the District IV seat on the Family and Children's Trust Committee, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Mitchoff.
- C. 15** APPROVE the medical staff appointments and reappointments, additional privileges, advancements, and voluntary resignations as recommend by the Medical Staff Executive Committee and by the Health Services Director.
- C. 16** APPOINT Allwyn Brown to the Advisory Council on Equal Employment Opportunity Community #1 seat, as recommended by the Hiring Outreach and Oversight Committee.

Personnel Actions

- C. 17** ADOPT Position Adjustment Resolution No. 25684 to reallocate the salary of the unrepresented and exempt single-position classification of Sr. Financial Counsel-Exempt to align with the Assistant County Counsel-Exempt classification, and reclassify the position and incumbent in the County Counsel's Office. (100% General Fund)
- C. 18** ADOPT Position Adjustment Resolution No. 25688 to add two Planner and Evaluator Level A (represented) positions in the Probation Department. (100% State)

- C. 19 ADOPT Resolution No. 2021/58 directing the Human Resources Department to reallocate the salary on the salary schedules for WEX Trainee (unrepresented) and Title V Trainee (unrepresented) classifications to be in line with the adjusted wage reimbursements for Contra Costa Works Subsidized Employment Program participants approved by the Board of Supervisors on June 2, 2020.
- C. 20 ADOPT Position Adjustment Resolution No. 25690 to add one full-time Legal Assistant Position Level (represented) and cancel one vacant full-time Civil Litigation Secretary (represented) vacant position in the Office of the County Counsel. (100% General Liability Internal Service Fund)
- C. 21 ADOPT Position Adjustment Resolution No. 25687 to increase the hours of one Labor Relations Analyst II position from part time (32/40) to full time in the County Administrator's Office. (100% General Fund).
- C. 22 ADOPT Position Adjustment Resolution No. 25681 to add one Child Support Manager (unrepresented) position and one Network Administrator II (represented) position, and cancel one Child Support Assistant Supervisor (represented) position, one Child Support Assistant position (represented) and one Child Support Specialist I (represented) in the Department of Child Support Services. (34% State, 66% Federal)

Grants & Contracts

APPROVE and AUTHORIZE execution of agreements between the County and the following agencies for receipt of fund and/or services:

- C. 23 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with West Contra Costa Unified School District, to pay County an amount not to exceed \$35,000 for mental health services and school climate support for low-income children and youth attending Helms Middle School, for the period July 1, 2020 through June 30, 2023. (No County match)
- C. 24 ADOPT Resolution No. 2021/51 to approve and authorize the Employment and Human Services Director, or designee, to execute a contract amendment with the California Department of Aging to increase the payment limit by \$5,637 to a new payment limit of \$320,189 for HICAP services, for the period July 1, 2020 through June 30, 2021. (66% State, 34% Federal)
- C. 25 ADOPT Resolution No. 2021/50 to approve and authorize the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to increase the payment limit by \$6,475 to a new payment limit of \$11,099,255 for State Preschool services, with no change in term of July 1, 2020 through June 30, 2021. (100% State)

- C. 26 APPROVE and AUTHORIZE the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to increase the payment limit by \$4,799 to a new payment limit of \$3,860,745 for general childcare and development program services, with no change to term of July 1, 2020 through June 30, 2021. (35% Federal, 65% State, No County match)

- C. 27 ADOPT Resolution No. 2021/57 authorizing the Sheriff-Coroner, or designee, to apply for and accept a grant from the California Office of Traffic Safety in an initial amount of \$120,000 for the Sheriff's Forensic Services Unit to purchase forensic products and supplies needed to develop and validate new toxicology confirmation methods beginning October 1, 2021 to the end of the grant period. (100% State)

- C. 28 ADOPT Resolution No. 2021/62 authorizing the Sheriff-Coroner, or designee, to apply and accept the Board of State & Community Corrections, FY 2021-2022 Coronavirus Emergency Supplemental Funding (CESF) Program Grant in an initial amount of \$1,547,649.38 to fund approaches that prevent, prepare for, and respond to the Coronavirus with a focus on meeting CESF re-entry related needs at the three primacy jail facilities of Contra Costa County Office of the Sheriff. This program requires 20% of the CESF be awarded to a non-governmental community-based organization(s) impacted by Coronavirus and providing services in the County. (100% State)

- C. 29 ADOPT Resolution No. 2021/49 to approve and authorize the Employment and Human Services Director, or designee, to execute a contract amendment with California Department of Education, to increase the payment limit by \$619,450 to a new payment limit of \$5,907,194 for alternative payment childcare programs operated by the County, with no change in term of July 1, 2020 through June 30, 2021. (74% Federal; 26% State)

APPROVE and AUTHORIZE execution of agreement between the County and the following parties as noted for the purchase of equipment and/or services:

- C. 30 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Odyssey Power Corporation in an amount not to exceed \$1,000,000 to provide on-call generator maintenance and repair services for various County facilities, for the period March 1, 2021 through February 29, 2024, Countywide. (100% General Fund)

- C. 31 APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract amendment with Hobbs Investments, Inc., to increase the payment limit by \$90,000 to a new payment limit of \$440,000, to provide additional courier services of specimens, film and other items for Contra Costa Regional Medical Center and Health Centers with no change in the term February 1, 2020 through January 31, 2021. (80% Hospital Enterprise Fund I and 20%

Federal emergency funding)

- C. 32** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Jessica C. Standish, M.D., an individual, in an amount not to exceed \$600,000 to provide medical care services at Contra Costa County juvenile and adult detention center facilities for the period February 1, 2021 through January 31, 2023. (100% Hospital Enterprise Fund I)
- C. 33** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Aspiranet, in an amount not to exceed \$140,234 to provide therapeutic behavioral services for children and youth up to 21 years of age with high-risk behavior for the period January 1 through June 30, 2021, including a six-month automatic extension through December 31, 2021 in an amount not to exceed \$140,234. (50% Federal Medi-Cal; 50% Mental Health Realignment)
- C. 34** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Hope Solutions, in an amount not to exceed \$182,831 to provide community based mental health services for seriously emotionally disturbed children and youth for the period January 1 through June 30, 2021, including a six-month automatic extension through December 31, 2021 in an amount not to exceed \$182,831. (50% Federal Medi-Cal; 50% Mental Health Realignment)
- C. 35** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Yosemite Pathology Medical Group, Inc., in an amount not to exceed \$525,000 to provide pathology laboratory testing services for Contra Costa Health Plan members for the period February 1, 2021 through January 31, 2024. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 36** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Suraj M. Cherry, M.D., in an amount not to exceed \$600,000 to provide ophthalmology service to Contra Costa Health Plan members for the period March 1, 2021 through February 29, 2024. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 37** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Herculean Babies Pediatrics, in an amount not to exceed \$1,200,000 to provide pediatric primary care services to Contra Costa Health Plan members for the period March 1, 2021 through February 29, 2024. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 38** APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the County, a purchase order with AGFA Healthcare Corporation, in an amount not to exceed \$253,696 to renew hardware and software support and maintenance services for the period April 1, 2021 through March 31, 2022. (100% Hospital Enterprise Fund I)

- C. 39** APPROVE and AUTHORIZE the Conservation and Development Director, or designee, to execute, on behalf of the County, a contract with the Association for Energy Affordability, Inc., a non-profit organization, in an amount not to exceed \$202,148 to provide home assessments and project management to assist the County with implementing a comprehensive home-based asthma program for the period January 4, 2021 through May 15, 2023, as recommended by the Conservation and Development Director. (100% Bay Area Air Quality Management District and Sierra Health Foundation grant funds)
- C. 40** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Contra Costa ARC in an amount not to exceed \$133,076 to provide mental health services to recipients of the CalWORKs Program and their children for the period January 1 through June 30, 2021, including a six-month automatic extension through December 31, 2021 in an amount not to exceed \$133,076. (100% Substance Abuse Mental Health Works)
- C. 41** Acting as the Governing Board of the Contra Costa County Fire Protection District, APPROVE and AUTHORIZE the Fire Chief, or designee, to execute a hosted software and services agreement with Vision33 Inc. in an amount not to exceed \$18,000 for Laserfiche integration services for the period February 9, 2021, through March 10, 2023. (100% CCCFPD Operating Fund)
- C. 42** APPROVE and AUTHORIZE the Human Resources Director, or designee, to execute a contract amendment with Segal Consulting to extend the term for one year through February 28, 2022 and increase the payment limit by \$120,000 to a new total payment limit of \$520,000 for employee benefit consulting services. (100% Benefits Administration Fee)
- C. 43** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with La Clinica De La Raza, Inc., in an amount not to exceed \$780,280 to provide COVID-19 outreach services, mobile testing and vaccine administration for vulnerable residents in Contra Costa County for the period January 1 through December 31, 2021. (100% Federal and State emergency funding)
- C. 44** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Amarjit Dosanjh, M.D., a Medical Corporation (dba Muir Plastic Surgery), in an amount not to exceed \$2,500,000 to provide plastic and hand surgery at Contra Costa Regional Medical and Health Centers for the period February 1, 2021 through January 31, 2024. (100% Hospital Enterprise Fund I)
- C. 45** APPROVE and AUTHORIZE the County Counsel, or designee, to execute, on behalf of Contra Costa County, a contract amendment for specialized professional services with Oppenheimer Investigations Group, LLP to reflect the law firm's name change and increased hourly rates. (100% Fees for Service)

- C. 46** APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Health Services Director, a purchase order with Groupware Technology, Inc., and a third-party lease agreement with Key Government Finance, Inc., in an amount not to exceed \$6,161,920, for the lease purchase of network hardware equipment, software, maintenance and support for the term March 1, 2021 through February 28, 2026. (100% Hospital Enterprise Fund I)
- C. 47** APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Sure Fire Protection Company Incorporated, to extend the term from February 28, 2021 to February 28, 2022 to provide on-call fire sprinkler services for various County facilities, with no change to the payment limit of \$800,000, Countywide. (No fiscal impact)
- C. 48** APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Dream Ride Engineering, Inc., to increase rates under the contract and extend the term from January 31, 2021 to January 31, 2022 to provide on-call elevator maintenance and repair services for various County facilities, with no change to the payment limit of \$170,000, Countywide. (100% General Fund)

Other Actions

- C. 49** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay Architectural Resources Group \$3,000 and Schaf Photo \$6,000 for costs and services provided to Contra Costa County in connection with the Oak Park Properties Project, as recommended by the Public Works Director, Pleasant Hill area. (100% General Fund)
- C. 50** RECEIVE the 2020 Annual Report submitted by the Finance Committee, as recommended by the Finance Committee.
- C. 51** APPROVE an amendment to the FY 2019/20 Emergency Solutions Grant Action Plan to add and allocate \$9,283,441 in Emergency Solutions Grant-Coronavirus 2 (ESG-CV2) funds under the Coronavirus Aid, Relief, and Economic Security Act and AUTHORIZE related actions, as recommended by the Conservation and Development Director. (100% Federal funds)
- C. 52** APPROVE allocation of up to \$6,065,100 of State of California Emergency Solutions Grant-Coronavirus funds; and AUTHORIZE the Conservation and Development Director to execute related administrative actions implementing the recommended allocations. (100% Federal funds)
- C. 53** ACCEPT the 2020 Annual Report for the Bethel Island Municipal Advisory Council, as recommended by Supervisor Burgis.

- C. 54** ACCEPT the 2020 Annual Report for the Discovery Bay P-6 Citizen Advisory Committee, as recommended by Supervisor Burgis.
- C. 55** ACCEPT the 2020 Annual Report for the Knightsen Town Advisory Council, as recommended by Supervisor Burgis.
- C. 56** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$241,865 to Sharjo, Inc. (dba Service Master Restoration Services) for additional emergency restoration services due to COVID-19 provided during the period September 1 through November 30, 2020. (100% Hospital Enterprise Fund I)
- C. 57** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Touro University California to provide supervised field instruction at Contra Costa Regional Medical Center and Health Centers to medical residency students for the period April 1, 2021 through March 31, 2026. (Nonfinancial agreement)
- C. 58** APPROVE amended Conflict of Interest Code for the Contra Costa Water District, including the list of designated positions, as recommended by County Counsel.
- C. 59** APPROVE amended Exhibit A of the Conflict of Interest Code for the Kensington Police Protection & Community Services District, as recommended by County Counsel.
- C. 60** APPROVE amended Conflict of Interest Code for the Rodeo-Hercules Fire Protection District, as recommended by County Counsel.
- C. 61** DIRECT the County Administrator's Office and the Department of Conservation & Development to undertake activities to facilitate redistricting of the Contra Costa County Supervisorial District boundaries and ADOPT the proposed work program, including approach, public outreach, and timeline/milestones, as recommended by the County Administrator.
- C. 62** ACCEPT the 2020 Advisory Council on Equal Employment Opportunity annual report.

GENERAL INFORMATION

The Board meets in all its capacities pursuant to Ordinance Code Section 24-2.402, including as the Housing Authority and the Successor Agency to the Redevelopment Agency. Persons who wish to address the Board should complete the form provided for that purpose and furnish a copy of any written statement to the Clerk.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Clerk of the Board to a majority of the members of the Board of Supervisors less

than 96 hours prior to that meeting are available for public inspection at 1025 Escobar Street, First Floor, Martinez, CA 94553, during normal business hours.

All matters listed under CONSENT ITEMS are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a member of the Board or a member of the public prior to the time the Board votes on the motion to adopt.

Persons who wish to speak on matters set for PUBLIC HEARINGS will be heard when the Chair calls for comments from those persons who are in support thereof or in opposition thereto. After persons have spoken, the hearing is closed and the matter is subject to discussion and action by the Board. Comments on matters listed on the agenda or otherwise within the purview of the Board of Supervisors can be submitted to the office of the Clerk of the Board via mail: Board of Supervisors, 1025 Escobar Street, First Floor, Martinez, CA 94553.

The County will provide reasonable accommodations for persons with disabilities planning to attend Board meetings who contact the Clerk of the Board at least 24 hours before the meeting, at (925) 655-2000. An assistive listening device is available from the Clerk, First Floor.

Copies of recordings of all or portions of a Board meeting may be purchased from the Clerk of the Board. Please telephone the Office of the Clerk of the Board, (925) 655-2000, to make the necessary arrangements.

Forms are available to anyone desiring to submit an inspirational thought nomination for inclusion on the Board Agenda. Forms may be obtained at the Office of the County Administrator or Office of the Clerk of the Board, 1025 Escobar Street, Martinez, California.

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www.co.contra-costa.ca.us

STANDING COMMITTEES

Until further notice, to slow the spread of COVID-19 and in lieu of a public gathering, if the Board's STANDING COMMITTEES meet they will provide public access either telephonically or electronically, as noticed on the agenda for the respective STANDING COMMITTEE meeting.

The **Airport Committee** (Supervisors Diane Burgis and Karen Mitchoff) meets quarterly on the second Wednesday of the month at 11:00 a.m. at the Director of Airports Office, 550 Sally Ride Drive, Concord.

The **Family and Human Services Committee** (Supervisors Candace Andersen and Diane Burgis) meets on the fourth Monday of the month at 9:00 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Finance Committee** (Supervisors Karen Mitchoff and John Gioia) meets on the first Monday

of the month at 9:00 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Hiring Outreach Oversight Committee** (Supervisors Federal D. Glover and John Gioia) meets quarterly on the first Monday at 10:30 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Internal Operations Committee** (Supervisors Candace Andersen and Diane Burgis) meets on the second Monday of the month at 10:30 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Legislation Committee** (Supervisors Diane Burgis and Karen Mitchoff) meets on the second Monday of the month at 1:00 p.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Public Protection Committee** (Supervisors Andersen and Federal D. Glover) meets on the fourth Monday of the month at 10:30 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Sustainability Committee** (Supervisors John Gioia and Federal D. Glover) meets on the fourth Monday of the month at 1:00 p.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

The **Transportation, Water & Infrastructure Committee** (Supervisors Candace Andersen and Diane Burgis) meets on the second Monday of the month at 9:00 a.m. in Room 110, County Administration Building, 1025 Escobar Street, Martinez.

Airports Committee	March 10, 2021	11:00 a.m.	See above
Family & Human Services Committee	February 22, 2021	9:00 a.m.	See above
Finance Committee	March 1, 2021	9:00 a.m.	See above
Hiring Outreach Oversight Committee	March 1, 2021	10:00 a.m.	See above
Internal Operations Committee	March 8, 2021	10:30 a.m.	See above
Legislation Committee	March 8, 2021	1:00 p.m.	See above
Public Protection Committee	February 22, 2021	10:30 a.m.	See above
Sustainability Committee	February 22, 2021	1:00 p.m.	See above
Transportation, Water & Infrastructure Committee	March 8, 2021	9:00 a.m.	See above

AGENDA DEADLINE: Thursday, 12 noon, 12 days before the Tuesday Board meetings.

Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB Assembly Bill
ABAG Association of Bay Area Governments
ACA Assembly Constitutional Amendment
ADA Americans with Disabilities Act of 1990
AFSCME American Federation of State County and Municipal Employees
AICP American Institute of Certified Planners
AIDS Acquired Immunodeficiency Deficiency Syndrome
ALUC Airport Land Use Commission
AOD Alcohol and Other Drugs
ARRA American Recovery & Reinvestment Act of 2009
BAAQMD Bay Area Air Quality Management District
BART Bay Area Rapid Transit District
BayRICS Bay Area Regional Interoperable Communications System
BCDC Bay Conservation & Development Commission
BGO Better Government Ordinance
BOS Board of Supervisors
CALTRANS California Department of Transportation
CalWIN California Works Information Network
CalWORKS California Work Opportunity and Responsibility to Kids
CAER Community Awareness Emergency Response
CAO County Administrative Officer or Office
CCE Community Choice Energy
CCCFPD (ConFire) Contra Costa County Fire Protection District
CCHP Contra Costa Health Plan
CCTA Contra Costa Transportation Authority
CCRMC Contra Costa Regional Medical Center
CCWD Contra Costa Water District
CDBG Community Development Block Grant
CFDA Catalog of Federal Domestic Assistance
CEQA California Environmental Quality Act
CIO Chief Information Officer
COLA Cost of living adjustment
ConFire (CCCFPD) Contra Costa County Fire Protection District
CPA Certified Public Accountant
CPI Consumer Price Index
CSA County Service Area
CSAC California State Association of Counties
CTC California Transportation Commission
dba doing business as
DSRIP Delivery System Reform Incentive Program
EBMUD East Bay Municipal Utility District
ECCFPD East Contra Costa Fire Protection District
EIR Environmental Impact Report
EIS Environmental Impact Statement
EMCC Emergency Medical Care Committee
EMS Emergency Medical Services
EPSDT Early State Periodic Screening, Diagnosis and Treatment Program (Mental Health)

et al. et alii (and others)
FAA Federal Aviation Administration
FEMA Federal Emergency Management Agency
F&HS Family and Human Services Committee
First 5 First Five Children and Families Commission (Proposition 10)
FTE Full Time Equivalent
FY Fiscal Year
GHAD Geologic Hazard Abatement District
GIS Geographic Information System
HCD (State Dept of) Housing & Community Development
HHS (State Dept of) Health and Human Services
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Virus
HOME Federal block grant to State and local governments designed exclusively to create affordable housing for low-income households
HOPWA Housing Opportunities for Persons with AIDS Program
HOV High Occupancy Vehicle
HR Human Resources
HUD United States Department of Housing and Urban Development
IHSS In-Home Supportive Services
Inc. Incorporated
IOC Internal Operations Committee
ISO Industrial Safety Ordinance
JPA Joint (exercise of) Powers Authority or Agreement
Lamorinda Lafayette-Moraga-Orinda Area
LAFCo Local Agency Formation Commission
LLC Limited Liability Company
LLP Limited Liability Partnership
Local 1 Public Employees Union Local 1
LVN Licensed Vocational Nurse
MAC Municipal Advisory Council
MBE Minority Business Enterprise
M.D. Medical Doctor
M.F.T. Marriage and Family Therapist
MIS Management Information System
MOE Maintenance of Effort
MOU Memorandum of Understanding
MTC Metropolitan Transportation Commission
NACo National Association of Counties
NEPA National Environmental Policy Act
OB-GYN Obstetrics and Gynecology
O.D. Doctor of Optometry
OES-EOC Office of Emergency Services-Emergency Operations Center
OPEB Other Post Employment Benefits
ORJ Office of Reentry and Justice
OSHA Occupational Safety and Health Administration
PACE Property Assessed Clean Energy
PARS Public Agencies Retirement Services

PEPRA Public Employees Pension Reform Act
Psy.D. Doctor of Psychology
RDA Redevelopment Agency
RFI Request For Information
RFP Request For Proposal
RFQ Request For Qualifications
RN Registered Nurse
SB Senate Bill
SBE Small Business Enterprise
SEIU Service Employees International Union
SUASI Super Urban Area Security Initiative
SWAT Southwest Area Transportation Committee
TRANSPAC Transportation Partnership & Cooperation (Central)
TRANSPLAN Transportation Planning Committee (East County)
TRE or **TTE** Trustee
TWIC Transportation, Water and Infrastructure Committee
UASI Urban Area Security Initiative
VA Department of Veterans Affairs
vs. versus (against)
WAN Wide Area Network
WBE Women Business Enterprise
WCCHD West Contra Costa Healthcare District
WCCTAC West Contra Costa Transportation Advisory Committee



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: February 9, 2021

Subject: Presentation Budget Justice Coalition

RECOMMENDATION(S):

Presentation from Justice Coalition.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

See attached report.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Mark Goodwin

By: , Deputy

cc:

ATTACHMENTS

Presentation -Budget Justice
Coalition

Presentation to Board of Supervisors On COVID Related Equity Issues

Contra Costa Budget Justice Coalition

February 9, 2021

What We'll Cover

- Introduction
- Disparate COVID Health, Housing, and Economic Impacts: Bay Area Equity Atlas, Sarah Treuhaft, PolicyLink
- BIPOC Community Challenges: Linda Olvera
- Stabilizing Neighborhoods and Equitable Relief: Dessi Mia Carbajal, RichmondLAND
- Closing

Contra Costa Budget Justice Coalition

The Contra Costa Budget Justice Coalition advocates for community engagement in the Contra Costa County budgeting process and for a set of values-based budgeting principles that support safe and affordable housing, stable employment with fair wages, sufficient healthy food, essential health care, access to critical social services, and quality early care and education.

THE BUDGET IS A MORAL DOCUMENT

“Despite its complexity the budget is essentially a moral document—the specific expression of the values of the nation.”

From: “The Federal Budget as a Moral Document: A Letter from Religious Leaders,” by sixty faith leaders from around the United States in a letter to President George W. Bush, 2005

FROM CRISIS . . .

The New York Times

Outbreak > | **LIVE** Latest Updates | Maps and Cases | See Your Local Risk | Vaccine Information | Wuhan, C

TheUpshot

The Year Inequality Became Less Visible, and More Visible Than Ever

Even as shared public spaces emptied out, the gap between the economically privileged and the precarious became impossible to ignore.

cnbc **make it**

THE COVID ECONOMY

Inequality has been building for decades in the U.S., but experts say the pandemic 'ripped it open'

Published Fri, Oct 23 2020 • 2:07 PM EDT • Updated Fri, Oct 23 2020 • 2:13 PM EDT

Alicia Adamczyk
@ALICIAADAMCZYK

SHARE f t in e

Deloitte Insights

By topic v | By sector v | Spotlight v

Article

11 minute read - 23 July 2020

COVID-19's impact on US income inequality: It's going to get worse before it gets better

Issues by the Numbers, July 2020

TO OPPORTUNITY

Anna Roth, HSD
Director: *“Our job is equity”*

PROMARKET
THE PUBLICATION OF THE STIGLER CENTER
AT THE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS

CHICAGO BOOTH
Stigler Center
for the Study of the Economy and the State

DIGITAL PLATFORMS CORONAVIRUS ANTITRUST AND COMPETITION FRIEDMAN 50 YEARS LATER RESEARCH TEACHING CC

CORONAVIRUS READING LIST THE COVID-19 ECONOMY

Piketty on the Covid-19 Crisis: “It Is High Time to Use This Opportunity to Counter the Dominant Ideology and Significantly Reduce Inequality”

Health Affairs

TOPICS JOURNAL BL

HEALTH AFFAIRS BLOG GRANTWATCH

RELATED TOPICS:
COVID-19 | HEALTH EQUITY | HEALTH DISPARITIES | SOCIAL DETERMINANTS OF HEALTH | HOUSING
| HEALTH PHILANTHROPY | ACCESS TO CARE | PANDEMICS | LOW INCOME

The COVID-19 Crisis: An Opportunity To Build A Fairer, Healthier Nation

NEWS > HEALTH • News

July 23, 2021
Contra Costa declares racism a public health crisis, OKs equity office

Bay Area Equity Atlas

Advancing Equitable Recovery in Contra Costa County

February 9, 2021

to the Contra Costa County Board of Supervisors

by Sarah Treuhaft, Vice President of Research, PolicyLink

OVERVIEW

An equitable recovery requires bold, targeted solutions

- The Covid recession is extremely unequal: Contra Costa's low-wage workers and communities of color have been the hardest hit and face major obstacles to recovery.
- For an equitable recovery, we must:
 - Protect and stabilize vulnerable households and workers;
 - Connect low-wage workers with economic opportunities;
 - "Build back better" through equitable investments in a stronger, fairer, more sustainable economy.

HEALTH IMPACT

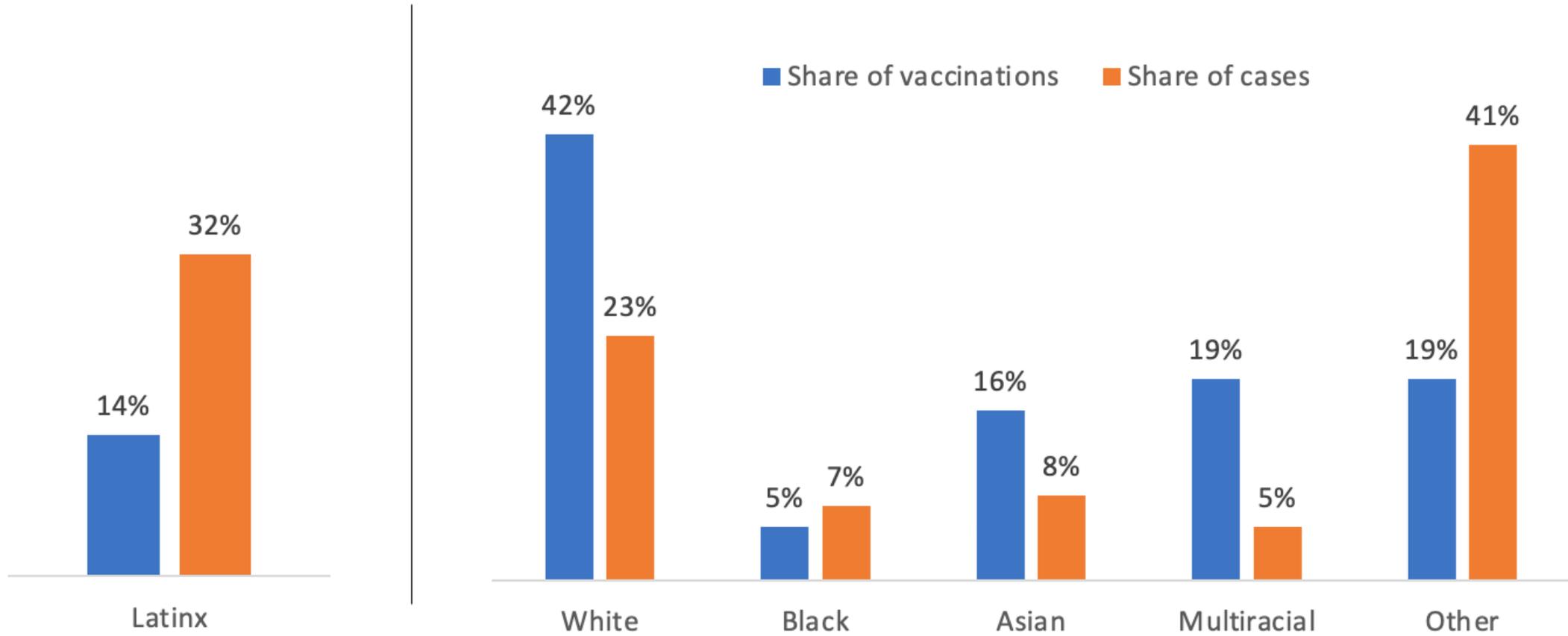
The county's communities of color have suffered disproportionately from Covid-19

Covid-19 cases and deaths relative to the White population: Contra Costa County, December 2020

	African-American	Latino	Asian
Cases	2.5x	6.0x	1.4x
Deaths	1.3x	1.7x	0.9x

Source: Contra Costa County COVID-19 Coordinating Body: December 19, 2020 Equity Presentation Summary

Vaccine distribution raises racial equity concerns



Source: Bay Area Equity Atlas analysis of data from the Contra Costa County Public Health Department.
February 9, 2021

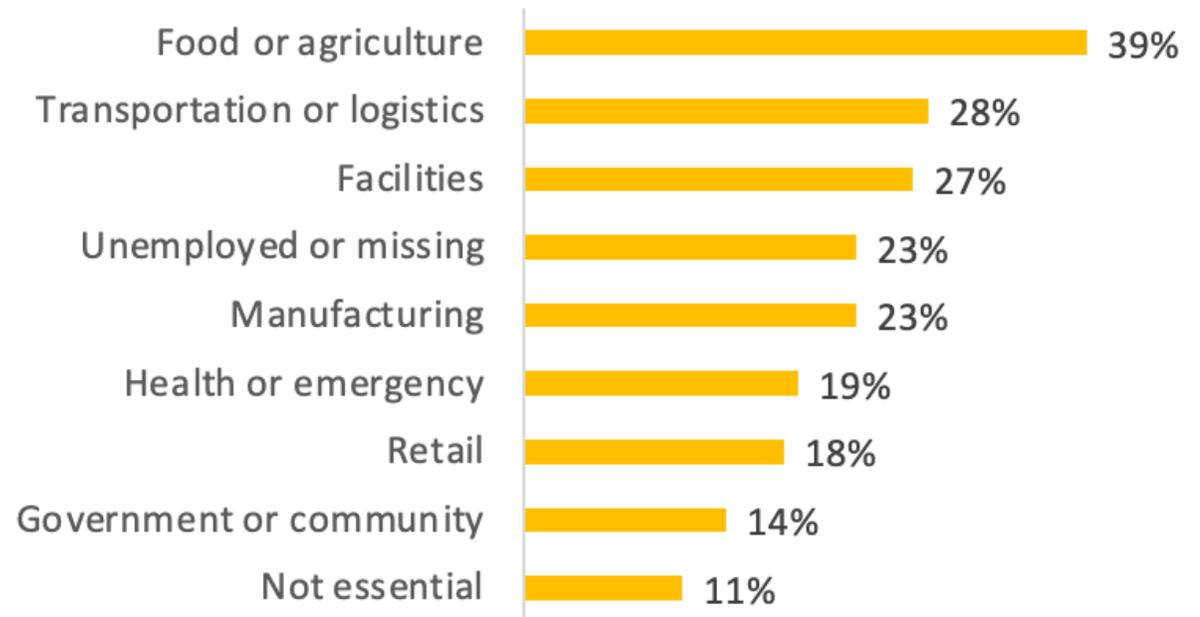
Contra Costa County Board of Supervisors

HEALTH IMPACT

People of color & immigrants are disproportionately essential workers and more exposed to Covid risk

- Essential workers have experienced more deaths from Covid-19
- In Contra Costa county, workers of color and immigrants are concentrated in essential jobs
- The county's Latinx and immigrant workers are concentrated in agriculture and facilities

Excess mortality among working-age adults: California, Mar - Oct 2020

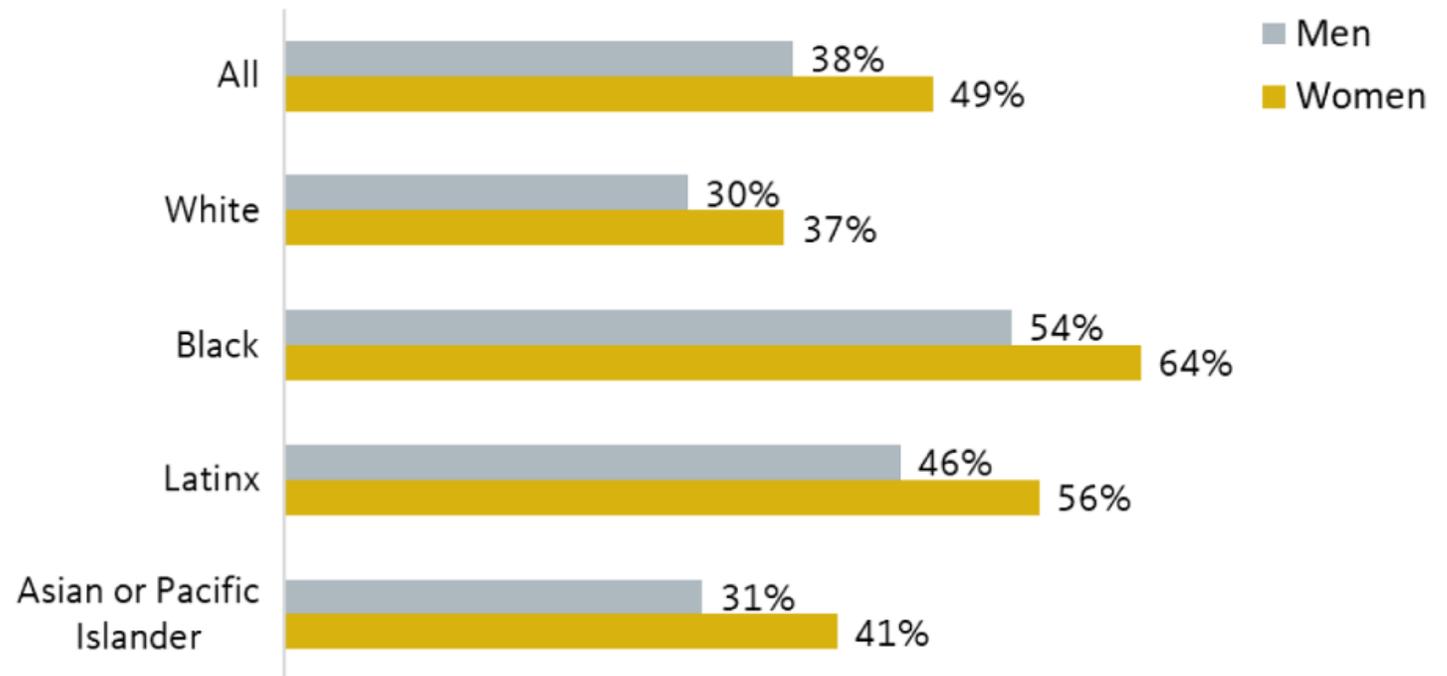


BASELINE OF INSECURITY

Renters of color were already facing a housing crisis

- The majority of the county's Black, Latinx, and immigrant residents rent
- Most Black and Latinx renters, especially women, were already economically insecure and rent-burdened before the pandemic

Share of renter households that have low incomes and are rent-burdened: Contra Costa County, 2018



Source: Bay Area Equity Atlas of 2018 5-Year data from the American Community Survey. Low-income is below 350 percent of the Federal Poverty Line (about \$87,000 for a family of four or \$44,000 for one person). Rent-burdened is paying more than 30% of income on rent and utilities.

ECONOMIC IMPACT

Low-wage, Black, Latinx, women workers hardest hit by job and income losses

- 13,800 workers left the county's labor force in 2020
- 248,352 workers filed for unemployment March - December
- Low-wage workers have disproportionately lost their jobs
- Latinx & Black workers face higher unemployment

Percent change in employment by worker wage Level: Contra Costa County, Jan - Nov, 2020



HOUSING IMPACT

Job and income loss during the pandemic is driving eviction risk and rent debt

22,300

Contra Costa county households behind on rent in late December

\$88m

Estimated rent debt in the county, approximately \$4,100 per behind household

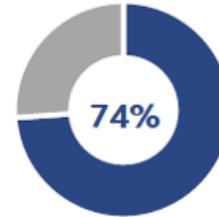
Sources: Bay Area Equity Atlas analysis of Census Household Pulse Survey (Table: Last month's payment status for renters) and American Community Survey data on rent by household income

HOUSING IMPACT

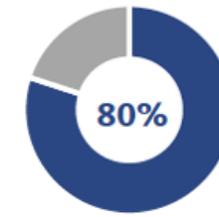
Low-wage workers and families of color face mounting debt

- The vast majority of renters behind on rent are low-income, Covid-impacted, and renters of color
- Most low-income renters are current on rent, but many are relying on credit cards and borrowing from family and friends to meet household needs

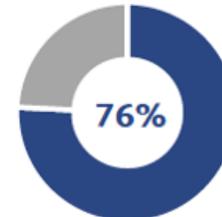
Characteristics of renters with rent debt: 5-County Bay Area, Nov 2020 - Jan 2021



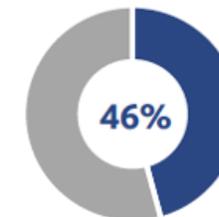
Lost employment income



People of color



Earn less than \$75k/year



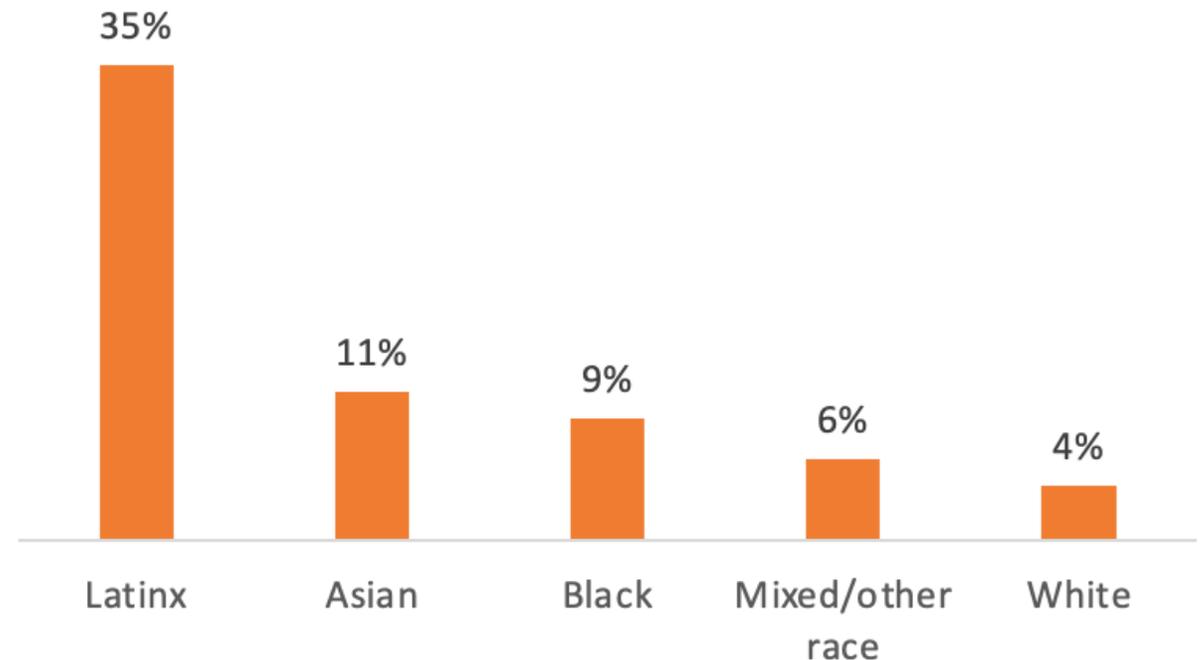
Currently unemployed

HOUSING IMPACT

Low-income homeowners and homeowners of color are falling behind on mortgage payments

- Latinx homeowners are disproportionately vulnerable: 35% are behind
- 24% of homeowners with incomes <\$75,000 are behind

Share of homeowners that are behind on their mortgage, 5-County Bay Area, Nov 2020 - Jan 2021



Source: Census Household Pulse Survey data last month's mortgage payment status for owner-occupied housing units with a mortgage for the San Francisco-Oakland-Berkeley, CA Metro Area. The data reflects average responses across three surveys to improve accuracy.

February 9, 2021

Contra Costa County Board of Supervisors

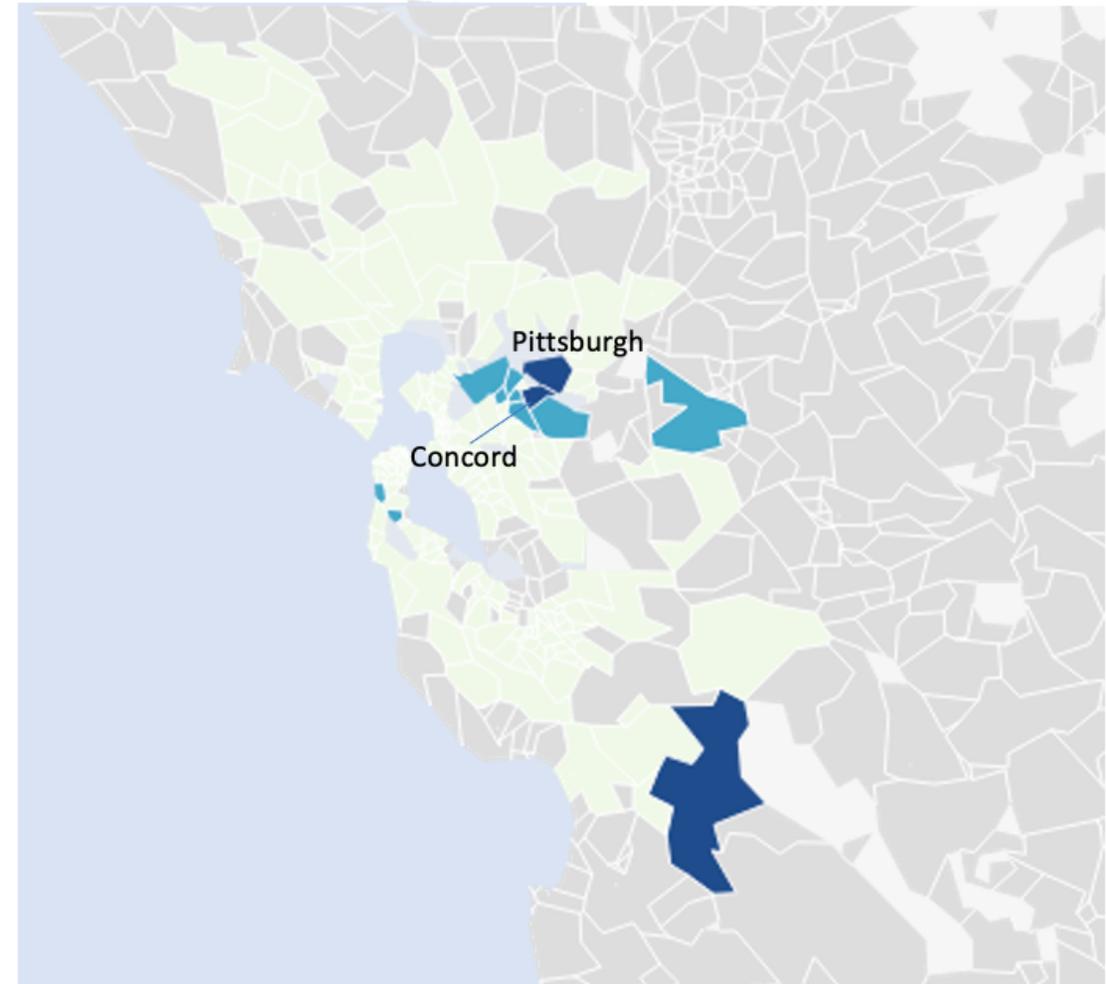
ECONOMIC IMPACT

Rent debt is not the only debt

- Contra Costa has the most water debt among Bay Area counties
- 38,500+ Contra Costa county households have water debt of \$6.7 million+
- ~60% of them owe between \$100-\$500

Households with water debt, by zip code

<1,600 1,600 - 3,200 3,200 - 10,158



EDUCATION IMPACT

Consistent access to online education is uneven due to the persistent digital divide

- Only 6 in 10 Black students always have Internet access
- Latinx and mixed race students are also less likely to always have Internet access

Share of households with school children that always have Internet available at home by race/ethnicity: 5-County Bay Area, Nov 2020 - Jan 2021



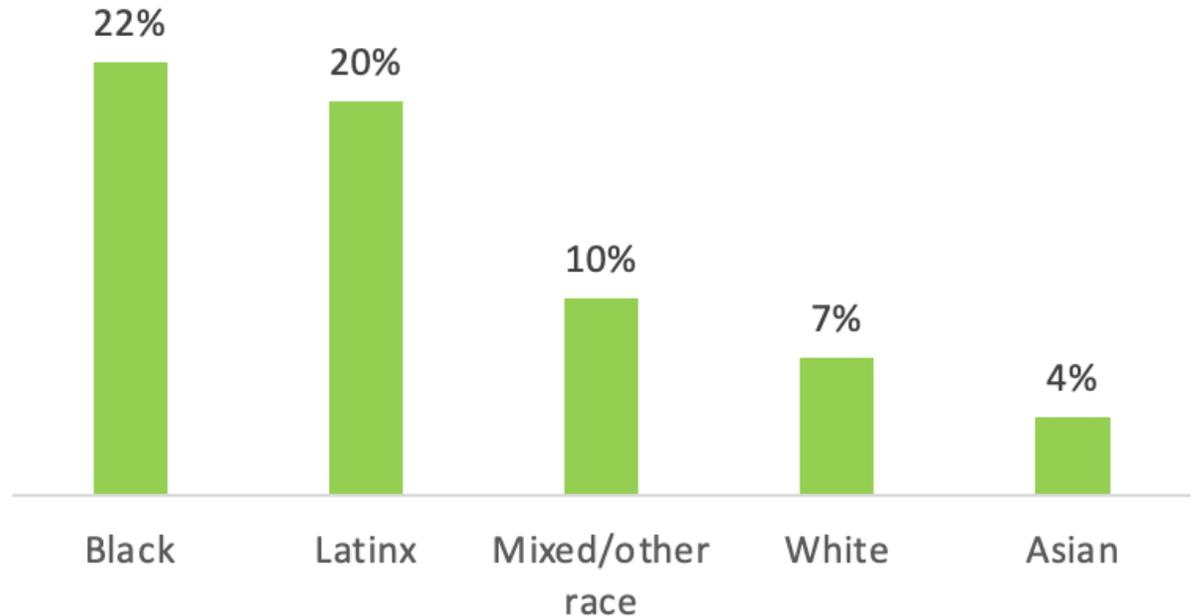
Source: Census Household Pulse Survey data (Table 3) on internet availability ("always available") in households with children in public or private school for the San Francisco-Oakland-Berkeley, CA Metro Area. The data reflects average responses across three surveys to improve accuracy.

HEALTH IMPACT

Black, Latinx, and mixed race residents are disproportionately experiencing food insecurity

- Black and Latinx adults are most likely to be food insecure
- Households with children experience greater food insecurity

Share of adults who sometimes or often did not have enough to eat in the past week: 5-County Bay Area, Nov 2020 - Jan 2021



Source: Census Household Pulse Survey data food sufficiency for households in the last 7 days for the San Francisco-Oakland-Berkeley, CA Metro Area. February 9, 2021
The data reflects average responses across three surveys to improve accuracy.

Bay Area Equity Atlas

Thank you!

Explore more data about our region on the Bay Area Equity Atlas at:

<http://bayareaequityatlas.org>

Questions? Contact us at: sarah@policylink.org

COVID Community Outreach

- Culturally inclusive outreach and engagement
- Challenges for undocumented residents
- Resources for CBO's serving non-English speaking residents
- “Build Back Better” – strengthen service system infrastructure

Public interventions for an Equitable Relief

Producing and *Maintaining* lasting affordable housing

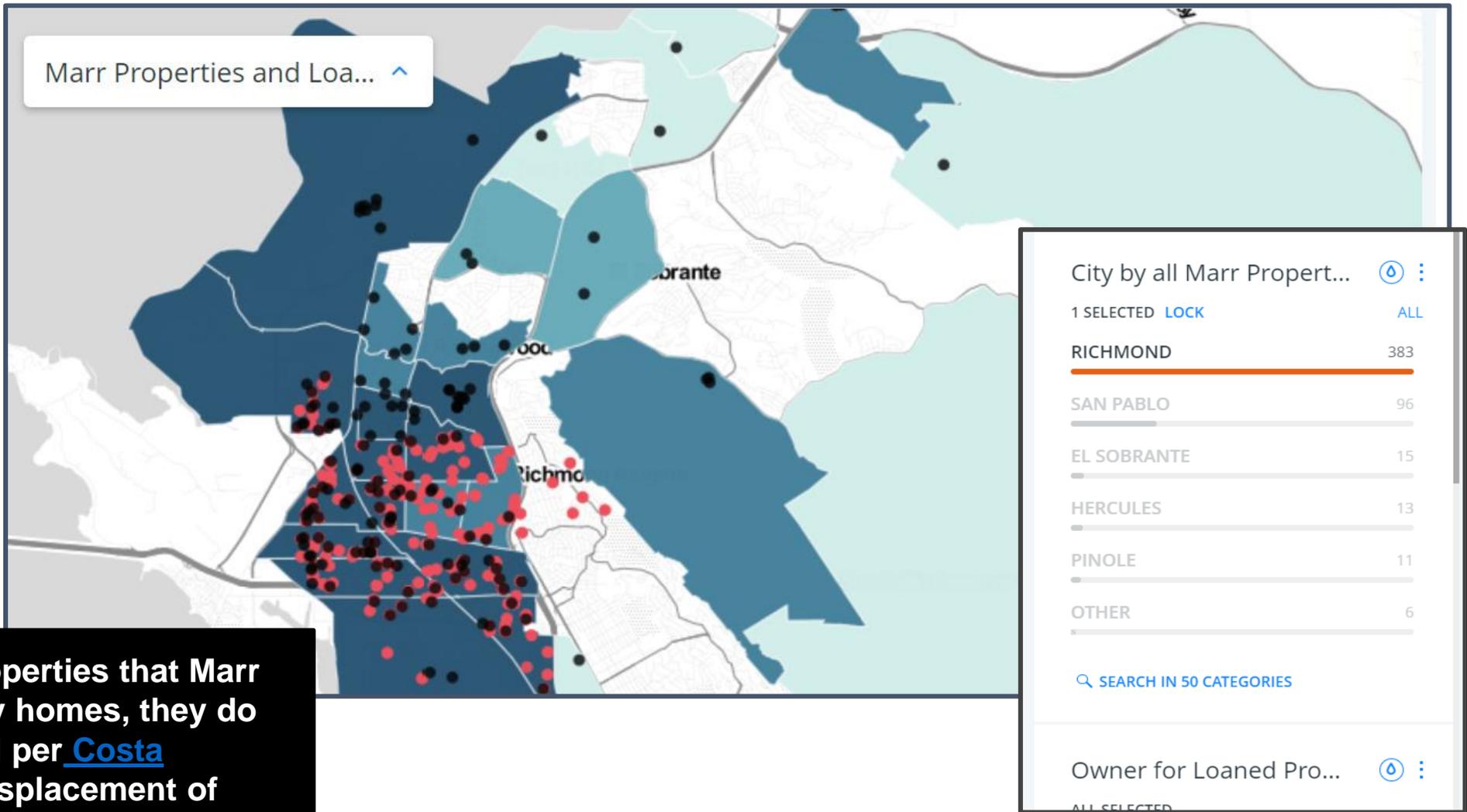
- Production
 - Funding programs for rapid production of alternative housing models
- Preservation
 - Funding for programs to help community groups intervene in the foreclosure auction process for low-wealth homeowners (i.e. implementation of SB 1079)
 - Curbing predatory practices and bad actors

Private equity funds are standing by with cash reserves of at least \$328B to purchase new troubled real estate.

Disastrous consequences for tenants and Contra Costa County's housing system as a whole

Source: Urban Democracy Lab white paper, "Private Equity: the future of housing security in the age of COVID", December 2020

- Marr properties with loans
- All Marr properties



“Because most of the properties that Marr acquired are single family homes, they do not fall under rent control per [Costa Hawkins](#). Widespread displacement of long time residents through rent increases has been the modus operandi for Marr and other foreclosure speculators in the east bay.”

Source: Anti-eviction Mapping Project - Michael Marr / Community Fund LLC

Equitable Relief Through Neighborhood Stabilization & Affordable Housing

- Create an Equity plan for future COVID relief fund **redistribution that connects to neighborhood stabilization efforts**
- Stabilize low-income homeowners (and their tenants) through a **preservation fund**
- Transfer Tax-Foreclosed Properties to not-for-profit housing organizations with capacity to **stabilize affordable housing and add density** (see LA County Chapter 8 Sale Program)

Moving Forward

- Prioritize **equity** and those most in need – *evictions, food, housing, health, essential services*
- **Reimagine Public Safety** – Justice Reinvestment goals and proposals in development
- **Office of Racial Equity & Social Justice**
- **Measure X** Community Advisory Committee provides a model for *community engagement in budget process*



THANK YOU!

Dan Geiger

dan@budgetjusticecc.org



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Request for Proposals for a Design-Build contractor to demolish the 651 Pine Street complex/ Old Jail complex and build a new County office building

RECOMMENDATION(S):

ACCEPT report on Capital Projects update presented at BOS retreat on January 26, 2021.

APPROVE Options 1 and 2 as the preferred options for reuse of the 651 Pine Street Complex.

AUTHORIZE the Public Works Director, or designee, to issue a Request for Proposals (RFP) when the criteria documents are completed for a design-build contractor for the demolition of the existing county facility at 651 Pine Street the Old Jail complex and the building of up to three stories of office space with parking and associated open public space on the land cleared through demolition.

FISCAL IMPACT:

The project will be paid for by a combination of new debt issuance and existing Capital Reserve Funds. The current project is estimated to cost \$65 million for the two story option or \$75 million for the three story option. Final pricing will depend on the bids proposals received. The County will issue new debt of \$45 million dollars as part of a previously approved debt refinancing package which has an annual debt service cost of \$2.8 million Existing Capital reserve Funds will be used for the other project costs estimated to be \$20 million for the two story option or \$30 million for the three story option. Currently, the Capital Reserve Fund has a \$70 million balance.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Eric Angstadt
925.655.2075

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

By: , Deputy

cc:

FISCAL IMPACT: (CONT'D)

BACKGROUND:

With the completion of the new Administration Building and the new Emergency Operations Center building all staff have moved out the 651 Pine Street administration tower. The North Wing has been vacant for over a decade. The tower portion of the complex is almost 60 years old and it is not economically feasible to rehabilitate the tower or North Wing for reuse. The County Board of Supervisors also made a commitment to the City of Martinez to demolish the tower after the new Administration Building was complete as the tower is out of scale with the buildings in downtown Martinez.

At the January 26, 2021 Board retreat staff presented four options for potential reuse of the land cleared by demolition of the 651 Pine Street complex. Feedback from the Board indicated that either a two story building, approximately 20,000 square feet of office space over approximately 80 parking spaces, or a three story building, approximately 40,000 square feet of office space over approximately 80 parking spaces, could be appropriate for the site.

As part of the demolition of the Old Jail, the contractor will be required to comply with the mitigation measures specified in the Mitigation Monitoring and Reporting Program in the 2017 environmental impact report prepared for the Downtown Martinez Jail Demolition Project. These mitigation measures include preserving a record of the Jailhouse building in accordance with National Park Service guidelines for Historic American Building Survey (HABS) documentation. These guidelines include large-format black and white or digitized photography, captions, and written documentation of the historic context and description of the building for submission to local historical repositories, including the Contra Costa County Library in Martinez. Public interpretation based on information from the HABS documentation will be used to convey the historical significance of the building in formats that may include street-side panel(s) and exhibits in nearby County or historical society venues. Mitigation measures also include, to the extent feasible, plans to reuse materials from the building in public parks and facilities in the Martinez area. A salvage plan will be prepared to identify building components that would be appropriate for use in public spaces, including public park(s). Building components for consideration will include the granite cladding, granite curbs, and possibly interior architecture, as appropriate.

Consideration of which option would be chosen would depend on final pricing, commitment from other County departments as to space needs for downtown office space and further study of parking demand and supply in the area to insure that parking provided would not burden the local street parking while also not overbuilding off street parking.

Design-Build is an alternative to the traditional Design-Bid-Build procurement methodology for public projects. The Design-Build method is allowed under a separate section of the Government Code and requires an affirmative action by the Board to allow staff to use this method. Contra Costa County has successfully used Design-Build procurement on several projects, most recently the new Administration Building and the new Emergency Operations Center. The two main advantages of Design-Build are allowing for a faster project completion and improved design flexibility. It is especially useful for this situation where we will be able to get both alternatives designed as part of the RFP and bring the successful bid to the Board with a guaranteed maximum construction price for each alternative along with the information and additional studies requested by the Board so they can make the final determination on which option to construct.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: RECRUITMENT PROCESS FOR COMMUNITY ADVISORY COMMITTEE FOR MEASURE X

RECOMMENDATION(S):

1. CLARIFY the following composition and eligibility issues related to seats on the Measure X Community Advisory Board:

a. Composition

i. 17 At-Large seats; or

ii. 15 Supervisorial District seats (3 per Supervisorial District) and 2 At-Large seats; or

iii. Other composition as determined by the Board

b. Eligibility - Determine whether certain public officials are eligible to serve on the Community Advisory Board, including, but not limited to elected officials (Mayors, City Council members, etc.) and appointed officials (City Managers, Fire Chiefs, etc.)

2. ADOPT a process to recruit and appoint members of the Measure X Community Advisory Board; DETERMINE how long the recruitment should be advertised and PROVIDE any additional direction to staff regarding next steps.

FISCAL IMPACT:

No fiscal impact.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Timothy Ewell, (925) 655-2043

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

By: , Deputy

cc:

BACKGROUND:

On February 2, 2021, the Board of Supervisors established the Measure X Citizen's Advisory Committee. Specifically, the Board defined the responsibilities of the Committee, its membership composition, appointment process and terms of office for members. Below is a summary of each specific area determined by the Board:

Responsibilities: The Community Advisory Committee's main responsibilities:

- Overseeing an annual assessment of community needs, focusing primarily on the priority areas identified in this year's Needs Assessment, including emergency response (fire/medical), health care, safety net services, preventative care, affordable housing, and supports for early childhood, youth, families, and seniors.
- Creating detailed priority lists of the top ten service gaps (county- and community-provided) based on the results from the needs assessment.
- Using the assessment to make general funding priority recommendations to the Board of Supervisors on 50% of the revenue generated by Measure X.
- Providing an annual report on the outcomes and impact of allocated funds.
- The committee shall initially meet as needed to develop a recommended annual budget allocation plan, and thereafter shall meet quarterly.

Membership: The Community Advisory Committee shall be composed of 17 individuals and its membership should represent broad and diverse voices, perspectives and expertise, including but not exclusive to: budget justice advocacy, children's services, community health, consumer advocacy, faith leadership, senior services, fire and public safety protection, housing and homelessness, labor union representation, legal advocacy, local businesses, mental health services, non-partisan civic organizations, policy organizations, public health, racial justice and equity, safety net services, senior services, substance use services, taxpayers, and youth services.

- Committee members should have expertise in an area outlined above or that is otherwise in accordance with the priorities set by the ballot measure and needs assessment
- Representation on the committee shall be from community-based organizations, labor organizations and residents from across the county who have received county- and community-provided services in the areas identified
- Committee members shall either live or work in Contra Costa County, with a majority being residents of the County

Appointment Process: The County will solicit applications to fill the 17 member committee. Applications shall be referred to the Board Finance Committee which shall make recommendations to the full Board of Supervisors on appointments to the Community Advisory Committee. The Board shall make every effort to insure that there is representation from the broadest cross-section of stakeholders as described in the "Membership" section above, as well as geographic, racial and ethnic representation reflecting the County's diversity.

Terms: The initial members of the Community Advisory Committee shall serve staggered terms of two or three years, and subsequent appointments serving three-year terms, with a maximum of six years

served consecutively by any member.

Today's action is follow up to the Board's action on February 2, 2021 and is requesting the Board adopt a recruitment process and procedure for the Measure X Community Advisory Board. The County Administrator's Office has prepared a draft media release for review and has also identified points of clarification to request from the Board regarding composition and eligibility of the membership of the Community Advisory Board.

CONSEQUENCE OF NEGATIVE ACTION:

The Board will not have established a formal recruitment procedure for the Measure X Community Advisory Board.

ATTACHMENTS

DRAFT Media Release - Would you Like to Serve on the Measure X Community Advisory Board



Contra Costa County

1025 Escobar Street • Martinez, CA 94553 • <http://www.cccounty.us>

Media Release

FOR IMMEDIATE RELEASE
Wednesday, February 10, 2021

Contact: Jami Morritt
Phone: (925) 655-2005
Email: Jami.Morritt@cob.cccounty.us

WOULD YOU LIKE TO SERVE ON THE MEASURE X COMMUNITY ADVISORY BOARD?

The Contra Costa County Board of Supervisors is seeking individuals that represent broad and diverse voices, perspectives and expertise, including but not exclusive to: budget justice advocacy, children's services, community health, consumer advocacy, faith leadership, senior services, fire and public safety protection, housing and homelessness, labor union representation, legal advocacy, local businesses, mental health services, non-partisan civic organizations, policy organizations, public health, racial justice and equity, safety net services, senior services, substance use services, taxpayers, and youth services, to serve on the newly established Measure X Community Advisory Board. The Community Advisory Board was established on February 2, 2021 following passage of Measure X – a countywide sales tax measure providing general purpose revenue for County programs. The Measure X Community Advisory Board is responsible for:

- Overseeing an annual assessment of community needs, focusing primarily on the priority areas identified in the Measure X Needs Assessment, including emergency response (fire/medical), health care, safety net services, preventative care, affordable housing, and supports for early childhood, youth, families, and seniors;
- Creating detailed priority list of the top service gaps based on the results from the Needs Assessment;
- Using the Needs Assessment to make funding priority recommendations to the Board of Supervisors annually;
- Providing an Annual Report on the outcomes and impact of allocated funds; and

To be considered, candidates must either live or work in Contra Costa County. The Community Advisory Board will initially meet as needed to develop recommendations to the Board of Supervisors, then shall meet at least quarterly. During COVID-19, Committee members will meet via online conferencing as permitted by Executive Order N-29-20 issued on March 17, 2020.

Members of the Community Advisory Board will receive no compensation for their service and must complete State required ethics training as well as County training on the open meeting laws, including the Ralph M. Brown Act and Better Government Ordinance. Initial members of the Committee shall serve staggered terms of two or three years, with subsequent appointments serving three-year terms, with a maximum of six years served

consecutively by any member. Candidates will be interviewed by the Board of Supervisors' Finance Committee (Supervisors Mitchoff and Gioia) via online conferencing at a date to be determined in March 2021. Recommendations for appointment will be made to the full Board of Supervisors for consideration.

Application forms can be obtained from the Clerk of the Board of Supervisors by calling (925) 655-2200 or by clicking on the following link: [Application Form](#). Applications should be returned to the Clerk of the Board of Supervisors, County Administration Building, 1025 Escobar Street, 1st Floor, Martinez, CA 94553 no later than **[Specify Date]**.

###

DRAFT



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: HEARING to consider adding the Sand Creek Extension Project to East Contra Costa Regional Fee and Financing Authority’s Project List, East County area

RECOMMENDATION(S):

1) OPEN the public hearing to consider adoption of Ordinance No. 2021-03, to amend Ordinance No. 2005-18 by adding the Sand Creek Extension Project (‘Project’) to the East Contra Costa Regional Fee and Financing Authority (“ECCRFFA”) project list, with no changes to ECCRFFA fees or the area in which fees are collected, and to consider approving a related fourth amendment to the ECCRFFA Joint Exercise of Powers Agreement (“Fourth ECCRFFA JEP A Amendment”); RECEIVE public comments; CONSIDER all objections and protests against the ordinance received by the Clerk of the Board of Supervisors; and CLOSE the public hearing.

2) DETERMINE, in accordance with Ordinance Code section 913-6.016, that the County did not receive protests from owners of more than one half of the area of the property within the unincorporated area in ECCRFFA’s jurisdiction, and therefore a majority protest does not exist.

3) APPROVE and AUTHORIZE the County Administrator, to execute, on behalf of the County, the Fourth ECCRFFA JEP A Amendment, to add the Project to the list of ECCRFFA projects, with no changes to ECCRFFA fees collected by member agencies.

- APPROVE OTHER
- RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Nancy Wein,
925.313.2275

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

By: , Deputy

cc: Robert Campbell, Auditor-Controller

RECOMMENDATION(S): (CONTD)

4) ADOPT Ordinance No. 2021-03 to amend Ordinance No. 2005-18 by adding the Project to ECCRFFA’s project list, with no changes to ECCRFFA fees or the area in which fees are collected.

5) FIND that the “East Contra Costa Regional Fee Program Update,” dated October 2020” (“Nexus Study”) meets the requirements of a development program report included in Chapter 913-6 of the County Ordinance Code.

6) ADOPT Resolution No. 2021/52, to adopt the Nexus Study for the Project.

7) DETERMINE that the adoption of Ordinance No. 2021-03 and Resolution No. 2021/52, and the approval of the Fourth ECCRFFA JEP A Amendment, are exempt from environmental review under the California Environmental Quality Act (CEQA), pursuant to Article 5, Section 15061(b)(3) of the CEQA Guidelines.

8) AUTHORIZE the Public Works Director, or designee, to arrange for payment of a \$25 fee to the Department of Conservation and Development for processing, and a \$50 fee to the County Clerk for filing the Notice of Exemption.

9) DIRECT the Clerk of the Board of Supervisors to record certified copies of Ordinance No. 2021-03 and Resolution No. 2021/52 in the Official Records of the Contra Costa County Clerk-Recorder.

FISCAL IMPACT:

The Notice of Exemption will be charged 100% to the ECCRFFA Fee Admin fund 828500

BACKGROUND:

On August 9, 1994, the Cities of Antioch, Brentwood, and Pittsburg, together with the County of Contra Costa, entered into a Joint Exercise of Powers Agreement (“Agreement”) to form the East Contra Costa Regional Fee and Financing Authority (ECCRFFA). The Agreement established a Uniform Regional Development Fee Program to fund transportation improvement projects in the East County area. With the incorporation of the City of Oakley in 1999, the Agreement was amended to add Oakley as an additional member of the Authority. The four Cities listed above, and the County are the “Member Agencies” of ECCRFFA.

The ECCRFFA fees were calculated to reflect new development’s proportional share of the cost of various regional transportation improvements within ECCRFFA’s jurisdiction, such as the State Route 4 (SR4) Bypass and the widening of SR4 through Pittsburg and Antioch. ECCRFFA conducted an update of the fee program in 2001 to help fund an expanded list of regional transportation improvements. In the summer of 2005, ECCRFFA completed a comprehensive update of its Regional Transportation Development Impact Mitigation (RTDIM) Fee Program or ECCRFFA Fee Program. In June 2005, the ECCRFFA Board approved the East Contra Costa Regional Fee Program Update Final Report (“2005 Program Update”) prepared by Fehr & Peers, and each of the five member jurisdictions, including the County, adopted an updated set of fees pursuant to that report.

Recently, there has been interest in expanding the ECCRFFA Fee Program to include a project that would involve the extension of Sand Creek Road westward, from its current terminus near SR4, to a new intersection with Deer Valley Road, in the Antioch and Brentwood area (the “SCR extension”). The purposes of the SCR extension include the following: 1) allowing access to the proposed new development areas adjacent to the new roadway 2) improving east-west connectivity through this part of

the East County sub region; and 3) accommodating some of the travel demand that would otherwise use Lone Tree Way and Balfour Road. As such, the SCR extension is a regional transportation project that is appropriate for incorporation into the ECCRFFA Fee Program.

On October 8, 2020, the ECCRFFA Board of Directors approved an item to amend the ECCRFFA JEPAs and fee program to add the SCR extension to the list of ECCRFFA projects. The ECCRFFA Board of Directors directed member agencies to consider amending their fee ordinances and resolutions, and approving an amendment to the ECCRFFA JEPAs, to add the SCR extension as an ECCRFFA project that could be funded with future RTDIM fee revenues.

The approval of the Fourth Amendment to the ECCRFFA JEPAs, and the adoption of Ordinance No. 2021-03, will add the SCR extension project to the ECCRFFA project list, but these actions will not make any changes to ECCRFFA RTDIM fee amounts. The ECCRFFA RTDIM fees last approved in 2005 will remain unchanged by these actions. Further, these actions do not prioritize the SCR extension for funding or change the priority of any projects in the ECCRFFA fee program, which were last prioritized in the Third Amendment to the ECCRFFA JEPAs. The SCR extension's priority for funding will be determined through ECCRFFA's strategic plan development process, which involves all member agencies, and it will be subject to future approvals by the ECCRFFA Board. The proposed Fourth Amendment to the ECCRFFA JEPAs will be effective upon the approval of all Member Agencies.

For the reasons above, County staff recommends that the Board of Supervisors approve the Fourth Amendment to the ECCRFFA JEPAs and adopt Ordinance No. 2021-03, to add the SCR extension to the list of projects that can be funded with RTDIM revenues.

Lastly, it is recommended that the Board adopt the attached Resolution No. 2021/52 to adopt the "East Contra Costa Regional Fee Program Update," dated October 2020" ("Nexus Study") for the Project. Staff has determined that the Nexus Study includes all information required to be included in a development program report under Division 913 of the County Ordinance Code. The Nexus Study was prepared by Fehr and Peers and was conducted to evaluate the addition of the SCR extension project to the Fee Program and determine new development's proportional share of the cost of that project should it be added to the ECCRFFA Fee Program. However, notwithstanding the fees justified in the Nexus Study, none of these actions make any changes to ECCRFFA RTDIM fees that were approved in 2005.

CONSEQUENCE OF NEGATIVE ACTION:

If the ECCRFFA JEPAs Amendment is not approved, then the Sand Creek Extension Project cannot be added to the ECCRFFA Project List.

ATTACHMENTS

- Resolution No. 2021/52
- Ordinance 2021-03
- Nexus Study
- JEPAs Amendment

Recorded at the request of: Clerk of the Board

Return To: Public Works Dept. Transportation Engineering

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:

Resolution No. 2021/52

IN THE MATTER OF the adoption of Contra Costa County Ordinance No. 2021-03, adding the Sand Creek Extension Project (“Project”) to the list of East Contra Costa Regional Fee and Financing Authority (“ECCRFFA”) projects, with no changes to ECCRFFA Fees.

WHEREAS, Contra Costa County is a member agency of the ECCRFFA; and

WHEREAS, the Board of Supervisors conducted a public hearing on February 9, 2021, to consider the adoption of Contra Costa County Ordinance No. 2021-03, to add the Project as a regional transportation improvement that will be funded with ECCRFFA fees, with no changes to ECCRFFA’s fees; and

WHEREAS, at the conclusion of said hearing, the Board of Supervisors approval made no changes to the boundaries of ECCRFFA, and made no changes to the ECCRFFA fees last approved in 2005; and

WHEREAS, the unincorporated area within ECCRFFA’s jurisdiction, the costs of the proposed improvements, and the method of fee apportionment are as set forth in the October 2020, “East Contra Costa Regional Fee Program Update,” dated October 2020, prepared by Fehr & Peers (“Nexus Study”), attached hereto as Exhibit 1; and

NOW THEREFORE, it is resolved that the Board of Supervisors hereby:

1. ADOPTS the Nexus Study. The Nexus Study is attached hereto as Exhibit 1,
2. INCORPORATES herein by reference the following, which were established at the hearing described above:
 - A. The boundaries of ECCRFFA’s jurisdiction, including within unincorporated Contra Costa County, in which ECCRFFA RTDIM Fees are imposed, is depicted on the map included in the Nexus Study.
 - B. The estimated costs of the thoroughfare improvements to be funded with revenue from the ECCRFFA Fees, as more particularly set forth in the Nexus Study; and
 - C. The method of apportionment of the ECCRFFA Fees, as more particularly described in the Nexus Study board order in support of Ordinance No. 2021-03. However, the ECCRFFA Fees, and the method of fee apportionment, remain

unchanged since the ECCRFFA fees and method of fee apportionment were last established in Ordinance No. 2005-18.

Contact: Nancy Wein, 925.313.2275

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

ATTESTED: February 9, 2021

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

By: , Deputy

cc: Robert Campbell, Auditor-Controller

ORDINANCE NO. 2021-03

(East Contra Costa Regional Fee and Financing Authority Fees and Project List)

The Board of Supervisors of Contra Costa County ordains as follows:

SECTION 1. Summary. This ordinance amends Ordinance No. 2005-18 to add one project – the Sand Creek Road Extension from SR4 to Deer Valley Road project – to the list of projects that will be funded with regional transportation development impact mitigation (“RTDIM”) fees. These fees are collected by all member agencies of the East Contra Costa Regional Fee and Financing Authority (“ECCRFFA”), which is a joint exercise of powers agency that funds regional transportation improvements. This ordinance does not modify any of the RTDIM fees in Ordinance No. 2005-18, and it also does not modify the area within which RTDIM fees are imposed.

SECTION 2. Authority. This ordinance is enacted pursuant to the applicable requirements of Government Code sections 66016 through 66018 and 66484, and Division 913 of the County Ordinance Code.

SECTION 3. Recitals and Findings.

- (a) The “East Contra Costa Regional Fee and Financing Authority Joint Exercise of Powers Agreement,” as amended, (the “Agreement”) among ECCRFFA’s member agencies – the County and the Cities of Antioch, Brentwood, Pittsburg, and Oakley – established ECCRFFA to fund regional transportation improvements in east Contra Costa County using RTDIM fees collected by member agencies. Since the original Agreement was approved, ECCRFFA has amended the Agreement, including to prioritize projects to be funded with RTDIM fee revenues.
- (b) ECCRFFA’s RTDIM fees were last increased in 2005. In 2005, ECCRFFA member agencies adopted ECCRFFA RTDIM fees to fund transportation projects on a project list, as more particularly described in the Fehr & Peers “East Contra Costa Regional Fee Program Update,” dated June 2005 (“2005 Report”). On July 19, 2005, the Board of Supervisors adopted Ordinance No. 2005-18 to approve the RTDIM fees, and to allow the County to impose the fees on new development within unincorporated areas of ECCRFFA’s jurisdiction, to fund the projects identified in the 2005 Report. Many of the projects identified in the 2005 Report have been completed, including the State Route 4 (SR 4) Bypass, and the widening of SR 4 through Antioch and Pittsburg.
- (c) ECCRFFA has identified an additional regional transportation project that is eligible for funding from RTDIM fees – the Sand Creek Road Extension from SR4 to Deer Valley Road project (“Sand Creek Extension Project”). The Sand Creek Extension Project is more particularly detailed the Fehr & Peers “East Contra Costa Regional Fee and Financing Authority Fee Program Update,” dated October 2020 (the “2020 Report”).

ORDINANCE NO. 2021-03

- (d) On October 8, 2020, the ECCRFFA Board of Directors adopted Resolution No. 2020/01 to: make required findings; approve the 2020 Report; approve a fourth amendment to the Agreement to add the Sand Creek Extension Project to the ECCRFFA project list; and recommend that ECCRFFA member agencies consider approving the fourth amendment to the Agreement and amending their fee ordinances and resolutions to add the Sand Creek Extension Project, with no change to the RTDIM fees last approved in 2005.
- (e) The 2020 Report was prepared to determine the amount of the RTDIM fees necessary to fund new development's share of the estimated costs of the Sand Creek Extension Project. The Sand Creek Extension Project is more particularly described in the 2020 Report, and the project is consistent with the goals and policies of the circulation elements in the general plans of the City of Antioch and City of Brentwood.
- (f) The 2020 Report proposes a fair and equitable method for allocating a portion of the costs of the Sand Creek Extension Project to new development within ECCRFFA's jurisdiction, as more particularly described in the 2020 Report. The cost of the Sand Creek Extension Project, as calculated in the 2020 Report, is reasonable. The total amount of revenue expected to be generated from RTDIM fees will not exceed the estimated cost of the Sand Creek Extension Project attributable to new development within ECCRFFA's jurisdiction. ECCRFFA and its member agencies will rely on sources other than RTDIM fee revenue to pay Sand Creek Extension Project costs not allocated to new development. The Sand Creek Extension Project is necessary and desirable within ECCRFFA's jurisdiction.
- (g) Because all of the Sand Creek Extension Project is in addition to, or a reconstruction or expansion of, existing thoroughfares and bridge facilities, RTDIM fees may be imposed on new development projects within ECCRFFA's jurisdiction to fund new development's propositional share of the project costs.
- (h) Pursuant to Government Code section 66001, the Board of Supervisors further finds:
 - (1) As determined in the 2005 Report and the 2020 Report, the purpose of ECCRFFA RTDIM fees is to fund new development's share of the estimated costs of the Sand Creek Extension Project identified in the 2020 Report.
 - (2) As determined in the 2005 Report and the 2020 Report, there is a reasonable relationship between the use of revenue generated by the RTDIM fees and the type of new development projects on which those fees shall be imposed.
 - (3) As determined in the 2005 Report and the 2020 Report, there is a reasonable relationship between the need Sand Creek Extension Project and the types of new development within ECCRFFA's jurisdiction on which RTDIM fees shall be imposed.

ORDINANCE NO. 2021-03

(4) As determined in the 2005 Report and the 2020 Report, there is a reasonable relationship between the amount of the RTDIM fees imposed on each type of new development within ECCRFFA’s jurisdiction, and the cost of the Sand Creek Extension Project to be funded by RTDIM fee revenue.

(i) The Board of Supervisors further finds as follows:

(1) Pursuant to Government Code sections 54986, 65091, 66017, 66018, 66474.2, subdivision (b), 66484, and 66484.7, and Division 913 of the Contra Costa County Ordinance Code, notice of a public hearing on this ordinance was given and published, and the public hearing was held. The 2020 Report and related materials were made available to the public at least ten (10) days before the hearing.

(2) If, within the time when protests may be filed under the provisions of Ordinance Code section 913-6.016, there are written protests, filed with the Clerk of the Board of Supervisors, by owners of more than one-half of the area of the property within unincorporated Contra Costa County in ECCRFFA’s jurisdiction, and sufficient protests are not withdrawn so as to reduce that area to less than one-half of the area of the property within the unincorporated area of ECCRFFA’s jurisdiction, these proceedings shall be abandoned and this ordinance shall not be adopted. However, the Board of Supervisors has considered any written protests, and all written and oral testimony offered at the hearing, and it finds that no majority protest exists.

(3) At the public hearing on this ordinance, the estimated costs of the Sand Creek Extension Project, and a fair method of allocation of those costs to new development projects within ECCRFFA’s jurisdiction were established. There are no changes to the boundaries of ECCRFFA’s jurisdiction since they were last established.

SECTION 4. Approval of the 2020 Report. The Board of Supervisors approves the 2020 Report.

SECTION 5. Amendment of Ordinance No. 2005-18.

(a) Each reference in Ordinance No. 2005-18 to “Report” shall include both the 2005 Report and the 2020 Report.

(b) Each reference in Ordinance No. 2005-18 to “Improvements” or projects that will be funded with RTDIM fee revenue shall include the Sand Creek Extension Project, as further described in the 2020 Report.

(c) Section VIII(C) in Ordinance No. 2005-18 is deleted in its entirety and replaced with new Section VIII(C), to read:

ORDINANCE NO. 2021-03

“C. The RTDIM Fees collected pursuant to this ordinance shall be used exclusively for the projects listed in the Report.”

(d) Except as expressly modified by this ordinance, Ordinance No. 2005-18 shall remain unchanged.

SECTION 6. Severability. Notwithstanding any other provision of this ordinance to the contrary, if a court of competent jurisdiction determines this ordinance is invalid or unenforceable, Ordinance No. 2005-18 shall remain unchanged and in full force and effect.

SECTION 7. Effective Date. This ordinance shall become effective 60 days after passage, and, within 15 days of passage, this ordinance shall be published once, with the names of the Supervisors voting for and against it, in the East Bay Times, a newspaper of general circulation published in this County. Pursuant to section 913-6.026 of the Contra Costa County Ordinance Code, the Clerk of the Board shall promptly file a certified copy of this ordinance with the County Recorder.

PASSED and ADOPTED on _____ by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Board Chair

ATTEST:
MONICA NINO, Clerk of the Board
of Supervisors and County Administrator

By _____
Deputy

SMS
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ORDINANCE NO. 2021-03

4

"EXHIBIT 1"

Final Report

East Contra Costa Regional Fee Program Update

Prepared for:
East Contra Costa Regional Fee &
Financing Authority

October 2020

1001-1655.02

FEHR  PEERS

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Appendix A: SCR Extension Project Costs

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1. Introduction

Background

The East Contra Costa Regional Fee and Financing Authority (ECCRFFA or the Authority) is a regional planning agency charged with funding regional transportation improvement projects in eastern Contra Costa County with revenue from the Authority's regional transportation demand impact mitigation (RTDIM) fees. The Authority's jurisdiction includes the eastern portion of the County, including unincorporated areas and the Cities of Antioch, Brentwood, Oakley, and Pittsburg. The Authority's boundaries are shown in **Figure 1**.

The Authority first implemented a transportation development impact fee program in 1994. The fee was calculated to reflect new development's proportional share of the cost of various regional transportation improvements, such as the State Route (SR) 4 Bypass and the widening of SR 4 through Pittsburg and Antioch. The Authority conducted an update of the fee program in 2001 to help fund an expanded list of regional transportation improvements. In the summer of 2005, the Authority completed a comprehensive update of its RTDIM fee program. In June 2005, the ECCRFFA Board approved the *East Contra Costa Regional Fee Program Update Final Report* (the "2005 Report") prepared by Fehr & Peers, and each of the five member jurisdictions adopted an updated set of fees pursuant to that report.

Since that time, the fees have been adjusted annually to reflect changes in construction costs. Beginning in 2008-2009, a fee rebate program was established in response to the economic downturn. The fee rebate has been reduced over time, but the Authority has continued to implement a 15% fee rebate since January 1, 2017. Periodic program assessments have been completed and documented over the past several years to evaluate the progress of the program in funding and delivering projects on the project list.

Purpose

Recently, there has been interest in expanding the ECCRFFA fee program to include a project that would involve the extension of Sand Creek Road westward, from its current terminus near SR 4, to a new intersection with Deer Valley Road in Antioch (the "SCR extension"). At its December 13, 2018 meeting, the ECCRFFA Board of Directors directed that a focused nexus study be conducted to evaluate the addition of the SCR extension to the fee program. The purpose of this report is to evaluate the addition of the SCR extension to the ECCRFFA project list, and to determine new development's proportional share of the cost of that project should it be added to the fee program.

Study Area

As shown on **Figure 1**, ECCRFFA's jurisdiction area includes certain unincorporated areas of eastern Contra Costa County, as well as the Cities of Antioch, Brentwood, Oakley, and Pittsburg.

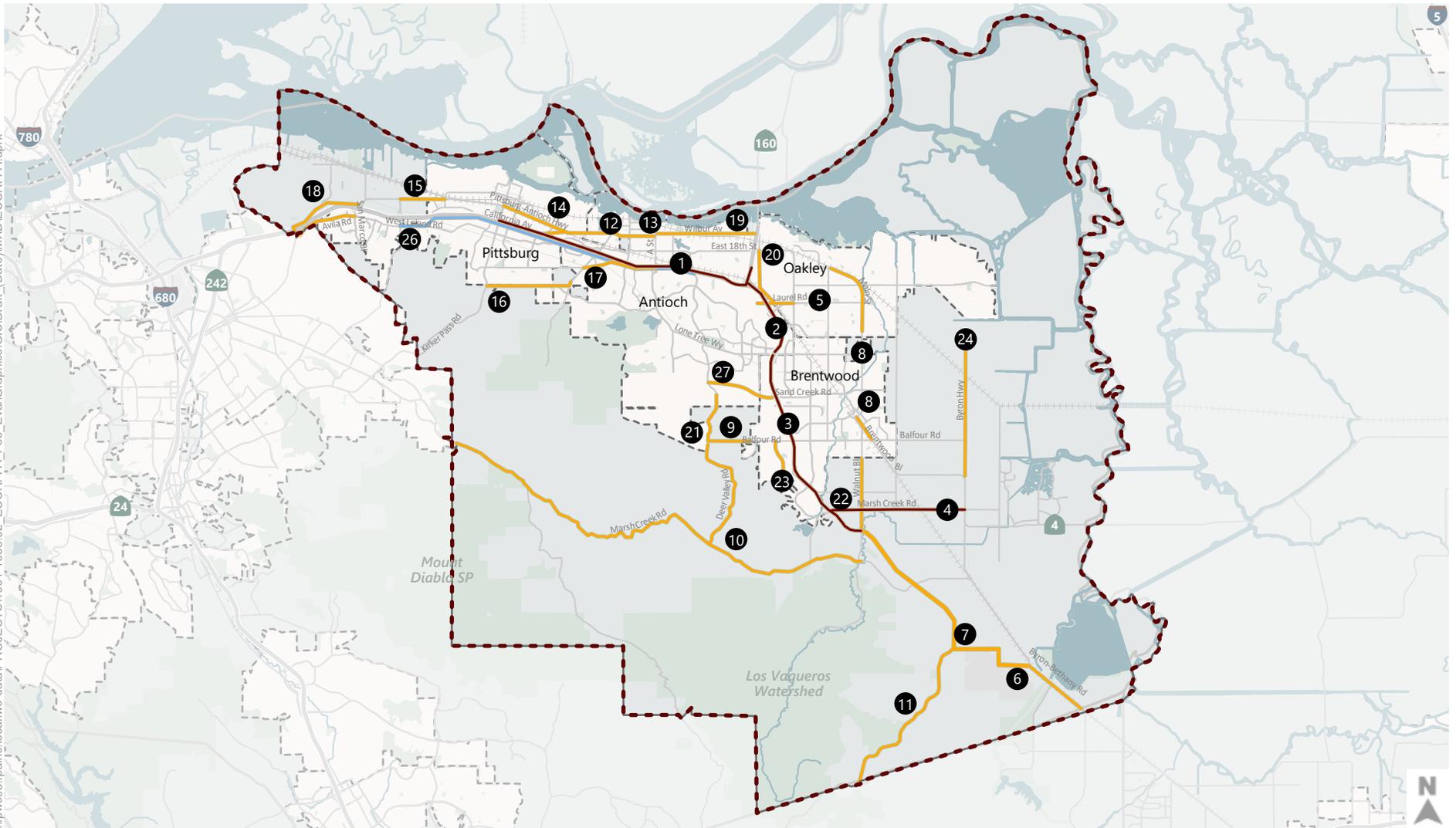
Study Process

This study was developed under the direction of ECCRFFA staff and with input from staff from each of the member agencies. Because this is a focused nexus study, it follows the same technical methods and procedures as were used in the 2005 Report. The intent is to maintain the existing structure of the ECCRFFA program; therefore, the 2005 Report remains the best source of detailed information about the nexus analysis for the existing program. The focus of this current analysis is to determine new development's proportional share of the cost of the SCR extension should it be added to the fee program, as well as to incorporate updated cost information regarding all of the projects on the current ECCRFFA project list (i.e., the projects evaluated in the 2005 Report).

Organization of the Report

After this introductory section, the report contains three additional sections:

- *Section 2* – Program Information and Project List describes the background of the fee program, the current fee amounts, and the list of projects included in the program.
- *Section 3* – Growth Projections documents the amount of growth anticipated in East County over the next twenty years that would be subject to the fee.
- *Section 4* – Nexus Analysis and Fee Calculations describes the results of the nexus analysis for the Sand Creek Road extension project and calculates the fee amounts using the updated information presented in the report.



Note: The East County Express Bus project 26 is not mapped as its location is not defined.

Project Type

- Freeway Improvements
- Arterial Improvements
- Regional Transit Improvements
- East Contra Costa County Fee Boundary



Figure 1
ECCRFFA Area and Projects

2. Program Information and Project List

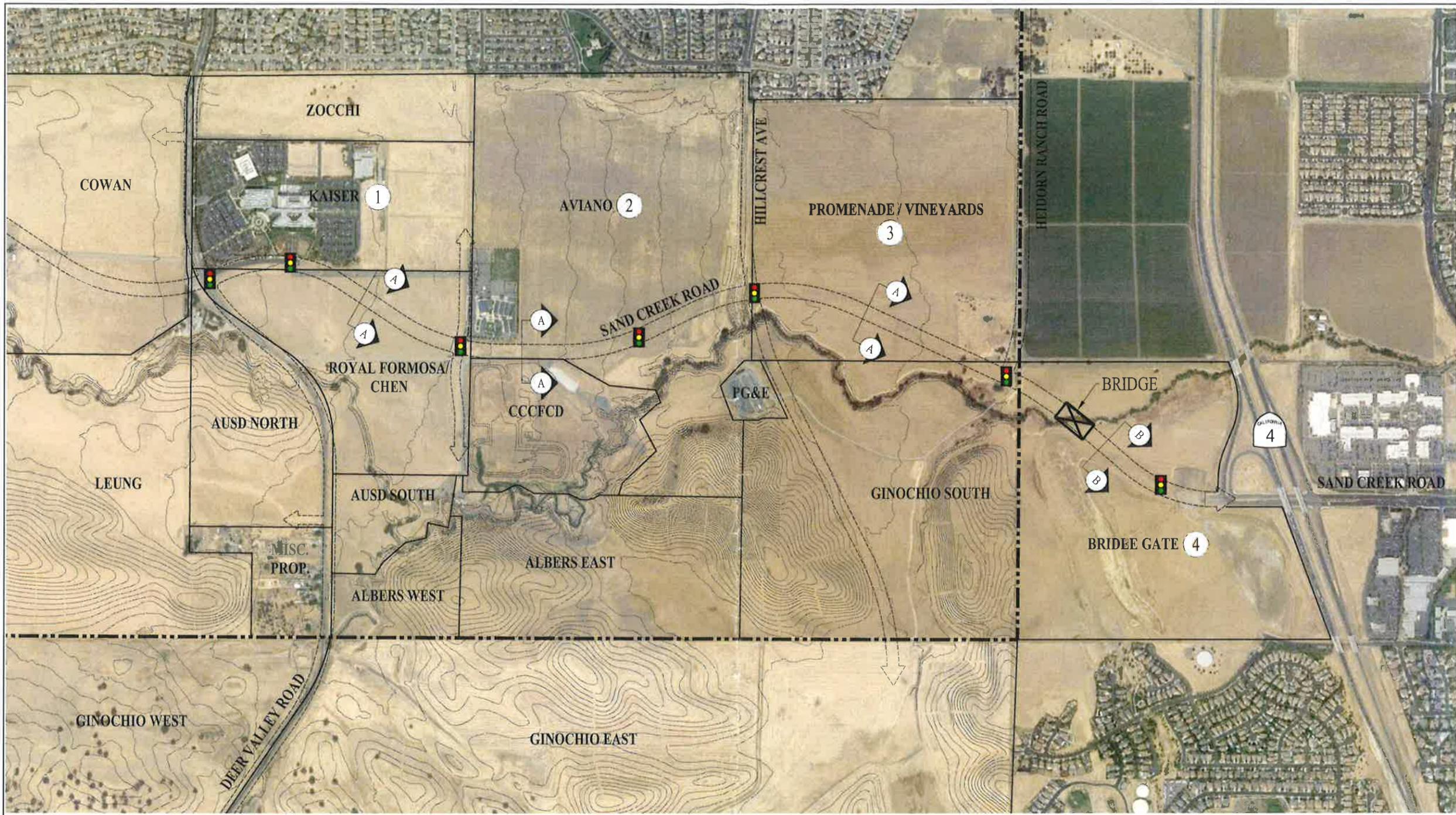
The existing ECCRFFA program authorizes ECCRFFA's member agencies to charge RTDIM fees on new development within ECCRFFA's jurisdiction. The current schedule of ECCRFFA RTDIM fees is shown in **Table 1**.

The existing ECCRFFA program generates RTDIM fee revenue that can be used to fund new development's proportional share of any of the 26 transportation improvement projects listed in the 2005 Report. Those projects include freeway and regional transit improvements as well as projects along major arterial roadways that connect different parts of the East County region. The proposed SCR extension has been temporarily added as project #27 for the purposes of this study. See Figure 1 for a map of the project locations, and **Table 2** contains a description of each project along with its current status and estimated cost.

For those projects that have been completed, the cost shown on Table 2 reflects the actual cost. For projects yet to be completed, the cost estimate from the 2005 Report has been indexed to current dollars by applying an annual construction cost index, consistent with the process used to index the ECCRFFA fee amounts each year. In a few cases, the project sponsors were able to provide a more recent cost estimate, which was then incorporated into Table 2. This was the case for project #16 (the James Donlon Boulevard extension) and proposed project #27 (the SCR extension).

The SCR extension project involves the extension of Sand Creek Road as a four-lane, east-west arterial from its current terminus at SR 4 in Brentwood westward to intersect with Deer Valley Road in Antioch. See **Figure 2** for an exhibit showing the conceptual alignment of the SCR extension. The SCR extension would provide access to several areas proposed for development, including the developments known as Bridle Gate in Brentwood, and Promenade and Aviano in Antioch. Near its western end, the SCR extension would connect to Deer Valley Road, near the existing Dozier-Libbey Medical High School and the Kaiser Permanente Medical Center.

The SCR extension will serve multiple purposes. Major functions of the road would include: 1) allowing access to the proposed new development areas described previously; and 2) filling a transportation gap in east-west connectivity between Antioch and Brentwood to serve the anticipated growth in regional travel without overburdening the existing parallel routes of Balfour Road and Lone Tree Way. The SCR extension would also allow more direct and efficient access to the Kaiser Medical Center and the Dozier-Libbey High School from Brentwood and points east. As described further in Section 4, the portion of the SCR extension project cost that is proposed to be included in the ECCRFFA program has been calculated to account for new development's proportional share of the cost of the project.

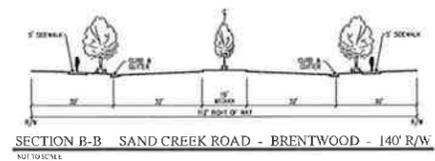
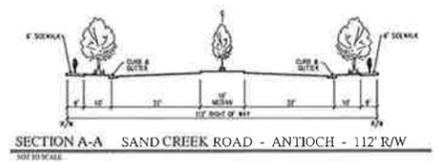


SAND CREEK ROAD REGIONAL ROADWAY COST SUMMARY				
SEGMENT NUMBER	DESCRIPTION	APPROXIMATE LENGTH (LF)	COST (\$)	COST (\$) / LF
1	KAISER / ROYAL FORMOSA	2,650	7,559,000	\$2,850/LF±
2	AVIANO	2,830	8,948,300	\$3,160/LF±
3	PROMENADE/VINEYARDS	2,740	5,535,000	\$2,020/LF±
4	BRIDGE GATE	2,130	5,628,000	\$2,630/LF±
	SUBTOTAL	10,320	27,670,000	\$2,680/LF± (AVG.)
5	BRIDGE (\$3M X 1.45)	N/A	4,350,000	N/A
6	TRAFFIC SIGNALS (\$300K X 1.45 PER SIGNAL)	N/A	3,045,000	N/A
	TOTAL	10,320	35,065,000	\$3,400/LF± (AVG.)

NOTE: ALL COSTS INCLUDE A 20% CONTINGENCY AND 25% LOAD.

- LEGEND**
- CITY LIMIT LINE / SPHERE OF INFLUENCE
 - REGIONAL ROADWAY
 - TRAFFIC SIGNAL

DRAFT



**PRELIMINARY
REGIONAL TRANSPORTATION
ROUTING EXHIBIT
SAND CREEK ROAD**

CITY OF ANTIOCH/BRENTWOOD CONTRA COSTA COUNTY CALIFORNIA

SCALE: 1" = 300'

DATE: MAY 29, 2018

Carlson, Barbee & Gibson, Inc.
CIVIL ENGINEERS - SAN JOAQUIN PLACER

Table 1: Current ECCRFFA Fees (as of January 2020)

Land Use Category	Unit	Fee per Unit	ECCRFFA Fee Rebate	Fee Less ECCRFFA Fee Rebate
Single-Family	DU	\$22,920	15%	\$19,482
Multi-Family	DU	\$14,070	15%	\$11,960
Commercial	Sq. Ft.	\$1.90		\$1.90
Office	Sq. Ft.	\$1.66		\$1.66
Industrial	Sq. Ft.	\$1.66		\$1.66
Other	Peak Hour Trip	\$22,920		\$22,920

Notes: DU = Dwelling Unit. For projects that do not fit in one of the general land use categories above, the fee is assessed on the basis of the number of peak hour vehicle trips estimated to be generated by that project.

Source: Contra Costa County.

Table 2: ECCRFFA Project List

Number	Project	Description/ Project Limits	Sponsor	Total Cost (\$ Million)	Status
Freeway Improvements					
1	SR 4 Freeway widening	Railroad Avenue to Loveridge Road, widen to 8 lanes	CCTA	\$ 101.0	Completed
		Loveridge interchange	CCTA	\$ 157.8	Completed
		Loveridge to Bypass (8 lanes to Hillcrest, 6 lanes to Bypass)	CCTA	\$ 374.7	Completed
		Hillcrest interchange expansion	CCTA	\$ 10.0	Completed
2	SR 4 Bypass Segment 1	Phase 1, 6 lanes to Laurel, interchanges at Laurel Rd and Lone Tree	Bypass Authority	\$ 113.7	Completed
		Phase 2, SR 160 interchange	Bypass Authority	\$ 50.1	Completed
		Laurel interchange, phase 2	Bypass Authority	\$ 1.0	Completed
3	SR 4 Bypass Segment 2	Phase 1, 2 lanes	Bypass Authority	\$ 33.3	Completed
		Phase 2, 4 lanes, Sand Creek Road to Balfour Road	Bypass Authority	\$ 16.0	Completed
		Widen to 6 lanes, Laurel Road to Sand Creek Road	Bypass Authority	\$ 29.0	
		Sand Creek interchange and 4 lanes, Laurel to Sand Creek	Bypass Authority	\$ 43.8	Completed
4	SR 4 Bypass Segment 3	Balfour to Marsh Creek (2 lanes) plus Marsh Creek east-west connector	Bypass Authority	\$ 77.8	Completed

Table 2: ECCRFFA Project List

Number	Project	Description/ Project Limits	Sponsor	Total Cost (\$ Million)	Status
		Marsh Creek to Vasco, 2 lanes	Bypass Authority	\$ 12.6	Completed
		Segment 3, widen to 4 lanes	Bypass Authority	\$ 58.9	
		Balfour interchange	Bypass Authority	\$ 58.0	Completed
		Marsh Creek interchange	Bypass Authority	\$ 37.2	
		Vasco interchange	Bypass Authority	\$ 31.0	
Arterial Improvements					
5	Laurel Road extension	SR4 Bypass to Empire, 6 lanes	Bypass Authority	\$ 22.6	Completed
6	SR 239/84 Connector	Armstrong Road extension, 2 lanes (formerly Byron Airport Road)	County	\$ 9.5	
7	SR 239	Corridor study and preliminary design (no construction costs)	County	\$ 15.5	Study completed
8	SR 4 (Main St or Brentwood Blvd) widening	Vintage Pkwy in Oakley to Marsh Creek bridge in Brentwood and from Chestnut Street to Balfour Road in south Brentwood, 4 lanes	Oakley, Brentwood	\$ 48.0	Partially completed
9	Balfour Road widening	Deer Valley to Brentwood city limits, widen to 4 lanes	County	\$ 10.5	
10	Marsh Creek Road/Deer Valley Road Safety Enhancements	Marsh Creek: Walnut Boulevard to Clayton City Limits; Deer Valley: Balfour Road to Marsh Creek Road	County	\$ 22.0	
11	Route 84/Vasco Road	Widen to 4 lanes to County line	County	\$ 323.8	
12	Pittsburg-Antioch Highway	Widen to 4 lanes, Auto Center Drive to Loveridge	Antioch, Pittsburg	\$ 17.0	
13	Ninth and Tenth Streets	Couplet improvements, A St to L St	Antioch	\$ 7.0	
14	California Avenue	Widen to 4 lanes, Railroad to Loveridge	Pittsburg	\$ 25.9	
15	Willow Pass Road	Widen to 4 lanes, Range to Loftus and Bailey to city limits	Pittsburg, County	\$ 10.7	
16	James Donlon Blvd Extension (formerly Buchanan Bypass)	New 2- to 4-lane arterial, Somersville to Kirker Pass Road	Pittsburg	\$ 105.8	Design in progress
17	West Tregallas/Fitzuren	Widen to 4 lanes, Lone Tree to Buchanan	Antioch	\$ 38.7	
18	West Leland Road or Evora Road	Extend, San Marco to Avila Road	Pittsburg	\$ 18.0	
		Willow Pass Rd (BP) to Willow Pass Rd (Concord), widen to 4 lanes	County		
19	Wilbur Avenue	Widen to 4 lanes, Minaker Drive to SR 160	Antioch, County	\$ 31.0	

Table 2: ECCRFFA Project List

Number	Project	Description/ Project Limits	Sponsor	Total Cost (\$ Million)	Status
20	Neroly Road	Widen to 4 lanes, Oakley Rd to Laurel Rd	Oakley	\$ 7.7	
21	Deer Valley Road	Widen to 4 lanes, Antioch city limits to Balfour Road	County	\$ 13.9	
22	Walnut Boulevard	Widen to 4 lanes, Brentwood city limits to SR 4 Bypass	County	\$ 18.6	
23	John Muir Parkway	New Roadway between Balfour Road and Fairview Avenue	Brentwood	\$ 17.7	Design in progress
24	Byron Highway	Safety Improvements between Delta Road and SR 4	County	\$ 5.6	
27	Sand Creek Road	Extension of 4-lane roadway between SR 4 and Deer Valley Road	Antioch	\$ 34.9	
Regional Transit Projects					
25	East County Express Bus		Tri-Delta Transit	\$ 8.3	
26	Commuter Rail		CCTA	\$ 513.0	Completed
TOTAL				\$2,531.5	

Note: Project #27, the Sand Creek Road Extension, is not currently part of the ECCRFFA program. As explained above, the SCR extension is being considered for incorporation into the program.

Source: ECCRFFA.

3. Growth Projections

An important element of every fee calculation is the estimate of future growth in the fee area. As part of this update, the current land use files available from the Contra Costa Transportation Authority (CCTA) travel demand model were reviewed. These files contain projections of the amount of residential and employment growth that is anticipated to occur in East County. CCTA has just completed an update of the travel model and has developed a new set of land use files that reflect the totals from the Association of Bay Area Governments (ABAG) Projections 2017 publication, which is the most current set of regional growth projections available.

The first step in the process was to identify which of the model’s traffic analysis zones (TAZs) are within ECCRFFA’s jurisdiction. The ECCRFFA jurisdictional boundary was available as a GIS file, and was overlaid with the CCTA TAZ structure to identify the TAZs that are located within ECCRFFA’s jurisdiction. For those TAZs that are only partially within ECCRFFA’s jurisdiction, the TAZ was included in the calculation only if more than 50% of the TAZ land area was within ECCRFFA’s jurisdiction.

The next step was to tabulate the total amount of households and employment in the ECCRFFA TAZs, as shown in **Table 3**. The year 2020 is used as the baseline and the year 2040 is the horizon year. The employment categories shown are those that have historically been used in prior nexus studies for the ECCRFFA program, and are used here for consistency with the existing fee program.

Table 3: Projected Land Use in East County

Jurisdiction	Year 2020 ¹					Year 2040				
	Employment			Residential Units		Employment			Residential Units	
	Service	Retail	Other	Single Family	Multi-family	Service	Retail	Other	Single Family	Multi-family
Antioch	6,055	7,819	8,105	27,956	7,326	7,587	9,923	10,280	31,808	10,425
Brentwood	2,160	2,883	3,134	15,565	1,880	2,901	3,321	3,833	20,037	2,555
Oakley	1,121	1,355	1,918	10,411	2,002	1,944	1,762	2,494	13,411	3,836
Pittsburg	4,232	4,472	7,463	14,573	7,039	5,952	5,660	8,129	18,953	11,557
Unincorporated East County	1,327	3,051	5,514	15,827	3,456	2,798	3,643	4,815	18,657	4,685
Total East County	14,895	19,580	26,134	84,332	21,703	21,182	24,309	29,551	102,866	33,058

Relationship between land use categories in the model and the fee program were assumed to be: Retail=Commercial; Service=Office; and Other=Industrial, Manufacturing, Agriculture and other land use categories included in the CCTA model.

1. 2020 land use was derived by a linear interpolation between the 2010 and 2040 land use data provided by CCTA in March 2019.

Source: ECCRFFA, CCTA, Fehr & Peers.

Dwelling Unit Equivalent Factors

It is common in many fee programs to convert the projected growth into a standard unit of measurement called the dwelling unit equivalent (DUE), in order to account for the fact that different types of development have different travel characteristics. The factors used to convert the future land use numbers into DUEs are shown in **Table 4**. These factors have been developed following the same structure established in the 2005 Report; the values in each column have been updated to reflect the most current data available. These DUE conversion factors involve the following elements: land use-specific PM peak hour trip rates from *ITE Trip Generation*, 10th Edition; estimates of the percent new trips from SANDAG *Brief Guide of Vehicular Traffic Generation Rates* (2002); and average trip lengths from the 2012 California Household Travel Survey for census tracts within ECCRFFA's jurisdiction.

Table 4: DUE Conversion Factors

Land Use Category	Unit	PM Peak Trip Rate ¹	% New Trips ²	Average Trip Length (miles) ³	PM Peak New Trip Length per Unit ⁴	DUE per Unit ⁵
Housing						
Single Family ^a	Dwelling Unit	0.99	100	9.0	8.9	1.00
Multi-Family ^b	Dwelling Unit	0.56	100	7.5	4.2	0.47
Employment						
Commercial ^c	1,000 square feet	3.81	45	5.0	8.6	0.96
Office ^d	1,000 square feet	1.15	75	14.0	12.1	1.36
Industrial ^e	1,000 square feet	0.63	80	14.0	7.1	0.79

- The average PM peak hour (between 4 and 6 PM) trip rate was taken from the *ITE Trip Generation Manual*, 10th Edition, for the following land use codes:
 - Single Family Detached - Code 210
 - Multifamily Housing (Low Rise) - Code 220
 - Shopping Center - Code 820
 - General Office - Code 710
 - General Light Industrial - Code 110
- Taken from the SANDAG Brief Guide of Vehicular Traffic Generation Rates, April 2002.
- Average trip lengths for the East County area as derived from 2012 California Household Travel Survey Data. For single family and multifamily housing, used travel survey data for all home-based trip purposes. For commercial uses, used data for home-based shopping purpose. For office and industrial uses, used data for all work-related trips.
- Calculated as: PM Peak Trip Rate * % New Trips * Average Trip Length.
- DUE per Unit is calculated by normalizing the PM Peak New Trip Length for each category such that the single-family residential category is assigned a DUE of 1.00. This is accomplished by dividing the PM Peak New Trip Length for each category by the PM Peak New Trip Length of the single-family residential category. So, for example, the DUE per Unit for the Multi-family category is calculated as 4.2 / 8.9 = 0.47.

Source: ECCRFFA, Fehr & Peers.

Projected Growth in East County

Forecasted growth in East Contra Costa County is shown in **Table 5** in absolute numbers of new jobs and residential units, and then those numbers are converted to DUEs. The total number of new DUEs projected in the 20 years from 2020 to 2040 is 29,808. As a point of comparison, in the 2005 Report the amount of growth projected over the 20-year period from 2005 to 2025 was approximately 42,000 DUEs. This result is an indication that the East County area is moving closer to a build-out condition, as the amount of future growth begins to moderate.

Table 5: Forecasted Growth in East Contra Costa County (2020 to 2040)

Jurisdiction	Estimated Growth (2020 to 2040)					Estimated Growth in DUEs (2020 to 2040)					Total DUEs
	Employment			Residential Units		Employment DUEs			Residential DUEs		
	Service	Retail	Other	Single Family	Multi-family ⁴	Office ¹	Commercial ²	Industrial ³	Single Family	Multi-family ⁴	
Antioch	1,532	2,104	2,175	3,852	3,099	571	1,012	689	3,852	1,461	7,585
Brentwood	741	438	699	4,472	675	276	211	221	4,472	318	5,498
Oakley	823	407	576	3,000	1,834	307	196	182	3,000	865	4,549
Pittsburg	1,720	1,188	666	4,380	4,518	641	572	211	4,380	2,130	7,933
Unincorporated East County	1,471	592	0	2,830	1,229	548	285	0	2,830	579	4,242
Total East County	6,287	4,729	4,116	18,534	11,355	2,343	2,275	1,304	18,534	5,353	29,808

Relationship between land use categories in the model and the fee program were assumed to be: Retail=Commercial; Service=Office; and

Other=Industrial, Manufacturing, Agriculture and other land use categories included in the CCTA model.

1. Office DUE conversion assumes 275 square feet per employee and a DUE per thousand square feet of 1.36. $DUE = EMP * 0.275 * 1.36$
2. Commercial DUE conversion assumes 500 square feet per employee and a DUE per thousand square feet of 0.96. $DUE = EMP * 0.500 * 0.96$
3. Industrial DUE conversion assumes 400 square feet per employee and a DUE per thousand square feet of 0.79. $DUE = EMP * 0.400 * 0.79$
4. The multifamily units were multiplied by a DUE of 0.47.

Source: ECCRFFA, Fehr & Peers.

4. Nexus Analysis and Fee Calculations

Existing Deficiencies

One of the key functions of a fee program is to charge fees to new development in order to fund new development's proportional share of transportation improvements needed to serve the demand and impacts generated by that new development. The purpose of an impact fee is not to correct existing deficiencies, which should be funded through other revenue sources. Therefore, it is necessary to determine whether there are existing deficiencies in the roadway network that may be related to or affected by the SCR extension.

Because the SCR extension would be a new east-west roadway that does not currently exist, the determination of existing deficiencies is done by addressing whether the existing roadways that currently serve east-west travel in this general vicinity are already experiencing deficient operations. The following intersections, which are parallel to, and roughly the same east-west extent as, the proposed SCR extension, were chosen for analysis:

- Lone Tree Way/Canada Valley Road
- Lone Tree Way/Hillcrest Avenue
- Lone Tree Way/Deer Valley Road
- Balfour Road/Cortona Way
- Balfour Road/Foothill Drive
- Balfour Road/Deer Valley Road

AM and PM peak period traffic counts were collected on a typical weekday with good weather conditions and when school was in session. The count data was used to calculate the peak hour Level of Service (LOS) at each study intersection. These results were compared to the applicable LOS standard for those facilities in order to identify existing deficiencies.

The City of Brentwood requires that "intersection levels of service should be maintained at LOS D or better" for Signalized Suburban Arterial Routes (City of Brentwood General Plan, July 2014). Similarly, the City of Antioch's requirement for signalized intersections is that they be maintained at LOS D (City of Antioch General Plan, 2003).

The results of the LOS analysis performed at each study intersection are presented in **Table 6**. The analysis identified one deficiency, at the intersection of Balfour Road and Cortona Way in Brentwood. During the PM peak hour, the results of the analysis indicate LOS E at that intersection with a total average delay of

78 seconds. The threshold for LOS D operations at a signalized intersection is 55 seconds of delay (Highway Capacity Manual, 2010).

The analysis indicated that the southbound approach at the Balfour Road/Cortona Way intersection has the highest reported delay, and reducing the volume of the southbound left-turn movement would have the greatest effect on level of service. To achieve LOS D, a reduction of southbound left-turning volume, from 176 vehicles to 123 vehicles, would be required. However, it should be noted that the southbound left-turn movement at this intersection is largely unrelated to the SCR extension. Cortona Way is a short north-south street that serves several commercial businesses, an assisted living facility, and a relatively small number of residences. The vehicles that are turning left from southbound Cortona Way onto Balfour Road in the PM peak hour will be heading either onto SR 4 or further eastward into southern Brentwood. These travel patterns would not be served or affected by the SCR extension. Therefore, while this intersection currently operates at a deficient level of service, the particular travel patterns involved lead to the conclusion that the Balfour Road/Cortona Way intersection does not represent an existing deficiency that would affect the nexus determination for the SCR extension.

Table 6: Existing Intersection Level of Service (LOS)

Intersection		Control Type ¹	Peak Hour ²	Delay ³	LOS ⁴
1	Lone Tree Way/Canada Valley Road	Signalized	AM	17.9	B
			PM	28.2	C
2	Lone Tree Way/Hillcrest Avenue	Signalized	AM	19.5	B
			PM	21.6	C
3	Lone Tree Way/ Deer Valley Road	Signalized	AM	27.3	C
			PM	24.8	C
4	Balfour Road/Cortona Way	Signalized	AM	43.9	D
			PM	78.0	E
5	Balfour Road/Foothill Drive	Signalized	AM	48.9	D
			PM	32.3	C
6	Balfour Road/Deer Valley Road	Side-Street Stop-Controlled	AM	13.8 (21.7)	B (C)
			PM	9.9 (13.8)	A (B)

Notes:

- Existing intersection traffic control type
- AM = Weekday morning peak hour, PM = Weekday evening peak hour
- Whole intersection average delay reported for signalized intersections. Side-street stop-controlled delay presented as Whole Intersection Average Delay (Worst Movement Delay). Delay calculated per *HCM* 2010 methodologies.
- LOS designation per *HCM* 2010.

Bold indicates a LOS result lower than the relevant standard.

Source: Fehr & Peers, March 2019.

Proportional Cost Allocation

As described previously, the purpose of this study is to evaluate the incorporation of the proposed SCR extension into the ECCRFFA fee program. As such, the focus here is on defining the proportion of the SCR

extension project cost that could be included in the fee program. No changes are being made to the cost proportions included in the fee for all of the other projects that are already part of the ECCRFFA fee program. **Table 7** includes the total cost of each project, as well as the portion of that cost that is considered part of the ECCRFFA fee program.

Per the above discussion, there are no current existing deficiencies that would affect the determination about what proportion of the SCR extension cost should be included in the ECCRFFA fee program. If a facility is not subject to an existing deficiency, then the need for the improvement can be presumed to be generated by new development. As described in Section 2 of this report, the SCR extension is designed to serve multiple purposes, including access to the proposed new development areas in southern Antioch, and serving the anticipated increase in regional travel demand without overburdening the parallel routes. The extension would also provide a more direct connection to the existing Kaiser Medical Center and Dozier-Libbey High School.

The SCR extension would fill a gap in east-west connectivity between Balfour Road and Lone Tree Way. Balfour Road is approximately one mile south of the SCR extension while Lone Tree Way is about one mile north, and both are projected to serve relatively high levels of traffic demand in the future. For example, the transportation impact analysis recently completed for the project known as The Ranch, which would be located just west of the future SCR/Deer Valley Road intersection, assumed that the SCR extension would be constructed; even with that assumption, that study identified several future LOS issues at major intersections along both Lone Tree Way and Balfour Road. If the SCR extension were not constructed, traffic volumes and the associated LOS results along those roadways are expected to be even higher than were analyzed in The Ranch study. This is an indication that the SCR extension is needed to accommodate future demand for travel in the area around southern Antioch and Brentwood.

When a new roadway will serve both local access and regional travel needs, it is common practice to divide the responsibility for constructing the facility between local and regional entities. As described above, the need for the SCR extension is due entirely to the demands of new growth and is not related to an existing deficiency. The project designers have developed a detailed cost estimate for the SCR extension and have determined how each cost element reflects the road's purpose. The regional portion will include the center median and one lane of travel on either side of the median, while the local portion will include all other cost elements (e.g., outside lanes, retaining walls, landscaping, most of the cost of grading and utilities). The logic is that a two-lane road would be necessary in order to provide local access to the new development areas, so only the cost elements required to expand the road's capacity to four lanes should be considered a regional responsibility. A detailed breakdown of the SCR extension's costs is attached as **Appendix A**. As shown, the division between local and regional responsibility is approximately a 70%/30% split: the total project cost is estimated to be \$34.9 million, of which approximately \$24.1 million would be the responsibility of the local developers, while approximately \$10.8 million is the regional share that will be included in the ECCRFFA program.

Table 7: Projects and Fee Contribution Amounts

Number	Project	Description/Project Limits	Sponsor	Total Cost (\$ million)	Fee Contribution (\$ million)
Freeway Improvements					
1	SR 4 Freeway widening	Railroad Avenue to Loveridge Road, widen to 8 lanes	CCTA	\$ 101.0	\$ 2.0
		Loveridge interchange	CCTA	\$ 157.8	
		Loveridge to Bypass (8 lanes to Hillcrest, 6 lanes to Bypass)	CCTA	\$ 374.7	
		Hillcrest interchange expansion	CCTA	\$ 10.0	
2	SR 4 Bypass Segment 1	Phase 1, 6 lanes to Laurel, interchanges at Laurel Rd and Lone Tree	Bypass Authority	\$ 113.7	\$ 88.7
		Phase 2, SR 160 interchange	Bypass Authority	\$ 50.1	\$ 0.2
		Laurel interchange, phase 2	Bypass Authority	\$ 1.0	\$ 1.0
3	SR 4 Bypass Segment 2	Phase 1, 2 lanes	Bypass Authority	\$ 33.3	\$ 33.3
		Phase 2, 4 lanes, Sand Creek Road to Balfour Road	Bypass Authority	\$ 16.0	
		Widen to 6 lanes, Laurel Road to Sand Creek Road	Bypass Authority	\$ 29.0	\$ 4.0
		Sand Creek interchange and 4 lanes, Laurel to Sand Creek	Bypass Authority	\$ 43.8	\$ 5.8
4	SR 4 Bypass Segment 3	Balfour to Marsh Creek (2 lanes) plus Marsh Creek east-west connector	Bypass Authority	\$ 77.8	\$ 77.8
		Marsh Creek to Vasco, 2 lanes	Bypass Authority	\$ 12.6	\$ 12.6
		Segment 3, widen to 4 lanes	Bypass Authority	\$ 58.9	\$ 58.9
		Balfour interchange	Bypass Authority	\$ 58.0	\$ 28.0
		Marsh Creek interchange	Bypass Authority	\$ 37.2	\$ 37.2
		Vasco interchange	Bypass Authority	\$ 31.0	\$ 31.0
Arterial Improvements					
5	Laurel Road extension	SR4 Bypass to Empire, 6 lanes	Bypass Authority	\$ 22.6	\$ 22.6

Table 7: Projects and Fee Contribution Amounts

Number	Project	Description/Project Limits	Sponsor	Total Cost (\$ million)	Fee Contribution (\$ million)
6	SR 239/84 Connector	Armstrong Road extension, 2 lanes (formerly Byron Airport Road)	County	\$ 9.5	\$ 9.5
7	SR 239	Corridor study and preliminary design (no construction costs)	County	\$ 15.5	\$ 15.5
8	SR 4 (Main St or Brentwood Blvd) widening	Vintage Pkwy in Oakley to Marsh Creek bridge in Brentwood and from Chestnut Street to Balfour Road in south Brentwood, 4 lanes	Oakley, Brentwood	\$ 48.0	\$ 48.0
9	Balfour Road widening	Deer Valley to Brentwood city limits, widen to 4 lanes	County	\$ 10.5	\$ 10.5
10	Marsh Creek Road/Deer Valley Road Safety Enhancements	Marsh Creek: Walnut Boulevard to Clayton City Limits; Deer Valley: Balfour Road to Marsh Creek Road	County	\$ 22.0	\$ 7.3
11	Route 84/Vasco Road	Widen to 4 lanes to County line	County	\$ 323.8	\$ 323.8
12	Pittsburg-Antioch Highway	Widen to 4 lanes, Auto Center Drive to Loveridge	Antioch, Pittsburg	\$ 17.0	\$ 17.0
13	Ninth and Tenth Streets	Couplet improvements, A St to L St	Antioch	\$ 7.0	\$ 7.0
14	California Avenue	Widen to 4 lanes, Railroad to Loveridge	Pittsburg	\$ 25.9	\$ 25.9
15	Willow Pass Road	Widen to 4 lanes, Range to Loftus and Bailey to city limits	Pittsburg, County	\$ 10.7	\$ 10.7
16	James Donlon Blvd Extension (formerly Buchanan Bypass)	New 2- to 4-lane arterial, Somersville to Kirker Pass Road	Pittsburg	\$ 105.8	\$72.0
17	West Tregallas/Fitzuren	Widen to 4 lanes, Lone Tree to Buchanan	Antioch	\$ 38.7	\$ 38.7
18	West Leland Road or Evora Road	Extend, San Marco to Avila Road	Pittsburg	\$ 18.0	\$ 18.0
		Willow Pass Rd (BP) to Willow Pass Rd (Concord), widen to 4 lanes	County		
19	Wilbur Avenue	Widen to 4 lanes, Minaker Drive to SR 160	Antioch, County	\$ 31.0	\$ 31.0
20	Neroly Road	Widen to 4 lanes, Oakley Rd to Laurel Rd	Oakley	\$ 7.7	\$ 7.7
21	Deer Valley Road	Widen to 4 lanes, Antioch city limits to Balfour Road	County	\$ 13.9	\$ 13.9
22	Walnut Boulevard	Widen to 4 lanes, Brentwood city limits to SR 4 Bypass	County	\$ 18.6	\$ 18.6
23	John Muir Parkway	New Roadway between Balfour Road and Fairview Avenue	Brentwood	\$ 17.7	\$ 3.6

Table 7: Projects and Fee Contribution Amounts

Number	Project	Description/Project Limits	Sponsor	Total Cost (\$ million)	Fee Contribution (\$ million)
24	Byron Highway	Safety Improvements between Delta Road and SR 4	County	\$ 5.6	\$ 1.9
27	Sand Creek Road	Extension of 4-lane roadway between SR 4 and Deer Valley Road	Antioch	\$ 34.9	\$ 10.8
Regional Transit Projects					
25	East County Express Bus		Tri-Delta Transit	\$ 8.3	\$ 2.7
26	Commuter Rail		CCTA	\$ 513.0	\$ 38.0
TOTAL				\$2,531.5	\$1,135.1

Note: Project #27, the Sand Creek Road Extension, is not currently part of the ECCRFFA program. As explained above, the SCR extension is being considered for incorporation into the program.

Fee Calculations

Table 8 displays the calculated maximum impact fees based on this nexus analysis. These fees have been calculated based on the complete list of projects as shown in Table 7. The total fee contribution toward all the projects shown in Table 7 (\$1,135.1 million) has been divided by the total number of future Dwelling Unit Equivalents (DUEs) expected in East County as shown in Table 5 (29,808 DUEs), to calculate the resulting maximum fee per DUE of \$38,080. These calculations represent new development's proportional share of the cost of projects on the project list, including the SCR extension, as determined by this study.

Table 8: New Maximum Fee Calculations

Land Use Category	New Maximum Fee
Single-Family Residential (dwelling unit)	\$38,080
Multi-Family Residential (dwelling unit)	\$17,950
Commercial (square foot)	\$36.64
Office (square foot)	\$51.61
Industrial (square foot)	\$30.16
Other (per peak hour trip)	\$38,080

Source: Fehr & Peers.

Appendix A:
SCR Extension Project Costs

ITEM NO.	STREET IMPROVEMENTS	Unit Cost Data			WESTERN END		AVIANO - PHASE II		AVIANO - Phase III		PROMENADE - SEG 1		PROMENADE - SEG 2		PROMENADE - SEG 3		Brentwood Bridle Gate		Item Total	Developer Responsibility	Agency Responsibility
		Unit	Unit Price	Escalated Unit Price	Quantity	Escalated Cost	Quantity	Escalated Cost	Quantity	Escalated Cost	Quantity	Escalated Cost	Quantity	Escalated Cost	Quantity	Escalated Cost	Quantity	Amount			
1	GRADING																				
1	Clearing and Grubbing	SF	\$ 0.25	\$ 0.28	186,000	\$ 51,266	104,000	\$ 28,665	240,000	\$ 66,150	95,200	\$ 26,240	92,400	\$ 25,468	92,400	\$ 25,468	378,000	\$ 104,186.25	\$ 327,442.50		
2	Rough Grade Street Section	CY	\$ 10.00	\$ 11.03	27,500	\$ 303,188	8,100	\$ 89,303	21,200	\$ 233,730	8,700	\$ 95,918	8,400	\$ 92,610	8,400	\$ 92,610	31,000	\$ 341,775.00	\$ 1,249,132.50		
3	Grading to Property Line	SF	\$ 0.45	\$ 0.50	186,000	\$ 92,279	104,000	\$ 51,597	242,000	\$ 120,062	95,200	\$ 47,231	92,400	\$ 45,842	92,400	\$ 45,842	378,000	\$ 187,535.25	\$ 590,388.75		
6	Subgrade Fabric	SF	\$ 0.20	\$ 0.22	197,200	\$ 43,483	58,200	\$ 12,833	120,000	\$ 26,460	57,500	\$ 12,679	52,000	\$ 11,466	54,000	\$ 11,907	160,000	\$ 35,280.00	\$ 154,107.45	\$ 1,740,803.40	\$ 580,267.80
4	6.5" Asphalt Concrete	SF	\$ 3.25	\$ 3.58	197,200	\$ 706,592	58,200	\$ 208,538	120,000	\$ 429,975	57,500	\$ 206,030	52,000	\$ 186,323	54,000	\$ 193,489	160,000	\$ 573,300.00	\$ 2,504,246.06	\$ 1,565,153.79	\$ 939,092.27
5	25" Aggregate Base	SF	\$ 5.00	\$ 5.51	197,200	\$ 1,087,065	58,200	\$ 320,828	120,000	\$ 661,500	57,500	\$ 316,969	52,000	\$ 286,650	54,000	\$ 297,675	160,000	\$ 882,000.00	\$ 3,852,686.25	\$ 2,407,928.91	\$ 1,444,757.34
7	Fog Seal	SF	\$ 0.05	\$ 0.06	197,200	\$ 10,871	58,200	\$ 3,208	120,000	\$ 6,615	57,500	\$ 3,170	52,000	\$ 2,867	54,000	\$ 2,977	160,000	\$ 8,820.00	\$ 38,526.86	\$ 24,079.29	\$ 14,447.57
8	Vertical Curb and Gutter	LF	\$ 25.00	\$ 27.56	5,800	\$ 159,863	1,600	\$ 44,100	3,800	\$ 104,738	1,600	\$ 44,100	1,700	\$ 46,856	1,700	\$ 46,856	5,000	\$ 137,812.50	\$ 584,325.00	\$ 584,325.00	\$ -
9	Median Curb with Cushion	LF	\$ 25.00	\$ 27.56	5,800	\$ 159,863	1,400	\$ 38,588	3,900	\$ 107,944	1,660	\$ 45,754	1,700	\$ 46,856	1,700	\$ 46,856	5,000	\$ 137,812.50	\$ 583,222.50	\$ -	\$ 583,222.50
10	6' Sidewalk with Cushion	SF	\$ 5.00	\$ 5.51	34,800	\$ 191,835	10,200	\$ 56,228	22,600	\$ 124,583	10,000	\$ 55,125	10,000	\$ 55,125	10,200	\$ 56,228	30,000	\$ 165,375.00	\$ 704,497.50	\$ 704,497.50	\$ -
11	Commercial Driveway	EA	\$ 2,000.00	\$ 2,205.00	2	\$ 4,410	4	\$ 8,820	4	\$ 8,820	2	\$ 4,410	0	\$ -	0	\$ -	1	\$ 2,205.00	\$ 28,665.00	\$ 28,665.00	\$ -
12	Handicap ramps	EA	\$ 2,000.00	\$ 2,205.00	0	\$ -	4	\$ 8,820	0	\$ -	0	\$ -	0	\$ -	0	\$ -	10	\$ 22,050.00	\$ 30,870.00	\$ 30,870.00	\$ -
13	Survey Monuments	EA	\$ 300.00	\$ 330.75	2	\$ 662	7	\$ 2,315	7	\$ 2,315	2	\$ 662	2	\$ 662	1	\$ 331	8	\$ 2,646.00	\$ 9,591.75	\$ 9,591.75	\$ -
14	Traffic Signs	EA	\$ 250.00	\$ 275.63	0	\$ -	4	\$ 1,103	8	\$ 2,205	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ 3,307.50	\$ 1,653.75	\$ 1,653.75
15	Street Signs	EA	\$ 250.00	\$ 275.63	0	\$ -	4	\$ 1,103	6	\$ 1,654	0	\$ -	0	\$ -	0	\$ -	8	\$ 2,205.00	\$ 4,961.25	\$ 2,480.63	\$ 2,480.63
16	Striping	LF	\$ 20.00	\$ 22.05	5,800	\$ 127,890	1,600	\$ 35,280	4,200	\$ 92,610	1,700	\$ 37,485	1,650	\$ 36,383	1,650	\$ 36,383	0	\$ -	\$ 366,030.00	\$ 183,015.00	\$ 183,015.00
17	Retaining Wall	LF	\$ 50.00	\$ 55.13	2,900	\$ 159,863	1,600	\$ 88,200	4,000	\$ 220,500	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ 468,562.50	\$ 468,562.50	\$ -
18	Street Barricade	LF	\$ 50.00	\$ 55.13	100	\$ 5,513	100	\$ 5,513	100	\$ 5,513	100	\$ 5,513	100	\$ 5,513	100	\$ 5,513	100	\$ 5,512.50	\$ 38,587.50	\$ 38,587.50	\$ -
	Total Grading and Paving					\$ 3,104,640		\$ 1,005,039		\$ 2,214,923		\$ 901,283		\$ 842,619		\$ 862,133		\$ 2,608,515.00	\$ 11,539,150.88	\$ 7,790,214.01	\$ 3,748,936.87
19	STORM DRAIN																				
19	Catch Basin	EA	\$ 4,000.00	\$ 4,410.00	2	\$ 8,820	4	\$ 17,640	40	\$ 176,400	2	\$ 8,820	0	\$ -	2	\$ 8,820	18	\$ 79,380.00	\$ 299,880.00		
20	Manholes	EA	\$ 4,000.00	\$ 4,410.00	2	\$ 8,820	4	\$ 17,640	8	\$ 35,280	0	\$ -	0	\$ -	0	\$ -	8	\$ 35,280.00	\$ 97,020.00		
21	18" Storm Drain	LF	\$ 54.00	\$ 59.54	5,800	\$ 345,303	900	\$ 53,582	2,100	\$ 125,024	600	\$ 35,721	750	\$ 44,651	200	\$ 11,907	3,200	\$ 190,512.00	\$ 806,699.25		
22	24" Storm Drain	LF	\$ 72.00	\$ 79.38	0	\$ -	140	\$ 11,113	2,100	\$ 166,698	0	\$ -	0	\$ -	1,500	\$ 119,070	0	\$ -	\$ 296,881.20		
23	36" Storm Drain	LF	\$ 108.00	\$ 119.07	0	\$ -	0	\$ -	1,100	\$ 130,977	0	\$ -	0	\$ -	60	\$ 7,144	0	\$ -	\$ 138,121.20		
24	Connect to Existing 84"	LS	\$ 10,000.00	\$ 11,025.00	0	\$ -	0	\$ -	1	\$ 11,025	0	\$ -	4	\$ 44,100	2	\$ 22,050	0	\$ -	\$ 77,175.00	\$ 1,286,832.49	\$ 428,944.16
25	SANITARY SEWER																				
25	8"PVC	LF	\$ 50.00	\$ 55.13	2,900	\$ 159,863	0	\$ -	160	\$ 8,820	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ 168,682.50	\$ 168,682.50	\$ -
26	12"PVC	LF	\$ -	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2,000	\$ 240,000.00	\$ 240,000.00	\$ -	\$ -
27	18"PVC	LF	\$ 100.00	\$ 110.25	0	\$ -	800	\$ 88,200	2,100	\$ 231,525	80	\$ 8,820	0	\$ -	0	\$ -	0	\$ -	\$ 328,545.00	\$ 328,545.00	\$ -
28	Manholes	EA	\$ 7,500.00	\$ 8,268.75	0	\$ -	4	\$ 33,075	5	\$ 41,344	0	\$ -	0	\$ -	0	\$ -	7	\$ 57,881.25	\$ 132,300.00	\$ 132,300.00	\$ -
29	Lateral for Albers	EA	\$ 5,000.00	\$ 5,512.50	4	\$ 22,050	1	\$ 5,513	1	\$ 5,513	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ 33,075.00	\$ 33,075.00	\$ -
30	School Connection	LS	\$ 10,000.00	\$ 11,025.00	0	\$ -	0	\$ -	1	\$ 11,025	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ 11,025.00	\$ 11,025.00	\$ -
31	Bore and Jack Steel Sleeve	LF	\$ 600.00	\$ 661.50	1	\$ 662	0	\$ -	120	\$ 79,380	1	\$ 662	0	\$ -	0	\$ -	0	\$ -	\$ 80,703.00	\$ 80,703.00	\$ -
32	WATER IMPROVEMENTS																				
32	12" PVC	LF	\$ 90.00	\$ 99.23	0	\$ -	975	\$ 96,744	2,100	\$ 208,373	0	\$ -	0	\$ -	0	\$ -	2,500	\$ 248,062.50	\$ 553,179.38	\$ 345,737.11	\$ 207,442.27
33	16 PVC (Zone I for Brentwood)	LF	\$ 117.00	\$ 128.99	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2,500	\$ 322,481.25	\$ 322,481.25	\$ 201,550.78	\$ 120,930.47
34	School Connection	LS	\$ 15,000.00	\$ 16,537.50	2	\$ 33,075	0	\$ -	1	\$ 16,538	2	\$ 33,075	2	\$ 33,075	2	\$ 33,075	0	\$ -	\$ 148,837.50	\$ 148,837.50	\$ -
35	2" PVC Water Service	EA	\$ 2,000.00	\$ 2,205.00	0	\$ -	0	\$ -	1	\$ 2,205	1	\$ 2,205	1	\$ 2,205	1	\$ 2,205	2	\$ 4,410.00	\$ 13,230.00	\$ 13,230.00	\$ -
36	2" Irrigation Service	EA	\$ 2,000.00	\$ 2,205.00	1	\$ 2,205	0	\$ -	1	\$ 2,205	0	\$ -	1	\$ 2,205	0	\$ -	2	\$ 4,410.00	\$ 11,025.00	\$ 6,890.63	\$ 4,134.38
37	Fire Hydrant	EA	\$ 5,000.00	\$ 5,512.50	2	\$ 11,025	1	\$ 5,513	2	\$ 11,025	1	\$ 5,513	1	\$ 5,513	1	\$ 5,513	6	\$ 33,075.00	\$ 77,175.00	\$ 48,234.38	\$ 28,940.63
38	Irrigation Sleeves	LF	\$ 10.00	\$ 11.03	2	\$ 22	120	\$ 1,323	120	\$ 1,323	1	\$ 11	2	\$ 22	0	\$ -	240	\$ 2,646.00	\$ 5,347.13	\$ 3,341.95	\$ 2,005.17
39	Backflow Device	EA	\$ 2,000.00	\$ 2,205.00	0	\$ -	0	\$ -	1	\$ 2,205	0	\$ -	0	\$ -	0	\$ -	2	\$ 4,410.00	\$ 6,615.00	\$ 4,134.38	\$ 2,480.63
40	Irrigation Meter and Box	EA	\$ 2,000.00	\$ 2,205.00	1	\$ 2,205	0	\$ -	1	\$ 2,205	1	\$ 2,205	1	\$ 2,205	1	\$ 2,205	2	\$ 4,410.00	\$ 15,435.00	\$ 9,646.88	\$ 5,788.13
41	Irrigation Controller	EA	\$ 15,000.00	\$ 16,537.50	1	\$ 16,538	0	\$ -	1	\$ 16,538	1	\$ 16,538	1	\$ 16,538	1	\$ 16,538	2	\$ 33,075.00	\$ 115,762.50	\$ 72,351.56	\$ 43,410.94
42	NON - POTABLE WATER																				
42	12" PVC	LF	\$ 90.00	\$ 99.23	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2,500	\$ 248,062.50	\$ 248,062.50	\$ 155,039.06	\$ 93,023.44
	Total Wet Utilities					\$ 610,587		\$ 330,342		\$ 1,285,625		\$ 113,569		\$ 150,513		\$ 228,526	12,989	\$ 1,508,095.50	\$ 4,227,257.40	\$ 3,290,157.21	\$ 937,100.19
43	ELECTRICAL																				
43	Street Lights	EA	\$ 5,000.00	\$ 5,512.50	12	\$ 66,150	10	\$ 55,125	28	\$ 154,350	12	\$ 66,150	10	\$ 55,125	10	\$ 55,125	32	\$ 176,400.00	\$ 628,425.00	\$ 314,212.50	\$ 314,212.50
44	Signal Interconnect	LF	\$ 20.00	\$ 22.05	5,800	\$ 127,890	1,600	\$ 35,280	4,200	\$ 92,610	1,700	\$ 37,485	1,650	\$ 36,383	1,630	\$ 35,942	2,500	\$ 55,125.00	\$ 420,714.00	\$ 210,357.00	\$ 210,357.00
45	Joint Trench	LF	\$ 110.00	\$ 121.28	2,900	\$ 351,698	1,600	\$ 194,040	4,200	\$ 509,355	1,700	\$ 206,168	1,650	\$ 200,104	1,630	\$ 197,6					

**FOURTH AMENDMENT TO JOINT EXERCISE
OF POWERS AGREEMENT FOR EAST
CONTRA COSTA REGIONAL FEE AND
FINANCING AUTHORITY**

1. EFFECTIVE DATE AND PARTIES

Effective _____, the CITY OF ANTIOCH, a municipal corporation duly organized and existing under the laws of the State of California (“Antioch”), the CITY OF BRENTWOOD, a municipal corporation duly organized and existing under the laws of the State of California (“Brentwood”), the CITY of OAKLEY, a municipal corporation duly organized and existing under the laws of the State of California (“Oakley”), the CITY OF PITTSBURG, a municipal corporation duly organized and existing under the laws of the State of California (“Pittsburg”), and the COUNTY OF CONTRA COSTA, a political subdivision of the State of California (the “County”), mutually agree as follows:

2. PURPOSE

Effective August 9, 1994, Antioch, Brentwood, Pittsburg, and the County formed the East Contra Costa Regional Fee and Financing Authority (ECCRFFA), a separate joint powers agency, by entering into a written agreement entitled “EAST CONTRA COSTA REGIONAL FEE AND FINANCING AUTHORITY JOINT EXERCISE OF POWERS AGREEMENT” (referred to as the “Agreement”). ECCRFFA was formed to assist in establishing and administering a uniform regional development fee program and in funding and implementing regional road improvement projects in the East County area. The Agreement has previously been amended as follows: a First Amendment, dated October 4, 1999, added Oakley as additional party; a Second Amendment, dated July 11, 2005, coordinated activities of ECCRFFA and East County Transportation Improvement Authority (ECTIA) and revised ECCRFFA regional fee schedule; and a Third Amendment dated September 10, 2013, readmitted Pittsburg after its withdrawal, revised provisions for withdrawal, provided for appointment of ECCRFFA Board members, and provided uniformity of ECCRFFA fees collected by member agencies, among other changes. Antioch, Brentwood, Oakley, Pittsburg, and the County now wish to enter into this Fourth Amendment to the Agreement (“Fourth Amendment”) to add the Sand Creek Road Extension to Deer Valley Road project (“Sand Creek Extension Project”) to the list of ECCRFFA projects in Attachment 2 to the Agreement, as previously amended. Attachment 1 to the Agreement also will be amended to refer to the nexus study for the Sand Creek Extension Project with no change to ECCRFFA’s Regional Transportation Development Impact Mitigation (“RTDIM”) fees.

3. AMENDMENTS TO AGREEMENT

- A. Attachment 1 (2013 Amendment) is replaced in its entirety with Attachment 1 (2020 Amendment) attached to this Fourth Amendment, with no changes to the fees in the

RTDIM fee schedule. Other changes included in Attachment 1 make it current and bring it up to date.

- B. Attachment 2 (2013 Amendment) is replaced in its entirety with Attachment 2 (2020 Amendment) attached to this Fourth Amendment, to add the Sand Creek Extension Project to the list of ECCRFFA projects.

4. **REMAINING PROVISIONS**

Subject to the changes made by this Fourth Amendment and all previous amendments, all provisions of the Agreement shall remain in full force and effect. If this Fourth Amendment is determined by a court to be invalid or unenforceable, the Agreement, as previously amended through the Third Amendment, shall remain unchanged and in full force and effect.

5. **COUNTERPARTS**

This Fourth Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original instrument.

6. **SIGNATURES**

These signatures attest the parties' agreement to this Fourth Amendment.

[Remainder of page left blank. Signatures on next page.]

CITY OF ANTIOCH

FORM APPROVED:
Thomas Lloyd Smith, City Attorney

By: _____
Ron Bernal, City Manager

By: _____

CITY OF BRENTWOOD

FORM APPROVED:
Damien Brower, City Attorney

By: _____
Tim Ogden, City Manager

By: _____

CITY OF OAKLEY

FORM APPROVED:
Cota Cole LLP, City Attorney

By: _____
Bryan H. Montgomery, City
Manager

By: _____

CITY OF PITTSBURG

FORM APPROVED:
Donna Mooney, City Attorney

By: _____
Garrett Evans, City Manager

By: _____

COUNTY OF CONTRA COSTA

FORM APPROVED:
Sharon L. Anderson, County Counsel

By: _____
Monica Nino, County
Administrator

By: _____
Thomas L. Geiger, Assistant
County Counsel

Attachment 1 – 2020 Amendment
to
East Contra Costa Regional Fee and Financing Authority
Joint Exercise of Powers Agreement

**IMPLEMENTATION OF REGIONAL TRANSPORTATION-DEVELOPMENT IMPACT
MITIGATION (RTDIM) FEE PROGRAM**

A. Imposition of RTDIM Fees by Antioch, Brentwood, Oakley, and County. In order to fund the Program and Projects of the Authority, the parties agree that the following Regional Transportation Development Impact Fees (“RTDIM Fees”), which were originally adopted in 2005, shall continue to be implemented by Antioch, Brentwood, Oakley, and the County (each agency and Pittsburg is sometimes referred to as a “Member Agency” and, together, as the “Member Agencies”).

Regional Transportation-Development Impact Mitigation (RTDIM) Fees			
Type of Use	Fee Units	Fee Schedule	
		2005	2020*
Single family residential units, duet homes, and residential condominiums	Per dwelling unit	\$15,000	\$22,920 (\$19,482)
Multiple family residential	Per dwelling unit	\$9,207.92	\$14,070 (\$11,960)
Commercial	Per square foot of gross floor area	\$1.25	\$1.90
Office	Per square foot of gross floor area	\$1.10	\$1.66
Industrial	Per square foot of gross floor area	\$1.10	\$1.66
Other	Per peak hour trip as determined	\$15,000	\$22,920

* The 2020 fee schedule includes the annual adjustments specified in the Authority’s Resolution No. 2005/06. The figures in parentheses reflect the net residential fee amounts payable after the Authority’s fee rebate last approved December 2019, which provides for a rebate applicable to residential fee rates, as further described in Section B, below. ECCRFFA fees for senior housing shall be calculated in accordance with ECCRFFA’s “Policy on Reduced Fees for Age-Restricted Senior Housing.” ECCRFFA fees for Accessory Dwelling Units (ADUs) shall be calculated in accordance with Government Code section 65852.2 and ECCRFFA’s “Policy for Accessory Dwelling Units.”

The above fee schedule is based on the June 2005 East Contra Costa Regional Fee Program Update (referred to as the “2005 Report”) prepared by Fehr & Peers, which has been approved by the Authority’s Board. The above fees are unchanged and are below the maximum fee rates calculated in the “East Contra Costa Regional Fee Program Update,” dated September 2020,

prepared by Fehr & Peers (“2020 Report”). The 2005 Report was previously adopted as the governing program of the Authority and is incorporated in this Agreement by reference. The 2020 Report was approved to add the Sand Creek Extension Project to the ECCRFFA project list, with no changes to the RTDIM Fees in the above fee schedule. The RTDIM fees in the above fee schedule are subject to annual adjustment, as provided below and as provided in the fee ordinances and/or resolutions adopted by the Member Agencies. In addition to the listed amounts, each Member Agency may collect and retain an administrative charge up to 1% of the listed amounts.

B. Adoption of Revised RTDIM Fees by the Authority. The Authority established an RTDIM Fee rebate program in 2013. The fee rebate program does not change the RTDIM Fees last adopted in 2005. Rather, the fee rebate program provides a rebate on the amount of the RTDIM Fees that are collected by the Member Agencies. Since 2013, the Authority Board of Directors has approved continuing the fee rebate. The Authority Board last approved to continue an RTDIM Fee rebate on December 12, 2019, when the Authority Board authorized a 15% rebate to all applicants who pay RTDIM Fees for residential uses (*i.e.*, single family residential units, duet homes, residential condominiums, and multi-family residential) during the period from January 1, 2020, through December 31, 2021. The fee rebate program is subject to reevaluation at any time by the Authority Board, and the Authority Board has sole discretion to terminate or modify the fee rebate program.

C. Imposition of PRTDIM Fees by Pittsburg. In order to fund the Program and Projects of the Authority, the Member Agencies agree that the following Pittsburg Regional Transportation Development Impact Fees (“PRTDIM Fees”), which were originally adopted in 2010, shall continue to be implemented by Pittsburg as follows:

Beginning October 10, 2013, Pittsburg shall ensure its commercial, office, and industrial fee rates match the Authority’s commercial, office, and industrial fee rates listed in Section A above, including the annual adjustment specified in Section F below.

Should a valid Memorandum of Understanding (MOU) signed prior to September 11, 2010, prevent Pittsburg from collecting commercial, office, or industrial fees at the rates listed above, Pittsburg shall make up the shortfall from its own separate funds and shall forward the full amount to the Authority per the terms of this Agreement.

- (1) Beginning September 10, 2013, Pittsburg shall ensure its residential fee rates are collected as follows:
 - (a) At the same time as the other Authority Members, Pittsburg shall apply fee rebates to match and collect the same net residential fee amounts collected by the other Member Agencies under the ECCRFFA fee rebate program (see Section B, above).

- (b) In the event that the Authority approves a revised fee schedule, or a new or revised fee rebate program pursuant to Section D below, at the same time as the other Member Agencies, Pittsburg shall adopt and collect the revised fee schedule, or shall apply the new or revised fee rebates, to match and collect the same net residential fee amounts as the other Member Agencies, including the annual adjustment specified in Section F below.
 - (c) The residential fees collected by Pittsburg under this Subsection C(1) shall apply uniformly to all development in Pittsburg, except as provided otherwise for MOUs between Pittsburg and developers.
- (2) Pittsburg shall defend (with counsel selected by Pittsburg), indemnify, save, and hold harmless the Authority, the other Member Agencies, and their officers, agents, and employees from any litigation, claims, costs, expenses, or liability arising from or in any way related to Pittsburg's fee rebate program or Pittsburg's collection of different fee rates pursuant to Subsection C(1) above. The Authority and the other Member Agencies shall not be required to defend, indemnify, save, or hold harmless Pittsburg under Section B of Attachment 2, or otherwise, for claims related to the Pittsburg fee rebate program or Pittsburg's collection of different fee rates pursuant to Subsection C(1) above.

D. Subsequent Approval of Revised Fee Schedule or New or Revised Fee Rebate Program by the Authority. Between January 1, 2016, and December 31, 2030, the Authority Board may, from time to time, approve revised fee schedules, or new or revised fee rebate programs, which shall be subject to the following limitations unless otherwise approved unanimously by the full Authority Board, with all Board members present:

- (1) Any revised residential fees shall not exceed the following maximum rates, subject to the annual adjustment specified in Section F below: Single family residential \$16,176/dwelling unit; Multiple family residential \$9,934/dwelling unit; Other \$16,176/peak hour trip.
- (2) Any new or revised residential fee rebates shall result in net residential fee amounts of at least 50% of the maximum rates listed in Subsection D(1) above.

Within 60 days after such approval, each Member Agency (Antioch, Brentwood, Oakley, Pittsburg, and the County) shall consider adopting a fee ordinance or resolution implementing the

revised fee schedule, or shall promptly consider applying the new or revised fee rebates. This procedure does not apply to annual fee adjustments, which are automatic and do not require further approval or action.

E. Fees for Uses Not Listed. The fees for uses not listed shall be determined by the Member Agency with land use authority through information generated by appropriate traffic studies conducted in accordance with ITE standards and applicable Authority policies. These traffic studies shall be approved by the Authority Board before the Member Agency imposes the fees.

F. Annual Fee Adjustment. Every January 1, the fee rates listed above, including any maximum fee rates, shall be automatically adjusted by the amount of the increase or decrease in the Engineering News-Record Construction Cost Index for the San Francisco Bay Area for the one-year period ending September 30 of the preceding year.

G. Credit for Construction Costs or Land Acquisition. Subject to the priority order set forth in Section E of Attachment 2, with prior approval of the Authority Board, credit may be granted against the payment of the fee for a usable portion of any Project. The amount of credit shall be limited to the regional component of the Project, as determined by the Authority Board in its sole discretion. Notwithstanding anything to the contrary, no fee credit shall be granted for any lands that are required to be dedicated as specified in Attachment 2, Section B.

H. Fee Collection and Management. Except for approximately \$5.5 million of PRTDIM fees used by Pittsburg as described in the last paragraph of Section E of Attachment 2, all fee revenues received or collected by the Member Agencies, together with any separate funds and increased fees to eliminate a shortfall, shall be disbursed monthly by the Member Agencies to the Authority. Fees and other revenues shall be held by the Authority in a general fund account; bond proceeds shall be held in accordance with the applicable indenture and may be invested, consistent with the provisions of the applicable indenture, in accounts such as the CAMP or LAIF fund. Subject to any provision in an applicable indenture, interest accruing on funds held in such accounts and accrued interest on funds held in the general fund account shall be deemed general funds available for any lawful purpose of the Authority. Unless otherwise agreed by the Member Agencies, the total obligation of each Member Agency shall be the contribution of fees collected by that Member Agency from owners seeking issuance of building permits as provided for in this Section. The obligation to contribute fees to the Authority shall terminate on December 31, 2030 (*i.e.*, the termination date specified in Section 3 of the Agreement).

Attachment 2 – 2020 Amendment
to
East Contra Costa Regional Fee and Financing Authority
Joint Exercise of Powers Agreement

PROJECTS; FUNDING COMMITMENTS AND ELIGIBLE COSTS;
IMPLEMENTATION SCHEDULE

A. **Current List of Projects.** The fees provided for in the above fee schedule shall be used for project development, right-of-way acquisition, and construction for the following regional Projects:

- (1) State Route 4 freeway widening from Railroad Avenue to the State Route 4 Bypass, including reconstruction of interchanges as necessary.
- (2) State Route 4 Bypass, Segment 1 from State Route 4 to Lone Tree Way, including interchanges at Laurel Road and Lone Tree Way.
- (3) State Route 4 Bypass, Segment 2 from Lone Tree Way to Balfour Road, including an interchange at Sand Creek Road.
- (4) State Route 4 Bypass, Segment 3 from Balfour Road to Vasco Road, including interchanges at Balfour Road, Marsh Creek Road, and Vasco Road.
- (5) Laurel Road Extension from State Route 4 Bypass to Empire Avenue.
- (6) State Route 239/84 Connector, consisting of the Armstrong Road extension (formerly Byron Airport Road).
- (7) State Route 239 corridor study and preliminary design.
- (8) State Route 4 (Main Street or Brentwood Boulevard) widening from Vintage Parkway in Oakley to Marsh Creek bridge in Brentwood and Chestnut Street to Balfour Road in south Brentwood.
- (9) Balfour Road widening from Deer Valley Road to Brentwood city limits.
- (10) Marsh Creek Road and Deer Valley Road safety enhancements from Walnut Boulevard to Clayton and from Balfour Road to Marsh Creek Road.
- (11) Route 84/Vasco Road widening to County line.

Northern Parallel Arterials

- (12) Pittsburg-Antioch Highway from Somersville Road to Loveridge Road.

- (13) Ninth and Tenth Streets couple improvements from A Street to L Street.
- (14) California Avenue from Railroad Avenue to Loveridge Road.
- (15) Willow Pass Road from Range Road to Loftus Road and Bailey Road to city limits.

Southern Parallel Arterials

- (16) Buchanan Bypass (new arterial) or Buchanan Road from Railroad Avenue to Somersville Road.
- (17) West Tregallas Road/Fitzuren Road from Lone Tree Way to Buchanan Road.
- (18) West Leland Road or Evora Road from San Marco to Avila Road and from Willow Pass Road (Bay Point) to Willow Pass Road (Concord).

New Regional Arterial Projects

- (19) Wilbur Avenue from Minaker Drive to State Route 160.
- (20) Neroly Road from Oakley Road to Laurel Road.
- (21) Deer Valley Road from Antioch city limits to Balfour Road.
- (22) Walnut Boulevard from Brentwood city limits to State Route 4 Bypass.
- (23) John Muir Parkway (new roadway between Balfour Road and Fairview Avenue).
- (24) Byron Highway safety enhancements from Delta Road to State Route 4.
- (25) Sand Creek Road Extension from SR4 to Deer Valley Road project.

Regional Transit Projects

- (26) East County express bus.
- (27) Commuter rail (eBART).

B. Funding Commitments and Eligible Costs. Program revenues shall be available for necessary Project costs through completion of construction. Subject to prior approval by the Authority Board, Project costs paid from program revenues may include environmental clearance, conceptual engineering, traffic studies, design, right-of-way acquisition, utility relocation, litigation and settlement costs, and costs of construction. The commitment to each Project shall be considered complete when the Project is accepted by the sponsor or sponsors.

The Authority's administrative costs shall not exceed 1% of program revenues. Administrative costs include the development of the JPA as well as the administration of duties included in this Agreement.

Eligible Project costs will be determined by the Authority based on cost guidelines and other criteria to be developed by the Authority. Where the Authority deems it advisable in order to avoid undue burdens on Project sponsors, the Authority may advance fund Project expenses on a monthly, quarterly, or other basis. Project costs otherwise will be reimbursed pursuant to procedures to be determined by the Authority.

Project sponsors, as a condition of Project funding through regional fees, commit to protect Project rights-of-way, by, among other things, requiring dedication of right-of-way as a condition of land use entitlement approval or otherwise, pending Project commencement. Project sponsors further commit not to take actions that could adversely impact the cost of Projects, including, but not limited to, utility location or relocation, public development, and the granting of easements in a proposed right-of-way.

The right-of-way dedication policy for the State Route 4 Bypass is as follows. Properties along or fronting the Projects identified in this Agreement shall be required to dedicate right-of-way up to 110 feet wide as measured from the centerline of the adopted precise alignment with no credit or compensation from the regional fee. Any additional right-of-way in excess of the 110-foot width may be either credited toward the regional fee or compensated. However, in circumstances where the allowable density has been transferred off the right-of-way area, then no compensation or credit will be granted for the right-of-way dedicated. The Authority shall develop policies that will encourage the early dedication of lands that are required under this provision.

Any costs of defense and any liability incurred in connection with implementation of the regional fee proposal shall be borne by the Authority. The Authority agrees to the fullest extent permitted to indemnify and hold harmless the parties to this Agreement from any liability, loss, costs, and claims related to the adoption or implementation of the regional fee program. Fee revenues and any other revenues transferred to the Authority by the parties pursuant to this Agreement may be used for this purpose.

C. Implementation Schedule. Subject to environment clearance, right-of-way acquisition and dedication, utility relocation, and other factors, the timing of which may be beyond the control of the Authority, and subject to the availability of regional fee and other funding sources as may be required, the following implementation guidelines shall apply to Project development:

(i) The parties intend that funding will be provided to support steady progress in construction of the State Route 4 Bypass.

(ii) The Authority shall prepare, adopt, and periodically update a Strategic Plan for implementation of the Projects, reflecting current information on Project costs and schedules, the Project sponsor(s) for the various Projects, the availability of other

revenue sources, the pace of fee collection, the schedule for and the costs associated with the sale of bonds to advance funds, and other relevant factors.

D. Indemnification. As a condition of funding for Projects in this Program, Project sponsors shall enter into an agreement with the Authority that shall provide indemnification and insurance coverage for the Authority and the parties to this Agreement during design and construction. The indemnification and insurance shall be subject to approval by the Authority.

E. Project and Funding Priorities. The following priority order shall hereafter apply to funding and implementation of the Authority's regional Projects:

First Priority:

Initial projects and ECCRFFA existing commitments:

- (a) SR4 East widening (for project description, see CCTA's Measure J Strategic Plan);
- (b) eBART extension to Hillcrest Avenue, which excludes Railroad Avenue station, with ECCRFFA to provide \$1.2 million to BART by 12/31/2013 (for project description, see CCTA's Measure J Strategic Plan);
- (c) SR4 Bypass projects, including the following:
 - (1) SR4/SR160 Connector Ramps (project involves constructing direct connectors between SR4 Bypass and SR160);
 - (2) Sand Creek Road Interchange (project includes a partial cloverleaf configuration on west side and a tight diamond on east side);
 - (3) Balfour Road Interchange – Phase 1 (project includes partial cloverleaves on both east and west sides and a single bridge over Balfour Road with two-directional traffic);
 - (4) 4-Laning between Lone Tree Way and Balfour Road; and
- (d) Outstanding ECCRFFA commitments (\$13.0 million), consisting of the following:
 - (1) Reimburse Contra Costa County Proposition 1B funds – \$3.0 million;
 - (2) John Muir Parkway – Brentwood: \$2.9 million;
 - (3) Vasco Road – Alameda County: up to \$3.0 million (final amount to be determined based on actual bids received); and
 - (4) Old SR4 relinquishment costs: \$4.1 million.

Second Priority:

eBART extension beyond Hillcrest Avenue – environmental review for the eBART extension (up to \$3.0 million).

Third Priority:

James Donlan Extension (JDE; project includes a 2.7-mile (approximate) extension from Somersville Road to Kirker Pass Road, consisting of a four-lane

road for approximately 0.72 mile through Black Diamond Estates and Sky Ranch II Subdivisions (western edge), then a two-lane road for approximately 1.7 miles through an undeveloped area, then expanded to four lanes for the remaining 0.28 mile (approximate) near Kirker Pass Road (east end), and realignment of a portion of Kirker Pass Road to match project grades and to conform the project to existing topography).

Other Projects:

The priority and funding for all other ECCRFFA Projects will be determined by the Authority Board.

The above priority order cannot be changed unless both of the following conditions are met: (1) there are extenuating circumstances regarding regional priorities or difficulties in implementing one of the priority projects listed above, and (2) there is a unanimous vote by the full Authority Board, with all Board members present, to change the above priority order.

Pittsburg shall use PRTDIM fees collected between September 7, 2010 and the effective date of the Third Amendment to the Agreement (approximately \$5.5 million) as follows: approximately \$5.3 million for JDE (i.e., environmental clearance, right-of-way acquisition, and project design) and the Railroad Avenue eBART station; and up to \$196,000 for legal fees incurred by Pittsburg in the TRANSPLAN/ECCRFFA lawsuit.”

F. Cooperation among ECCRFFA Member Agencies. ECCRFFA and each of its Member Agencies agree to cooperate so as to maximize all regional, state, and federal funding available to complete construction of the Priority Projects, as set forth in Section E above, as soon as reasonably possible, unless the Priority Projects would not compete as well as other candidate projects in East County, due to project readiness or other funding criteria required for project selection. For clarity, the intent is to ensure that the Priority Projects receive priority for available outside funding, while balancing the goal of maximizing funding/delivery of all transportation projects in East County.



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY/TAX EQUITY AND FISCAL RESPONSIBILITY ACT (TEFRA) HEARING - SEVEN HILLS SCHOOL

RECOMMENDATION(S):

CONDUCT a public hearing, as required by Section 147(f) of the Internal Revenue Code of 1986, as amended, to hear and consider information concerning the proposed reissuance of revenue obligations by the California Enterprise Development Authority to benefit Seven Hills School, a California not-for-profit corporation in an aggregate principal amount not to exceed \$6,300,000 for cost savings; and

ADOPT Resolution No. 2021/60, approving the reissuance of tax-exempt revenue obligations by the California Enterprise Development Authority to benefit Seven Hills School, a California not-for-profit corporation. (Walnut Creek area)

FISCAL IMPACT:

Pursuant to the Internal Revenue Code, the reissuance of the Obligations must be approved by the County because the Facilities are located within the territorial limits of the County. There is no financial impact on the County.

BACKGROUND:

Seven Hills School, a California not-for-profit corporation, located at

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Timothy Ewell, (925) 655-2043

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND: (CONT'D)

975 North San Carlos Drive in Walnut Creek has requested that the California Enterprise Development Authority (the "CEDA") participate in the reissuance of certain revenue obligations, in an aggregate principal amount not to exceed \$6,300,000 (the "Obligations") for cost savings.

The Obligation proceeds were originally issued to finance the following on its school campus located at 975 North San Carlos Drive, Walnut Creek: (i) the cost of construction, installation, rehabilitation, equipping and furnishing of educational facilities (the "Facilities"), and (ii) the cost of capital improvements to the Facilities, including new classrooms, a gymnasium, a 140-seat small theatre and adjacent green room, faculty offices, ancillary facilities and general development (the "Project");

In order for the interest on the Obligations to remain excluded from the gross income of the owner of the Obligations (i.e. tax-exempt), an "applicable elected representative" of the government unit must approve the reissuance of the Obligations after holding a public hearing ("TEFRA hearing") following reasonable public notice. The proposed reissuance by the CEDA is classified as a private activity for purposes of the Internal Revenue Code. Because the CEDA's Board of Directors is not an elected body, the Code provides that a government unit with elected representatives and jurisdiction over the area in which the project to be financed is located, in this case, the Board of Supervisors of Contra Costa County, is an "applicable elected representative" with respect to the reissuance.

The Code requires that the Board of Supervisors hold a TEFRA public hearing regarding the reissuance of the Obligations and that a resolution approving the reissuance of the bonds by the CEDA be adopted. The County is already a member of the CEDA, which allows the CEDA jurisdiction to reissue the Obligations. Therefore, staff recommends that the Board of Supervisors hold the public hearing, consider public input, and adopt the resolution regarding the reissuance of the Obligations. This approval is with the expressed understanding that the County shall have no obligation whatsoever to pay any principal, interest, fees or any other costs associated with the CEDA's reissuance of these Obligations. In addition, the Resolution notes that the County has not participated in a review of the financing documents associated with the reissuance.

CONSEQUENCE OF NEGATIVE ACTION:

CEDA will not be able to reissue the tax-exempt bonds on behalf of Seven Hills School resulting in the loss of projected cost savings to the School.

ATTACHMENTS

Resolution 2021/60

Proof of Publication

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2021/60

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF CONTRA COSTA APPROVING THE DEEMED REISSUANCE OF CERTAIN REVENUE OBLIGATIONS OF THE CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY IN AN AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED \$6,300,000 FOR THE PURPOSE OF REFINANCING THE CONSTRUCTION, INSTALLATION, REHABILITATION, EQUIPPING AND FURNISHING OF EDUCATIONAL FACILITIES FOR SEVEN HILLS SCHOOL, AND CERTAIN OTHER MATTERS RELATING THERETO

RESOLVED, by the Board of Supervisors of the County of Contra Costa (the “Board”), as follows:

WHEREAS, pursuant to Chapter 5 of Division 7 of Title 1 of the Government Code of the State of California (the “Act”), certain public agencies (the “Members”) have entered into a Joint Exercise of Powers Agreement relating to the California Enterprise Development Authority, dated as of June 1, 2006 (the “Agreement”), in order to form the California Enterprise Development Authority (the “Authority”), for the purpose of promoting economic, cultural and community development, and in order to exercise powers common to the Members, including the issuance of bonds, notes and other evidences of indebtedness; and

WHEREAS, the County of Contra Costa (the “County”) is a Member of the Authority; and

WHEREAS, the Authority is authorized to issue and sell revenue bonds or other obligations for the purpose, among others, of financing and refinancing the construction of capital projects; and

WHEREAS, Seven Hills School, a California nonprofit public benefit corporation and an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 (the “Borrower”), has requested that the Authority participate in the reissuance (for federal income tax purposes) of certain revenue obligations in an aggregate principal amount not to exceed \$6,300,000 (the “Obligations”), which will be deemed to refinance (i) the cost of construction, installation, rehabilitation, equipping and furnishing of educational facilities located at 975 North San Carlos Drive, Walnut Creek, California 94598 (the “Facilities”), and (ii) the cost of capital improvements to the Facilities, including new classrooms, a gymnasium, a 140-seat small theatre and adjacent green room, faculty offices, ancillary facilities and general development related thereto (collectively, the “Project”); and

WHEREAS, the reissuance of the Obligations must be approved by the governmental unit on behalf of which the Obligations are deemed reissued and a governmental unit having jurisdiction over the territorial limits in which the Facilities are located pursuant to the public approval requirement of Section 147(f) of the Code and the Treasury Regulations thereunder; and

WHEREAS, the Project is located within the territorial limits of the County, and the Board is the elected legislative body of the County on behalf of which the Obligations are being reissued and is therefore the “applicable elected representative” required to approve the reissuance of the Obligations under Section 147(f) of the Code and the Treasury Regulations thereunder; and

WHEREAS, the Authority has requested that the Board approve the reissuance of the Obligations by the Authority in order to satisfy the public approval requirement of section 147(f) of the Code and the Treasury Regulations thereunder; and

WHEREAS, pursuant to Section 147(f) of the Code and the Treasury Regulations thereunder, the Board has, following notice duly given, held a public hearing regarding the deemed reissuance of the Obligations, and now desires to approve such reissuance of the Obligations by the Authority;

NOW, THEREFORE, it is hereby ORDERED and DETERMINED, as follows:

Section 1. The foregoing recitals are true and correct.

Section 2. The Board hereby finds and determines that all of the above recitals are true and correct. The Board, as the “applicable elected representative” of the governmental unit on behalf of which the Obligations will be reissued and having jurisdiction over the territorial limits in which the Project is located, hereby approves the reissuance of the Obligations by the Authority, which Obligations are in an amount not to exceed \$6,300,000, which are deemed to be used to refinance the Project. This Resolution shall constitute “issuer” approval and “host” approval of the reissuance of the Obligations within the meaning of Section 147(f) of the Code and the Treasury Regulations thereunder, and shall constitute the approval of the reissuance of the Obligations within the meaning of the Act. Neither the County nor any officer of the County shall bear any responsibility for the reissuance of the Obligations, the tax-exempt status of the Obligations, the repayment of the Obligations or any other matter related to the Obligations.

Section 3. The reissuance of the Obligations shall be subject to the approval of the Authority of all financing documents relating thereto to which the Authority is a party. Neither the County nor any officer of the County shall bear any responsibility or liability whatsoever with respect to the Obligations. Neither the County nor any officer of the County has prepared or reviewed the financing documents related to the Obligations, and the Board and the various officers of the County take no responsibility for the contents thereof.

Section 4. The adoption of this Resolution shall not obligate the County or any officer thereof to (i) provide any refinancing of the Project; (ii) make any contribution or advance any funds whatsoever to the Authority; or (iii) take any further action with respect to the Authority or its membership therein.

Section 5. The officers of the County are hereby authorized and directed, jointly and severally, to do any and all things and to execute and deliver any and all documents which they deem necessary or advisable in order to carry out, give effect to and comply with the terms and intent of this resolution and the financing transaction approved hereby.

Section 6. This Resolution shall take effect immediately upon its adoption.

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

Contact: Timothy Ewell, (925) 655-2043

ATTESTED: February 9, 2021
_____, County Administrator and Clerk of the Board of Supervisors

By: _____, Deputy

cc:

Contra Costa Times

2121 N. California Blvd., Ste. 290
Walnut Creek, CA 94596
925-943-8019

3774101

NORTON ROSE FULBRIGHT US LLP
ACCTS PAYABLE
555 CALIFORNIA ST., #3300
SAN FRANCISCO, CA 94104-1520

PROOF OF PUBLICATION

FILE NO. FRB Seven Hills 2021 CCC TEFRA

In the matter of

Contra Costa Times

I am a citizen of the United States. I am over the age of eighteen years and I am not a party to or interested in the above entitled matter. I am the Legal Advertising Clerk of the printer and publisher of the Contra Costa Times, a newspaper published in the English language in the City of Walnut Creek, County of Contra Costa, State of California.

I declare that the Contra Costa Times is a newspaper of general circulation as defined by the laws of the State of California as determined by court decree dated October 22, 1934, Case Number 19764. Said decree states that the Contra Costa Times is adjudged to be a newspaper of general circulation for the City of Walnut Creek, County of Contra Costa and State of California. Said order has not been revoked.

I declare that the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

02/02/2021

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Executed at Walnut Creek, California.
On this 2nd day of February, 2021.



Signature

Legal No. 0006549614

COUNTY OF CONTRA COSTA

NOTICE OF PUBLIC HEARING PURSUANT TO SECTION 147(F) OF THE INTERNAL REVENUE CODE OF 1986 FOR THE REFINANCING OF CERTAIN FACILITIES RESULTING FROM THE REISSUANCE OF TAX-EXEMPT OBLIGATIONS

NOTICE IS HEREBY GIVEN that at 9:30 a.m., or as soon thereafter as the matter can be heard, on Tuesday, February 9, 2021, a public hearing (the "Public Hearing") will be held by the Board of Supervisors (the "Board") of Contra Costa County (the "County") with respect to the proposed reissuance (for federal income tax purposes) of certain outstanding tax-exempt obligations (the "Obligations") by the California Enterprise Development Authority (the "Authority") in an aggregate principal amount not to exceed Six Million Three Hundred Thousand Dollars (\$6,300,000), the interest on which is intended to be federally tax-exempt and exempt from State of California personal income taxes. The Public Hearing is intended by the County to comply with the public approval requirement of Section 147(f) of the Internal Revenue Code of 1986, as amended (the "Code"), and the Treasury Regulations thereunder.

Proceeds of the Obligations as reissued will be deemed to be loaned by a financial institution to the Authority, which will be deemed to loan such proceeds simultaneously to The Seven Hills School, a California nonprofit public benefit corporation and an organization described in Section 501(c)(3) of the Code (the "Borrower"), pursuant to a loan agreement or similar financing arrangement (the "Loan Agreement"). The Obligations as reissued will be deemed to refinance (i) the cost of construction, installation, rehabilitation, equipping and furnishing of educational facilities located at 975 North San Carlos Drive, Walnut Creek, California 94598 (the "Facilities"), and (ii) the cost of capital improvements to the Facilities, including new classrooms, a gymnasium, a 140-seat small theatre and adjacent green room, faculty offices, ancillary facilities and general development related thereto (collectively, the "Project").

The Project is owned and operated by the Borrower and is used for the educational purposes thereof.

The Obligations will be paid entirely from payments by the Borrower under the Loan Agreement. Neither the full faith and credit nor the taxing power, if any, of the County, the Authority and its members, the State of California (the "State") or any other political corporation, subdivision or agency of the State is pledged to the payment of the principal of, premium, if any, or interest on the Obligations, nor shall the County, the Authority and its members, the State or any other political corporation, subdivision or agency of the State be liable or obligated to pay the principal of, premium, if any, or interest on the Obligations.

Those wishing to comment on the reissuance of the Obligations, the nature or location of the Project, or the plan of refinancing for the Project, are invited to participate telephonically, or to submit written comments, which must be received prior to the Public Hearing, to County of Contra Costa, Attention: Clerk of the Board, 1025 Escobar Street, 1st Floor, Martinez, California 94553. Information for participating telephonically in the Public Hearing is as follows:

Dial-in (toll-free): 888-251-2949

Access Code: 1672589#

Date: February 2, 2021

COUNTY OF CONTRA COSTA
CCT 6549614; Feb. 2, 2021



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan for Fiscal Year 2020-23

RECOMMENDATION(S):

ACCEPT the recommendation of the Behavioral Health Services Director and Family and Human Services Committee to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2020-23.

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to that effect to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to inform DHCS and the MHSOAC of their approval of the adoption of this Plan Update.

FISCAL IMPACT:

This action has no fiscal impact. The adoption of the Mental Health Services Act Three Year Program and Expenditure Plan, Fiscal Years 2020-23 assures continued MHSA funding for Fiscal Year 2020-21 in the amount of \$61,612,111, which was included in the County's FY 2020-21 Adopted Budget.

BACKGROUND:

Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health funding by imposing an additional one percent tax on individual taxable income in excess of one million dollars. There are a total of

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Suzanne Tavano,
925-957-5212

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc: Jennifer Bruggeman, Marcy Wilhelm

five MHSAs components which have been enacted out over time by the State with the goal of creating

BACKGROUND: (CONT'D)

>a better program of mental health services and supports in California's public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a state mandated program under the Welfare & Institutions Code.

The 2020-23 Three Year Plan was prepared in response to a community program planning process that took place in 2019 and early 2020. The plan was then posted for a 30-day public comment period on March 1, 2020. With the onset of COVID-19 in ensuing weeks, the Public Hearing was postponed and a request for extension was made to the Department of Health Care Services in order to allow time to respond to the economic impact of the global pandemic. The Three-Year Plan was subsequently revised with stakeholder input to incorporate new fiscal realities, while also maintaining vital existing programs and services. The Plan was also presented to the Family and Human Services Committee on November 23, 2020, with the recommendation for the Board to approve as presented.

The attached reports provides detailed information regarding ongoing prioritized service and support needs, including a variety of supportive housing strategies that increase the ability of persons most challenged by serious mental illness to live in the community, as well as prioritized service needs that have been added to the Three-Year Plan.

ATTACHMENTS

MHSA-MH-SUD Presentation

FY 2020-23 MHSA Three Year Plan & Appendices

PEI Evaluation Report 18-19

Innovation Annual Report FY 18-19

Behavioral Health Services CY-2020



January 29, 2021

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* Pandemic/COVID-19 Related Initiatives *(Slides 3-20)*

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7 - BHS Self Care and Resources

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15-16 – Patient Care Modes of Services

17 – Ensure continuity of prescriptions during COVID crisis for all clients

18 – Vaccine Clinics

19 – Electronic Health Record (EHR) Optimization Efforts

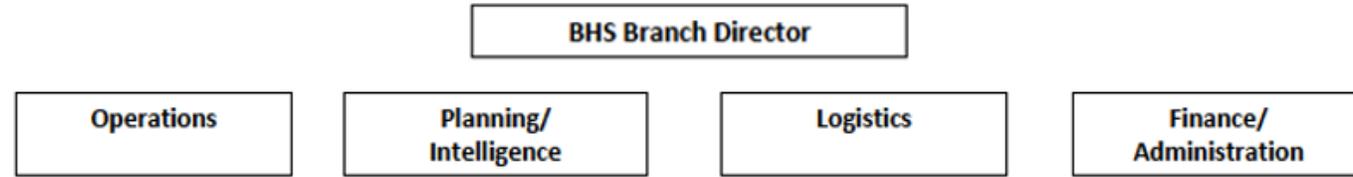
20 – Overview of Mental Health System of Care

21 – Overview of Substance Use Disorder System of Care

22 – COVID Challenges

* MHSA Plan *(Slides 23-33)*

Behavioral Health Services Division



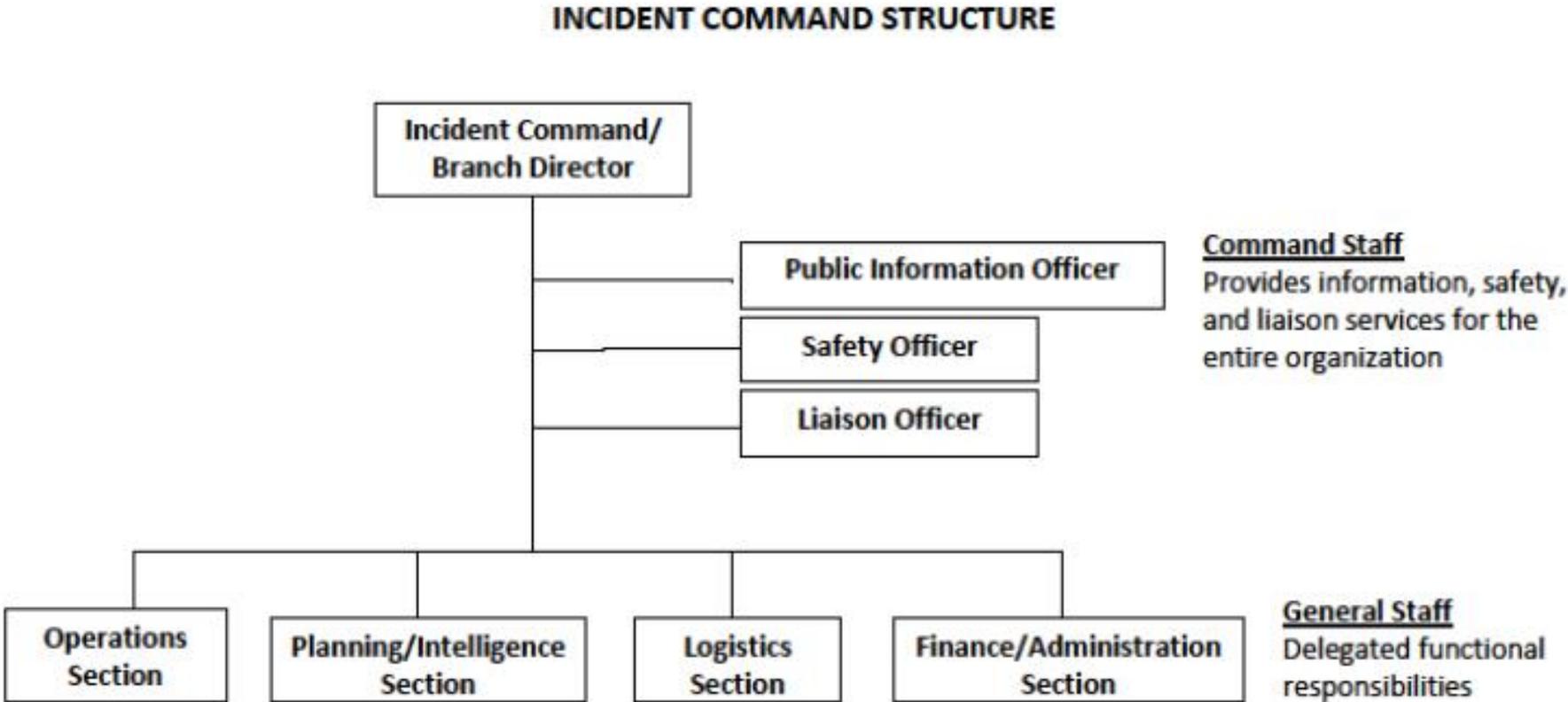
Establishment of the BHS-BOC Structure

- On March 16th Contra Costa County, by order of the County Health Officer, entered shelter in place – and County operation centers entered the Incident Command Structure (ICS).
- The 2020 pandemic required the first full scale activation of the Behavioral Health Branch Operations Center (BOC).
- Branch Operations Center formed teams around: Logistics, Planning, Finance, Operations and Management.
- Initial BOC operations focused on procuring and distributing technology and personal protective equipment (PPE) to allow staff to maintain levels of care.
- Specialized teams focusing on people experiencing homelessness and individuals living in congregate care settings coordinated closely with the DOC.
- A Finance Unit was setup to create tracking systems to account for emergency purchases and time keeping for emergency response activities.
- The Planning branch developed real-time dashboards to track in-person and virtual staffing and PPE supplies being provided and used at BHS sites around the County.
- Operations team raised and solved on the ground level concerns of staff and worked to provide continuity of behavioral health operations as well as distribution of rapidly changing guidance regarding safety and administration.
- All of these groups were coordinated with Behavioral Health Leadership through bi-weekly calls that were critical to ensuring ongoing services to the community

Branch Operation Center



Coordination with DOC and Health Services



Hotline Support to County Staff – Wellness Support – County Staff

- In March of 2020 BH/MH staff were asked to provide onsite wellness support to staff at the Department Operations Center (DOC) office.
- These staff were managing the emerging Covid-19 Crisis and needed additional support given their stressful assignment, long hours, and time away from their families. BH provided one clinician per day, 7 days per week, to provide counseling on site. 4 clinicians rotated through this schedule. After approximately 10 days, the DOC staff began to mostly work remotely, and the clinical staff support was converted to telephone support. A schedule was set up on the DOC Team site, and staff would call when/if they needed someone to talk to. When the DOC joined the Emergency Operations Center (EOC) at the EOC offices, we again provided on-site clinical support, rather than phone support, but this was ended after 2 weeks due to limited usage of the service.
- This service was later expanded to offer support via a general staff support hotline, which was made available from 8am to 6pm at first and then extended to 8 pm (7 days per week). A pool of clinicians was recruited from both the Adult and Children's BH clinics to answer these calls. This Service started in May and continued through June. We ended this service when a similar regional call-in line became available to all our health services staff.





BHS Self Care and Resources - “healing the healers”.

- The team developed a BHS Self Care webpage that consolidated a variety of resources for staff, including services for basic needs such as housing, food, and transportation assistance, County memos and health orders, telehealth training materials, and self-care resources such as activities, tip sheets, and apps.
- A central email account was created to invite feedback and collect resources from other CCBHS staff. In April, the team launched BHS Self-Care Sessions available to all staff and contract providers.
- These 20-minute sessions occur every Monday, Wednesday and Friday over Zoom and feature a different guided self-care activity such as mindfulness meditation, gratitude practice, or expressive arts.
- The goal of these sessions is to provide a dedicated space and time for staff to come together as community and practice self-care in their workday.
- While the Self-Care Team facilitates some sessions, it actively invites other staff and even colleagues outside of CCBHS to share their talents and lead their own activities. Sessions usually average about 10 participants, ranging from clinicians to administrators and SPIRIT students.
- The BHS Self-Care Team also collaborates with the CCHS Wellness Team

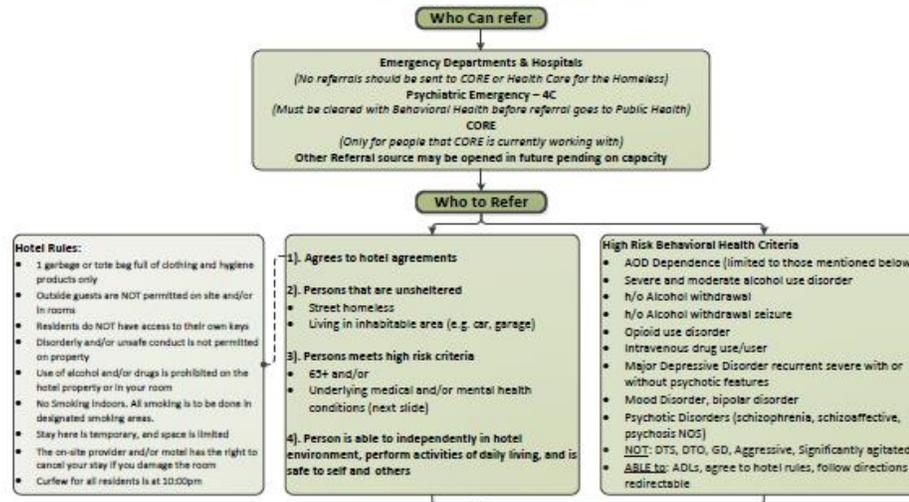
- <http://tiny.cc/CCHSWellness>



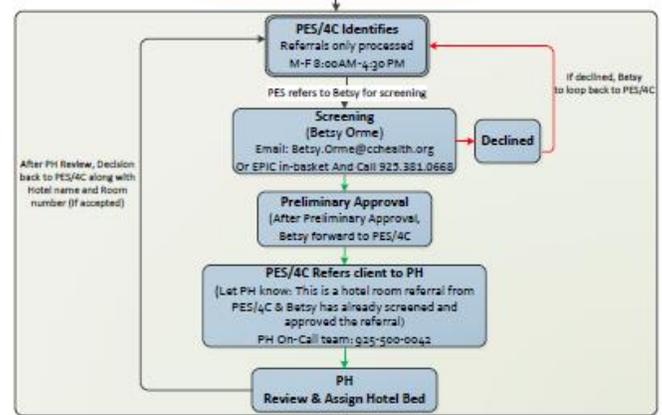
Hotline Support to Homeless individuals at hotels - Wellness Support – Clients Experiencing Homelessness

- In March of 2020 BH/MH staff created a separate hotline to provide mental health support and linkage to the consumers residing at the Homeless Hotels set up through Project Room Key. We used the same pool of clinicians to answer these calls and to provide counseling and/or link consumers to appropriate Mental Health and AOD services. Simultaneously, this pool of clinicians, along with CSW's and AOD staff, began taking referrals directly from the onsite hotel clinicians. They were referred to the project coordinator via cclink and then routed to the Manager of the appropriate Regional clinic to assign to staff. They were either opened to BH services or reconnected to existing providers or referred out to AOD staff or to CCHS Behaviorists for therapy. Staff continue to provide ongoing support to these consumers.
- In October, we shifted our support services model again.
- We assigned each Adult Clinic to the Homeless Hotel located in their region. The Hotel clinicians then made referrals directly to the clinical liaison at the assigned clinic and the liaison would assign the case to a staff person or refer to their existing providers or to an AOD provider. The 4th Hotel, in Concord, had 2 on site MHCS. One from the Transition Team and the other from HCH. Some consumers were/are also getting mental health support from staff at the BH clinics, due to referrals made when the hotels first opened.
- The BH project coordinator continues to monitor all these hotel referrals and provides MH support and linkage, both remotely and in person, to the staff and residents of the PUI Hotel in Richmond.
- All these services are ongoing.

Hotel Referral Criteria & Process



PES/4C Hotel Referral Procedure



Once Room is Assigned

- Transportation**
- Referring Provider (ED/PES/Hospitals) must provide transportation
- Medication**
- 14 day supply Or,
 - RX to Vail Pharmacy for bubble pack to be delivered to the hotel. Please add into comments section of rx: "dispense weekly. Include in bubble pack".

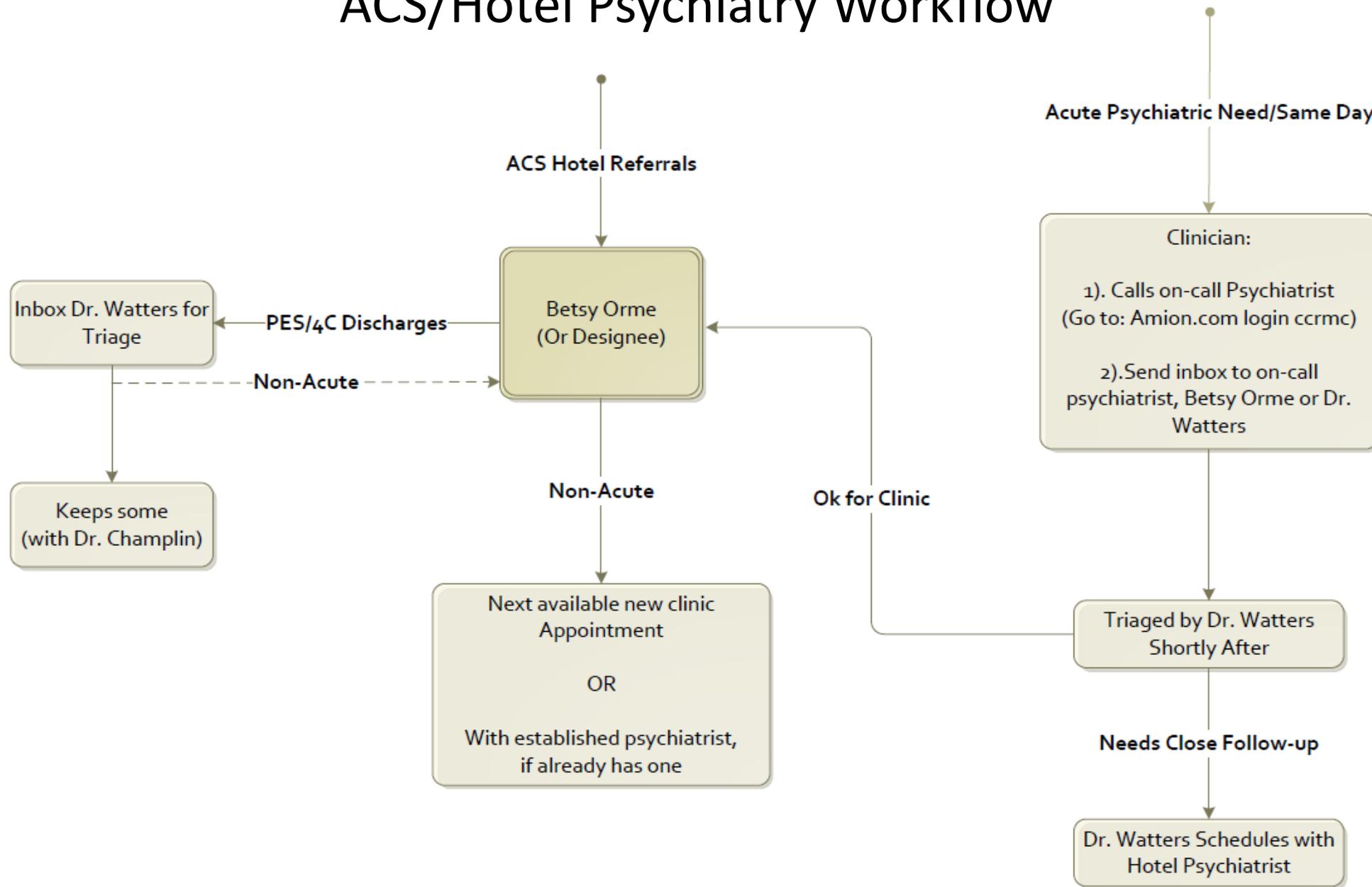
Services provided while at hotel

- On-Site hotel team**
- 3 meal daily and snacks
 - Hygiene supplies
 - Laundry on-site
- Medical Services**
- Check-in calls by Health Care for the Homeless
 - Telehealth or in-person visits as needed
- Behavioral Health Services**
- Check-in calls
 - Telehealth visits by clinician/interns
- Hotel stay will be contingent on patient following hotel rules
- Will not accept referrals after someone has been removed from hotel

Long term Placement/PUI

	Non-PUI Hotel	PUI Hotel
Who is eligible	Unsheltered persons meeting high-risk criteria (referral approval needed)	All homeless patients that are a COVID-19 Positive or PUI
How long is hotel stay	Until CCC Emergency declaration lifted & based on compliance with hotel rooms	Until patient's test results comes back as negative or patient has completed quarantine
How is transportation provided	Health Providers: Responsibility of Provider	PHCS On-Call Team

ACS/Hotel Psychiatry Workflow



PPE Inventory

- Obtained PPE from County's Department Operation Center (DOC), and Behavioral Health stored in a secure location at behavioral Health Admin.
- Diligently searched for difficult-to-impossible to obtain items that were not available from the Emergency Operations Center
- Weekly reports from program sites on PPE inventory and a request for any supplies they needed for that week.
- Whenever hard-to-get items arrived at Behavioral Health Admin, push-out distributions were made to all program sites.
- Supported program sites by delivering some supply orders to program sites when needed so they would be available in a timely manner and by providing some PPE to community-based organizations that had an extreme need on a case-by-case basis.



CBO PPE Needs Survey Report

- A survey was administered to inquire about Community Based Organizations' Personal Protective Equipment (PPE) needs.
- A total of 28 providers responded to the survey between July 1st and July 17th. This response rate was small given the dozens of contracting community-based organizations serving the county.
- Respondents reported having access to the PPE they needed and most had enough PPE to get through during the survey period.
- Over half of respondents were providing in-person care. Fear of COVID-19 infection and county restrictions were the principal reasons facilities were not providing in-person services.
- The majority of respondents reported that their PPE needs were met at the time of the survey,



**YOUR OPINION
MATTERS**

COVID-19 Safety Surveys

Surveyed, monitored and provided technical assistance focused on COVID safety measures to BHS contracted MH Board and Cares (total of 31), Crisis Residential and Adult Residential programs, and to SUD residential treatment programs, SLEs and detox facilities (total of 35) throughout Contra Costa. Provided PPE (almost 15,000 units of supply) to these facilities serving 500 BH clients.



Establishing a Disaster Plan for CCBHS

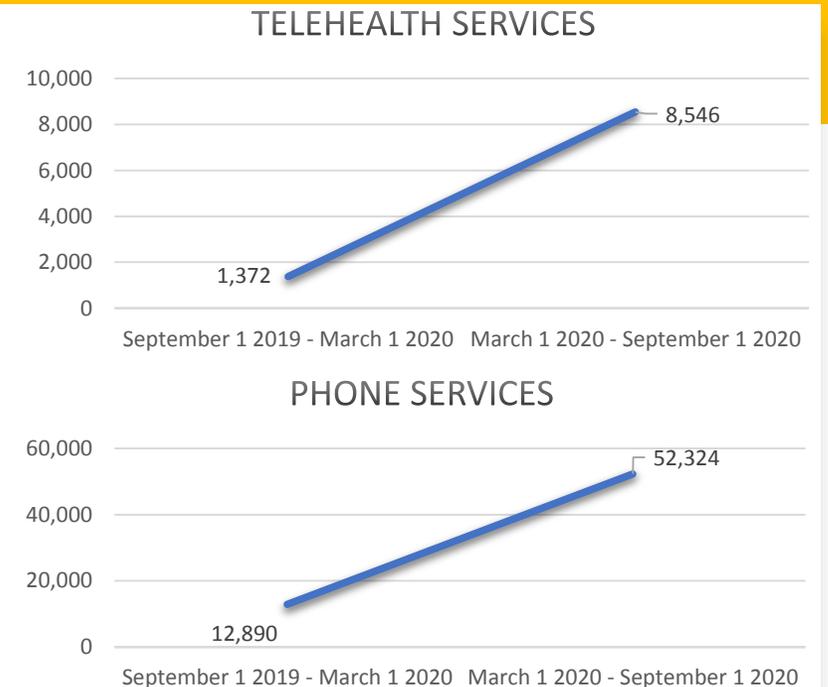
- The Risk Management Department has developed an emergency plan specifically addressing COVID-19, the CCC COVID-19 Exposures and the Workplace Guidance, which is updated and released every 1-2 months.
- It describes the actions Programs must undertake in response to various situations, such as when staff report they have tested positive for COVID-19 (ex. notifications, investigations, cleaning, etc.).
- This guidance also describes when and how to appropriately wear PPE, social distancing practices and office set-up, and precautions to be taking when transporting clients.
- This document is made available to all BHS staff.
- Additional educational materials have been developed by HSD and BHS and distributed to staff. This information is being incorporated into existing Department and Division emergency plans.



Patient Care Modes of Services

- “Meeting clients where they are and according to their needs during the pandemic.”
 - For clients with a preference for in-person services or whose clinical needs suggest they would best be served face-to-face, the MHP has been providing clinic-based psychiatry, nursing, and therapy appointments for medication assessments, medication evaluations, injections, therapy, case management, and other services. For clients, particularly older adults, whom were typically provided with field visits (often in-home appointments) and preferred in-person visits, many of those appointments have been able to continue in-person, exercising social distancing, with all parties wearing masks and meeting outdoors.
 - For those clients who prefer remote services due to health concerns associated with COVID-19 and whom can be effectively treated with phone and video behavioral health services, the MHP has been able to accommodate them through provision of psychiatric and non-psychiatric services via phone, Zoom, and traditional telehealth appointments.
 - Mobile Crisis Response Team, serving clients in crisis, also experienced a 24% increase in calls from FY 2018-2019 (1305) to 2019-2020 (1614)

During this period, the MHP increased use of telehealth and phone services to meet clients’ needs.



CCMHP provided 33% more services overall (phone, telehealth, and office combined) during COVID (March 1-September 1, 2020) as compared to the six months prior to COVID (September 1-March 1, 2020)

Patient Care Modes of Services

- The MHP has been working to adapt services to clients' unique needs.
 - For example, several clinicians working with older adults found that launching Zoom groups was challenging for many clients due to clients' lack of technology; understanding of technology; and/or interest in using technology. However, clinicians noted that many older adults enjoyed receiving "snail mail" letters from clinicians that included worksheets used in groups. Clinicians, therefore, adapted the group format to be delivered on a more individual basis, but encouraged more informal communication between group members through mail and phone communication to help decrease feelings of isolation.
- The MHP has been working to address clients' emerging needs.
 - During the early stages of the pandemic, clients reported to staff their need for food and essential supplies. CCMHP coordinated with Food Banks to obtain food and supplies to deliver to clients in most need; informed clients of locations of emergency food resources; and some programs such as Older Adult and Office of Consumer Empowerment even stored non-perishable food and toiletries for distribution to clients.
 - To address the needs of clients impacted by the county's housing crisis, Behavioral Health also coordinated with Health, Housing, and Homeless Services to provide behavioral Health services to over 500 homeless individuals housed in hotels across the three regions of the county.
 - Throughout the duration of the pandemic, the MHP has been working to identify and implement creative solutions to existing and emerging client needs, while minimizing client and staff risk of exposure to COVID-19.

Ensure continuity of prescriptions during COVID crisis for all clients

- To ensure clients continued to receive medication in a timely manner once the COVID-19 pandemic began, CCMHP took several steps to address potential access issues and facilitate securing adequate supplies of essential medications.
- So that clients were able to access medication without needing to go to pharmacies in person, the MHP established a contract with a local pharmacy to provide prescription delivery services to clients at their residences. Additionally, as part of this contract, medication delivery was also secured for those clients who were being housed at hotels/motels throughout the county.
- The MHP also worked with the State and CCHP to provide a 90-day supply of medication to CCHP managed care clients whose symptoms were stable and who were on the same medication.



Vaccine Clinics

- On December 21, 2020, BHS created a core team, comprised of staff from across the Division, to plan and implement the Division's COVID-19 vaccination response.
- After the required logistical tasks (facility selection, supplies procurement, training for vial integrity, staffing, establishing IT connectivity, collection of interest and scheduling data) were completed, new vaccination clinics were created in each of the County's three regions.
- Clinics began operation on December 29th with the goal of vaccinating 1,000 people with their first dose within two weeks.
- By January 8, 2021, the clinics had administered the first vaccine dose to 1,108 individuals. During the first appointment, the second dose was scheduled.
- Operations were consolidated to one, centralized clinic, which began operation on January 26th, to administer the second vaccine dose.

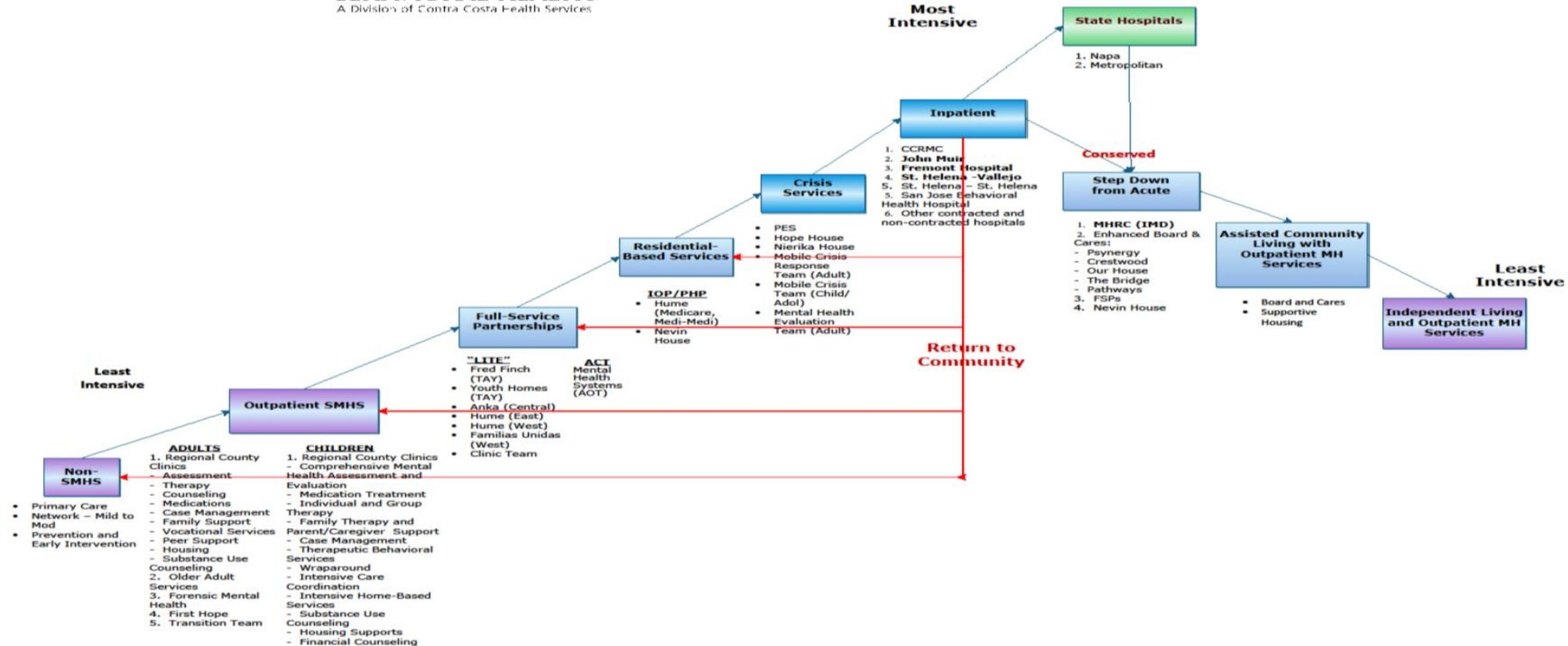


Electronic Health Record (EHR) Optimization Efforts

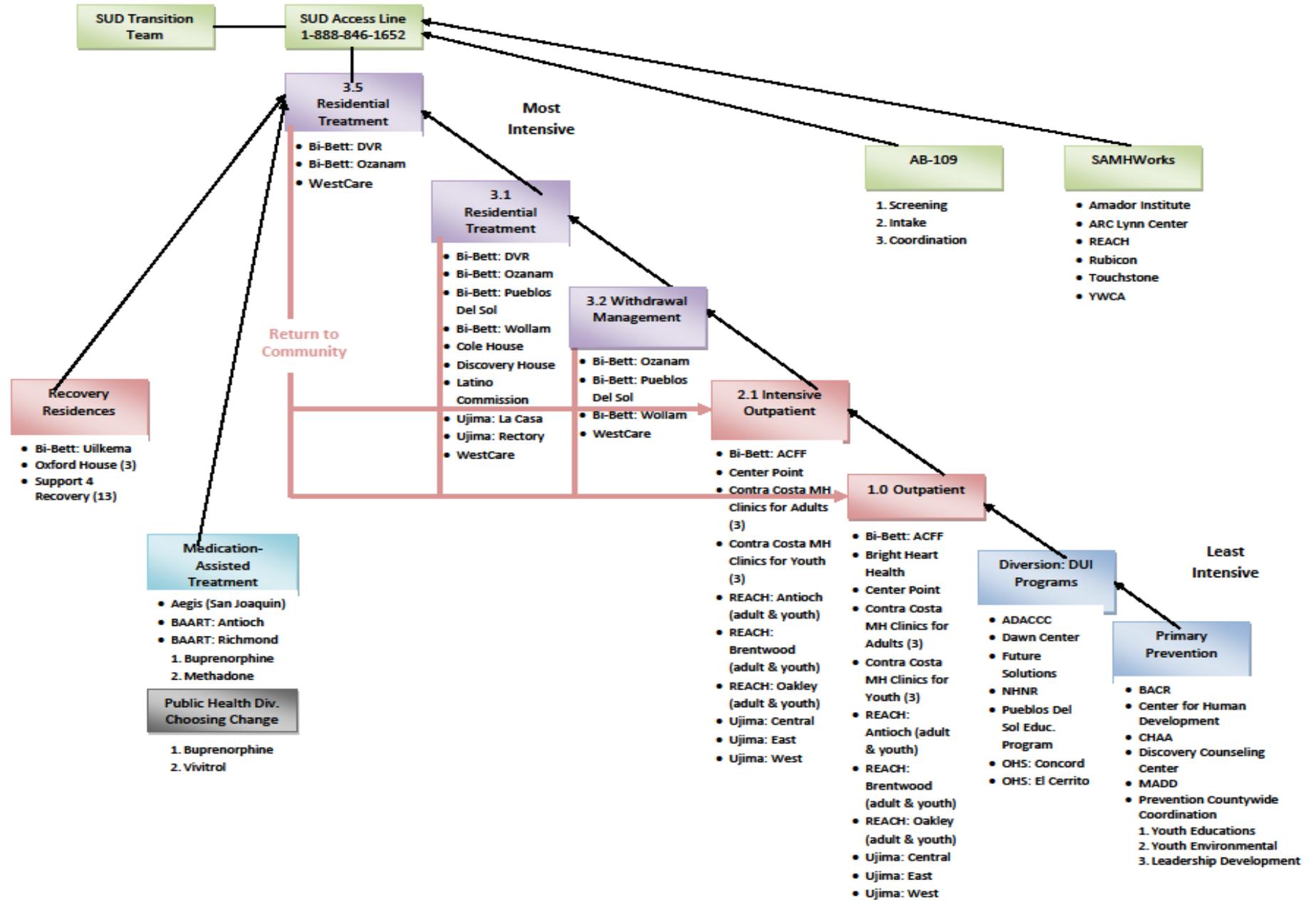
- COVID related
 - Implemented Same Day Assessment tools for clients being seen at alternative care sites due to the pandemic; this allows the flexibility and access to documentation tools regardless of whether the client is already open to specialty MH, receiving a wellness check, or needs to be open to specialty MH– April 2020
 - Implemented method for tracking in-person, telephone, and video visits based on patient preference
 - Implemented Zoom software to clinicians, nurses, and psychiatrists for the purpose of telehealth due to COVID19 - March 2020
 - Implemented travel screening questions due to COVID19 – March 2020

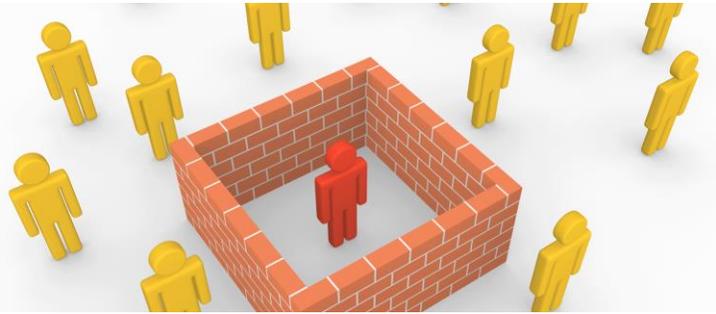


Overview of Mental Health System of Care



**Substance Use Disorder
Services**





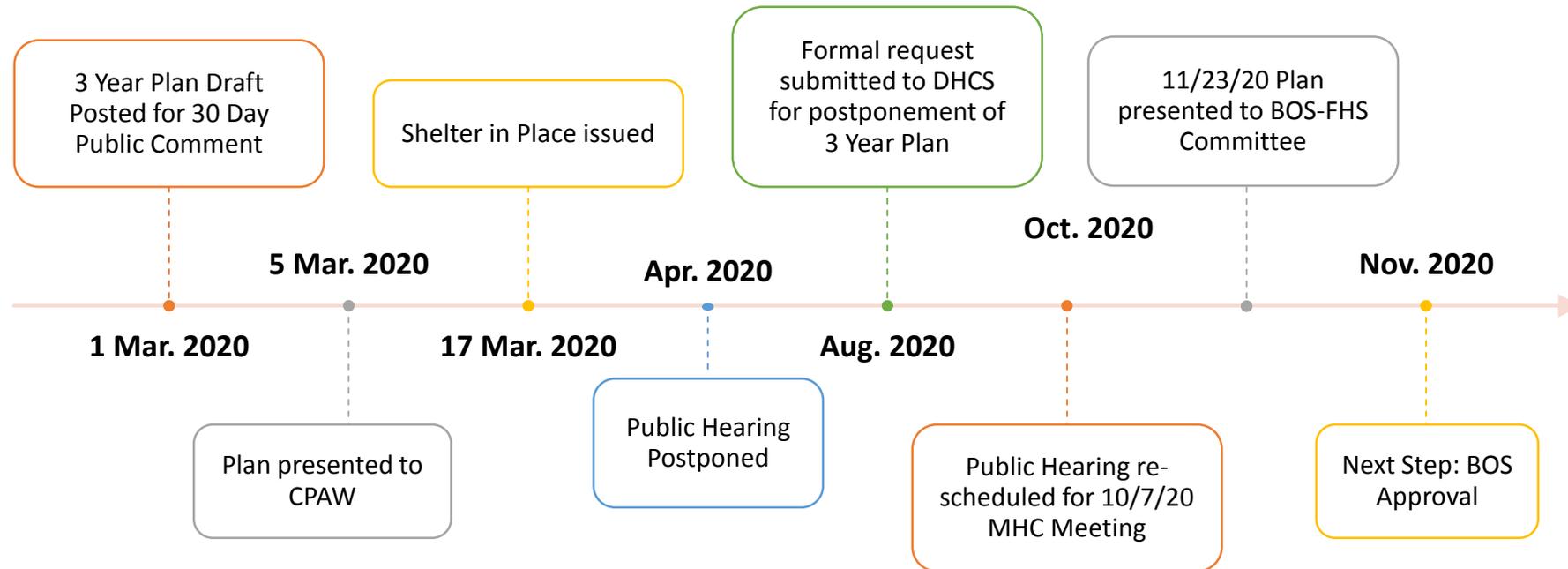
COVID Challenges



MHSA Three Year Program and Expenditure Plan

Revised Proposed Programming and Budget Summary for FY 2020-23

COVID-19 Timeline



March 2020 Proposed Changes (Pre-COVID)

\$14 M budget increase proposed Increased Funding for:

- Supportive Housing
- Early Childhood Mental Health Supports
- Suicide Prevention Training
- ACT to Fidelity
- Mental Health Career Pathways
- Intern Program
- STRTP
- CF/TN

Fiscal Impact of COVID-19 on CCBHS

- Tax-based revenue shortfalls
- FY 19-20 Realignment down (\$9.5M)
- FY 20-21 Realignment down (\$6.4M)
- Unspent MHSA funds to be utilized to preserve vital services
- Maintain Prudent Reserve

September 2020 Revised Proposal - Highlights



New increased funding for MCRT and community crisis response programming



Maintain some increased funding for housing supports, early childhood MH and suicide prevention (per CPPP)



MHSA funds to replace \$5-7M in lost Realignment revenue to maintain specialty mental health services



Contracts remain at 19-20 funding levels

Supportive Housing

- Support to Full-Service Partnership programs to increase capacity and add housing flex fund
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds



Early Childhood Mental Health

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.



Suicide Prevention Training & Education

Field staff to provide countywide suicide prevention education and training.



WET Financial Incentive Programs

- Expand County funded and administered Loan Repayment Program to address critical staff shortages, such as language need, psychiatrists, hard to fill and retain positions
- Plan to extend Loan Repayment Program to additional positions including peers and clinicians
- No significant impact on Budget

Proposed FY 20-23 Budget

Increase FY 19-20 budget from \$54m to \$61.3m for FY 20-21

Budget increase to be used for additional services related to CPPP, Community Crisis Response and addressing Realignment shortfalls (primarily in Specialty Mental Health contracts).

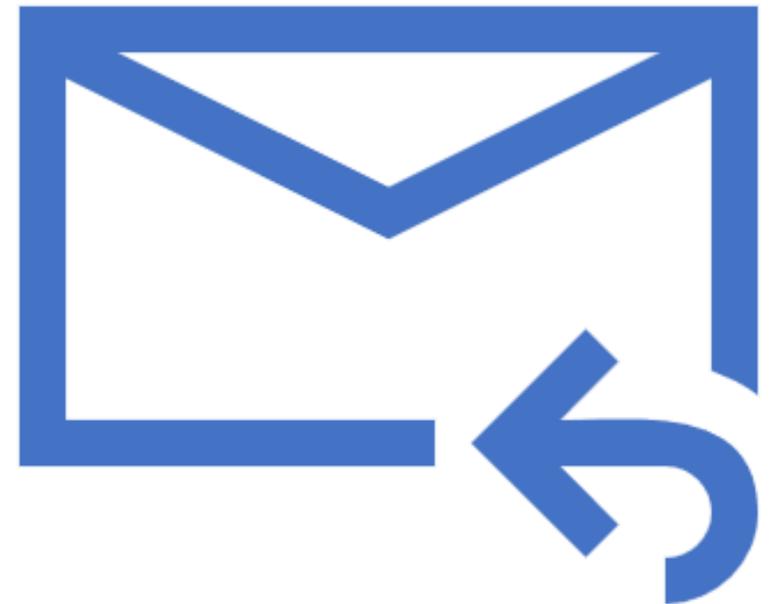
Retain \$7.5M in Prudent Reserve

All comments, questions, input and guidance are most welcome!

Suzanne.Tavano@cchealth.org

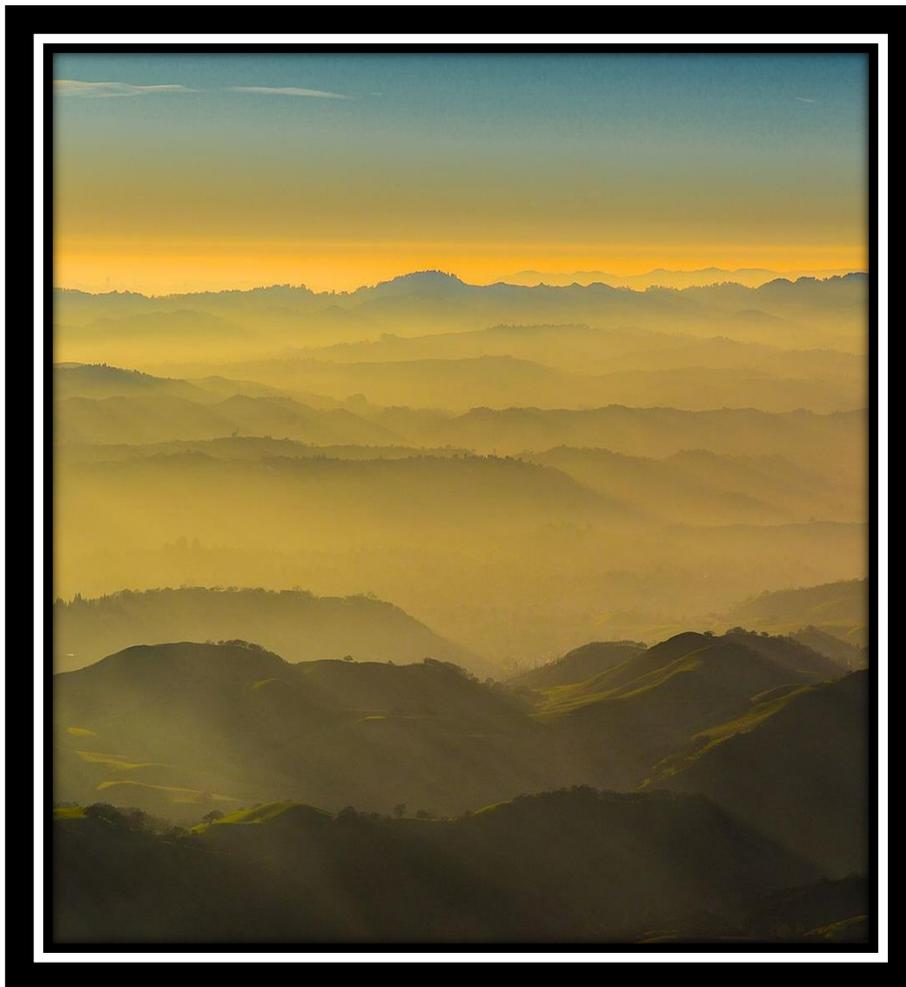
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***Contra Costa County Mental Health Services Act
Three Year Program and Expenditure Plan
Fiscal Years 2020-2023***



The PhotoVoice Empowerment Project

Each year, artwork from the PhotoVoice Empowerment Project is selected to be included in the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan or Annual Update. The PhotoVoice Empowerment Project enables peers/clients/consumers to produce artwork; that is personal and allows for expression through poetry and narrative. The artwork speaks to the prejudice and discrimination that some people with lived behavioral health and/or wellness experience face.

The PhotoVoice Empowerment Project also empowers peers/clients/consumers with lived behavioral health and/or wellness experience or lived experience to record and reflect their community's strengths or concerns; while promoting critical dialogue about personal and community issues to reach policymakers and effect change. Special thanks to PhotoVoice participants for sharing their experience and artwork.



Overcoming Obstacles

Throughout time we are stigmatized for skin color whether we are Black, Mexican, Asian or White. I wanted to symbolize how I was stigmatized throughout my life and that has caused insecurities within myself. My photo is my mother in front of the American flag because she has been a huge factor in making me proud of my culture and being an American citizen and overcoming obstacles like she did throughout my life.

- *Angela Navarro*

Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three Year Plan) for fiscal years 2020-23. This Three-Year Plan starts July 1, 2020 and will be updated annually in fiscal years 2021-22 and 2022-23.

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

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

Program Changes and Updates. The 2020-23 Three Year Plan was prepared in response to a community program planning process that took place in 2019 and early 2020. The plan was then posted for a 30-day public comment period on March 1, 2020. With the onset of COVID-19 in ensuing weeks, the Public Hearing was postponed and a request for extension was made to the Department of Health Care Services (5510 Form) in order to allow time to respond to the economic impact of the global pandemic. The Three-Year Plan was subsequently revised with stakeholder input to incorporate new fiscal realities, while also maintaining vital existing programs and services. Foremost among prioritized service and support needs are a variety of supportive housing strategies that increase the ability of persons most challenged by serious mental illness to live in the community:

- Expansion of Full Service Partnership (FSP) capacity by serving 40 additional adults, and services to include housing flex funds (pages 31).
- An update to the County's participation in the State initiative *No Place Like Home* for increasing permanent supportive housing units for persons experiencing

serious mental illness and who are homeless or at risk of chronic homelessness (page 35).

- Increased funding to provide on-site behavioral health care for persons residing in CCBHS sponsored permanent supportive housing units (page 35).

Additional prioritized service needs that have been added to the Three-Year Plan include:

- Support to expand Mobile Crisis Response Team which serves adults across the County who are experiencing a mental health crisis (page 40-41).
- Providing outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders (page 46-47).
- Providing dedicated staff to provide countywide suicide prevention education and training (page 52-53).
- Financially supporting County or contract workforce to be more culturally and linguistically responsive via the locally funded MHSA Loan Repayment Program in the behavioral health field and retention in the workforce (page 60).

Funding. Fiscal Year 2020-21 sets aside up to \$61.3 million in budget authority; a \$7 million annual increase from the previous Three-Year Plan (page 65). This increase in budget authority is significantly smaller than anticipated pre-COVID-19 and is primarily identified to fund a variety of supportive housing strategies, such as flexible housing funds, increasing the number of temporary and permanent supportive housing beds and units, and fielding additional staff dedicated to assisting individuals to get and keep their housing. Funding has also been added in response to the most recent Community Program Planning Process which recommended more support for early childhood mental health and suicide prevention training, as well as in support of building upon existing community crisis response strategies. In addition, stakeholders were in favor of the temporary use of MHSA funds to address shortfalls in Realignment funds in order to preserve vital supports and services, particularly within the Community Supports and Services (CSS) component, which provides intensive services to our most vulnerable residents.

Outcomes. Performance indicators for the County's Full Service Partnership Programs (pages 27-28) and Prevention and Early Intervention component (pages 43-45) were updated in Fiscal Year 2018-19. In addition, Appendix B contains individual program profiles of MHSA programs and plan elements and includes FY 18-19 performance outcomes.

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Vision

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

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

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

Capacity. Care providers are most appreciated when they are able to take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, behavioral health and ancillary resources, and then are able to take the time to successfully partner with the individual and his or her family to work through the behavioral health issues.

Integration. Behavioral health care works best when health and behavioral health providers, allied service professionals, public systems such as law enforcement, education and social services, and private community and faith-based organizations work as a team. Effective services are the result of multiple services coordinated to a successful resolution.

We honor this input by envisioning a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

Suzanne K. Tavano, PHN, Ph. D
Behavioral Health Services Director

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Needs Assessment

Introduction

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

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

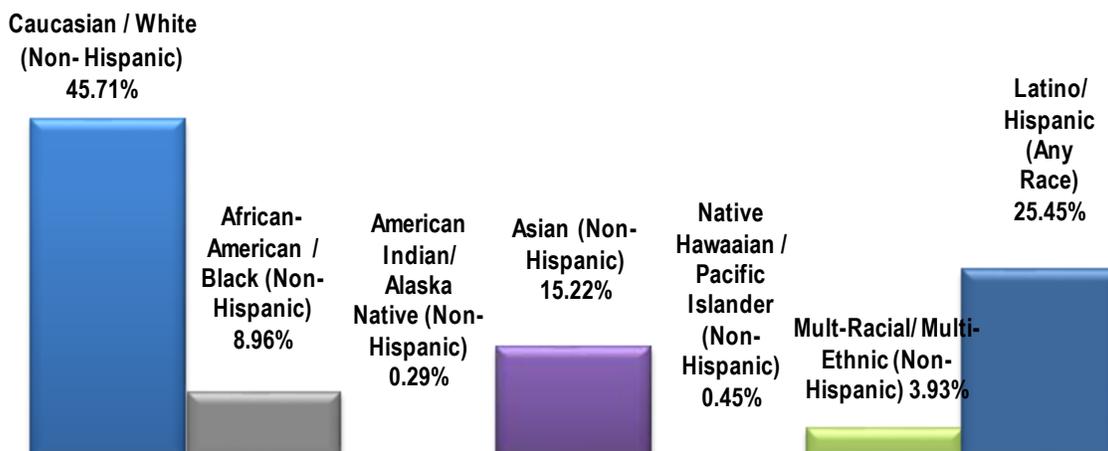
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning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

Contra Costa County Population Summary

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

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

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



Method

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

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

Findings

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

Particular findings revealed through this Needs Assessment include the following:

- 1) Persons who identify as Asian/Pacific Islander, and very young children are slightly under-represented when considering penetration rates in comparison to other demographic groups within Contra Costa County.
- 2) There continues to be an ongoing shortage of affordable housing and housing supports for those individuals and families affected by serious mental illness.
- 3) Based on data analysis and stakeholder input, there is a need to strengthen services that can support children, youth and adults who are most severely challenged by emotional disturbances or mental illness.
- 4) Suicide prevention, awareness, and training is needed throughout the County, with special consideration for youth and young adults.
- 5) Workforce analysis indicates a continued shortage of staff capable of prescribing psychotropic medications.
- 6) There are minimal career progression opportunities for the classifications of peer specialists and family partners.
- 7) Staff capacity for communicating in languages other than English continues to be a need, specifically for Spanish and Asian/Pacific Islander languages.

- 8) Persons identifying as LatinX / Hispanic and Asian/Pacific Islander are under-represented in the CCBHS workforce.
- 9) CCBHS is lacking a state-of-the-art electronic data management system to support more effective decision-making, evaluation of services and communication with stakeholders.

Recommendation

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

The above findings are addressed in this MHPA Three Year Program and Expenditure Plan for FY 2020-23. It is recommended that CCBHS work together with all stakeholders to make the very best of the resources provided by this Three-Year Plan.

The full Needs Assessment Report can be found at:

<https://cchealth.org/mentalhealth/mhpa/pdf/2019-Needs-Assessment-Report.pdf>

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Impact of COVID-19 on the Three-Year Program and Expenditure Plan

In late summer 2020, a thorough revision process took place with stakeholder involvement in order to address significant COVID-19 related budget shortfalls, while also maintaining the most vital services and supports. The March 2020 version of the Plan included significant expansion, particularly in the areas of housing, early childhood mental health, suicide prevention training and upgrading FSP's (ACT to fidelity). Ultimately, all existing contracts were renewed. Cuts were primarily made in the areas of planned future expansion. The below table highlights necessary changes made to the previously posted 2020-23 Three Year Program and Expenditure Plan draft, in light of the fiscal and community impact of COVID-19.

2020-23 COVID-19 Related Plan Revision Summary	
Additional FSP ACT Enhancement	Removed
Permanent Supportive Housing and Housing Supports	Increased funding (at lower level)
Suicide Prevention Training	Increased funding (at lower level)
Early Childhood Mental Health Outreach	Increased funding (at lower level)
CSS Contracts (with blended MHSA & Realignment funding)	Increased MHSA funding portion in order to address Realignment shortfall
Community Crisis Response	Increased staffing

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The Community Program Planning Process

Each year CCBHS utilizes a Community Program Planning Process (CPPP) to accomplish the following:

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

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

Community Forums Informing Fiscal Year 2020-21

Since 2018, Community Forums have each focused on a unique theme, identified by stakeholders as a priority issue, and developed in collaboration with our CBO partners. In the past year, approximately 371 individuals of all ages participated in the community program planning process by attending the forums described below.

- July 18, 2019 (San Pablo – West County) – Supportive Housing
- September 12, 2019 (San Ramon - South County) – Suicide Prevention
- November 2, 2019 (Pittsburg – East County) – Early Childhood Mental Health

Supportive Housing Community Forum – West County (San Pablo)

7/18/19 - Event sponsored in partnership with Contra Costa Interfaith Housing

Total Present	Ethnicity	Affiliation	Age	Gender	Keynote Speaker Topics
110	White: 41%	Consumer/ Family Member: 32%	Under 25: 10%	Female: 66%	<ul style="list-style-type: none"> • What is supportive housing (vs other types of housing)? • Consumer perspective – Personal Story
	African American/ Black: 28%	Service Provider 26%	26-59: 67%	Male: 29%	
	Hispanic: 13%	CCBHS Staff: 16%	Over 60: 20%	Other: 5%	
	API: 13%	Other 15%			
	Native American/ Alaskan Native: 4%				
	Other: 9%				

Small Group Discussions. The following questions were discussed in small break-out groups. The top issues brought up by participants are summarized below:

Question 1: What kind of housing assistance is most helpful?

- Case managers with cultural humility
- Help with money management / budgeting
- Life skills training
- On-site nutritional counseling & activities
- Employment and educational support
- Linkages to food and other community resources
- Legal assistance / tenants’ rights advocacy
- Substance use disorder support
- Clarity on public housing policies and procedures
- More housing, housing first model
- Parenting support
- Flex funds – help with move in costs
- Transportation
- Conflict resolution / safety

Question 2: What qualities make a good case manager?

- Empathy / compassion
- Cultural humility
- Bilingual / bicultural
- Flexibility

- Patience
- Trust / rapport
- Good communication
- Reliable, follows through
- Lived experience – share their story
- Employers should give smaller caseloads, address burnout & compassion fatigue to reduce employee turnover

Question 3: How should support be made available?

- As needed, 24/7
- On-site
- Culturally appropriate
- Peer to peer
- Accessible in all regions
- Improve transportation
- Home visits
- Case management “teams”

Question 4: Other comments?

- Explore alternative housing options – i.e. tiny homes, co-housing
- What happens when caregivers of mentally ill people die (i.e. elderly parents)?
- More step-down options from IMD’s; IMD’s should be local
- Tenant Advisory Board
- Transportation – agencies should have vans, provide vouchers
- ACT team approach
- More money for housing
- Prison Re-Entry

Suicide Prevention Community Forum – South County (San Ramon

9/12/19 - Event sponsored in partnership with Contra Costa Crisis Center

Total Present	Ethnicity	Affiliation	Age	Gender	Keynote Speaker Topics
110	White 50 (54%)	Consumer/ Family Member: 25 (27%)	Under 25: 7 (8%)	Female: 62 (67%)	<ul style="list-style-type: none"> • Suicide Data – Contra Costa County • Youth Suicide Epidemic • Suicide Prevention Skills and Resources
	Hispanic: 15 (16%)	Service Provider: 52 (57%)	26-59: 69 (75%)	Male: 27 (29%)	
	African American / Black: 10 (11%)	CCBHS Staff: 16 (17%)	Over 60: 17 (19%)	Other: 3 (3%)	
	API: 9 (10%)	Other 12 (13%)			
	Native American/ Alaskan Native: 0%				
	Other: 12 (13%)				

Small Group Discussions. The following questions were discussed in small break-out groups. The top issues brought up by participants are listed below in order of popularity.

Question 1: What resources exist in your community for those affected by suicide?

- Participants were able to identify 45 unique resources that ranged from CBO’s, faith-based groups, crisis services, county programs, school based and law enforcement related services.

Question 2: What resources/services do you want to see more of?

- Language services – more language hotlines other than Spanish, more printed materials, more beyond interpretation, work force that reflects community – more bilingual/bicultural staff, more trainings in other languages
- Training for school communities
- Peer support
- Training for law enforcement (including training during police academy) and first responders
- Normalize mental health by starting conversations in early childhood – destigmatize
- More housing, explore modular housing
- Family support/advocacy
- Family training and education around suicide prevention
- Commitments to serve regardless of “eligibility requirements”

Question 3: What are some practices in your community or culture that promote health and wellness?

- Spirituality / Church / Prayer
- Law enforcement – crisis intervention services, peer support team, first responders, community events
- Exercise / Sports
- Outdoor activity / Nature
- Mindfulness / yoga / meditation
- Inclusivity

Question 4: Any other thoughts or ideas to share related to this topic?

- More education / outreach / cultural exchange
- More scholarships / low cost opportunities for minorities and low-income people to get therapy
- Promote more mental health resources online
- More community events on suicide prevention & general prevention, especially in schools
- Staff – more providers of color, more care for staff to prevent burnout, promote empathy & compassion
- More peer respite models

Early Childhood (0-5) Mental Health Community Forum – East County (Pittsburg)

11/2/19 - Event sponsored in partnership with First Five Contra Costa and the Early Childhood Prevention and Intervention Coalition

Total Present	Ethnicity	Affiliation	Age	Gender	Key-Note Speaker Topics
151 Total 116 Participants, 28 Children, 7 Child Care Providers <i>*Children were entertained in an adjacent activity room and did not complete demographic forms. They are represented in total number only.</i>	White: 39%	Consumer / Family Member: 15%	*Children Under 18: 19%	Female: 93%	<ul style="list-style-type: none"> • Early Childhood Mental Health Overview • Early Childhood Provider Presentations • Understanding and Healing Early Childhood Trauma
	Hispanic: 30%	Service Provider: 54%	18-25: 5%	Male: 6%	
	African American/ Black: 18%	CCBHS Staff: 10%	26-59: 85%	Other: 1%	
	API: 11%	Other: 23%	Over 60: 10%		
	Native American / Alaskan Native: 4%				
	Other: 8%				

Small Group Discussions. Participants actively discussed via small groups topical issues that were developed by CPAW representatives, CBO partners and an electronic survey prior to the forums. Highlights of small group input include:

Question 1: What would help reduce the stigma associated with “mental health” and increase understanding that early childhood mental health means supporting healthy social-emotional development in babies and young children?

- Improve messaging around mental health
- Re-brand, create a jingle, use celebrity advocates, social media
- Educate around behavioral health as an illness, remove blame/shame
- Person first language – you are not your illness
- Workshops
- Change the narrative around mental health
- Understand the impact of trauma, including intergenerational trauma
- Role of the pediatrician/medical provider is key – establish trust/rapport
- Pediatricians to focus on behavioral health, not just physical, screen for ACES, improve cultural sensitivity, ask the right questions without judgement
- Increase general community knowledge of mental health and normal development
- Build community – enhance natural supports, utilize peers, let people know they’re not alone
- Access & Quality of care
- Early Intervention

Question 2: What types of support are most helpful for parents of babies and young children?

- Welcoming & Inclusive spaces
- Strength-based approach to working with parents
- Use faith leaders and trusted members of the community
- Community connections to those with similar experiences
- Free events / support groups
- Support for new parents, including home visits
- More general information / education
- School based mental health services and teacher education around mental health
- Reduce barriers such as childcare, transportation, basic needs
- Include and empower fathers, build on natural supports
- Community agencies

Question 3: Who is providing Early Childhood Mental Health services in Contra Costa?

- First 5, We Care, Lynn Center, ECMHS, Regional Center, Coco Kids, ABCD Clinic,

211 – Help Me Grow, MOPS (mothers of preschoolers), Lincoln Child Center, Seneca, Fred Finch, Seneca, Head Start, Kinship Support Services, parents, community advocates, county services, wrap around services, faith communities, play groups, city parks and outdoor spaces.

- Barriers include childcare, fear in immigrant communities, healthcare should do better at promoting community resources, economics, generational gaps, inequity, transportation, de-centralized services

Question 4: What trainings do providers need to work with and to meet the needs of families with babies and young children?

- Trauma / Cultural Sensitivity trainings throughout community
- Workshops on stages of development, brain science, attachment/bonding
- Teacher trainings – development stages, cultural humility, early intervention
- General info on community resources – more use of technology to promote

Prioritizing Identified Unmet Needs. As part of each community forum, participants were asked to prioritize via applying dot markers to the following unmet needs identified through a needs assessment process and tracked over time. This provides a means for evaluating perceived impact over time of implemented strategies to meet prioritized needs. Thus, service needs determined to be unmet in previous years can drop in ranking as the system successfully addresses these needs. Unmet needs are listed in order of priority as determined by forum participants, with last year’s Three-Year Plan rankings provided for comparison.

Current Year Rank	Topic	Previous Year Rank
1	More housing and homeless services	1
2	More support for family members and loved ones of consumers	3
3	Support for peer and family partner providers	11
4	Outreach to the underserved – provide care in my community, in my culture, in my language	2
5	Improved response to crisis and trauma	4
6	Connecting with the right service providers in your community when you need it	5
7	Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care	6
8	Children and youth in-patient and residential beds	9
9	Intervening early in psychosis	8
10	Getting to and from services	7
11	Serve those who need it the most	10
12	Care for the homebound frail and elderly	13
13	Increased psychiatry time	12
14	Assistance with meaningful activity	14

- 1. More housing and homeless services.** (last year's rank: 1) The chronic lack of affordable housing makes 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. A range of strategies that would increase housing availability include 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 Health, Housing and Homeless Services and CCBHS.

Relevant program/plan elements: Sufficient affordable housing for all consumers of CCBHS is beyond the financial means of the County's Behavioral Health Services budget. In 2019, it is estimated that nearly 2300 individuals in the County are homeless on any given night, which is a 43% increase since 2017.

The MHSA funded Housing Services category of the Community Services and Supports component is coordinating staff and resources with the Health, Housing and Homeless Services 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.

- 2. More support for family members and loved ones of consumers.** (last year's rank: 3) 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 fields 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 is expanding their family advocacy services to all three of their Adult Mental Health Clinics. 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. Three programs provide family education designed to support healthy parenting skills. Project First Hope provides multi-family group therapy and psychoeducation to intervene early in a young person's developing psychosis. Rainbow Community Center has a family support component. The Workforce Education and Training Component funds NAMI's Family-to-Family training, where emotional support and assistance with how to navigate the system is provided, as well as the Family Volunteer Support Network, which is funded to recruit, train and develop family support volunteers to assist, educate and help families members to navigate services and enhance their capacity to participate in their loved ones' recovery.

- 3. Support for peer and family partner providers.** (last year's rank: 11) 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 normalize respites due to relapses.

Relevant program/plan elements: CCBHS has strengthened its certification training for consumers who are preparing for a service provider role in the behavioral health system. Additional staff are funded to expand the SPIRIT 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.

- 4. Outreach to the underserved – provide care in my community, in my culture, in my language.** (last year's rank: 2) 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, 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: All MHSA funded prevention and early intervention 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 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. The Needs Assessment has indicated the underrepresentation of care provider staff who identify as Hispanic and Asian Pacific Islanders. Additional funds have been added to the Internship program to specifically recruit clinicians to address this underrepresentation.

- 5. Improved response to crisis and trauma.** (last year's rank: 4) 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.

Relevant program/plan elements: CCBHS should be part of a quality mental health response to traumatic violence experienced by the community. CCBHS has trained and certified 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 is 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. Hope House, a crisis residential facility, and the Miller Wellness Center are two newer community resources. CCBHS was awarded state MHSA funding for a mobile, multi-disciplinary team for adults and older adults to partner with law enforcement to field a Mental Health Evaluation Team (MHET). Referrals are persons who have been in contact with the police on numerous occasions due to psychiatric issues and are at a high risk for hospitalization or incarceration. MHSA funds are used to augment and expand the capacity of CCBHS clinicians to assist law enforcement jurisdictions respond to persons experiencing psychiatric crises. 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. Additional MHSA funding supports expanded hours of availability of Seneca's mobile crisis response team's capacity to respond to children and their families when in crisis. CCBHS also fields a countywide Mobile Crisis Response Team (MCRT) to support adult consumers experiencing mental health crises. MHSA also provides funding to the Contra Costa Crisis Center, which fields a 24/7 call center nationally certified by the American Association of Suicidology.

- 6. Connecting with the right service providers in your community when you need it.** (last year's rank: 5) 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.

Relevant program/plan elements: Family partners are stationed at the children's and adult County operated clinics to assist family members and their loved ones in navigating services. Clinicians are stationed at adult county operated clinics to assist consumers with rapid access and connectivity to services. The Workforce Education and Training Component funds NAMI's Family-to-Family training, where emotional support and assistance with how to navigate the system is provided, as well as the

Family Volunteer Support Network which recruits, trains and develops family support volunteers to support family members to navigate services and enhance their capacity to participate in their loved ones' recovery.

- 7. Better coordination of care between providers of mental health, substance use disorders, homeless services and primary care.** (last year's rank: 6) Integrating mental health, primary care, drug and alcohol, homeless services and employment services through a coordinated, multi-disciplinary team approach 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.

Relevant Program/Plan Elements. The Three-Year 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.

- 8. Children and youth in-patient and residential beds.** (last year's rank: 9) 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 Act Fund would be needed to add this resource to the County, as in-patient psychiatric hospitalization is outside the scope of MHSA.

Relevant Program/Plan Elements. In response to recent state legislation CCBHS will be offering the continuum of early and periodic screening, diagnosis and treatment (EPSDT) services to any specialty mental health service child and young adult who needs it. The Needs Assessment has indicated that seriously emotionally disturbed children ages 0-5 are slightly underrepresented in receiving care. This additional funding adds capacity for the Children's System of Care to serve more children ages 0-5. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This expansion of care responsibility enables the County to reduce the need for care in more restricted, locked facilities.

9. Intervening early in psychosis. (Previous rank: 8) 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.

Relevant program/plan elements: Project First Hope has expanded its target population from youth at risk for experiencing a psychotic episode to include those who have experienced a “first break”.

10. Getting to and from services. (last year’s rank: 7) 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. The Innovative Project, Overcoming Transportation Barriers, has been implemented to provide a comprehensive, multi-faceted approach to transportation needs.

11. Serve those who need it the most. (last year’s rank: 10) Through MHSA funding the County has developed designated programs for individuals with serious mental illness who have been deemed to need 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 costliest levels of care without success.

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

12. Care for the homebound frail and elderly. (last year's rank: 13) 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: MHSA funds the Older Adult Program, where 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. Lifelong Medical Care is funded in the Prevention and Early Intervention component to provide services designed to support isolated older adults. The Innovative Project, Partners in Aging, trains and fields in-home peer support workers to engage older adults who are frail, homebound and suffer from mental health issues. This innovative project is being implemented in response to the Needs Assessment, where older adults have been identified as underrepresented in the client population.

13. Increased psychiatry time. (last year: 12) Stakeholders reported long waiting periods before they could see a psychiatrist. This is confirmed by the quantitative workforce needs analysis that indicates a significant shortage of psychiatrists to fill authorized county and contract positions. This leads to a lack of needed psychotropic medication prescriptions, lack of time for psychiatrists to work as part of the treatment team, and a compromised ability to monitor and regulate proper dosages.

Relevant program/plan elements: MHSA has supported the implementation of a County funded Loan Repayment Program that specifically addresses critical psychiatry shortages.

14. Assistance with meaningful activity. (last year's rank: 14) 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: Putnam Clubhouse provides peer-based programming that helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. The Prevention and Early Intervention programs of Contra Costa Interfaith Housing, Vicente Martinez Continuation High School, People Who Care and RYSE all have services to assist young people navigate school successfully and engage in meaningful activity.

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

The full complement of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three-Year Plan contained herein does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

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

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 MHSAs funding for the categories of Full Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to approximately \$46.9 million for FY 2020-21 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 MHSAs revenues. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

Full Service Partnerships

Contra Costa Behavioral Health Services both operates and contracts with mental health service providers to enter into collaborative relationships with clients, called Full Service Partnerships. Personal service coordinators develop an individualized services and support plan with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals. Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to crisis intervention/stabilization services, mental health and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, housing, educational, social, vocational rehabilitation and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention. As per statute requirements, these services comprise the majority of the Community Services and Supports budget.

Performance Indicators. The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in Full Service Partnerships indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2018-19 data was obtained for 472

participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following results:

- A 38.9% decrease in the number of PES episodes
- A 60.1% decrease in the number of in-patient psychiatric hospitalizations
- A 32.0% decrease in the number of in-patient psychiatric hospitalization days

The following full service partnership programs are now established:

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

- 1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short-term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
- 2) Mobile Crisis Response. Additional MHSA funding supports the expansion of hours that Seneca's mobile crisis response teams are available to respond to children and their families in crisis. This expansion began in FY 2017-18 and includes availability to all regions of the county. Seneca has two teams available from 7:00 A.M. until 10:00 P.M. with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.
- 3) Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence-based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth's interpersonal functioning, the parents' parenting practices, parent-adolescent interactions, and family communications with key social systems.
- 4) Multi-systemic Therapy (MST) for Juvenile Offenders. Community Options for Families and Youth (COFY) contracts with the County to provide home-based multiple therapist family sessions over a 3-5 month period. These sessions are based on nationally recognized evidence-based practices designed to decrease rates of anti-social behavior improve school performance and interpersonal skills, and reduce out-of-home placements. The goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.

- 5) Children's Clinic Staff. County clinical specialists and family partners serve all regions of the County and contribute a team effort to full service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.
- 6) Strength Based Mental Health Services. Center for Asian Americans (CHAA). CHAA contracts with the County to provide comprehensive consumer-oriented, strengths-based mental health services and supports for children ages 5- 21 and their families. Services may be provided in home, community or school settings and may include the following: case management and linkage; assessment and evaluation; individual, group and family therapy; rehabilitation and skills training, as well as crisis intervention.

The Children's category is summarized below. Note that the total amount of these programs is funded by a combination of Medi-Cal reimbursed specialty mental health services and MHPSA funds.

Amounts summarized below are the MHPSA funded portion of the total cost for Children programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPSA Funds Allocated for FY 2020-21
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	2,174,196
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	989,969
Multi-systemic Therapy	Community Options for Family and Youth (FSP)	Countywide	65	1,107,602
Children's Clinic Staff	County Operated	Countywide	Support for full service partners	516,518
Strength Based Mental Health Services	Community Health for Asian Americans	Countywide	65	453,530
Total			200	\$5,241,815

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

- 1) Fred Finch Youth Center is located in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community

treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.

- 2) Youth Homes is located in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family. Youth Home’s Short Term Residential Therapeutic Program (STRTP) also provides intensive individual mental health services to foster youth with a need for Specialty Mental Health Services (SMHS) who are residents in one of the STRTP programs, including limited follow up services for youth post residential discharge and their families, if appropriate. Services provided are Assessment, Individual Therapy, Collateral (including family therapy), Individual and Group Rehab, Crisis Intervention, Case Management Brokerage (including Linkage and Advocacy, and Placement), and Medication Evaluation and Medication Monitoring. All services are provided in a trauma informed, culturally sensitive, client-and-family centered, team-based manner and are individually determined based on need.

Amounts summarized below are the MHSa funded portion for Transition Age Youth Full Service Partnership programming:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,503,789
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	726,662
Transition Age Youth STRTP and Outpatient	Youth Homes	Central County	24	2,096,385
County support costs				32,782
Total			150	\$4,359,618

Adult. Adult Full Service Partnerships provide a full spectrum of services and supports to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level and are uninsured or receive Medi-Cal benefits.

CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP services in the West and East regions of the County. Prior to COVID-19, the Hume contract was increased in order to provide enhanced services including housing flex funds as well as serving 40 additional clients. Mental Health Systems takes the lead in providing full service partnership services to Central County, while Familias Unidas contracts with the County to provide the lead on full service partnerships that specialize in serving the County's LatinX population whose preferred language is Spanish.

Amounts summarized below are the MHSA funded portion for Adult Full Service Partnership Programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Full Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,147,691
		East County	70 (Adult) 5 (Older Adult)	
Full Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,050,375
Full Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	272,167
Total			275	\$5,470,233

Additional Services Supporting Full Service Partners. The following services are utilized by full service partners and enable the County to provide the required full spectrum of services and supports.

Adult Mental Health Clinic Support. CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full service partners to health and mental health clinic services as needed and appropriate.

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

Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

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

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 20-21
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,763,101
Total				\$1,763,101

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHPA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meet the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Mental Health Systems, Inc. to provide the Assertive Community Treatment (ACT), while CCBHS has dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with ACT contractor, and 8) participate in the development of the treatment plan.

Amounts summarized below are the MHPA funded portion for Assisted Outpatient Treatment programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 20-21
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,136,653
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	412,586
Total				\$2,549,239

Wellness and Recovery Centers. RI International contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. These centers offer peer-

led recovery-oriented, rehabilitation and self-help groups that teach self-management and coping skills. The centers offer Wellness Recovery Action Planning (WRAP), physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

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

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Recovery and Wellness Centers	RI International	West, Central, East County	200	1,290,630
Total			200	\$1,290,630

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

Bay Area Community Services (BACS). The County contracts with BACS to operate two programs: 1) Nierika House, a short term crisis residential treatment program for adults living with a serious mental illness and dual diagnoses, located in Central County, and 2) Nevin House, a 16-bed facility in West County that provides transitional care in a therapeutic milieu for adults living with a co-occurring mental health and substance use disorders. 3) Don-Brown, a shelter that provides outreach and outpatient services for homeless individuals with severe and persistent mental illness.

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

Program	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,204,052
Bay Area Community Services	BACS	West and Central		1,928,140
Total			200	\$4,132,192

MHSA Housing Services. MHSA funds for housing supports supplements that which is provided by CCBHS and the County's Health, Housing and Homeless Services Division, and is designed to provide various types of affordable shelter and housing for low income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of chronic

homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost. Housing supports are categorized as follows; 1) temporary shelter beds, 2) augmented board and care facilities or homes, 3) scattered site, or master leased housing, 4) permanent supportive housing, and 5) a centralized county operated coordination team.

- 1) Temporary Shelter Beds. The County's Health, Housing and Homeless Services Division operates a number of temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.
- 2) Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these augmented board and care providers, there are currently seven that are MHSA funded, and augment their board and care with additional agreed upon care for persons with seriously mental illness. These include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six month extension) for those residents considered to be most compromised by mental health issues. During this three year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness.
- 3) Scattered Site Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently.

For this Three Year Plan the adult and transition age youth Full Service Partnership Programs will have funds added to enable flexible housing capacity as described above. The cost for this capacity is added to the respective budgets for the FSP

Programs and is not reflected here.

- 4) Permanent Supportive Housing. Until 2016 the County participated in a specially legislated state- run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

The aforementioned state-run program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). The County received and distributed \$1.73 million in heretofore state level MHSA funds in order to preserve, acquire or rehabilitate housing units, and recently added 5 additional units of permanent supportive housing at the St. Paul Commons in Walnut Creek. Due to COVID-19 challenges in program implementation of the SNHP, the Department of Health Care Services (DHCS) notified county mental health plans that the deadline to use funds was extended to June 30, 2021.

In July 2016 Assembly Bill 1618, or “No Place Like Home”, was enacted to dedicate in future years \$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness or are at risk of chronic homelessness. Local applications for construction and/or re-purposing of residential sites are being developed and submitted to the state. For the first round of NPLH state funding Contra Costa was awarded funding in partnership with Satellite Affordable Housing Association for construction of 10 dedicated NPLH units for persons with serious mental illness at their Veteran’s Square Project in the East region of the County. For the second round Contra Costa applied for funding to construct permanent supportive housing units in the Central and West regions of the County. An award was granted to Resources for Community Development in the amount of \$6,000,103 for 13 NPLH Units at their Galindo Terrace development. CCBHS will continue to apply for State NPLH permanent supportive housing funds in future rounds in order to add this valuable resource as part of the full spectrum of care necessary for recovery from mental illness.

- 5) Coordination Team. Mental Health Housing Services Coordinator and staff work closely with the Health, Housing and Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control.

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

Plan Element	County/ Contract	Region Served	Number of MHPSA beds, units budgeted	MHPSA Funds Allocated for FY 20-21
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,048,912
Augmented * Board and Care	Crestwood Healing Center	Countywide	80 beds	1,210,356
Augmented * Board and Care	Various	Countywide	335 beds	3,000,682
Scattered Site Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Permanent Supportive Housing	Contractor Operated	Countywide	81 units	State MHPSA funded
Coordination Team	County Operated	Countywide	Support to Homeless Program	532,200
Total Beds/Units			685 **	\$9,212,576

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHPSA as funding sources. Thus, the budgeted amount for FY 20-21 may not match the total contract limit for the facility and beds available. The amount of MHPSA funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHPSA funding, 2) history of expenditures charged to MHPSA, and 3) projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three Year Plan Updates will reflect adjustments in budgeted amounts.

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

Non-FSP Programs (General System Development)

General System Development is the service category in which the County uses Mental Health Services Act funds to improve the County’s mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the Community Services and Supports component was first approved in 2006, programs and plan elements included herein have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

Funds are now allocated in the General System Development category for the following programs and services designed to improve the overall system of care:

Supporting Older Adults. There are two MHPSA funded programs serving the

older adult population over the age of 60, 1) Intensive Care Management, and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment).

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

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Intensive Care Management	County Operated	Countywide	237	3,036,899
IMPACT	County Operated	Countywide	138	381,744
Total			375	\$3,418,643

Supporting Children and Young Adults. There are two programs supplemented by MHSAs funding that serve children and young adults: 1) Wraparound Program, and 2) expansion of the Early and Periodic Screening, Diagnosis and Treatment Program.

- 1) Wraparound Program. The County's Wraparound Program, in which children and their families receive intensive, multi-leveled treatment from the County's three children's mental health clinics, was augmented in 2008 by family partners and mental health specialists. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non-licensed care providers, often in successful recovery with lived experience as a consumer or family member, who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between

the family, treatment providers and allied system professionals.

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

The MHSAs funded portion of the Children Wraparound Support/ EPSDT Support are summarized in the following:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,412,040
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	686,418
Total				\$2,098,458

Miller Wellness Center. The Miller Wellness Center, adjacent to the Contra Costa Regional Medical Center, co-locates primary care and mental health treatment for both children and adults, and is utilized to divert adults and families from the psychiatric emergency services (PES) located at the Regional Medical Center. Through a close relationship with Psychiatric Emergency Services children and adults who are evaluated at PES can quickly step down to the services at the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center will also allow for urgent same day appointments for individuals who either are not open to the Contra Costa Behavioral Health Services System of Care or have disconnected from care after previously been seen. The Miller Wellness Center is certified as a federally qualified health center, and as such, receives federal financial participation for provision of specialty mental health services. MHSAs funding is utilized to supplement this staffing pattern with two community support workers to act as peer and family partner providers, and a program manager.

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	319,590
Total				\$319,590

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

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	254,496
Total				\$254,496

Liaison Staff. CCBHS partners with CCRM to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) in order to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES.

The allocation for the Liaison Staff is as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	145,907
Total				\$145,907

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

- 1) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
- 2) Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward

this end one-time MHSA funds were purchased in prior years to purchase additional county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.

- 3) Evidence Based Practices. Clinical Specialists, one for each Children’s clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

The MHSA allocation for Clinic Support are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	730,914
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	139,490
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	381,744
Total				\$1,252,148

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

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

The MHSA allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Forensic Team	County Operated	Countywide	Support to the Forensic Team	381,744
MCRT	County Operated	Countywide	Supplements MCRT	1,244,646
Total				\$1,626,390

Quality Assurance and Administrative Support. MHSA funding supplements County resources to enable CCBHS to provide required administrative support, quality assurance and program evaluation functions for statutory, regulatory and contractual compliance, as well as management of quality of care protocols, such as fidelity to Assisted Outpatient Treatment and Assertive Community Treatment. County staff time and funding to support the mandated MHSA community program planning process are also included here. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased.

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

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 20-21
Medication Monitoring	241,158
Clinical Quality Management	726,568
Clerical Support	284,103
Total	\$1,251,829

2) Administrative Support.

Function	MHSA Funds Allocated for FY 20-21
Program and Project Managers	819,906
Clinical Coordinator	120,643
Planner/Evaluators	478,080
Family Service Coordinator	108,333
Administrative and Financial Analysts	607,030
Clerical Support	297,163
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000
Total	\$2,546,152

Community Services and Supports (CSS) FY 20-21 Program Budget Summary

Full Service Partnership (FSP Programs)		Number to be Served: 700	\$34,019,404
	Children	5,241,815	
	Transition Age Youth	4,359,618	
	Adults – Includes total funding listed in <i>Adult Full Service Partnership Programming</i> table and <i>Adult Mental Health Clinic Support</i> table.	7,233,334	
	Assisted Outpatient Treatment	2,549,239	
	Wellness and Recovery Centers	1,290,630	
	Crisis Residential Center	4,132,192	
	MHSA Housing Services	9,212,576	
Non-FSP Programs (General System Development)			\$12,913,613
	Older Adult Mental Health Program	3,418,643	
	Children’s Wraparound, EPSDT Support	2,098,458	
	Miller Wellness Center	319,590	
	Concord Health Center	254,496	
	Liaison Staff	145,907	
	Clinic Support	1,252,148	
	Forensic Team	1,626,390	
	Quality Assurance	1,251,829	
	Administrative Support	2,546,152	
	Total		\$46,933,017

Prevention and Early Intervention

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

First approved in 2009, with an initial State appropriation of \$5.5 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to approximately \$9 million annually in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component. Underserved and at risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year.

New regulations for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories: 1) outreach for increasing recognition of early signs of mental illness; 2) prevention; 3) early intervention; 4) access and linkage to treatment; 5) improving timely access to mental health services for underserved populations; 6) stigma and discrimination reduction; and 7) suicide prevention. All 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 historically underserved.

Performance Indicators

The table below illustrates the estimated number of individuals served in FY 2019-2020 in the seven PEI categories.

PEI Program Component	FY 19-20 Estimated Numbers Served
Early Intervention	960
Outreach for Increasing Recognition of Early Signs of Mental Illness	2,105
Prevention	2,109
Stigma and Discrimination Reduction	465
Access and Linkage to Treatment	2,183
Suicide Prevention	21,577
Improving Timely Access to Mental Health Services for Underserved Populations	3,043
Total	32,442

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

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

Demographic data was reported for individuals served in Contra Costa Behavioral Health Services' Prevention and Early Intervention Programs for FY 2019-20. Within the seven PEI categories several programs focused their service delivery on historically marginalized groups, such as immigrants, young children, underserved youth, older adults, Black, Indigenous, People of Color (BIPOC), and persons who identify as LGBTQI+.

The following table illustrates *primary populations* served in Fiscal Year 19-20 by Prevention and Early Intervention providers.

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

It is noted that PEI programs serve a larger percentage of African-American/Black and LatinX/Hispanic community members than seen in the overall population. The following table summarizes estimated demographic groups as they were served by PEI programs in fiscal year 2019-20. It should be noted that a significant number of participants declined to respond to demographic information and in general conducting surveys and self-reporting on behalf of clients served by PEI programs decreased, most likely due to

COVID-19. The percentages listed are most likely higher than what is illustrated, based upon comparison from data collected in previous years.

Demographic sub-group	% PEI clients served in FY 19-20
Asian	6%
African American / Black	10%
Caucasian / White	23%
LatinX / Hispanic	12%
Multi-Racial	2%
Native American / Alaskan Native	1%
Native Hawaiian / Other Pacific Islander	2%
Other	<1%

In addition, at least 6% of persons served in PEI programs received services in their primary language of Spanish, while at least another 3% received services in other languages.

For FY 2019-20 PEI programs reported that, as a result of their referrals 883 persons engaged in mental health treatment and reported 4.5 weeks as the average length of time between referral and mental health service implementation. PEI programs estimated an average duration of untreated mental illness of 56 weeks for persons who were referred for treatment. Of the 32,442 individuals who received PEI services in FY 19- 20, 18% were Children & Transition Age Youth (TAY), 28% were Adults, 8% were Older Adults, and 46% either declined to state or did not make data available. It is estimated that in FY 19-20, over 60% of PEI programs offered services that are geared toward young people between the ages of 0-25. Further information about PEI Aggregate Data and Programs can be found in the Annual PEI Evaluation Report posted on the Contra Costa MHS site.

For the Three Year Plan for FY 2020-23 PEI programs are listed within the seven categories delineated in the PEI regulations.

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Seven programs are included in this category:

- 1) Asian Family Resource Center (fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted

in actively managing their own recovery process.

- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish a number of seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
- 4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre-school and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
- 5) Jewish Family Community Services of the East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
- 6) The Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.
- 7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high risk families utilizing the evidence based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support and assistance in navigating social service and mental health systems.

In addition, additional funding will be added for this Three Year Plan to provide prevention and early intervention services to families with young children who are experiencing serious emotional disturbances. The Needs Assessment and Community Program

Planning Process has identified 0-5 age children with serious emotional disturbances as underserved. The FY 2017-20 MHSA Three Year Plan substantially increased funding for increasing treatment capacity in the Children’s System of Care. The FY 2020-23 MHSA Three Year Plan will dedicate funding to provide outreach, engagement, training, education and linkage to mental health care for families with young children who are exposed to violence, physical and emotional abuse, parental loss, homelessness, the effects of substance abuse, and other forms of trauma.

The allocation for Outreach for Increasing Recognition of Early Signs of Mental Illness is summarized in the following:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Asian Family Resource Center	Countywide	50	146,317
COPE	Countywide	210	253,240
First Five	Countywide	(numbers included in COPE)	84,416
Hope Solutions	Central and East County	200	385,477
Jewish Family Community Services of the East Bay	Central and East County	350	179,720
Native American Health Center	Countywide	150	245,712
The Latina Center	West County	300	115,177
0-5 Children Outreach	Countywide	TBD	125,000
Total		1,260	\$1,535,059

Prevention

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

a. Five programs are included in this category:

- 1) The Building Blocks for Kids Collaborative (fiscal sponsor Tides), located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
- 2) Vicente Alternative High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
- 3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile

justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program’s premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.

- 4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates several city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Building Blocks for Kids	West County	400	223,404
Vicente	Central County	80	191,337
People Who Care	East County	200	229,795
Putnam Clubhouse	Countywide	300	600,345
RYSE	West County	2,000	518,110
Total		2,980	\$1,762,991

Early Intervention

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

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

therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for Early Intervention is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 20-21
First Hope	Countywide	200	2,587,099
Total		200	\$2,587,099

Access and Linkage to Treatment

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

a. Three programs are included in this category:

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

The allocation for Access and Linkage to Treatment is summarized in the following:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 20-21
James Morehouse Project	West County	300	105,983
STAND! Against Domestic Violence	Countywide	750	138,136
Experiencing Juvenile Justice	Countywide	300	381,744
Total		1,350	\$625,863

Improving Timely Access to Mental Health Services for Underserved Populations.

Programs in this category provide mental health services as early as possible for

individuals and their families from an underserved population. Underserved means not having access due to challenges in the identification of mental health needs, limited language access, or lack of culturally appropriate mental health services. Programs in this category feature cultural and language appropriate services in convenient, accessible settings.

a. Six programs are included in this category:

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

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

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 2020-21
Child Abuse Prevention Council	Central and East County	120	128,862
Center for Human Development	East County	230	161,644
La Clínica de la Raza	Central and East County	3,750	288,975
Lao Family Community Development	West County	120	196,128
Lifelong Medical Care	West County	115	134,710
Rainbow Community Center	Countywide	1,125	782,143
Total		5,460	\$1,692,461

Stigma and Discrimination Reduction

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion and equity for individuals with mental illness and their families, and 3) advocate for services that are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

- a. The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness.
 - 1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice’s vision is to enable people to record and reflect their community’s strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.
 - 2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers’ Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.
 - 3) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness. OCE also supports a writers’ group in partnership with the Contra Costa affiliate of the National Alliance on Mental Illness (NAMI).
 - 4) The Committee for Social Inclusion is an ongoing alliance of committee members that

work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.

- 5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County’s integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCBHS partners via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County’s capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

The allocation for Stigma and Discrimination Reduction is summarized in the following:

Program	County/Contract	Region Served	Funds Allocated for FY 20-21
OCE	County Operated	Countywide	218,861
CalMHSA	MOU	Countywide	78,000
Total			\$296,861

Suicide Prevention

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

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller’s consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) A multi-disciplinary, multi-agency Suicide Prevention Committee has been

established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts.

The allocation for Suicide Prevention is summarized in the following:

Plan Element	Region Served	Number to be Served Yearly	Funds Allocated for FY 20-21
Contra Costa Crisis Center	Countywide	25,000	320,006
Suicide Prevention Training	Countywide		50,000
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,050	\$370,006

PEI Administrative Support

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

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	158,090
Total		\$158,090

Prevention and Early Intervention (PEI) Summary for FY 2020-21

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,535,059
Prevention	1,762,991
Early Intervention	2,587,108
Access and Linkage to Treatment	625,863
Improving Timely Access to Mental Health Services for Underserved Populations	1,692,462
Stigma and Discrimination Reduction	296,861
Suicide Prevention	370,006
Administrative, Evaluation Support	158,090
Total	\$9,028,430

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Innovation

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

Innovation Regulations went into effect October 2015. As before, innovative projects accomplish one or more of the following objectives: i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. During FYs 2015-16 and 16-17, CCBHS staff and stakeholders reviewed and ensured that all existing and emerging Innovation projects complied with the Innovation Regulations.

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2020-21:

- 1) 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 CCBHS. These peer providers are part of the County's Behavioral Health Services integration plans that are currently being implemented 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. The Coaching to Wellness Project began implementation in FY 2015-16 and will sunset in FY 20-21.
- 2) Partners in Aging. Older adults who are frail, homebound and suffer from mental health issues experience higher rates of isolation, psychiatric emergency interventions, and institutionalization that could be prevented. Field-based peer support workers engage older adults who have been identified by their IMPACT clinicians, primary care providers, or Psychiatric Emergency Services as individuals who need additional staff care in order to avoid repeated crises, engage in ongoing mental health treatment, increase their skills in the activities of daily living, and engage appropriate resources and social networks. The Partners in Aging Project began implementation in FY 2016-17.
- 3) Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study was completed via the County's community program planning process, and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. These strategies include training consumers to independently navigate public transportation, providing flexible resources to assist with transportation costs, educating consumers regarding schedules, costs and means of various modes of public transportation, and creating a centralized staff

response to coordinate efforts and respond to emerging transportation needs. Peer Specialists address these needs and provide a means to inform the mental health system of care regarding solutions for improving transportation access to care. The Overcoming Transportation Barriers Project began implementation in FY 2016-17.

- 4) Center for Recovery and Empowerment (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youth with addictions and co-occurring emotional disturbances. The CORE Project is an intensive outpatient treatment program offering three levels of care: intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and includes individual, group and family therapy, and linkage to community services.
- 5) Cognitive Behavioral Social Skills Training (CBSST). The project is designed to enhance the quality of life for the those residing in enhanced board & care homes by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project has a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills, while decreasing the need for costly interventions such as PES admissions. Funds have been added to expand services to reach additional board & care residents.

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 20-21
Coaching to Wellness	County Operated	Countywide	90	145,907
Partners in Aging	County Operated	Countywide	45	126,596
Overcoming Transportation Barriers	County Operated	Countywide	200	76,536
Center for Recovery and Empowerment (CORE)	County Operated	West	80	1,158,439
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	368,489
Administrative Support	County	Countywide	Innovation Support	364,363
Total			520	\$2,240,3

Workforce Education and Training

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

CCBHS's WET Plan was developed and approved in May 2009, with subsequent yearly updates. The following represents funds and activities allocated in the categories of 1) Workforce Staffing Support, 2) Training and Technical Assistance, 3) Mental Health Career Pathway Programs, 4) Internship Programs, and 5) Financial Incentive Programs.

Workforce Staffing Support

- 1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the WET Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordinating intern placements throughout the County, and managing the contracts with various training providers and community based organizations who implement the various workforce education and training activities.
- 2) Supporting Family Members. For the Three Year Plan a cadre of volunteers are recruited, trained and supervised for the purpose of supporting family members and significant others of persons experiencing mental illness. Critical to successful treatment is the need for service providers to partner with family members and significant others of loved ones experiencing mental illness. Family members of consumers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders continue to underscore the need to provide families and significant others with education and training, emotional support, and assistance with navigating the behavioral health system. CCBHS contracts with National Alliance on Mental Illness Contra Costa (NAMI CC) to recruit, train and develop family members with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding and best navigating and participating in the different systems of care.
- 3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the CCBHS Older Adult Program recruits, trains and supports volunteer peer counselors

to reach out to older adults at risk of developing mental illness by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latina/o and Asian American seniors. The volunteers receive extensive training and consultation support.

The MHSA funding for Workforce Staffing Support is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 20-21
WET Coordination	County Operated	Countywide	386,542
Supporting Families	NAMI CC	Countywide	618,000
Senior Peer Counseling	County Operated	Countywide	238,986
Total			\$1,243,528

Training and Technical Support

- 1) Staff Training. Various individual and group staff trainings will be funded that support the values of the MHSA. As a part of the MHSA community program planning process, staff development surveys, CCBHS's Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified six staff training and training-related themes: 1) Client Culture, 2) Knowledge and Skills, 3) Management, 4) Orientation, 5) Career Development, and 6) Interventions/Evidence Based Practices. Within these themes a number of training topics were listed and prioritized for MHSA funding in the Three-Year Plan.
- 2) NAMI Basics/ Faith Net/ Family to Family (De Familia a Familia)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages.
- 3) Crisis Intervention Training. CCBHS partners with the County's Sherriff's Department to provide three-day Crisis Intervention Trainings twice a year for law enforcement officers so that they are better able to respond safely and compassionately to crisis situations involving persons with mental health issues. Officers learn from mental health professionals, experienced officers, consumers and family members who advise, problem-solve and support with verbal de- escalation skills, personal stories, and provide scenario-based training on responding to crises.
- 4) Mental Health First Aid Instructor Training. CCBHS works with the National Council to train staff to become certified instructors for Mental Health First Aid. These instructors will then provide Mental Health First Aid Training to community and faith - based organizations and agencies who are often first responders to community trauma, violence or natural disaster. Mental Health First Aid is a proprietary evidence based in-person training for anyone who wants to learn about mental illness and addictions, including risk factors and warning signs. This eight-hour training provides participants

with a five step action plan to help a person in crisis connect with professional, peer, social, and self-help care. Participants are given the opportunity to practice their new skills and gain confidence in helping others who may be developing a mental health or substance use challenge, or those in distress.

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

Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 20-21
Staff Training	Various vendors	Countywide	238,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI-Contra Costa	Countywide	70,596
Crisis Intervention Training	County Sherriff's Department	Countywide	15,000
Mental Health First Aid	The National Council	Countywide	20,000
Total			\$343,799

Mental Health Career Pathway Program

1) Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived mental health experience as a consumer or a family member of a consumer. This classroom and internship experience leads to a certification for individuals who successfully complete the program and is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker. Participants learn peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations. The Office for Consumer Empowerment (OCE) offers this training annually and supplements the class with a monthly peer support group for those individuals who are employed by the County in various peer and family partner roles. The SPIRIT Program also provides support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.

The MHSA funding allocation for the Mental Health Career Pathway Program is summarized below:

Program	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 20-21
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	346,258 25,000
Total			50	\$371,258

Internship Programs

1) Internships. CCBHS supports internship programs which place graduate level students in various County operated and community-based organizations. Particular emphasis

is put on the recruitment of individuals who are bi-lingual and/or bi-cultural, individuals with consumer and/or family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable approximately 75 graduate level students to participate in paid internships in both county operated and contract agencies that lead to licensure as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), Clinical Psychologist and Mental Health Nurse Practitioner. These County financed internships are in addition to and separate from the state level workforce education and training stipend programs that are funded by the California Office of Statewide Health Planning and Development. This state funded stipend program requires that participants commit to working in community public mental health upon graduation. The County's assessment of workforce needs has determined that a combination of state and locally financed internships has enabled the County and its contractors to keep pace with the annual rate of turnover of licensed staff.

The MHSA funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 20-21
Graduate Level Internships	County Operated	Countywide		252,350
Graduate Level Internships	Contract Agencies	Countywide		100,000
Total			75	\$352,350

Financial Incentive Programs

- 1) Loan Repayment Program. For the Three Year Plan CCBHS is continuing its County funded and administered Loan Repayment Program that addresses critical staff shortages, such as language need, psychiatrists, hard to fill and retain positions, and provides potential career advancement opportunities for CCBHS Community Support Workers and contract providers performing in the roles of peer provider and family partner. CCBHS partners with the California Mental Health Services Authority (CalMHSA) to administer a loan repayment program patterned after state level loan repayment programs but differing in providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce need.

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2020-21
Loan Repayment	CalMHSA	Countywide	Variable	300,000
Total				\$300,000

Workforce Education and Training (WET) Component Budget Authorization for FY 2020-21:

Workforce Staffing Support	1,243,528
Training and Technical Assistance	343,799
Mental Health Career Pathways	371,258
Internship Program	352,350
Loan Forgiveness Program	300,000
Total	\$2,610,935

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Capital Facilities/Information Technology

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

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

Information Technology

- 1) Electronic Mental Health Record System – Data Management. Contra Costa received approval from the State to utilize MHSA funds to develop and implement an electronic mental health record system. The project has transformed the current paper and location-based system with an electronic system where clinical documentation can be centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. It replaced the existing claims system, where network providers and contract agencies would be part of the system and be able to exchange their clinical and billing information with the County. The electronic health record system now allows doctors to submit their pharmacy orders electronically, permit sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability, and allows consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers.

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

Capital Facilities

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

Capital Facilities/ Information Technology (CFTN) Budget Authorization for FY 2020-21:

Electronic Mental Health Data Management System	250,000
Capital Facilities Projects	250,000
Total	\$500,000

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The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2020-21. The following table summarizes the total MHSA spending authority by component for each year of the Three-Year Plan.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 20/21	46,933,017	9,028,430	2,240,330	2,610,935	500,000	61,312,712
FY 21/22	40,267,273	9,028,430	2,240,330	2,610,935	250,000	54,396,968
FY 22/23	40,267,273	9,028,430	2,240,330	2,610,935		54,146,968

Appendix E, titled *Funding Summaries*, provides a FY 2020-21 through FY 2022-23 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three year period. The following fund ledger depicts projected available funding versus total budget authority for each year of the Three-Year Plan:

Fiscal Year 2020/21

A. Estimated FY 2020/21 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	32,393,398	5,478,788	4,403,254	2,058,784	818,996	45,153,210
2. Estimated new FY 20/21 funding	38,489,576	9,622,394	2,532,209	0	0	50,644,177
3. Transfers in FY 20/21	(6,200,000)			6,200,000		
4. Estimated available funding for FY 20/21	64,682,974	15,101,172	6,935,463	8,258,784	818,996	95,797,389
B. Budget Authority for FY20/21	46,933,017	9,028,430	2,240,330	2,610,935	500,000	61,312,712
C. Estimated FY 20/21 Unspent Fund Balance	18,688,617	6,253,310	4,739,940	5,700,068	328,996	35,710,931

Fiscal Year 2021/22

A. Estimated FY 2021/22 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1.Estimated unspent funds from prior fiscal years	18,688,617	6,253,310	4,739,940	5,700,068	328,996	35,710,931
2. Estimated new FY 21/22 funding	32,049,539	8,012,384	2,108,522	0	0	42,170,445
3. Transfers in FY 21/22						
4.Estimated available funding for FY 21/22	50,738,156	14,265,694	6,848,462	5,700,068	328,996	77,881,376
B. Budget Authority for FY 21/22	40,267,273	9,028,430	2,240,330	2,610,935	250,000	54,396,968
C. Estimated FY 21/22 Unspent Fund Balance	11,276,229	5,417,833	4,652,939	3,141,351	83,996	24,572,348

Fiscal Year 2022/23

A. Estimated FY 2022/23 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1.Estimated unspent funds from prior fiscal years	11,276,229	5,417,833	4,652,939	3,141,351	83,996	24,572,348
2. Estimated new FY 22/23 funding	29,368,569	7,342,142	1,932,143	0	0	38,642,854
3. Transfers in FY 22/23						
4.Estimated available funding for FY 22/23	40,644,798	12,759,975	6,585,082	3,141,351	83,996	63,215,202
B. Budget Authority for FY22/23	40,267,273	9,028,430	2,240,330	2,610,935		54,146,968
D. Transfers in FY 22/23 to Prudent Reserve				0	0	
C. Estimated FY 22/23 Unspent Fund Balance	377,525	3,731,545	4,344,752	530,416	83,996	9,068,234

Estimated Prudent Reserve for FY 20/21	7,579,248
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund 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 includes this distribution.
2. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this three-year period the County has allocated \$6,200,000 for FY 2020/21, no transfers in FY 2021/22 and FY 2022/23.
4. The MHSA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2020 is \$7,579,248, and includes interest earned. This amount is less than the estimated maximum allowed of \$13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037.
5. It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

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Evaluating the Plan

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

During each three-year period, each of the MHSA funded contract and county operated programs undergoes a program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

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

Each program receives a written report that addresses each of the above areas.

Promising practices, opportunities for improvement, and/or areas of concern will be noted for sharing or follow-up activity, as appropriate. The emphasis will be to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts.

In addition, a MHSA Financial Report is generated that depicts funds budgeted versus spent for each program and plan element included in this plan. This enables ongoing fiscal accountability, as well as provides information with which to engage in sound planning.

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Acknowledgements

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

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

The MHSA Staff

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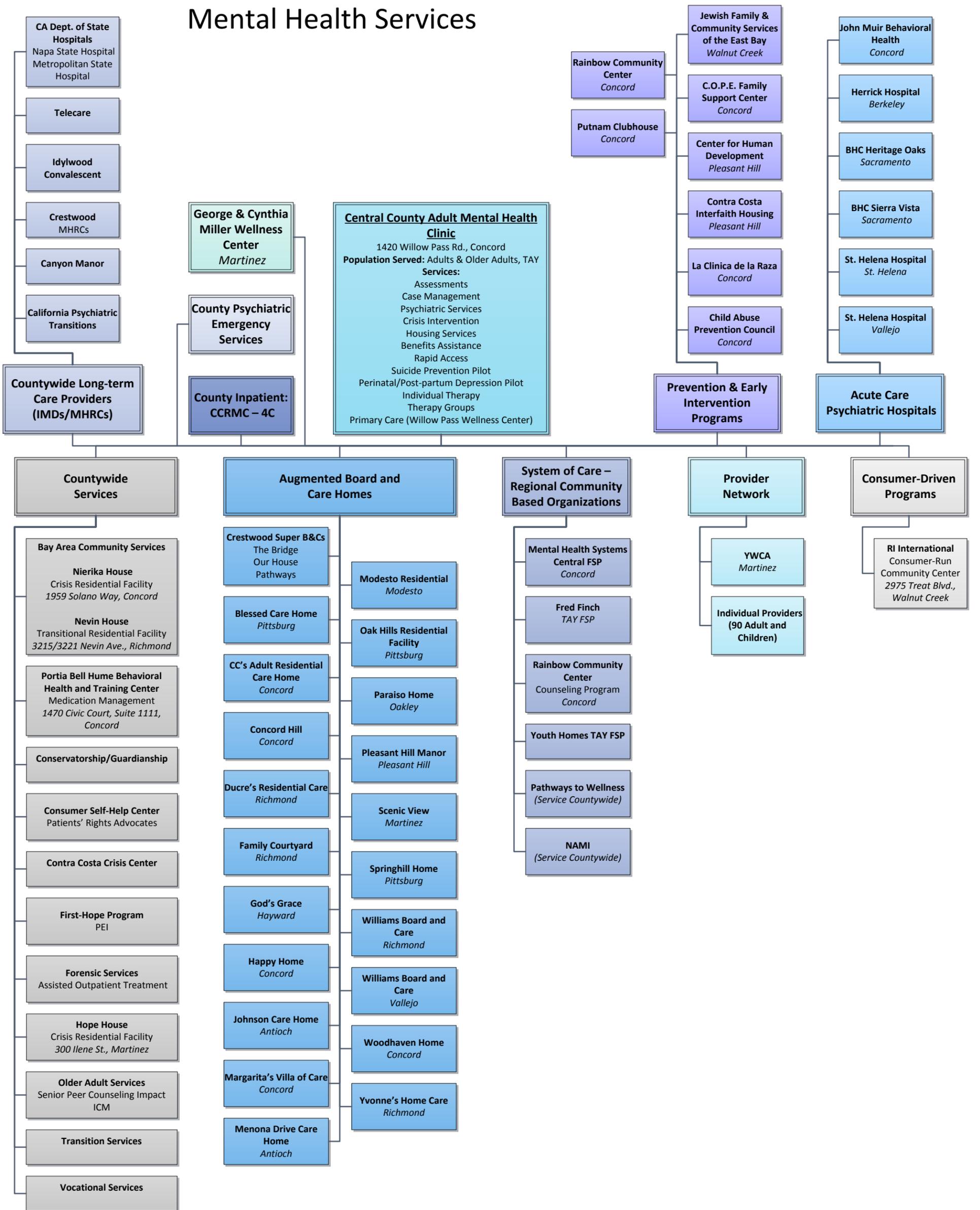
Appendix A

Mental Health Service Maps

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

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

Central County Adult Mental Health Services



Central County Children's Mental Health Services

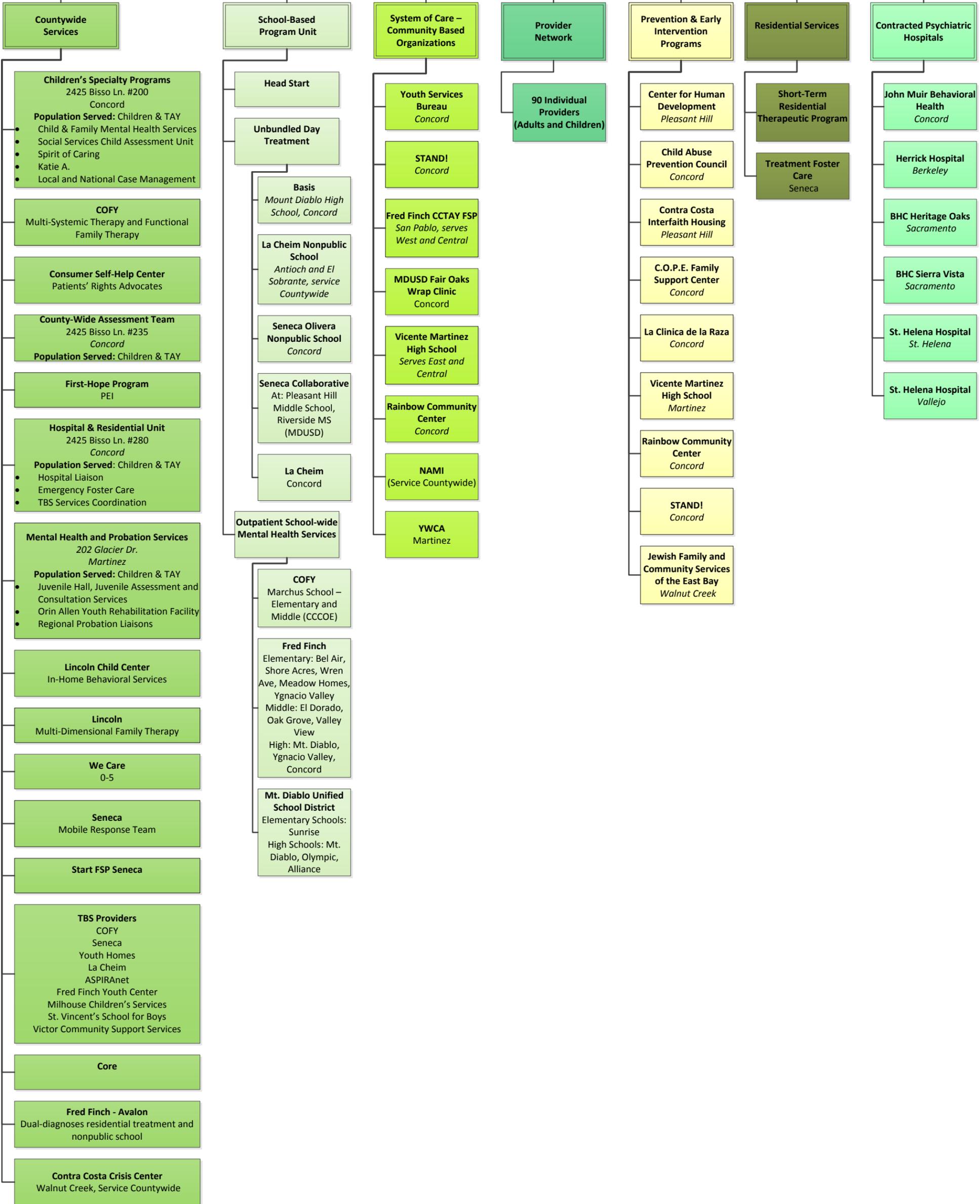
Central County Children's Mental Health Clinic
 2425 Bisso, Ste. 200
 Concord, CA 94520
 Population Served: Children and TAY
 Services:
 Psychiatric Services
 Outpatient Services
 Parent Partners
 Parent Project
 PIP Program
 Wrap Around Services
 Cognitive Behavioral Therapy
 Dialectical Behavior Therapy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

George & Cynthia Wellness Center
 Martinez

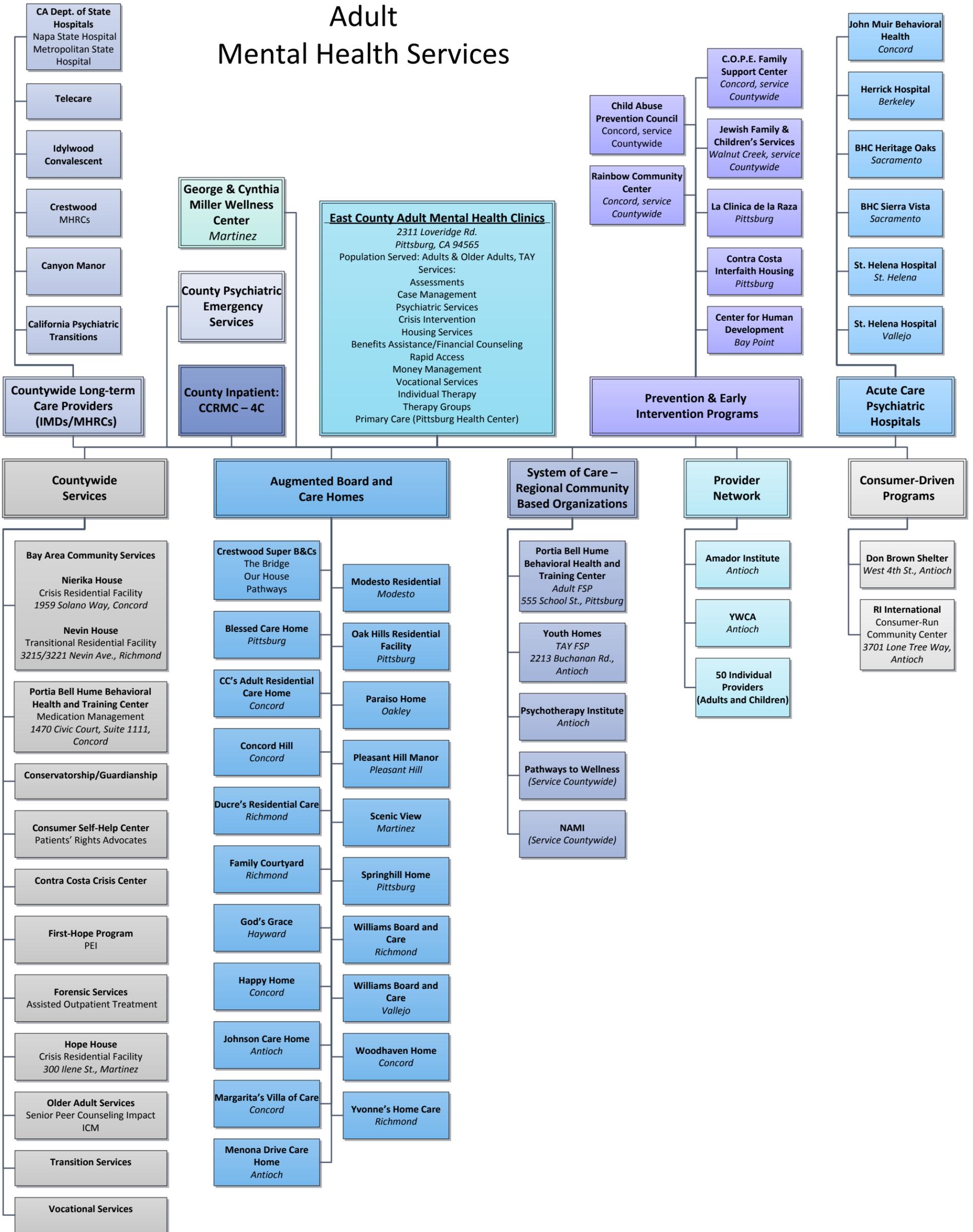
County Psychiatric Emergency Services

Child-Parent Psychotherapy

Family-Based Treatment for Eating Disorder



East County Adult Mental Health Services



East County Children's Mental Health Services

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

County Psychiatric Emergency Services

George & Cynthia Wellness Center
Martinez

Child-Parent Psychotherapy

Family-Based Treatment for Eating Disorder

Countywide Services

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

School-Based Program Unit

- Head Start**
- Outpatient Services**
- Seneca Center**
At: Riverview Middle School (Mount Diablo Unified School District)
- Outpatient School-wide Mental Health Services**
- Lincoln**
Pittsburg Unified School District Elementary, Middle, and High Schools
- Mental Health Enhanced Classroom(s)**
- TBD**
Elementary Schools: Foothill, Petite Academy
Middle Schools: Black Diamond, Learning Academy

System of Care – Regional Community Based Organizations

- Community Health for Asian Americans**
Antioch
- La Clinica**
Oakley
- Amador Institute**
Antioch
- Child Therapy Institute**
Antioch
- Center for Psychotherapy**
Antioch
- Youth Homes TAY FSP**
Antioch
- NAMI**
(Service Countywide)
- YWCA**
Antioch

Provider Network

50 Individual Providers (Adults and Children)

Prevention & Early Intervention Programs

- Center for Human Development**
Bay Point
- Contra Costa Interfaith Housing**
Pittsburg
- La Clinica de la Raza**
Pittsburg
- People Who Care**
Pittsburg
- Rainbow Community Center**
Concord, service Countywide
- STAND!**
Antioch
- Child Abuse Prevention Council**
Concord, service Countywide
- Jewish Family and Community Services of the East Bay**
Walnut Creek

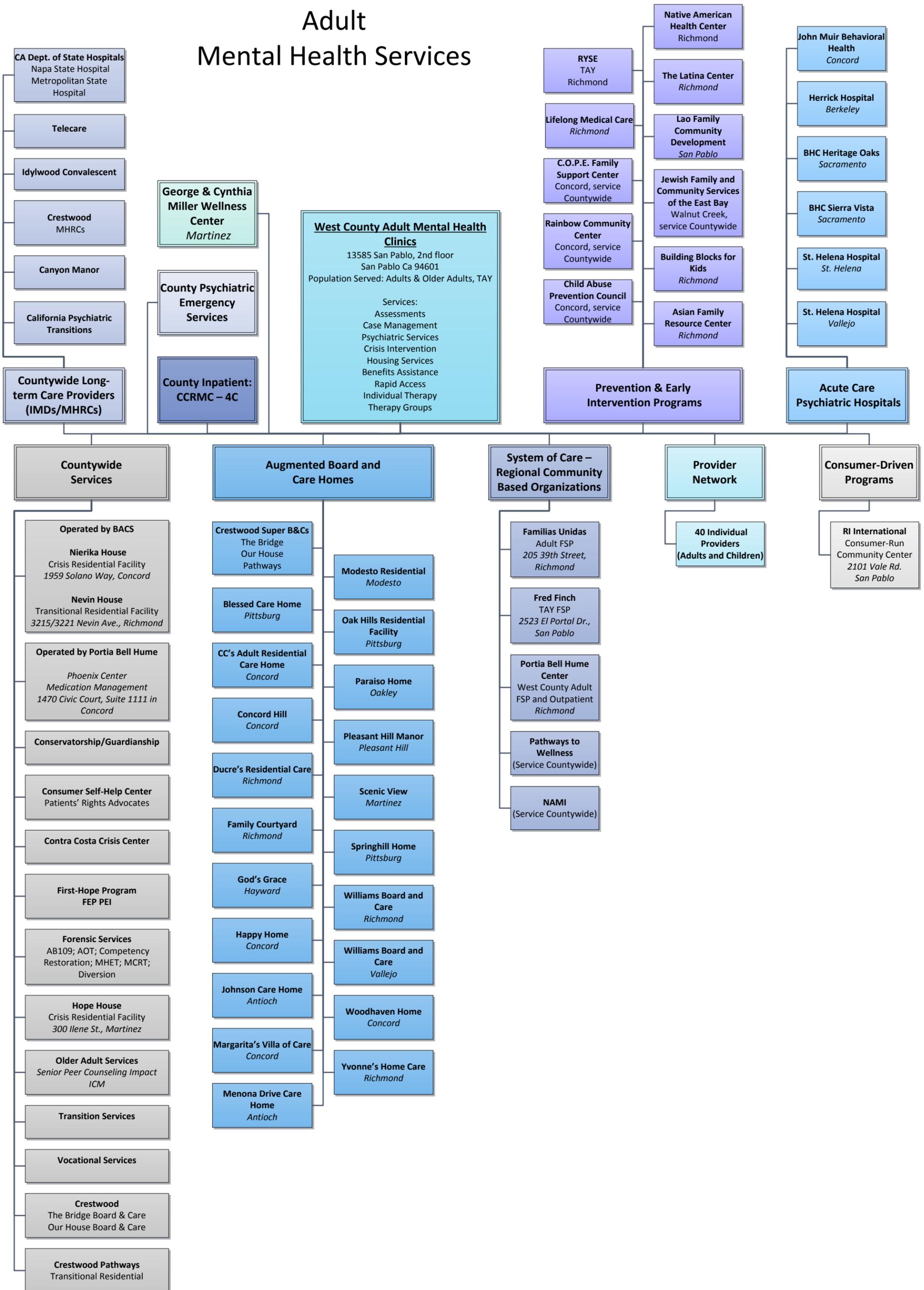
Residential Services

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

Contracted Psychiatric Hospitals

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

West County Adult Mental Health Services



West County Children's Mental Health Services

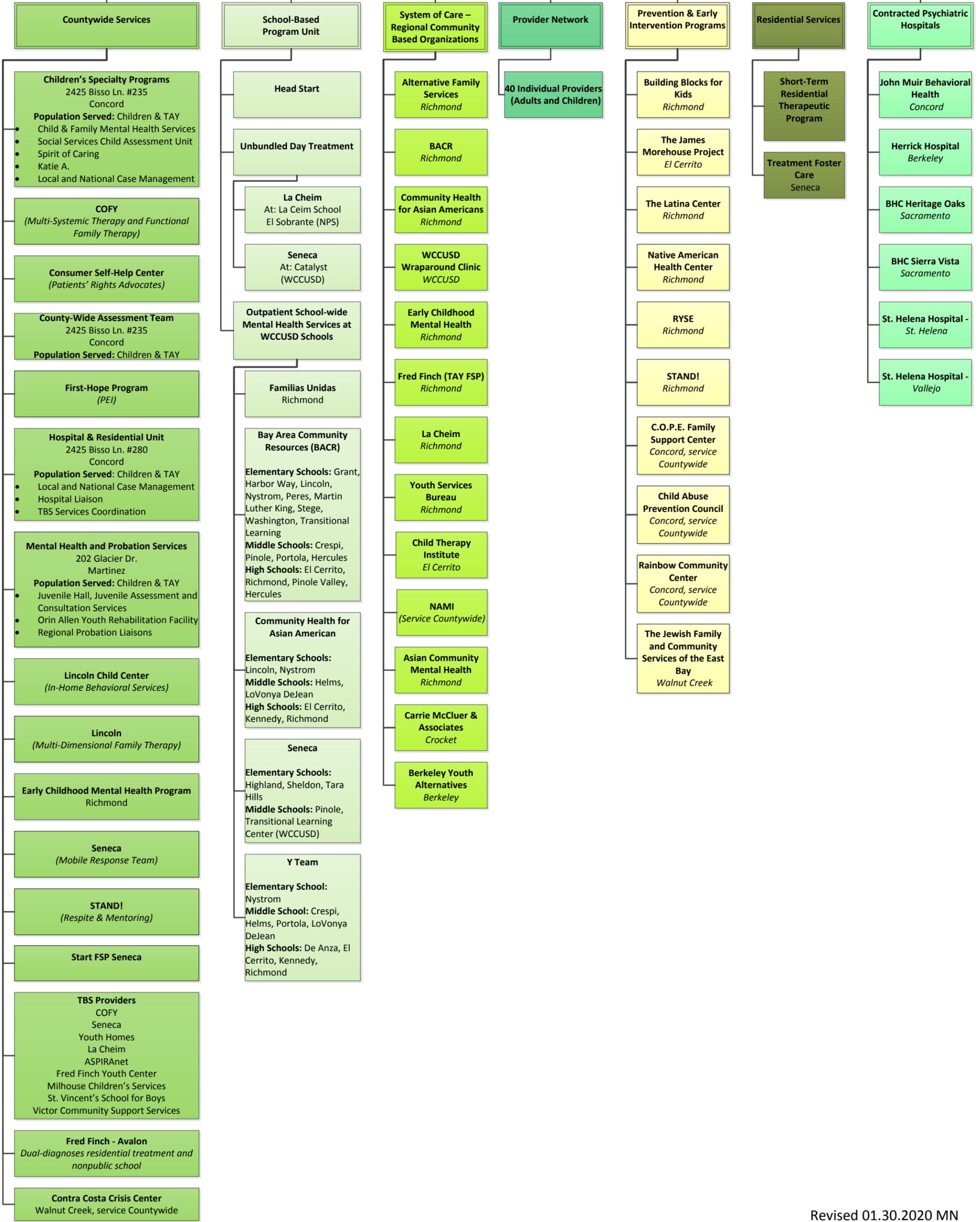
West County Children's Mental Health Clinic
 303 41st Street
 Richmond, CA
Population Served: Children and TAY
Services:
 Psychiatric Services
 Outpatient Services
 Parent Partners
 Wrap Around Services
 Cognitive Behavioral Therapy
 Dialectical Behavior Therapy
 Trauma Focused Cognitive Behavioral Therapy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

County Psychiatric Emergency Services

George & Cynthia Wellness Center
Martinez

Child-Parent Psychotherapy

Family-Based Treatment for Eating Disorder



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Appendix B

Program and Plan Element Profiles

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Asian Family Resource Center (AFRC)

Point of Contact: Sun Karnsouvong

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave,
Richmond, CA

Skarnsouvong@arcofcc.org

1. General Description of the Organization

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

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

a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally-sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:

- i. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- ii. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year.

ACMHS will serve a minimum of 75 high risk and underserved Southeast Asian community members within a 12 month period, 25 of which will reside in East County with the balance in West and Central County.

- iii. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy and system navigation.
- b. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: FY 20-21: \$150,706
- d. Number served: FY 18-19: 455 high risk and underserved community members
- e. Outcomes:
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Services are offered in the language of the consumer.
 - Program hosted three community wellness events and psycho-education workshops for the community.

Bay Area Community Services (BACS)

<https://www.bayareacs.org/>

Point of Contact: Jamie Almanza

Contact Information: Bay Area Community Services, Inc. (BACS)

629 Oakland Avenue, Oakland, CA 94611

(510) 415-4672, JAlmanza@bayareacs.org

1. General Description of the Organization

Bay Area Community Services' (BACS) mission is to uplift under-served individuals and their families by doing whatever it takes. BACS supports recovery for people experiencing psychiatric distress, through practical and therapeutic support. Their crisis residential programs are serene and home-like environments with around-the-clock care, supervision, and wellness & recovery support for individuals in crisis.

2. Program: Nierika & Nevin House: Crisis Residential Facility and Transitional Care - CSS

- a. Scope of Services: The County contracts with BACS to operate two programs: 1) Nierika House, a short term crisis residential treatment program for adults living with a serious mental illness and dual diagnoses, located in Central County, and 2) Nevin House, a 16-bed facility in West County that provides transitional care in a therapeutic milieu for adults living with a co-occurring mental health and substance use disorders.

Nierika House is a 2-week crisis residential treatment program for adults with mental health and dual diagnoses. Clients are referred from the Contra Costa County liaison, either as a stepdown from an inpatient hospitalization or a step up from the community and a diversion from inpatient care. A combination of therapeutic and psychiatric services aims to reduce the level of crisis so that a client can return to a lower level of care. A 24-hour staffing ratio of 1 staff per 8 clients allows for clients receive intensive structure and support, without requiring a hospital stay.

Nevin House is a 16-bed facility in Richmond, CA through a collaborative with Contra Costa County Behavioral Health Services and serves adults with co-occurring mental health and substance use challenges.

- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 20-21 \$305, 355
- d. Number served: In FY 18-19: Not Applicable.
- e. Outcomes: To be determined.

Building Blocks for Kids (BBK)

www.bbk-richmond.org

Point of Contact: Sheryl Lane

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

slane@bbk-richmond.org

1. General Description of the Organization

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

2. Program: Not Me Without Me - PEI

a. Scope of Services:

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

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

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

- b. Target Population: Parents and caregivers and their families living in West Contra Costa County
- c. Payment Limit: FY 20-21: \$231,340
- d. Number served: In FY 18-19: 438 Individuals (includes outreach and education events).

e. Outcomes

- In FY 18-19, BBK Health and Wellness Team met with 22 community organizations, government agencies and individuals around partnering and collaboration.
- 93 women participated in a total of 32 Black Women's and Latinx Peer Sanctuary groups where they received facilitated support for self-care, advocacy, personal goal setting and reclaiming positive cultural practices.
- Summer Program at Belding Garcia Park served approximately 95 children who were provided a healthy meal each day and introduced to wellness related activities and events; developmental playgroups held at Belding Garcia and Monterey Pines Apartments.
- BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 58 parents/caregivers graduated from the 22-week program.

Center for Human Development (CHD)

<http://chd-prevention.org/>

Point of Contact: David Carrillo

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

(925) 349-7333, david@chd-prevention.org

1. General Description of the Organization

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting 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 & Youth Empowerment

Program - PEI

- a. Scope of Services: The African American Wellness Program (formerly African American Health Conductor Program) serves Bay Point, Pittsburg, and surrounding communities. The purpose is to increase emotional wellness; reduce stress and isolation; and link African American participants, who are underserved due to poor identification of needs and lack of outreach and engagement, to appropriate mental health services. Key activities include: outreach through community events; culturally appropriate education on mental health topics through Mind, Body, and Soul support groups; conduct community health education workshops in accessible and non-stigmatizing settings; and navigation assistance for culturally appropriate mental health referrals.
- b. The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.
- c. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- d. Payment Limit: FY 20-21: \$166,493
- e. Number served: FY 18-19: 342 individuals were served in both programs combined
- f. Outcomes:
 - i. African American Wellness Program
 - Mind-Body-Soul support groups held in four different East County locations, reaching approximately 200 individuals
 - Provided 90 clients with health system navigation
 - Provided 17 clients with mental health referrals

- Hosted approximately 12 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.
- ii. Youth Empowerment Program
 - 137 youth participated in Empowerment programs in FY 18-19, including group and individual sessions
 - LGBTQ youth empowerment support groups held in Pittsburg and Antioch throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism,” “Stress, Anxiety and Depression,” “Identity Development and Coming Out.”
 - Facilitated four events or fieldtrips during the year, including the Youth Pride Prom, and a fieldtrip to the Castro District and the GLBT Museum in SF
 - 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.
 - LGBTQ Youth Support Groups facilitated weekly (primarily during the school year) at the following locations: Pittsburg High, Deer Valley High, and Rivertown Resource Center in Antioch.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kennisha Johnson, Mental Health Program Manager

Contact Information: 1420 Willow Pass Road, Suite 200, Concord, CA 94520

(925) 646-5480, Kennisha.Johnson@CCHHealth.org

1. General Description of the Organization

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

2. Plan Element: Adult Full Service Partnership Support - CSS

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

3. Plan Element: Clinic Support - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 18-19: Approximately 2,102 Individuals.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Betsy Hanna, Psy.D, Mental Health Program Manager

Contact Information: 2425 Bisso Lane, Suite 200, Concord, CA 94520

(925) 521-5767, Betsy.Hanna@CCHealth.org

1. **General Description of the Organization**

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

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

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
 - Support for full service partners.
- a. **Target Population:** Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.
 - b. **Number Served:** For FY 18-19: Approximately 934 Individuals.

Child Abuse Prevention Council (CAPC)

www.capc-coco.org

Point of Contact: Carol Carrillo

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

ccarrillo@capc-coco.org

1. **General Description of the Organization**

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs 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 will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 12-15 parents each session and approximately 15 children each session 0-12 years of age. The 22-week curriculum will immerse parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services will be provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families will be provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. **Target Population:** Latino children and their families in Central and East County.
- c. **Payment Limit:** FY 20-21: \$132,728
- d. **Number served:** In FY 18-19: 164 parents and children
- e. **Outcomes:**
 - Four 22-week classes in Central and East County serving parents and their children.
 - 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. (COFY, Inc.)

www.cofy.org

Point of Contact: David Bergesen and Gabriel Eriksson

Contact Information: 3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523

(925) 943-1794, d.bergesen@cofy.org or g.eriksson@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 Evidence Based Program ecological model designed to work in home with family and caregivers. MST addresses complex clinical, behavioral, social, and educational problems experienced by the youth. Clients are referred by the Juvenile Probation Mental Health Liaisons, Probation Officers, and Regional Clinic Program Managers. The MST clinician primarily works with parents and caregivers to identify family goals as well as to target behaviors that put the adolescent into contact with Juvenile Probation. This intensive intervention model includes multiple sessions per week over a period of up to six months.

- a. Scope of Services: Services include but are not limited to outreach and engagement, case management, outpatient mental health services, crisis intervention, collateral services, flexible funds. COFY MST staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children who have a serious emotional disturbance or serious mental illness; and have been identified as a juvenile offender or are at risk of involvement with Probation due to delinquent behavior. Services are county-wide.
- c. Payment Limit: FY 20-21 \$1,107,602
- d. Number served: In FY18-19 COFY FSP served 79 individuals.
- e. Outcomes:
 - Reduction in incidence of psychiatric crisis
 - Increase in Juvenile Assessment and Consultation Services (JACS)

Table 1. Pre- and post-enrollment utilization rates for 79 Fred Finch FSP participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	16	3	0.024	0.008	-65.5%
<i>Inpatient episodes</i>	0	0	0.000	0.00	0
<i>Inpatient days</i>	0	0	0.000	0.000	0
<i>JACS</i>	68	49	0.103	0.136	+0.033

Contra Costa Crisis Center

www.crisis-center.org

Point of Contact: Tom Tamura

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

925 939-1916, x107, TomT@crisis-center.org

1. General Description of the Organization

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

2. Program: Suicide Prevention Crisis Line

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides REAL TIME warm transfer to those services when appropriate. Because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service WHEN THEY NEED IT and immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) in a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction in an effort to increase community comfort at accessing services and in referring those in need.
- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one-month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year; Spanish-speaking counselors will be provided 80 hours per week.

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- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
 - The Crisis Center will offer grief support groups and postvention services to the community
 - The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
 - In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.
- b. Target Population: Contra Costa County residents in crisis.
- c. Payment Limit: FY 20-21: \$529,606
- d. Number served: In FY18-19: 68,449 total calls were fielded.
- e. Outcomes:
- Spanish language coverage was provided 80 hours/week
 - Call abandonment rate was 1.2%
 - Lethality assessments and follow up calls were provided for 100% of callers rated mid to high level risk.
 - Responded to 18,128 calls from people in crisis, suicidal or experiencing mental health issues.
 - A pool of 36 volunteers was maintained, and 3 volunteer trainings were offered during the year

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

<http://copefamilysupport.org/>

Point of Contact: Cathy Botello, Executive Director

Contact Information: 3000 Citrus Circle, Ste. 220, Walnut Creek, CA 94598

(925) 689-5811, cathy.botello@copefamilysupport.org

1. General Description of the Organization

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

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

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

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

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

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

- a. **Target Population:** Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

- b. Payment Limit: FY 20-21: \$260,836 (ages 6–17), through First Five: \$86,949 (ages 0–5).
- c. Number served: In FY 18-19: 226
- d. Outcomes:
 - Offered Triple P evidenced based parenting classes at 18 site locations throughout East and Central County
 - Pre and Post Test Survey results indicate program participants showed a 46% decrease in depression, 35% decrease in anxiety, and 32% decrease in overall stress
 - Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal and mental health services

Crestwood Behavioral Health, Inc.

<https://crestwoodbehavioralhealth.com/>

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

Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523

(925) 938-8050, tcurran@cbhi.net

1. General Description of the Organization

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

2. Program: The Pathway Program (Mental Health Housing Services – CSS

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

a. Scope of Services:

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

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

c. Payment Limit: FY 20-21 \$1,210,356

d. Number served: For FY 18–19: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

e. Outcomes: To be determined.

Divine's Home

Point of Contact: Maria Riformo

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

(510) 222-4109, HHailey194@aol.com

1. General Description of the Organization

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: For FY 18-19: Capacity of 6 beds.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Beverly Fuhrman, Program Manager

Contact Information: 2311 Loveridge Road, Pittsburg, CA 94565

(925) 431-2621, Beverly.Fuhrman@CCHealth.org

1. General Description of the Organization

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

2. Plan Element: Adult Full Service Partnership Support - CSS

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

3. Plan Element: Clinic Support - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 18-19 Approximately 2,221 Individuals.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Christine Madruga, Program Manager

Contact Information: 2335 Country Hills Drive, Antioch, CA 94509

(925) 608-8736, Christine.Madruga@CCHealth.org

1. General Description of the Organization

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

2. Plan Element: Clinic Support - CSS

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
 - Support for full service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits.
 - b. Number Served: For FY 18-19: Approximately 729 Individuals.

Familias Unidas (formerly Desarrollo Familiar, Inc.)

<http://www.familias-unidas.org/>

Point of Contact: Lorena Huerta, Executive Director.

Contact Information: 205 39th Street, Richmond, CA 94805

(510) 412–5930, LHuerta@Familias-Unidas.org.

1. **General Description of the Organization**

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

2. **Program: Familias Unidas – Full Service Partnership - CSS**

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

a. **Scope of Services:**

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

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

c. **Payment Limit:** FY 20-21 \$233,088

d. **Number served:** For FY 18-19: 20 Individuals

e. **Outcomes:** For FY 18-19:

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.

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- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested or incarcerated post-enrollment measured at the end of the fiscal year.
- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- Decrease in incidence of psychiatric crisis
- Decrease of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 20 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 18-19

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	28	14	0.126	0.061	-51.7%
<i>Inpatient episodes</i>	8	5	0.036	0.022	-39.7%
<i>Inpatient days</i>	76	51	0.342	0.222	-81.4%

First Five Contra Costa

<http://www.first5coco.org/>

Point of Contact: Wanda Davis

Contact Information: 1486 Civic Ct, Concord CA 94520.

(925) 771-7328, wdavis@firstfivecc.org

1. General Description of the Organization

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

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

- a. **Scope of Services:** First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. **Target Population:** Contra Costa County parents of at risk 0–5 children.
- c. **Payment Limit:** FY 20-21: \$86,949
- d. **Number Served:** In FY 18-19: 226 parents in East and Central County (via partnership with C.O.P.E.)
- e. **Outcomes:**
 - Completed 18 free Triple P parenting classes for East and Central County (through partnership with C.O.P.E.)
 - Offered case management support to parents as appropriate

First Hope (Contra Costa Behavioral Health Services)

<http://www.firsthopeccc.org/>

Point of Contact: Jude Leung, Mental Health Program Manager

Contact Information: 391 Taylor Boulevard, Suite 100, Pleasant Hill, CA 94523

925-608-6550, yatmingjude.leung@cchealth.org

1. General Description of the Organization

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

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

a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:

- Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
- In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode

b. Target Population: 12-30 year old young people and their families

c. Total Budget: FY 20-21: \$2,587,099

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

e. Number served: FY 18-19: 661

f. Outcomes:

- Help clients manage Clinical High Risk symptoms and maintain progress in school, work and relationships
- Zero conversion from clinical high risk to psychosis in FY 18-19
- Reduce the stigma associated with symptoms
- Reduce necessity to access psychiatric emergency services/ inpatient care

Long Term Public Health Outcomes:

- Reduce conversion rate from Clinical High Risk symptoms to schizophrenia
- Reduce incidence of psychotic illnesses in Contra Costa County

- Increase community awareness and acceptance of the value and advantages of seeking mental health care early

Forensic Mental Health (Contra Costa Behavioral Health Services)

Point of Contact: Marie Scannell, Program Manager
Contact Information: 1430 Willow Pass Road, Suite 100, Concord CA 94520
(925) 288-3915, Marie.Scannell@CCHHealth.org

1. General Description of the Organization

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

2. Program: Forensic Services - CSS

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

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis. In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

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

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

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT.

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSa to join Forensics Services Team. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. Budget: \$982,245
- d. MHSa-Funded Staff: 4.0 Full-time equivalent
- e. Number Served: For FY 18-19: 559

Fred Finch Youth Center

<https://www.fredfinch.org/>

Point of Contact: Kimberly Powers, LMFT, Program Director

Contact Information: 2523 El Portal Drive, Suite 201, San Pablo, CA 94806

(510) 439-3130 Ext. 6107, kimberlypowers@fredfinch.org

1. **General Description of the Organization**

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

2. **Program: Contra Costa Transition Age Youth Full Service Partnership - CSS**

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

a. **Scope of Services:** Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:

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

b. **Target Population:** Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.

c. **Payment Limit:** FY 20-21 \$1,576,435

d. **Number served:** For FY 18-19: 53

e. Outcomes: For FY 18/19:

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

Table 1. Pre- and post-enrollment utilization rates for 53 Fred Finch FSP participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	61	33	0.118	0.055	-53. %
<i>Inpatient episodes</i>	37	10	0.072	0.017	-77.0%
<i>Inpatient days</i>	293	64	0.568	0.106	-81.4%

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

<https://cchealth.org/centers/mwc.php>

Point of Contact: Thomas Tighe, Mental Health Program Manager

Contact Information: 25 Allen Street, Martinez CA 94553

(925) 890-5932, Thomas.Tighe@CCHealth.org

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The 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) - CSS

- a. **Scope of Services:** 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.
- b. **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.
- c. **Total Budget:** \$319,590
- d. **Staff funded through MHSA:** 3 FTE – A Program Manager, and two Community Support Workers.
- e. **Number Served:** To Be Determined
- f. **Outcomes:** To Be Determined

Hope Solutions (formerly Contra Costa Interfaith Housing)

<https://www.hopesolutions.org/>

Point of Contact: Sara Marsh

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530

(925) 944-2244, Sara@ccinterfaithhousing.org

1. General Description of the Organization

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

2. Program: Strengthening Vulnerable Families

a. Scope of Services:

- Hope Solutions will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. Hope Solutions provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.
- At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 28 formerly homeless families. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events.
- Hope Solutions will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households offered services under this grant was 274. Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for

these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

- Hope Solutions staff is also able to help community providers be aware of early signs of mental illness in their clients and support sensitive care and timely treatment for these issues.
- Hope Solutions has taken over ownership and property management (and on-site case management) for three households including 12 residents in Central and East County.

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

c. Payment Limit: FY 20-21: \$385,477

d. Number served: In FY 18-19: 445 clients

e. Outcomes:

- Improved school functioning and regular attendance of school-aged youth in afterschool programs.
- 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).
- Served 215 different families through 4003 hours of case management across 4 housing sites

James Morehouse Project (JMP) at El Cerrito High (fiscal sponsor of Bay Area Community Resources)

<http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader

Contact Information: 540 Ashbury Ave, El Cerrito, CA 94530

(510) 231-1437, jenn@jmhops.org

1. **General Description of the Organization**

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

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

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

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

- b. **Target Population:** At-risk students at El Cerrito High School
- c. **Payment Limit:** FY 20-21: \$109,167
- d. **Numbers Served:** FY 18-19: 416 young people
- e. **Outcomes:**
- With the help of a team that included 10 clinical interns, JMP served over 400 students through individual counseling, crisis intervention, support, youth leadership/advocacy and 29 different groups.
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. *(95% of participating youth reported feeling like they have a trusted adult they can turn to if they need help)*

- Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. *(98% of participating youth indicated they have better tools to deal with stress and anxiety)*
- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. *(84% of youth reported better school attendance after program participation)*
- Reduced likelihood of ECHS youth being excluded from school.
- Strengthened culture of safety, connectedness and inclusion schoolwide.

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

<https://jfcs-eastbay.org/>

Point of Contact: Lisa Mulligan

Contact Information: 1855 Olympic Blvd. #200, Walnut Creek, CA 94596

(925) 927-2000, lmulligan@jfcs-eastbay.org

1. General Description of the Organization

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

2. Program: Community Bridges - PEI

- a. **Scope of Services:** During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. **Target Population:** Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 20-21: \$185,111
- d. **Number served:** FY 18-19: 224 clients
- e. **Outcomes:**
 - Provided culturally and linguistically appropriate care to all consumers served
 - Completed assessment and short-term intervention to 104 non English -speaking clients
 - Provided individual health and mental health navigation services to 133 clients (adults and children)

- Provided 4 trainings on cross-cultural mental health concepts for 81 frontline staff from JFCS East Bay and other community agencies.

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

Point of Contact: Daniel Batiuchok
Contact Information: 202 Glacier Drive, Martinez, CA 94553
(925) 957-2739, Daniel.Batiuchok@hsd.cccounty.us

1. **General Description of the Organization**

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

2. **Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch**

Clinicians - PEI

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

- a. **Scope of Services:** *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. **Mental Health Probation Liaison Services (MHPLS)** has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include; providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- c. **Target Population:** Youth in the juvenile justice system in need of mental health support
- d. **Payment Limit:** FY 20-21: \$422,667
- e. **Staff:** 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. **Number Served:** FY 18-19: 300+

g. Outcomes:

- Help youth address mental health and substance abuse issues that may underlie problems with delinquency
- Increased access to mental health services and other community resources for at risk youth
- Decrease of symptoms of mental health disturbance
- Increase of help seeking behavior; decrease stigma associated with mental illness.

La Clínica de la Raza

<https://www.laclinica.org/>

Point of Contact: Laura Zepeda Torres

Contact Information: PO Box 22210, Oakland, CA, 94623

(510) 535 2911, lztorres@laclinica.org

1. General Description of the Organization

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

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

- a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.
- a. Payment Limit: FY 20-21: \$297,644
- b. Number served: FY 18-19: 6960 consumers
- c. Outcomes:
- i. Vias de Salud:
 - Participants of support groups reported reduction in isolation and depression

- Offered 5944 depression screenings, 528 assessments and early intervention services, 1185 follow-up services
- ii. Familias Fuertes:
 - 100% of parents reported increased knowledge about positive family communication
 - 100% of parents reported improved skills, behavior, and family relationships
 - Offered 955 screenings for youth, 185 assessments for youth, 262 follow-up visits with families

Lao Family Community Development

<https://lfcd.org/>

Point of Contact: Kathy Chao Rothberg, Brad Meyer

Contact Information: 1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806

(510) 215-1220 krothberg@lfcd.org ; bmeyer@lfcd.org

1. General Description of the Organization

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

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

- a. **Scope of Services:** Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and South East Asian adults throughout Contra Costa County. The program activities designed and implemented include; comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education and support to a diverse underserved population to facilitate increased development of problem solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral and linkage to increase client's access to mental health treatment and health care providers in the community based, public and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community based settings and the offices of LFCD in San Pablo.
- b. **Target Population:** South Asian and South East Asian Families at risk for developing serious mental illness.
- c. **Payment Limit:** FY 20-21: \$202,012
- d. **Number served:** In FY 18-19: 125
- e. **Outcomes:**
 - 100% of program participants completed the Lubben Social Networking Scale (LSNS) assessments. Results indicate program participation leads to a decrease in social isolation.

B-43

- Held 18 Strengthening Families Program (SFP) workshops
- Facilitated 8 different community events during the FY
- Provided case management and system navigation for 125 community members

The Latina Center

<https://thelatinacenter.org/>

Point of Contact: Miriam Wong, 3701 Barrett Ave #12, Richmond, CA 94805

(510) 233-8595, miriamwong@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: Our Children First/Primero Nuestros Niños - PEI**

- a. **Scope of Services:** The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low-income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. **Target Population:** Latino Families and their children in West County at risk for developing serious mental illness.
- c. **Payment Limit:** FY 20-21 \$125,753
- d. **Number served:** For FY 18-19: 327
- e. **Outcomes:**
 - 100% of the 327 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.
 - Provided community based 12-week parenting classes and workshops, including NAMI Basics and Mental Health First Aid (in Spanish)
 - A total of 88 parents completed the 12-week parenting course and graduated from the program
 - Classes were offered at different Richmond area community-based locations including Lake Elementary School, Catholic Charities and the Latina Center.
 - Hired a mental health counselor to offer culturally and linguistically appropriate one-on-one support for clients in need

Lifelong Medical Care

<https://www.lifelongmedical.org/>

Point of Contact: Kathryn Stambaugh

2344 6th Street, Berkeley, CA 94710 (510) 981-4156

kstambaugh@lifelongmedical.org

1. General Description of the Organization

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

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

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

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

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

- b. Target Population: Seniors in low income housing projects at risk for developing serious mental illness.
- c. Payment Limit: FY 20-21: \$138,751
- d. Number served: FY 18-19: 138

e. Outcomes:

- Highlights from the FY include; three-month nutrition series; live drumming and creative movement classes; grief and loss group, conversational Spanish group, Men's Club, Tai Chi
- More than 65% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project.
- 95% of respondents self-reported improvement in mood as a result of participating in SNAP.
- 98% of respondents reported feeling more connected to others as result of SNAP.
- 98% of respondents reported satisfaction with the SNAP program.

Lincoln

<http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO

Contact Information: 1266 14th St, Oakland CA 94607

(510) 867-0944 allisonbecwar@lincolnfamilies.org

1. General Description of the Organization

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

2. Program: Multi-Dimensional Family Therapy (MDFT) – Full Service Partnership - CSS

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

a. Scope of Services:

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

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

c. Payment Limit: FY 20-21 \$989,969

d. Number Served: The program served 56 clients in FY18-19.

e. Outcomes: For FY 18-19:

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

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Table 1. Pre- and post-enrollment utilization rates for 56 Lincoln Child Center participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	8	2	0.017	0.005	-69.4%
<i>Inpatient episodes</i>	2	0	0.004	0.000	-100.0%
<i>Inpatient days</i>	7	0	0.015	0.000	-100.0%
<i>JACS</i>	45	34	0.097	0.090	-7.7%

PH Senior Care, LLC (Pleasant Hill Manor)

Point of Contact: Evelyn Mendez-Choy

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

(925) 937-5348, emendez@northstarsl.com

1. General Description of the Organization

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: For FY 18-19: Capacity of 26 beds.

Mental Health Services Act Housing Services (Contra Costa Health, Housing, and Homeless Services – H3)

<https://cchealth.org/h3/>

Point of Contact: Jenny Robbins, LCSW, Housing and Services Administrator

Contact Information: 2400 Bisso Lane, Suite D2, Concord, CA 94520

(925) 608-6000, Jenny.Robbins@CCHealth.org

1. General Description of the Organization

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

2. Program: Homeless Programs - Temporary Shelter Beds - CSS

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

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.
- b. Total MHSA Portion of Budget: \$2,110,379
- c. Number Served: FY 18-19: 75 beds fully utilized for 365 days in the year.

3. Program: Permanent Housing - CSS

Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total MHSA Portion of Budget: One Time Funding Allocated.
- c. Number Served: FY 18-19: 50 units.

4. Program: Coordination Team - CSS

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.

- b. Total FTE: 4.0 FTE
- c. Total MHSA Portion of Budget: \$644,560
- d. Number Served: FY 18-19: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

Mental Health Systems, Inc.

<https://www.mhsinc.org/listing/contra-costa-action-team/>

Point of Contact: Alicia Austin-Townsend, LMFT

Contact Information: 2280 Diamond Blvd., #500, Concord, CA 94520

(925) 483-2223, atownsend@mhsinc.org

1. General Description of the Organization

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

2. Program: MHS Contra Costa ACTION Team - CSS

- a. Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura’s Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders. The program will be identified as the Contra Costa ACTION Team and the Mental Health Services Act (MHSA) will fund services. The program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS’ FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community- based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
- b. Payment Limit: FY 20-21 \$1,081,886
- c. Number Served: The program served 47 clients during the 16-17 fiscal year, 68 clients during the 17-18 fiscal year, 115 clients during the 18-19 fiscal year.
- d. Outcomes: For Calendar Year 2018
 - ACT treatment adherence was 66% overall.
 - Consumers receiving ACT services had a decrease in crisis episodes from 94% to 48%.
 - Consumers had a decrease in psychiatric hospitalizations from 53% to 18%.
 - Consumers had a decrease in jail bookings from 54% to 26%.
 - 69% of consumers obtained or maintained housing while in ACT.
 - 14 consumers maintained employment during FY 18/19.

Table 1. Pre-and post-enrollment utilization rates for 18 Mental Health Systems FSP participants enrolled in the FSP program during FY 18-19

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	80	31	0.370	0.287	-22.5%
<i>Inpatient episodes</i>	8	3	0.037	0.028	-25.0%
<i>Inpatient days</i>	100	61	0.463	0.565	-22.0%

Modesto Residential Living Center, LLC.

Point of Contact: Dennis Monterosso

Contact Information: 1932 Evergreen Avenue, Modesto CA, 95350

(209) 530-9300, info@modestoRLC.com

1. General Description of the Organization

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

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits, and accepted augmented board and care at Modesto Residential Living Center.

c. Number served: For FY 17-18: Capacity of 6 beds.

National Alliance on Mental Illness Contra Costa (NAMI CC)

<http://www.namicontracosta.org/>

Point of Contact: Gigi Crowder

Contact Information: 2151 Salvio Street, Suite V, Concord, CA 94520

(925) 942-0767, Gigi@namicontracosta.org

1. **General Description of the Organization**

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

2. **Program: Family Volunteer Support Network (FVSN) - WET**

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

- a. **Scope of Services:** Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
 - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
 - Partner with organizations who specifically prepare individuals for volunteer service in community, such as CCBHS's SPIRIT program.
 - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
 - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
- b. **Target Population:** Family members and care givers of individuals with lived mental health issues.
- c. **Payment Limit:** FY 20-21 \$618,000
- d. **Number Served:** FY 18-19: 700 individuals.
- e. **Outcomes:**
 - Staff the FVSN Program.
 - Provide one office in central Contra Costa County, and maintain three satellite locations in east, west, and south Contra Costa County.
 - Partner with other CCBHS, faith and other community agencies to support families affected by mental health issues.

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- Develop training curriculum for FVSN Program.
 - Start recruitment of volunteers.
3. **Program: Family Psycho Education Program (Family to Family: Spanish, Mandarin/Cantonese, FaithNet, NAMI Basics, and Conversations with Local Law Enforcement) - WET**
- a. **Scope of Services:** Family to Family is an evidence based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- For Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish); provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.
 - For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
 - For the FaithNet program, implement a mental health spirituality curriculum targeting faith leaders and the faith-based communities in the County, who have congregants or loved ones with severe and persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information.
 - For Conversations with Local Law Enforcement, support dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
 - Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific

agencies in order to coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs.

- All training will be augmented by utilizing sites, such as faith centers, community based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
- b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
- c. Payment Limit: \$70,596
- d. Number served: For FY 18-19: 780 individuals participated in training, workshops, and events.
- e. Outcomes:
- Deliver six Family-to-Family (Spanish, at least one in Mandarin/Cantonese) (12) week trainings during fiscal year.
 - Deliver four NAMI Basics (6) session trainings during fiscal year, with at least one in Spanish.
 - Hold four FaithNet events during fiscal year.
 - Deliver six Conversations with Local Law Enforcement in partnership with local law enforcement agencies and individuals or families affected by mental health issues throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports.
 - All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.
 - Feedback will inform decision making. Member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.

Native American Health Center (NAHC)

<http://www.nativehealth.org/>

Point of Contact: Chirag Patel, Catherine Nieva-Duran

Contact Information: 2566 MacDonald Ave, Richmond, CA 94804

(510) 434-5483, chiragp@nativehealth.org or catherinen@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 medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

2. **Program: Native American Wellness Center – PEI**

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

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

- b. **Target Population:** Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 20-21: \$256,559
- d. **Number served:** FY 18-19: 289 total community members through various outreach efforts, as well as groups and individual case management
- e. **Outcomes:**
- Held a total of 26 community based events in FY 18-19 and trainings, including Mental Health First Aid

- Program participants will increase social connectedness within a twelve- month period.
- Program participants will increase family communications.
- Participants that engaged in referrals and leadership training will increase their ability to navigate the mental health/health/education systems.

Oak Hills Residential Facility

Point of Contact: Rebecca Lapasa

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

(925) 709-8853, Rlapasa@yahoo.com

1. General Description of the Organization:

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number Served: For FY 18-19: Capacity of 6 beds.

Office for Consumer Empowerment (OCE) (Contra Costa Behavioral Health Services)

Point of Contact: Jennifer Tuipulotu

Contact Information: 1330 Arnold Drive #140, Martinez, CA 94553

(925) 957-5206, Jennifer.Tuipulotu@cchealth.org

1. General Description of the Organization

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

2. Program: Reducing Stigma and Discrimination – PEI

a. Scope of Services

- The PhotoVoice Empowerment Project equips individuals with lived mental health and co-occurring experiences with the resources of photography and narrative in confronting internal and external stigma and overcoming prejudice and discrimination in the community.
- The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau encourages individuals with lived mental health and co-occurring experiences, as well as family members and providers, to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, academic faculty and students, law enforcement, and other community groups.
- Staff leads and supports 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 promotes dialogue and guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub –committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- Staff partner with NAMI Contra Costa to offer a writers' group for people diagnosed with mental illness and family members who want to get support and share experiences in a safe environment.

3. Program: Mental Health Career Pathway Program - WET

- #### **a. Scope of Services:**
- The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of

service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support, and provide ongoing support to graduates.

4. Program: Overcoming Transportation Barriers – INN

- a. Scope of Services: The Overcoming Transportation Barriers program is a systemic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program are to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among peers. The program targets peers and caregivers throughout the mental health system of care.
- b. Target Population: Participants of public mental health services and their families; the general public.
- c. Total MHSA Funding for FY 20-21: \$232,190
- d. Staff: 11 full-time equivalent staff positions.
- e. Outcomes:
 - Increased access to wellness and empowerment knowledge and skills by participants of mental health services.
 - Decrease stigma and discrimination associated with mental illness.
 - Increased acceptance and inclusion of mental health peers in all domains of the community.

Older Adult Mental Health (Contra Costa Behavioral Health Services)

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Heather Sweeten-Healy, Ellie Shirgul

Contact Information: 2425 Bisso Lane, Suite 100, Concord, CA 94520

(925)-521-5620, Heather.Sweeten-Healy@cchealth.org or Ellen.Shirgul@cchealth.org

1. General Description of the Organization

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

2. Program: Intensive Care Management - CSS

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

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

IMPACT is an evidence-based practice which provides depression treatment to individuals 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 receiving health care services at a federally qualified health center. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

4. Program: Senior Peer Counseling - WET

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. The Latino Senior Peer Counseling Program is recognized as a resource for this underserved

population. This program serves older adults age 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to this underserved population.

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget: Intensive Care Management - \$2,995,707; IMPACT - \$392,362; Senior Peer Counseling - \$254,496.
- c. Staff: 28 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 18-19: ICMT served 305 individuals; IMPACT served 440 individuals; Senior Peer Counseling Program trained and supported 34 volunteers and served 267 individuals.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only). The SPC Program has implemented the Depression Anxiety Stress Scales (DASS) that will be administered at intake, and at the end of counseling to assess levels of anxiety and depression.

5. Program: Partners in Aging - INN

Partners in Aging is an Innovation Project that was implemented on September 1st, 2016. Partners in Aging adds up to two Community Support Workers, up to 3 Student Interns and 8 hours/week of Psychiatric Services to the IMPACT program. The project is designed to increase the ability of the IMPACT program to reach out to underserved older adult populations, including outreach at Psychiatric Emergency Services. Through Partners in Aging, IMPACT has provided more comprehensive services, including providing linkage to Behavioral Health, Ambulatory Care, and community resources. Peer support, rehab, and in-home and in-community coaching will allow the skills learned through psychotherapy to be practiced in the community.

- a. Scope of Services: Community Support Workers and Student Interns provided linkage, in-home and in-community peer support, and health/mental health coaching to consumers open to or referred to the IMPACT program. In addition, the CSW and Student Intern provide outreach to staff at Psychiatric Emergency Services. They are available to meet with consumers at PES that meet the criteria for IMPACT to provide outreach, and linkage to services. The Student Intern conducts intakes, assessments, and provides individual psychotherapy. Additionally, a Geropsychiatrist will be available 8 hours/week to provide consultation, and in-person evaluations of IMPACT clients.
- b. Target Population: The target population receiving health care services at the Federally Qualified Health Center for the IMPACT Program is adults age 55 years and older. The program focuses on treating older adults with late-life depression or anxiety and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. Partners in Aging also focused on providing

outreach and services to older adults who are experiencing both mental health symptoms and alcohol or drug misuse.

- c. Annual Payment Limit: \$250,000
- d. Number served: For FY 18-19: 38 individuals
- e. Outcomes: Reductions in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, and decreased Patient Health Questionnaire (PHQ-9) scores would indicate the effectiveness of this program. We are also utilizing the PEARLS to measure outcomes related to Partners in Aging.

People Who Care (PWC) Children Association

<http://www.peoplewhocarechildrenassociation.org/>

Point of Contact: Constance Russell

Contact Information: 2231 Railroad Ave, Pittsburg, 94565

(925) 427-5037, pwc.cares@comcast.net

1. General Description of the Organization

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

2. Program: PWC Afterschool Program - PEI

- a. **Scope of Services:** Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at-risk of dropping out of school, or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. **Target Population:** At risk youth with special needs in East Contra Costa County.
- c. **Payment Limit:** FY 20-21: \$236,689
- d. **Number served:** FY 18-19: 207
- e. **Outcomes:**
 - Participants in Youth Green Jobs Training Program increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and Green Economy.
 - Participants of the PWC After-School Program showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - More than 50% of participants did not re-offend during the participation in the program
 - Participants in PWC After School Program reported having a caring relationship with an adult in the community or at school.
 - Majority of participants showed an increase in school day attendance and decrease in school tardiness.

Portia Bell Hume Behavioral Health and Training Center (Hume Center)

<https://www.humecenter.org/>

Point of Contact: Reynold Fujikawa (Community Support Program East)

Contact Information: 555 School Street, Pittsburg, CA 94565

(925) 384-7727, rfujikawa@humecenter.org

Point of Contact: Margaret Schiltz, (Community Support Program West)

Contact Information: 3095 Richmond Pkwy #201, Richmond, CA 94806

(510) 944-3781, mschiltz@humecenter.org

1. **General Description of the Organization**

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

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

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

a. **Goal of the Program:**

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

b. **Referral, Admission Criteria, and Authorization:**

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

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

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- Community outreach, engagement, and education to encourage participation in the recovery process and our program
 - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
 - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
 - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by sub-contractors, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
 - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level, and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 20/21 (East and West CSP): \$4,272,121
- f. Number served: For FY 18/19: 65 individuals (East); and 68 individuals (West)
- g. Outcomes: For FY 18/19 (East):
- Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 65 Hume East FSP participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	301	150	0.408	0.209	-48.8%
<i>Inpatient episodes</i>	42	22	0.057	0.031	-46.2%
<i>Inpatient days</i>	572	519	0.966	0.848	-12.2%

Table 2. Pre- and post-enrollment utilization rates for 68 Hume West FSP participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	142	107	0.188	0.143	-23.9%
<i>Inpatient episodes</i>	17	8	0.022	0.011	-52.5%
<i>Inpatient days</i>	156	191	0.206	0.255	-23.6%

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor

Contact Information: 3052 Willow Pass Road, Concord, CA 94519

(925) 681-4100, Kelley.Taylor@CCHealth.org

1. **General Description of the Organization**

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

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

- a. **Scope of Services:** Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. **Target Population:** Adults in central county, who present at the clinic for medical reasons
- c. **Number Served:** For FY 18/19: 200+.
- d. **Outcomes:** Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Putman Clubhouse

<https://www.putnamclubhouse.org/>

Point of Contact: Tamara Hunter

Contact Information: 3024 Willow Pass Rd #230, Concord CA 94519

(925) 691-4276, (510) 926-0474, tamara@putnamclubhouse.org

1. General Description of the Organization

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

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

a. Scope of Services:

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

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

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- c. Payment Limit: FY 20-21: \$650,322
- d. Number served: In FY 18-19: 322
- e. Outcomes (FY18-19):
 - 86 new members enrolled and participated in at least one activity
 - Held 4 career workshops
 - Prepared 9,935 meals for members
 - Provided 54,386 hours of Clubhouse programming to members
 - Clubhouse membership made a positive impact by decreasing hospitalizations

Rainbow Community Center

<https://www.rainbowcc.org/>

Point of Contact: Kiku Johnson

Contact Information: 2118 Willow Pass Rd, Concord, CA 94520.

(925) 692-0090, kikujohnson@rainbowcc.org

1. General Description of the Organization

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

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

a. Scope of Services:

- i. **Outpatient Services:** Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services. Services are available in English, Spanish, and Portuguese.
- ii. **Pride and Joy:** Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
- iii. **Youth Development:** Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
- iv. **Inclusive Schools:** Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

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

c. **Payment Limit:** FY 20-21: \$805,607

d. **Number served:** FY 18-19: 1174

e. Outcomes:

- Rainbow held approximately 28 trainings during the year

- Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo, Pittsburg, Acalanes, West Contra Costa Unified.
- Offered services to LGBTQ seniors, adults and youth through their various tiered services

RI International, Inc. (formerly Recovery Innovations)

<https://riinternational.com/our-services/california/contra-costa/>

Point of Contact: Lisa Finch, Recovery Services Administrator

Contact Information: 3701 Lone Tree Way, Antioch, CA 94509 (East County)

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

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

(925) 494-4008, Lisa.Finch@RIinternational.com

1. General Description of the Organization

RI International was founded as META Services, an Arizona non-profit corporation. It has developed and provided a range of traditional mental health and substance abuse services for adults with long term mental health and addiction challenges. RI International pioneered an innovative initiative: the creation of the new discipline of Peer Support Specialist. This experience has transformed the RI International workforce to one in which Peer Support Specialists and professionals work together on integrated teams to deliver recovery-based services. The RI International experience has 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 transformation experience, RI International operates recovery-based mental health services in over 20 communities in five states and one location in New Zealand. RI International has provided recovery training and transformation consultation in 27 states and five countries abroad.

2. Program: RI International Wellness Cities – CSS

RI International provides Adult Wellness Cities that serve individuals or *citizens* experiencing mental and/or behavioral health challenges in west, central and east Contra Costa County. Wellness Cities provide a variety of wellness and recovery-related classes and groups, one-on-one coaching, vocational opportunities, links to community resources, and recreational opportunities in a peer supported environment. The classes, groups and coaching are recovery-oriented and facilitated by peer recovery coaches. Coaches work with citizens to establish individualized goals, a wellness recovery action plan (WRAP), self-help and coping skills, support networks and a commitment to overall wellness. All services provided are related to at least one of the nine dimensions of wellness; physical, emotional, intellectual, social, spiritual, occupational, home and community living, financial and recreation/leisure. Participants seeking services become citizens of the city. Citizens develop a 6 month partnership with RI International and are assigned a Peer Recovery Coach who has experienced their own success in recovery by obtaining education, coping skills, self-management and/or sobriety. They share what they have learned and walk alongside each citizen on their individualized and strength-based path to recovery.

Other services provided are case management support by the Recovery Care Coordinator. The position assists individuals with linkages that provide independence, education and support in the community. The Employment Services Coordinator also helps RI citizens that are ready in their path to recovery with support of positive employment opportunities; whether it be paid or volunteer work.

a. Scope of Services:

- Peer and family support

- Personal recovery planning using the seven steps of Recovery Coaching
 - Monthly one on one coaching and meaningful outcome tracking
 - Workshops, education classes, evidence-based IMR groups, community based activities using the 9 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 through Care Coordination
 - Supportive employment program through the use of an Employment Specialist position as well as the Employment Prep & Placement (E3P) Program
 - Wellness Recovery Action Plan (WRAP) classes
 - Snacks and lunch meals during weekdays for participants
 - Further enhance services by providing transportation to community based activities using the 9 Dimensions of Wellness (physical, emotional, intellectual, social, spiritual, occupational, home/community living, financial, recreation/leisure)
 - Community Outreach and Collaboration with Mental Health Partners and Providers – NAMI, Hume, Project Homeless Connect, WREACH, SPIRIT, CORE, etc.
 - Links to Resources - Assist participants to coordinate medical, mental health, medication, housing, and other community services
 - SPIRIT Program – obtain attendance records from the OCE and process reimbursement (stipend) for SPIRIT students.
- b. Target Population: Adult mental health participants in Contra Costa County. RI International services will be delivered within each region of the county through Wellness Cities located in Antioch, Concord and San Pablo.
- c. Annual MHSA Payment Limit: \$1,290,630
- d. Number served: FY 18-19: 219, of those 183 were active, regular participants. It is estimated that all RI International Contra Costa sites were visited 1,224 times on average each month by RI Citizens.
- e. Outcomes: For FY 18-19, RI International served a total of 219 citizens, of which 157 developed a Wellness Recovery Action Plan (WRAP). Attendance numbers for the four core classes during FY 18-19 are as follows:
- 157 attended WRAP classes and 47 completed the program.
 - 132 attended WELL classes and 50 completed the program.
 - 125 attended Facing up to Health classes 24 completed the program.
 - 133 attended the 9 Dimensions of Wellness classes and 44 completed the program.
 - RI International was also able to offer Illness Management Recovery (IMR) classes to RI Citizens; funded through Substance Abuse and Mental Health Services Administration (SAMHSA). 9 attended the IMR classes and 3 completed the program.

RYSE Center

<https://rysecenter.org/>

Point of Contact: Kanwarpal Dhaliwal

Contact Information: 205 41st Street, Richmond. CA 94805

(925) 374-3401, Kanwarpal@rysecenter.org

1. General Description of the Organization

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

2. Program: Supporting Youth – PEI

a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and ‘edutainment’ activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of 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 20-21: \$533,439

- d. Unique Number served: FY 18-19: 720 young people
- e. A Sampling of Outcomes from FY 18-19:
- 242 new members enrolled
 - 87 young people completed Education, Career, Let's Get Free or Case Management Plans
 - Young people developed original poetry and spoken word, performed at over 15 public and/or youth-led events.
 - 39 new members were referred to RYSE through Probation or hospital linkages
 - Restorative Justice Diversion Pilot: In May 2019 RYSE launched a collaborative agreement with the District Attorney's Office to bring restorative justice diversion to Contra Costa County.
 - RYSE Commons: RYSE has launched our capital campaign and begun construction to expand into RYSE Commons, including a new building to serve as a Health Home for young people of color

Seneca Family of Agencies

<http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director
Contact Information: 3200 Clayton Road, Concord, CA, 94519
(415) 238-9945; jennifer_blanza@senecacenter.org

1. General Description of the Organization

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

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

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

a. Scope of Services:

- Outreach and engagement
- Linkage
- Assessment
- 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 with a history of multiple psychiatric hospitalizations and crisis interventions, imminent risk of homelessness, who have a serious mental illness and/or are seriously emotionally disturbed, and are not being served, or are being underserved, by the current mental health system. Youth in the program can be Medi-Cal eligible or uninsured.

c. Payment Limit: FY 20- 21 \$ 2,174,196

d. Number served: Number served in FY 18-19: 73 individuals

e. Outcomes:

Table 1. Pre-and post-enrollment utilization rates for 73 Seneca Start FSP Participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	88	22	0.151	0.061	-59.7%
<i>Inpatient episodes</i>	25	11	0.043	0.030	-29.1%
Inpatient days	166	87	0.285	0.241	-15.5%

- Establish linkage with ongoing resources/support.
- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

SHELTER, Inc.

<https://shelterinc.org/>

Point of Contact: John Eckstrom, Chief Executive Officer
Contact Information: P.O. Box 5368, Concord, CA 94524
(925) 957-7595, john@shelterinc.org

1. General Description of the Organization

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

2. Program: Supportive Housing - CSS

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

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).

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- Reserve or set aside units of owned property dedicated for MHSA consumers.
 - Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
 - Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
 - Provide quality property management services to consumers living in master leased and owned properties.
 - Maintain property management systems to track leases, occupancy, and maintenance records.
 - Maintain an accounting system to track rent and security deposit charges and payments.
 - Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
 - Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
 - Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
 - Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
 - Work collaboratively with full service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
 - Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
 - Provide tenant education to consumers to support housing retention.
- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full service partnership programs.
- c. Annual Payment Limit: \$2,420, 426
- d. Number served: For FY 18-19 Shelter, Inc. served 118 consumers.
- Outcomes: Quality of life: housing stability.
 - i. Goal: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.
 - ii. Goal: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.
 - iii. Capacity of 119 Units.

STAND! For Families Free of Violence

<http://www.standffov.org/>

Point of Contact: Reina Sandoval Beverly

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

(925) 676-2845, reinasb@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! enlists 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 childhood exposure to violence.

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

- a. **Scope of Services:** STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. **Target Population:** Middle and high school students at risk of dating violence.
- c. **Payment Limit:** FY 20-21: \$142,280
- d. **Number served:** FY 18-19: 1903 participants
- e. **Outcomes:**
 - *You Never Win with Violence* presentations to 1730 middle and high school youth (during 70 presentations) in Contra Costa County
 - 18 *Expect Respect* groups reached 252 participants
 - Offered 10-week long gender-based support groups
 - Trained adult allies (teachers and other school personnel)

Telecare Corporation

<https://www.telecarecorp.com/>

Point of Contact: Clearnise Bullard, Program Administrator and Mark Tiano, Clinical Director

Contact Information: 300 Ilene Street, Martinez, CA 94553

(925) 313-7980, cbullard@telecarecorp.com or mtiano@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 130 programs staffed by more than 4,000 employees in California, Oregon, Washington, Arizona, Nebraska, North Carolina, Texas, New Mexico and Pennsylvania and provide a broad continuum of services and supports, including Inpatient Acute Care, Inpatient Non-Acute/Sub-Acute Care, Crisis Services, Residential Services, Assertive Community Treatment (ACT) services, Case Management and Prevention services.

2. Program: Hope House Crisis Residential Facility - CSS

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

a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 24 hours of admission.
- Psychiatric assessment within 24 hours of admission.
- Treatment plan development within 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.

- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
 - Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.
 - Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
 - Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
 - A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
 - Peer support services/groups offered weekly.
 - Engagement of family in treatment, as appropriate.
 - Assessments for involuntary hospitalization, when necessary.
 - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
 - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
 - Daily provision of healthy meals and snacks for residents.
 - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 19-20 \$2,270,173.00
- d. Number served: FY18-19 Unduplicated client count of 241.
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
 - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza

Contact Information: 2840 Salesian Avenue, Richmond CA 94804

(510) 235-8284, JuTaburaza@gmail.com

1. **General Description of the Organization**

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: For FY 18-19: Capacity of 50 beds.

Vicente Martinez High School - Martinez Unified School District

<http://vmhs-martinez-ca.schoolloop.com/>

Point of Contact: Lori O'Connor

Contact Information: 925 Susana Street, Martinez, CA 94553

(925) 335-5880, loconnor@martinez.k12.ca.us

1. General Description of the Organization

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

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

a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:

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

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

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

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

c. Payment Limit: FY 20-21: \$197,076

d. Number served: FY 18-19: 121 Transition Aged Youth (TAY)

e. Outcomes:

i. Goals: Students enrolled in Vicente and Briones 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
- Increase mental health resiliency

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- Participate in four or more different PEI related activities throughout the school year
- Decrease incidents of negative behavior
- Increase attendance rates
- ii. During the 18-19 School Year:
 - 97% of Vicente students enrolled during the 18-19 school year participated in PEI related activities.
 - All seniors participated in a minimum of 15 hours of service learning.
 - Staff organized and hosted 70 different types of activities and events to enrich the curricula.
 - All students were offered mental health counseling.
 - Developmental Assets Profile (DAP) assessment was administered to all students.
 - All students were given the opportunity to apply, interview and participate in career-focused internships.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Robin O'Neill, Mental Health Program Manager

Contact Information: 13585 San Pablo Ave, CA 94806

(510) 215-3700, Robin.ONeill@CCHealth.org

1. General Description of the Organization

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The 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 MHSAs funded programs and plan elements:

2. Plan Element: Adult Full Service Partnership Support - CSS

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

3. Plan Element: Clinic Support - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number Served: For FY 18-19: Approximately 2,387 Individuals.

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

<https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Chad Pierce, Mental Health Program Manager

Contact Information: 303 41st Street, Richmond, CA 94805

(510) 374-7208, Chad.Pierce@CCHealth.org

1. General Description of the Organization

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

2. Plan Element: Clinic Support - CSS

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

- a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
- b. Number Served: For FY 18-19: Approximately 474 Individuals.

Williams Board and Care

Point of Contact: Frederick Williams, Katrina Williams

Contact Information: 430 Fordham Drive, Vallejo CA

(707) 731-2326, Fred_Williams@b-f.com

1. **General Description of the Organization**

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

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

a. **Scope of Services:** Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. **Target Population:** Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. **Number served:** For FY 18-19: Capacity of 6 beds.

Woodhaven

Point of Contact: Milagros Quezon

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519

(925) 349-4225, Rcasuperprint635@comcast.net

1. General Description of the Organization

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

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

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: For FY 18-19: Capacity of 4 beds.

Youth Homes, Inc.

<https://www.youthhomes.org/>

Point of Contact: Cameron Safarloo, Chief Executive Officer or
Byron Lacuaniello, Clinical Director

Contact Information: 3480 Buskirk Ave #210, Pleasant Hill, CA 94523
(925) 933-2627, camerons@youthhomes.org or byroni@youthhomes.org

1. General Description of the Organization

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

2. Program: Transition Age Youth Full Service Partnership – CSS

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

3. Program: Youth Home's Short Term Residential Therapeutic Program (STRTP) – CSS

Youth Home's Short Term Residential Therapeutic Program (STRTP) also provides intensive individual mental health services to foster youth with a need for Specialty Mental Health Services (SMHS) who are residents in one of the STRTP programs, including limited follow up services for youth post residential discharge and their families, if appropriate. Services provided are Assessment, Individual Therapy,

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Collateral (including family therapy), Individual and Group Rehab, Crisis Intervention, Case Management Brokerage (including Linkage and Advocacy, and Placement), and Medication Evaluation and Medication Monitoring. All services are provided in a trauma informed, culturally sensitive, client-and-family centered, team-based manner and are individually determined based on need.

- a. Scope of Services (FSP):
 - Outreach and engagement
 - Case management
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention
 - Collateral
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Money Management
 - Vocational Services
 - Contractor must be available to consumer on 24/7 basis
- b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population. Services are based in East Contra Costa County as well as Central Contra Costa County.
- c. Annual MHSA Payment Limit (FSP): \$748,462
- d. Annual MHSA Payment Limit (STRTP): \$2,096,385
- e. Number served FSP: For FY 18-19: 40 individuals
- f. Outcomes FSP: For FY 18-19:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 40 Youth Homes FSP Participants enrolled in the FSP program during FY 18-19

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	123	90	0.315	0.218	-30.9%
<i>Inpatient episodes</i>	39	17	0.100	0.041	-58.8%
<i>Inpatient days</i>	307	141	0.787	0.341	-56.6%
<i>DET Bookings</i>	15	9	0.038	0.022	-43.9%

Appendix C

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

CAO - County Administrator's Officer. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2)

overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

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

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

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

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

CCMH - Contra Costa Mental Health. 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.

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

CF/TN - Capital Facilities/Information Technology. The title of one of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic systems, such as mental health records systems.

CHHS – California Health and Human Services Agency. The agency which oversees twelve departments and five offices that provides a range of health care services, social services, mental health services, alcohol and drug services, income assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

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

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

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

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

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

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

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

Co-Occurring Disorders or Dual Diagnosis. Refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

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

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

CSS - Community Services and Supports. The title of one of five components funded by the MHSA. It refers to mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those provided in the mental health system of care that is not funded by MHSA. Within community services and supports are the categories of full service partnerships, general system development, outreach and engagement, and project based housing programs.

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

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

Cultural Competence. In this context, refers to equal access to services of equal quality provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.

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

DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The

handbook used by health care professionals to diagnosis mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders

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

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

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

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

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

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

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

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

51/50 – Fifty One Fifty. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger

to themselves or others due to signs of mental illness.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IMD – Institution for Mental Disease. Any institution that, by its overall character is a facility established and maintained primarily for the care and treatment of individuals with mental diseases. The guidelines used to evaluate if the overall character of a facility is that of an IMD are based on whether the facility: 1) Is licensed or accredited as a psychiatric facility; 2) Is under the jurisdiction of the state's mental health authority; 3) Specializes in providing psychiatric/psychological care and treatment, which may be ascertained if indicated by a review of patients' records, if an unusually large proportion of the staff has specialized psychiatric/psychological training, or if a facility is established and/or maintained primarily for the care and treatment of individuals with mental diseases; or 4) Has more than 50 percent of all its patients admitted based on a current need for institutionalization as a result of mental diseases.

IMPACT - Improving Mood Providing Access to Collaborative Treatment. This refers to an evidence based mental health treatment for depression utilized specifically for older adults, and is provided in a primary care setting where older adults are

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

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

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

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

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

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

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

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

LPS – Lanterman Petris Short Act. The LPS Act refers to Sections 5150, 5151 and 5152 of the Welfare and Institutions Code (WIC). It is a California law governing the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or others, or who are gravely disabled and require inpatient psychiatric care. It was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

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

MDFT - Multi-Dimensional Family Therapy. An evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents' parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

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

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

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

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

MH – Mental Health. Abbreviation used for term.

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

mental illness, and 3) advise the Board of Supervisors and the mental health director.

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

MHSA - Mental Health Services Act or Proposition 63. Was voted into law by Californians in November 2004. This Act combines prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. The 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.

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

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

MHSOAC - Mental Health Services Oversight and Accountability Commission. Established by the 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.

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

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

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

Needs Assessment. Refers to part of the community program planning process (CPPP) where the mental health services and supports needs of the community are identified and assessed. This includes identifying populations, age groups and communities that remain unserved, underserved or inappropriately served.

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

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

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

OSHPD - Office of Statewide Health Planning and Development. A state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. OSHPD is the state entity responsible for the implementation of various MHSA state level funded workforce education and training programs, such as the mental health loan assumption program, psychiatric residency programs, and several graduate stipend and internship programs.

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

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

PEI - Prevention and Early Intervention. A term created by the MHSA, and refers to a component of funding in which services are designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness, and intervening early in the onset of a mental illness. Twenty percent of funds received by the MHSA are to be spent for prevention and early intervention services.

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

PhotoVoice Empowerment Program. The County sponsors classes designed to enable individuals to create artwork consisting of a photograph and a personally written story that speak to or represent the challenges of prejudice, discrimination and ignorance that people with behavioral health challenges face. These artworks are then displayed in the community to educate, raise awareness and reduce stigma.

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

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

PTSD - Post-Traumatic Stress Disorder. An emotional illness that that is classified as an anxiety disorder, and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that

remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal).

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

Public Mental Health System. This term is used to describe the public system that is in place to provide mental health services. There are 64 counties and 2 cities that receive MHSA funds to support their public mental health system. Each county's system is uniquely structured where services are provided by county staff or through contractors; such as community based organizations and other agencies.

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

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

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

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

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

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

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

RFQ - Request for Qualifications. Abbreviation used to describe term.

RHD - Reducing Health Disparities. Abbreviation used to describe term.

SAMHSA - Substance Abuse and Mental Health Services Administration. The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SB - Senate Bill. Abbreviation used to describe term.

SNHP – Special Needs Housing Program. Allows local governments to use MHPA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

SNF - Skilled Nursing Facility. A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

STRTP – Short Term Residential Treatment Program. A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

SED - Seriously Emotionally Disturbed. Children from birth up to age eighteen with serious emotional disturbance are persons who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SMI - Serious Mental Illness. Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

SOC – System of Care. Term used to refer to this county's public mental health system.

SPIRIT - Service Provider Individualized Recovery Intensive Training. A recovery oriented, peer led classroom and experiential-based, college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Mental Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

Stakeholders. Stakeholders is a term defined in the California Code of Regulations to

mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Stigma and Discrimination. In this context, refers to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues. These thoughts and behaviors can include any person who has an influence on a person's mental health well-being, to include the person experiencing the mental health issue.

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

STEP - Systematic Training for Effective Parenting. A parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. The publication was supplemented by an extensive concept for training and proliferation. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

Supported Employment. Supported employment is a federal vocational rehabilitation term that means competitive work for individuals with the most significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

Supportive Housing. A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low

incomes and/or serious, persistent issues that may include substance abuse, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

TAY - Transition Age Youth. A term meaning individuals who are between the age of 16 years and 25 years of age. Specific mental health programs that address this age group are in the adult system of care, and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

Triple P - Positive Parenting Program. An evidence based practice designed to increase parents' sense of competence in their parenting abilities. It is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

WET - Workforce Education and Training. A term created by the MHSA, and refers to the component of the MHSA that funds programs and service that assist in the recruitment and retention of a skilled and culturally competent mental health workforce.

WIC - Welfare and Institutions Code. Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

WRAP - Wellness Recovery Action Plan. An evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

Wraparound Services. An intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

WREACH - Wellness Recovery Education for Acceptance, Choice and Hope. The WREACH Speaker's Bureau is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency, and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

Appendix D

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

Three-Year Program and Expenditure Plan

Local Mental Health Director	Program Lead
Name: Suzanne Tavano, PHN, Ph. D	Name: Jennifer Bruggeman, LMFT
Telephone Number: 925-957-5150	Telephone Number: 925-313-9579
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Jennifer.Bruggeman@cchealth.org
Local Mental Health Mailing Address:	
Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, including stakeholder participation and non-supplantation requirements.

This Three Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on _____, 2021.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached plan are true and correct.

 Suzanne Tavano, PHN, Ph. D
 Contra Costa Behavioral Health Services Director

 Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Contra Costa County

X Three-Year Program and Expenditure Plan

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Suzanne Tavano, PHN, Ph. D	Name: Robert R. Campbell
Telephone Number: 925-957-5150	Telephone Number: 925-646-2181
E-mail: Suzanne.Tavano@cchealth.org	E-mail: bcamp@ac.cccounty.us
Local Mental Health Mailing Address: <div style="text-align: center;"> Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553 </div>	

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

I declare under penalty of perjury under the laws of this state that the foregoing and the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct to the best of my knowledge.

Suzanne Tavano, PHN, Ph. D
 Contra Costa Behavioral Health Services Director

 Signature Date

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

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

Appendix E

FY 2020-21 Through FY 20-23 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Contra Costa

Date: 1/26/2021

	MHSA Funding					Total
	A	B	C	D	E	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	
A. FY 2020/21 Funding						
1. Unspent Funds from Prior Fiscal Years	32,393,398	5,478,778	4,403,254	2,058,784	818,996	45,153,210
2. New FY2020/21 Funding	38,489,576	9,622,394	2,532,209			50,644,179
3. Transfer in FY2020/21	6,200,000			6,200,000		12,400,000
4. Available Funding for FY2020/21	64,682,974	15,101,172	6,935,463	8,258,784	818,996	95,797,389
B. Budgeted FY20/21 MHSA Expenditures	46,933,017	9,028,430	2,240,330	2,610,935	500,000	61,312,712
C. Estimated FY2021/22 Funding						
1. Unspent Funds from Prior Fiscal Years	18,688,617	6,253,310	4,739,940	5,700,068	328,996	35,710,931
2. Estimated New FY2021/22 Funding	32,049,539	8,012,384	2,108,522			42,170,445
3. Transfer in FY2021/22						
4. Estimated Available Funding for FY2021/22	50,738,156	14,265,694	6,848,462	5,700,068	328,996	77,881,376
D. Budgeted FY2021/22 Expenditures	40,267,273	9,028,430	2,240,330	2,610,935	250,000	54,396,968
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	11,276,229	5,417,833	4,652,939	3,141,351	83,996	24,572,348
2. Estimated New FY2022/23 Funding	29,368,569	7,342,142	1,932,143			38,642,854
3. Transfer in FY2020/23						
4. Estimated Available Funding for FY2022/23	40,644,798	12,759,975	6,585,082	3,141,351	83,996	63,215,202
F. Budgeted FY2022/23 Expenditures	40,267,273	9,028,430	2,240,330	2,610,935		54,146,968
G. Estimated FY2022/23 Unspent Fund Balance	377,525	3,731,545	4,344,752	530,416	83,996	9,068,234
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2020						7,579,248
I. Estimated Beginning Balance for FY 2020/21						
1. Estimated Unspent Funds from Fiscal Year 2019/20						45,153,209
2. Estimated Local Prudent Reserve Balance on June 30, 2020						7,579,248
3. Estimated Total Beginning Balance						52,732,457

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Children	5,241,815	5,241,815				
2. Transition Age Youth	4,359,618	4,359,618				
3. Adults	7,233,334	7,233,334				
4. Assisted Outpatient Treatment	2,549,239	2,549,239				
5. Wellness and Recovery Centers	1,290,630	1,290,630				
6. Crisis Residential Center	4,132,192	4,132,192				
7. MHSA Housing Services	9,212,576	9,212,576				
8.						
9.						
10.						
Non-FSP Programs (General System Development)						
1. Older Adult Mental Health Program	3,418,643	3,418,643				
2. Children's Wraparound Support/EPSTDT Support	2,098,458	2,098,458				
3. Miller Wellness Center	319,590	319,590				
4. Clinic Support	1,252,148	1,252,148				
5. Forensic Team	1,626,390	1,626,390				
6. Concord Health Center	254,496	254,496				
7. Liaison Staff	145,907	145,907				
8. Quality Assurance	1,251,829	1,251,829				
9.						
10.						
CSS Administration	2,546,152	2,546,152				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	46,933,017	46,933,017	0	0	0	0
FSP Programs as Percent of Total	72.5%					

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	2,884,535	2,884,535				
2. Transition Age Youth	2,263,233	2,263,233				
3. Adults	7,233,334	7,233,334				
4. Assisted Outpatient Treatment	2,549,239	2,549,239				
5. Wellness and Recovery Centers	1,006,691	1,006,691				
6. Crisis Residential Center	2,204,052	2,204,052				
7. MHSA Housing Services	9,212,576	9,212,576				
8.						
9.						
10.						
Non-FSP Programs (General System Development)						
1. Older Adult Mental Health Program	3,418,643	3,418,643				
2. Children's Wraparound Support/EPSTDT Support	2,098,458	2,098,458				
3. Miller Wellness Center	319,590	319,590				
4. Clinic Support	1,252,148	1,252,148				
5. Forensic Team	1,626,390	1,626,390				
6. Concord Health Center	254,496	254,496				
7. Liaison Staff	145,907	145,907				
8. Quality Assurance	1,251,829	1,251,829				
9.						
10.						
CSS Administration	2,546,152	2,546,152				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	40,267,273	40,267,273		0	0	0
FSP Programs as Percent of Total	67.9%					

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	2,884,535	2,884,535				
2. Transition Age Youth	2,263,233	2,263,233				
3. Adults	7,233,334	7,233,334				
4. Assisted Outpatient Treatment	2,549,239	2,549,239				
5. Wellness and Recovery Centers	1,006,691	1,006,691				
6. Crisis Residential Center	2,204,052	2,204,052				
7. MHSA Housing Services	9,212,576	9,212,576				
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9.						
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Non-FSP Programs (General System Development)						
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2. Children's Wraparound Support/EPSTDT Support	2,098,458	2,098,458				
3. Miller Wellness Center	319,590	319,590				
4. Clinic Support	1,252,148	1,252,148				
5. Forensic Team	1,626,390	1,626,390				
6. Concord Health Center	254,496	254,496				
7. Liaison Staff	145,907	145,907				
8. Quality Assurance	1,251,829	1,251,829				
9.						
10.						
CSS Administration	2,546,152	2,546,152				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	40,267,273	40,267,273	0	0	0	0
FSP Programs as Percent of Total	67.9%					

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,535,059	1,535,059				
2. Prevention	1,762,991	1,762,991				
3. Access and Linkage to Treatment	625,863	625,863				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,461	1,692,461				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
1. First Hope	2,587,099	2,587,099				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	158,090	158,090				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,028,430	9,028,430	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,535,059	1,535,059				
2. Prevention	1,762,991	1,762,991				
3. Access and Linkage to Treatment	625,863	625,863				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,461	1,692,461				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
1. First Hope	2,587,099	2,587,099				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	158,090	158,090				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,028,430	9,028,430	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,535,059	1,535,059				
2. Prevention	1,762,991	1,762,991				
3. Access and Linkage to Treatment	625,863	625,863				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,461	1,692,461				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
1. First Hope	2,587,099	2,587,099				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
PEI Administration	158,090	158,090				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,028,430	9,028,430	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Coaching to Wellness	145,907	145,907				
2. Partners in Aging	126,596	126,596				
3. Overcoming Transportation Barriers	76,536	76,536				
4. CORE	1,158,439	1,158,439				
5. CBSST	368,489	368,489				
6.						
7.						
8.						
9.						
10.						
INN Administration	364,363	364,363				
Total INN Program Estimated Expenditures	2,240,330	2,240,330	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. CBSST	145,907	145,907				
2. CORE	126,596	126,596				
3. Overcoming Transportation Barriers	76,536	76,536				
4. Coaching to Wellness	1,158,439	1,158,439				
5. Partners in Aging	368,489	368,489				
6.						
7.						
8.						
9.						
10.						
INN Administration	364,363	364,363				
Total INN Program Estimated Expenditures	2,240,330	2,240,330	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. CBSST	145,907	145,907				
2. CORE	126,596	126,596				
3. Overcoming Transportation Barriers	76,536	76,536				
4. Coaching to Wellness	1,158,439	1,158,439				
5. Partners in Aging	368,489	368,489				
6.						
7.						
8.						
9.						
10.						
INN Administration	364,363	364,363				
Total INN Program Estimated Expenditures	2,240,330	2,240,330	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,243,528	1,243,528				
2. Training and Technical Support	343,799	343,799				
3. Mental Health Career Pathway Program	371,258	371,258				
4. Internship Programs	352,350	352,350				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
WET Administration						
Total WET Program Estimated Expenditures	2,610,935	2,610,935	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
I. Estimated Beginning Balance for FY 2016/17						
WET Programs						
1. Workforce Staffing Support	1,243,528	1,243,528				
2. Training and Technical Support	343,799	343,799				
3. Mental Health Career Pathway Program	371,258	371,258				
4. Internship Programs	352,350	352,350				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
WET Administration						
Total WET Program Estimated Expenditures	2,610,935	2,610,935	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,243,528	1,243,528				
2. Training and Technical Support	343,799	343,799				
3. Mental Health Career Pathway Program	371,258	371,258				
4. Internship Programs	352,350	352,350				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
WET Administration						
Total WET Program Estimated Expenditures	2,610,935	2,610,935	0	0	0	0

**FY 2020-21 Through FY 2020-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: January 28, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1. Capital Facilities Projects 2. 3.	250,000	250,000				
CFTN Programs - Technological Needs Projects 1. Electronic Health Records System - Administrative Support 2. 3.	250,000	250,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	500,000	500,000	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1. Capital Facilities Projects 2. 3.	125,000	125,000				
CFTN Programs - Technological Needs Projects 1. Electronic Health Records System - Administrative Support 2. 3.	125,000	125,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	250,000	250,000	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 1. Capital Facilities Projects 2. 3.						
CFTN Programs - Technological Needs Projects 1. Electronic Health Record 2. 3.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Appendix F



PUBLIC COMMENT AND PUBLIC HEARING MHSA Three Year Program and Expenditure Plan Fiscal Years 2020-2023

MHSA Three Year Program and Expenditure Plan Fiscal Years 2020-2023 Online Posting



Mental Health Services

Crisis Services

Problem Resolution Process

Mental Health Services Act (MHSA)

Wellness & Education

Workforce Education & Training

Laura's Law

CoCo LEAD Plus

Presumptive Transfer

Links

Newsletter

Internship Program

Training Opportunities

Provider Services

Network Provider Resources

Clinical Documentation Forms

Suicide Prevention Committee

Mental Health Commission

Related Links

Quality Improvement & Quality Assurance (QI/QA)

Outcome Measures

Consolidated Planning Advisory Workgroup (CPAW)

Behavioral Health Services

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

Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology

This Plan describes county operated and contract programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. Also, the plan will describe what will be done to evaluate their effectiveness and ensure they meet the intent and requirements of the Mental Health Services Act.

California approved Proposition 63 in November, 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system, and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Services are to be consumer driven, family focused, based in the community, culturally and linguistically competent, and integrated with other appropriate health and social services. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services,

LATEST INFORMATION

- PUBLIC NOTICE:
 - [Three Year Program and Expenditure Plan 2020-2023](#) | [Spanish](#)
 - [Public Comment Forms](#) | [Spanish](#)The public comment period begins on Friday, February 28, 2020, and ends Wednesday, April 1, 2020. A public hearing will be held on Wednesday, April 1, 2020 at 5:15 pm at Pleasant Hill Senior Center (Classroom), 233 Gregory Lane, Pleasant Hill, CA 94523
- FULL VIDEO: [ECMH Community Forum](#)
 - Part 1: [Welcome & Intro to MHSA](#)
 - Part 2: [Early Childhood Mental Health Info](#)
 - Part 3: [Community Input & How to Stay Involved](#)
- VIDEO: [Suicide Prevention Community Forum](#)
- VIDEO: [Supportive Housing Forum](#)
- VIDEO: [2018 Antioch Forum](#)
- VIDEO: [2019 MHSA Immigrant Community Forum](#)
- [MHSA FY 18-19 Revenue and Expenditure Report](#)
- [MHSA FY 17-18 Revenue and Expenditure Report](#)
- [Innovation Annual Report FY 17-18](#)
- [PEI Evaluation Report FY 15-18](#)

Alcohol & Other Drugs

Popular Pages

MyChart - Patient Website

Coronavirus

medications and support set forth in their treatment plan. Finally, the Act requires this Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

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

- [PEI Evaluation Report FY 16-18](#)

LINKS & RESOURCES

- [MHSA Plan Update FY 2019-2020](#)
- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [CCBHS Needs Assessment](#)
- [MHSA 3 Year Plan 2017-2020](#)
- [MHSA Plan Update FY 2018-2019 | Spanish](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health Services Act](#)

Community Services & Supports

Prevention & Early Intervention

Innovation

Workforce Education & Training

Capital Facilities/Information Technology

Community Services and Supports

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

First approved in 2006 with an initial State appropriation of \$7.1 million Contra Costa's budget has grown incrementally to \$31.5 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues.

For more information:

Mental Health Services Act
Contra Costa Mental Health Administration
1220 Morello Ave. Suite 100
Martinez, CA 94553 [\[Map & Directions\]](#)
MHSA@cchealth.org

[[help with PDF files](#)]

MHSA Three Year Program and Expenditure Plan Fiscal Years 2020-2023 Online Posting

The screenshot shows the Contra Costa Health Services website. At the top, there is a navigation bar with links for Newsroom, About Us, Divisions, Jobs, Provider Information, and Contact Us. Below this is a search bar with the text "Search cchealth". The main navigation bar includes HOME, TOPICS, SERVICES, and HEALTH COVERAGE. The page title is "HOME > BEHAVIORAL HEALTH > MENTAL HEALTH > MENTAL HEALTH SERVICES ACT (MHSA) IN CONTRA COSTA COUNTY". The main heading is "Mental Health Services Act (MHSA) in Contra Costa County". The content includes a description of the MHSA Three Year Program and Expenditure Plan, a public notice about a hearing, and a list of links and resources. A sidebar on the left contains a menu for Mental Health Services and Related Links. A footer at the bottom contains the date February 9, 2021, the organization name, and the page number F-4.

CONTRA COSTA HEALTH SERVICES

Newsroom | About Us | Divisions | Jobs | Provider Information | Contact Us

Search cchealth

HOME | TOPICS | SERVICES | HEALTH COVERAGE

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

Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology.

This Plan describes county operated and contract programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. Also, the plan will describe what will be done to evaluate their effectiveness and ensure they meet the intent and requirements of the Mental Health Services Act.

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

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

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

Mental Health Services

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

Related Links

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

Popular Pages

- MyChart - Patient Website
- Coronavirus (COVID-19)

LATEST INFORMATION

- PUBLIC NOTICE:
 - [Three Year Program and Expenditure Plan 2020-2023](#)
 - [MHSA Three Year Plan \(20-23\) Summary | Spanish](#)A public hearing will be held on Wednesday, October 7th from 4:00 pm to 6:00 pm via Zoom online/telephone meeting. (Please refer to the Mental Health Commission website for details)
- [Peer Evolution Community Forum Registration](#)
- [MHSA FY 17-18 Revenue and Expenditure Report](#)

LINKS & RESOURCES

- [2020 MHSA Virtual Supports](#)
- [2019 Needs Assessment Report](#)
- [MHSA Plan Update FY 2019-2020](#)
- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health Services Act](#)
- [ARCHIVE »](#)

Alcohol & Other Drugs

Popular Pages

MyChart - Patient Website

Coronavirus

medications and support set forth in their treatment plan. Finally, the Act requires this Three Year Plan be developed with the active participation of local stakeholders in a community program planning process.

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

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

- [PEI Evaluation Report FY 15-18](#)

LINKS & RESOURCES

- [MHS Plan Update FY 2018-2020](#)
- Find Mental Health Services in [West County](#), [East County](#) and [Central County](#)
- [CCBHS Needs Assessment](#)
- [MHS 3 Year Plan 2017-2020](#)
- [MHS Plan Update FY 2018-2019 | Spanish](#)
- [Consolidated Planning Advisory Workgroup \(CPAW\)](#)
- [County Behavioral Health Director's Association of California, Mental Health Services Act](#)

Community Services & Supports

Prevention & Early Intervention

Innovation

Workforce Education & Training

Capital Facilities/Information Technology

Community Services and Supports

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

First approved in 2006 with an initial State appropriation of \$7.1 million Contra Costa's budget has grown incrementally to \$31.5 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHS revenues.

For more information:

Mental Health Services Act
Contra Costa Mental Health Administration
1220 Morello Ave. Suite 100
Martinez, CA 94553 [\[Map & Directions\]](#)
MHS@cchealth.org

[[help with PDF files](#)]



CONTRA COSTA
MENTAL HEALTH
COMMISSION

1220 Morello Ave., Suite 100
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cchealth.org/mentalhealth/mhc

Current (2020) Members of the Contra Costa County Mental Health Commission

Barbara Serwin, District II (Chair); Leslie May, District V (Vice Chair); Supervisor Diane Burgis, BOS Representative, District III; John Kincaid, District II; Joe Metro, District V; Douglas Dunn, District III; Graham Wiseman, District II; Geri Stern, District I; Gina Swirsding, District I; Sam Yoshioka, District IV; Katie Lewis, District I; Kira Monterrey, District III; Alana Russaw, District IV; Laura Griffin, District V; Candace Andersen, Alternate BOS Representative for District II

Mental Health Commission (MHC)

Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan FY 2020-2023

Wednesday, October 7, 2020 ♦ **4:00 pm - 6:00 pm**

VIA: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. Approval of the September 2nd, 2020 minutes**
- VI. ANNOUNCE 2021 MHC officer and Executive Committee election and FORM Nominating Committee (10 min)**
- VII. DISCUSS re-opening of “4D” (former Contra Costa Regional Medical Center (CCRMC) acute psychiatric unit) for adult patients coming from Psychiatric Emergency Services – Dr. Samir Shah, CCRMC CEO and Dr. Suzanne Tavano, Director of Behavioral Health Services (20)**
- VIII. RECEIVE Behavioral Health Services Director’s report -- Dr. Suzanne Tavano (10 min)**
- IX. Adjourn**

-- The Public Hearing will follow the MHC meeting --

(Mental Health Commission, October 7, 2020 – Page One of Three)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. February 9, 2021 is pleased to make special accommodations for the Board of Supervisors 2619 to arrange.

Call to Order the Public Hearing on the Mental Health Services Act Three Year Plan 2020 - 2023

- I. Opening Comments by the Chair of the Mental Health Commission**
- II. Fiscal Years 2020 to 2023 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan – Jennifer Bruggeman, Program Manager, MHSA Programs, Dr. Suzanne Tavano, Director of Behavioral Health Services, and Windy Taylor, Program Manager, Behavioral Health Administration**
- III. Public Comment**

In the interest of time and equal opportunity, speakers are requested to **please adhere to a 3 minute time limit, per person**. In accordance to the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item will occur, except for the purpose of clarification.
- IV. Commissioner Comments**
- V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors**
- VI. Adjourn Public Hearing**

Authority for Public Hearing: California Welfare and Institutions Code (WIC) § 5848

- (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.

(Mental Health Commission, October 7, 2020 – Page Two of Three)

- (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.

- (c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with [Section 5800](#)), Part 3.6 (commencing with [Section 5840](#)), and Part 4 (commencing with [Section 5850](#)) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(Mental Health Commission, October 7, 2020 – Page Three of Three)

MENTAL HEALTH COMMISSION
(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan FY 2020-2023)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
October 7, 2020 – Draft

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:11 pm</p> <p><u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Diane Burgis, Supervisor, District III Cmsr, Douglas Dunn, District III Cmsr. Laura Griffin, District V Cmsr, John Kincaid, District II Cmsr. Kate Lewis, District I (arrived after start of meeting) Cmsr. Joe Metro, District V Cmsr. Kira Monterrey, District III Cmsr. Alana Russaw, District IV Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II</p> <p><u>Members Absent:</u> Cmsr. Leslie May, Vice-Chair, District V Cmsr. Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Dr. Suzanne Tavano, (Director, Contra Costa Behavioral Health Services (CCBHS) Jaspreet Benepal (Interim Chief Executive Officer, Contra Costa Regional Medical Center and Health Centers) Jennifer Bruggeman (MHSA Program Manager) Y’Anad Burrell Kanwarpal Dhaliwal Lisa Finch Carolyn Goldstein-Hildago Mark Goodman, Chief of Staff, Supervisor Diane Burgis Office Lynda Kaufman Karen Lai Jeff Landau Anna Lubarov Audrey Montana (MHSA Administrative Support) Dawn Morrow Margaret Netherby Carolyn Obringer Teresa Pasquini Haji Razmi Stephanie Regular Kristine Suchan Windy Taylor Jennifer Tuipulotu Genoveva Zesati</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENTS: None</p>	

<p>III. COMMISSIONER COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. J. Kincaid) Early voting has started. Since Monday, can use ballot drop boxes. Maps are in the voter information booklets. • (Cmsr. G. Wiseman) California released a report of an audit regarding Suicide Prevention in the state. Specifically, important is information regarding school districts. • (Cmsr. K. Monterrey) Where can we get data on suicide rates in the County as compared to admissions into Psychiatric Emergency Services (PES)? (Cmsr. B. Serwin) We will follow up afterwards with Dr. Suzanne Tavano (Director, Behavioral Health Services). 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS: None</p>	
<p>V. APPROVE September 2, 2020 Meeting Minutes:</p> <ul style="list-style-type: none"> • September 2, 2020 Minutes reviewed. Motion: J. Kincaid moved to approve the minutes as written. Seconded by D. Dunn. Vote: 11-0-0 Ayes: B. Serwin (Chair), D. Burgis, D. Dunn, L. Griffin, J. Kincaid, J. Metro, K. Monterrey. A. Russaw, G. Stern, G. Swirsding, G. Wiseman Abstain: 0 	<p>Agendas and minutes can be found at: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. ANNOUNCE 2021 MHC Officer and Executive Committee election and Form Nominating Committee (10 min):</p> <ul style="list-style-type: none"> • The terms for the Mental Health Commission Executive Committee’s Chair and Vice Chair and Executive Committee members end in December • Now beginning the 2021 election process. This Commission meeting will form a Nominating Committee. The role of the Committee is to bring a slate of candidates to the Commission. Identify candidates who either expressed interest in running or who are nominated by other Commissioners. Will ask each candidate if he or she wants to run. This Committee also conducts the election. Throughout October, the Committee develops the slate of candidates. • In November, the Committee will present the slate of candidates. • The election is held during the December Commission meeting. The elected candidates take office on January 1st. The Nominating Committee’s work ends in December. • Volunteers for the Nominating Committee: <ul style="list-style-type: none"> ○ Cmsr. John Kincaid to Chair the Nominating Committee ○ Commissioners Kira Monterrey and Alana Russaw 	
<p>VII. DISCUSS re-opening of “4D” (former Contra Costa Regional Medical Center (CCRMC) acute psychiatric unit) for adult patients coming from Psychiatric Emergency Services – Dr. Samir Shah, CCRMC CEO and Dr. Suzanne Tavano, Director of Behavioral Health Services (20 min):</p> <p>Dr. Suzanne Tavano (Director, Behavioral Health Services) and Jaspreet Benepal (Interim Chief Executive Officer, Contra Costa Regional Medical Center and Health Centers) presented and responded to a list of questions:</p> <ul style="list-style-type: none"> • Summary of 4D reopening announcement <ul style="list-style-type: none"> ○ Jaspreet Benepal <ul style="list-style-type: none"> ▪ Several factors formed the basis for expediting the opening 4D – For example, the global pandemic, issues with COVIC-19 related to congregated living situations and soon approaching the flu season soon approaching ▪ A major factor was the relaxation of regulations permitting opening of units that had either been suspended or had flex programing. With the waiving of 	

State regulations, we could move quickly. Also, funding is now available but for a limited period of time.

- There is a shortage of inpatient psychiatric unit beds in our county, the Bay Area and the State.
- Also, PES volume is going up. Adults were waiting at PES to be placed elsewhere for treatment. 4D was placed in suspension in 2006 (14 years ago). Opening 4D will help to address the volume in PES. Can provide treatment locally and immediately.
- Dr. Tavano
 - From data, clear the number of adults at PES require inpatient care but have to wait until an available bed is located. Needed more access to inpatient care.
 - Now the federal and state government have allowed flexibilities. Now have the opportunity to take 4D out of suspension. Never technically closed. The hospital license was suspended. New provisions allowed the unit to come out of suspension quickly.
 - For original purpose only – adult acute inpatient unit
 - In addition, funding related to COVID became available that supported the financing of some of the physical modifications of the unit. All these factors supported the reopening of 4D.

(Jaspreet Benepal)

- Questions for CCRMV CEO and Director of Behavioral Health Services
Re: Re-opening of 4D from the Mental Health Commission
 - What is the difference between 4C and 4D?
 - There is no difference between 4C and 4D. Both are acute adult inpatient psychiatric units
 - In December will receive funding for COVID-19 and this will pay for physical modifications of the unit
 - Unit 4D had twenty beds that were suspended since 2006. Under the reopening conditions, can reopen only under same license that had in 2006.
 - PES has 23 beds. 4D will have 20. Will have a total of 43 inpatient beds.
 - Why 4D and not some other solution for creating more acute psychiatric beds?
 - Please refer to summary and answer to question one. 4D was the quickest opportunity to address all these issues and COVID-19. 4D previously also provided acute adult inpatient care which is urgently needed currently. This is the quickest method to get the unit out of suspension and to expand inpatient care. Also, funding expires in December.
 - To try to provide this expansion by other methods would take a very long time. No other method or route provided funds or a fast resolution to the issue
 - How long will opening 4D take?
 - Goal is to open by end of October. Now awaiting survey by the Fire Marshall, California Department of Public Health compliance survey and approval, etc. But, working fast to get these completed.
 - At the latest to open by the end of November. No exact date yet.
 - Is 4D viable in the long run?
 - The goal is to keep 4D open and active in the long term. But, must be ligature resistant and this will take a while. Currently have procedures and staffing to make sure the patients are safe.
 - What is the funding and business model for 4D?
 - The re-opening, start-up costs are financed by COVID-19 (to reduce congregate setting in PES). Most likely will also be covered by FEMA/CARES ACT. Funded through December 31st.

- Starting next year, need to make sure we manage the cost through revenue generated from this inpatient unit.
- The business plan (Dr. Tavano)
 - John Muir Medical Center has been an amazing partner. They will continue to serve children and adolescents. They expanded the capacity of these units. We are happy about that.
 - Bay Area Hospitals mostly are subject to the IMD exclusion rule. If we refer patients to these hospitals, many of the hospitals are not eligible for MediCal payments although the patients are MediCal eligible. So must use 100 percent realignment funds. If the hospital is not subject to the exclusion, we pay a little less than half with a match of local funding and use the federal dollars to make up the difference.
 - Realignment dollars that we have been using for placement of our patients at contracted hospitals was an expense
 - We can now use local funds as a match with federal dollars for 4D
 - Will refer new patients who come to PES and need acute care to 4D
 - Want to avoid sending patients to other Bay Area hospitals even as far as Sacramento for treatment. The goal is to provide treatment locally, in the community and near family members.
 - With the State, we can negotiate rates locally for acute days. Once someone leaves acute status and goes to administrative status, means their psychiatric condition has stabilized and no longer need hospital care. This is considered an Administrative Day for State reimbursement purposes. The State sets the reimbursement rates for Administrative Days extremely low. An Administrative Day is perhaps twenty five percent of the cost of an acute day in State reimbursement to the County. Will have to watch the Administrative Days.
 - Must build up alternative treatment centers like the Board and Cares. Patients are not waiting on Administrative Days for placement.
 - Also, once someone is placed under conservatorship and a recommendation is made for an MHRC long term facility, the accessibility of such programs is getting tighter. Always a struggle to find a bed even when willing to contract with a facility and pay. Harder now as with wildfires one facility had to be abandoned twice.
 - Will have to be creative and get all the treatment components in place.
- What would be the biggest impacts on PES with the freeing up of space?
 - Patients would be able to be placed as soon as treatment is required
 - Free up space at PES for other patients and provide beds and treatment
- Will PES be redesigned to better accommodate children? (Dr. Tavano)
 - We are continuing to look at the redesign of PES. We were to provide our final report to the Board of Supervisors in October. Moved to end of November or December.
 - Continuing to do the needs assessment due to COVID.
 - Looking at other options provided by community members. Later determined that was not feasible.
 - In this County, the ambulances must transport the person to an Emergency Department. On the State level, there is new legislation re alternative care sites. Looking at alternative sites – i.e. something on campus of the Contra Costa Regional Medical Center (free standing CSU). Looking at other alternatives.
 - This additional time gives us time to look at possibilities that we have not looked at before and to work with the state on licensing/certificate requirements
- What are the key regulatory challenges (physical plant, services)?

<ul style="list-style-type: none"> ▪ Under these circumstances, can move quickly under regulation relaxation for now. ▪ Later most likely will have to comply with full regulations (not relaxation of regulations as currently have). Creating 4D for the long term. Taking full requirements into consideration. Moving forward as if we currently have to comply with full regulations and requirements. ▪ This is a soft opening and we will do as much as we can immediately for now but will work to ensure fulfill regulations later for the long term ○ After COVID will regulatory requirements revert to pre-COVID requirements? <ul style="list-style-type: none"> ▪ Yes. Please refer to response to prior questions. ○ How will the community be involved in the design and implementation of 4D? How specifically will the Mental Health Commission be involved? <ul style="list-style-type: none"> ▪ The email announcing the reopening of 4D was sent out. If you would like to be a part of the task force, please email me, Dr. Simir or Dr. Tavano. Also, welcome members of the Mental Health Commission to participate. Currently trying to create 4D as it was in 2006 but now in compliance with the newer regulations. Will have, for example, therapy, groups, treatment plans, etc. Happy to have you on our committees and task force. <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Anna Lubarov) An alternative could be to build a treatment facility that would be a Peer run respite. They would provide amazing recovery support and avoid higher level of care. Something to think about. • (Teresa Pasquini) Thank you so much, Jaspreet and Dr. Tavano. I am fighting tears and am so proud and excited. I was around when the unit was closed. This County is opening an acute psychiatric unit that is so needed as many such units are closing. We recommended a Respite Center model in our paper, "Housing That Heals." We need options at different levels of care. It is best to have a loved one near home and in our community. It is very emotional. I welcome the opportunity to be able to support this. Thank you. (Jaspreet Benepal) I used to work on that unit. I remember that day very well. I join you in the excitement in opening 4D. • (Cmsr. Graham Wiseman) Will temporary shelters be used during the construction of 4D? (Jaspreet Benepal) We have COVID funding until December. We will look at other options. We are looking at a separate free standing building for the children. We have not looked at using temporary structures at this point. • (Cmsr. John Kincaid) Will the unit be ligature resistant? Is that, for example, replacing sprinkler heads, etc.? (Jaspreet Benepal) The work has already started. It is extensive and will take time. This is nationwide. Every hospital much comply. Any equipment (from doors, to beds, to mops, etc.) needs to be ligature resistant. There is a process for the hospitals. Already started the process for 4D in preparation to submit application for 4D. In the meantime, have a mitigating plan to make sure patients are safe. 	
<p>VIII. RECEIVE Behavioral Health Services Director's Report - Dr. Suzanne Tavano (10 min):</p> <ul style="list-style-type: none"> • Assembly Bill 1976 - Assisted Outpatient Treatment. Rather than counties opting in to participate, counties will have to opt out (and provide justification). Takes away the sunset rules. • Senate Bill 855 – Insurers should make mental health and substance abuse benefits available. Parody is coming to California. • Assembly Bill 2265 – Will allow Mental Health Services Act (MHSA) funding to support programs that address co-occurring mental health and substance use issues. We have been advocating for this a long time. • Senate Bill 803 – Provide for certified Peer Specialists and the creation of MediCal billing codes. County can opt in. Hopeful Contra Costa will move this forward when 	

<p>details worked out. Congratulations to the SPIRIT program graduates of 2020. They had their graduation this week. They are amazing.</p> <ul style="list-style-type: none"> • Alternative care site for ambulances - Will provide details later. Also, there is a new Director for Emergency Medical Services. • Collaborative efforts – Met with a number of Chiefs of Police and Mayors. Participated in some city Town Halls. Now working collaboratively with city managers and mayors throughout Contra Costa County. Will be doing a value stream mapping in the near future. Analyze the current situation and look for way to improve in the future. Look at crisis intervention (mobile crisis response) and also pre-crisis situations (i.e. CORE Team, Health Care Connect). Invite two commissioners to the Mental Health Commission to be a part of this process and be on the team. Will later come back and make the request of the Commission. • External Quality Review Audit - They were very complimentary. They were impressed we were able to sustain services thru COVID when some other counties were not able to do so. Want to acknowledge Fatima Mata Sol our AOD Administrator. She has a great team. Now going through the DHCS Triannual which is a review of our entire system and audit of our medical records. Tomorrow is their last day. When we receive the report, we will discuss the report with the Mental Health Commission. <p>Comments and Questions:</p> <ul style="list-style-type: none"> • (Anna Lubarov) It is amazing Contra County is working with the mayors. Wonder if this group is working with the Justice for Miles Hall foundation? If not, how ca we get the public involved? (Dr. Tavano) The value stream mapping is inclusive of community members. We assume there would be representation from the Foundation. It is intended to be very inclusive. 	
<p>IX: Adjourned Mental Health Commission Meeting at 5:15 pm</p>	

Public Hearing
Mental Health Services Act Three Year Plan FY 2020-2023

Agenda Item / Discussion	Action /Follow-Up
<p>(Public Hearing Commenced at 5:16 pm)</p> <p>I. Opening Comments by the Chair of the Mental Health Commission:</p> <ul style="list-style-type: none"> • Chair of the Mental Health Commission, Commissioner Barbara Serwin, made Opening Comments. • This hearing is mandated by California Welfare and Institutions Code to conduct a Public hearing on the draft of the MHSA Three Year Plan or annual updates. The goal of this hearing is to encourage the Mental Health Commissioners and the public to review and make comment on any aspect of the MHSA Plan. • The Public Hearing usually occurs in May. However due to COVID-19 and the impact on the MHSA budget, the public hearing was delayed until adequate financial data and budget projections were in place. • Want to congratulate Jennifer Bruggeman and the rest of the MHSA Team, Dr. Tavano and Patrick Godley (Health Services Chief Financial Officer) for their dedication, perseverance and creativity in adjusting the MHSA Plan during and in response to COVID-19. • Obtaining projected revenues during a time of economic chaos is a huge challenge. Finding ways to keep community projects intact amidst a major decline in revenues is another huge challenge. Collaboration is hard work. But it has paid off and the Mental Health Commission is grateful. 	<p>Meeting was held via Zoom platform</p>
<p>II. Fiscal Years 2020 to 2023 mental Health Services Act (MHSA) Three Year Program and Expenditure Plan – Jennifer Bruggeman, Program Manager, MHSA Programs, Dr. Suzanne Tavano, Director of Behavioral Health Services, and Wendy Taylor, Program Manager, Behavioral Health Administration</p> <p>Windy Taylor (Program Manager, Behavioral Health Administration) (Document Presentation – “MHSA – Finance Committee – Wednesday, September 16, 2020, pages 16 – 18 – authored by Patrick Godley, Chief Operating Officer and Chief Financial Officer, Contra Cosa Health Services)</p> <ul style="list-style-type: none"> • Background Information <ul style="list-style-type: none"> ○ Recently the Health Services Chief Financial Officer (Patrick Godley) presented three options for the MHSA budget moving forward based on the effects of COVID. He talked about how realignment also affected the MHSA funded programs. • Option One <ul style="list-style-type: none"> ○ Original posted budget in February 2020 with an operating budget of 68 million dollars. ○ Each of the Fiscal Years are detailed. Each includes the Fund Balance, Projected Funds to be received from the State, Trust Drawdown and resulting balance for each Fiscal Year. ○ Fiscal Year 2019/2020 ending balance was 52.7 Million dollars ○ Reviewed Chart for Option One ○ Fiscal Year 2022/2023 <ul style="list-style-type: none"> ▪ If operating under the 68 million dollar budget, the ending balance for this the 2022/2023 Fiscal Year would result in a negative balance ▪ A deficit of almost 24 million dollars 	

- Option Two
 - The budget is kept at the actual dollar amount spent for the Fiscal Year 2019/2020. No anticipated change depicted
 - Budgeted amount for each Fiscal Year at 50.6 million dollars
 - Reviewed Chart for Option Two and ending balance
- Option Three
 - This option includes MHSA realignment and growth. Realignment was heavily affected by COVID. Many of the MHSA programs are funded by realignment dollars.
 - For Option Three, included the MHSA Rollover Growth dollars and the lost Realignment dollars that were made up for using MHSA funding
 - This would keep programs whole
 - The ending balance is ten million dollars
- Jennifer Bruggeman Comment
 - These three options were presented at the MHSA Finance Committee meeting in September.
 - Option Three was the option the Committee was in favor of
 - Option Three is the option we plan to move forward with

Jennifer Bruggeman (MHSA Program Manager)

(PowerPoint Presentation – “MHSA Three Year Program and Expenditure Plan – Revised Proposed Programming and Budget Summary for FY 2020-2023)

- COVID-19 Timeline
 - Provided summary of events from March 1, 2020 (from the posting of the Three Year Plan Draft for 30 days for Public Comment), through the onset of COVID-19, Shelter in Place to the present (October 2020)
 - The planned April 2020 Public Hearing on the 3 Year Plan was postponed in order to reassess the financial impact of COVID and revise the MHSA budget. The State provided Counties the flexibility to postpone the Public Hearings due to the unprecedented public health emergency of COVID, as a result, this Public Hearing is being held today. We will finalize the Plan and send the final MHSA Three Year Plan to the Board of Supervisors for approval.
- March 2020 Proposed Changes (Pre-COVID)
 - \$14 million dollar increase in proposed increased fund and listed purposes for increased funding
- Fiscal Impact of COVID-19 on Contra Costa Behavioral Health Services
 - Tax based revenues down (MHSA dollars), Realignment dollars down
 - Option Three - Allow limited expansion in specific areas, maintain all programs and not have to make any cuts. Also maintains the MHSA Prudent Reserve at the current level.
- September 2020 Revised Proposal - Highlights
 - New increased funding for Mobile Crisis Response Team and community crisis response programming
 - Maintain some increased funding for housing supports, early childhood mental health and suicide prevention (priorities identified by stakeholders at MHSA Community Forums)
 - MHSA funds will be used to replace five - seven million dollars of lost realignment funds to preserve programs

<ul style="list-style-type: none"> ○ Program contracts remain at 2019-2020 funding levels - renew all contracts without having to cut programs ● Supportive Housing (Expansion) <ul style="list-style-type: none"> ○ Support Full Service Partnership programs to expand capacity & housing ○ No Place Like Home – increase permanent support housing units ○ Increase permanent support housing and supports ○ Increase Board and Care inventory ● Suicide Prevention & Education (Expansion) <ul style="list-style-type: none"> ○ Last September had a full day MHSA Community Forum event focused on Suicide Prevention. The community wanted more access to training and outreach efforts, to decrease stigma and spread awareness about mental health. Some are groups more high risk especially now during these challenging times. ○ Field staff to provide countywide suicide prevention education & Training ● Early Childhood Mental Health (Expansion) <ul style="list-style-type: none"> ○ Provide outreach, education and linkage to treatment for families with very young children (0-5 years) experiencing serious emotional disorders ○ Needs Assessment indicated this to be an underserved population ○ Response from feedback received during an MHSA Early Childhood Mental Health Community Forum held last November ● Workforce, Education and Training (WET) Financial Incentive Programs (Expansion) <ul style="list-style-type: none"> ○ Expand Loan Repayment Program to address critical staff shortages ○ Extend the Loan Repayment Program to additional positions as peers and clinicians. Have no significant impact on the budget. ● Proposed Fiscal Year 2020-2023 Budget <ul style="list-style-type: none"> ○ The 2020-2021 proposed budget has an increase from \$54 million to \$61.6 million dollars. ○ Budget increase to address priority services, Community Crisis Response and address realignment shortfalls. Prevents program cuts. ○ Will retain the MHSA Prudent Reserve at the current level of \$7.5 million ○ Welcomed additional comments, questions, input and guidance and provided contact information <p>Dr. Suzanne Tavano (Director, Behavioral Health Services)</p> <ul style="list-style-type: none"> ● Would like to thank the Mental Health Commission for focusing on this so quickly. The County has so far has not had to cut any positions or staff. We are working to sustain our programs and services. ● This MHSA Three Year Plan is a living document. Funding will go up if more funds become available and down if funding is reduced. 	
<p>III. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> ● (Y'Anad Burrell) How was this meeting promoted to the public? What effort was done to inform the community? (Cmsr. Barbara Serwin and Jennifer Bruggeman) We follow up with you after this meeting on that question. Would be happy to discuss that with you in detail. ● (Y'Anad Burrell) Regarding the PowerPoint slides, were they or will they be made available to the community? (Jennifer Bruggeman) The MHSA Three Year Plan and the PowerPoint presentation is posted on the MHSA website. ● (Y'Anad Burrell) A lot of organizations listed for funding during a CPAW meeting previously are the same organizations funded each year. What African American owned and operated organizations have been given the opportunity to get funding 	

<p>thru MHSA? Previously I was told they have to go through a process. What effort has this body made to reach out to African American owned and operated organizations to deliver services? Thank you.</p> <ul style="list-style-type: none"> • (Dr. Tavano) Would like to thank all of the Mental Health Commissioners and particularly the MHSA Finance Committee for getting us very focused very quickly. Do appreciate that. We are so fortunate in our County to not have to cut programs and staff. This will sustain us. This is truly a living document. Every year we will be looking at what the revenues are. If they go up, great. We could do more. If they go down, we will adjust. We don't believe the projections will go down below what the projections are. It is a living document that can always be amended and updated in the future. • (Jennifer Bruggeman) Would like to thank the Mental Health Commissioners for their support. Thank everyone for being here. We appreciate your input. Please feel free to reach out to us directly at any time with questions. Thank you. 	
<p>IV. COMMISSIONER COMMENTS:</p> <ul style="list-style-type: none"> • (Cmsr. B. Serwin) You all did an outstanding job. There were a lot of challenging forces. Congratulations. 	
<p>V. Develop a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisors:</p> <ul style="list-style-type: none"> • During this Public Hearing, the MHSA Program Manager, Jennifer Bruggeman, indicated Option Three has been incorporated into this MHSA Three Year Plan budget, the Plan will be finalized and then presented before the Board of Supervisor for approval. Public comments received. Additional comments, questions, input and guidance were welcomed. 	
<p>VI. Adjourned Public Meeting at 5:45pm.</p>	

Contra Costa Behavioral Health Services Administration Response to Public Comments, Public Hearing and Mental Health Commission Comments and Recommendations

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

I. 30 Day Public Comment Period

No written public comments were received.

II. Public Hearing

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

- How was this meeting promoted to the public? What effort was done to inform the community?

Response. Can follow up with you after this meeting on that question. Would be happy to discuss that with you in detail.

- Regarding the PowerPoint slides, were they or will they be made available to the community?

Response. The MHSA Three Year Plan and the PowerPoint presentation is posted on the MHSA website.

- A lot of organizations listed for funding during a CPAW meeting previously are the same organizations funded each year. What African American owned and operated organizations have been given the opportunity to get funding through MHSA? Previously I was told they have to go through a process. What effort has this body made to reach out to African American owned and operated organizations to deliver services? Thank you.
- Would like to thank all of the Mental Health Commissioners and particularly the MHSA Finance Committee for getting us very focused very quickly. Do appreciate that. We are so fortunate in our County to not have to cut programs and staff. This will sustain us. This is truly a living document. Every year we will be looking at what the revenues are. If they go up, great. We could do more. If they go down, we will adjust. We don't believe the projections will go down below what the projections are. It is a living document that can always be amended and updated in the future.
- Would like to thank the Mental Health Commissioners for their support. Thank everyone for being here. We appreciate your input. Please feel free to reach out to us directly at any time with questions. Thank you.

III. Mental Health Commission Comments

Upon completion of the Public Comment period Mental Health Commission (MHC) members provided individual comments. A summary of commissioner comments and Behavioral Health Services Administration (CCBHS) responses are as follows:

- You all did an outstanding job. There were a lot of challenging forces. Congratulations.
 - Mental Health Commission Chair provided follow up information via email in response to community member's question about how Three Year Plan was made

available to the public. Information about the MHSA Three Year Plan and Public Hearing was shared/discussed at the following:

- Key Stakeholder Meetings:
 - Mental Health Commission Finance Meeting on 9/16/20
 - Consolidated Planning Advisory Workgroup (CPAW) Steering Committee on 9/17/20
 - Suicide Prevention Coalition on 9/25/20
 - CPAW main meeting on 10/1/20 – The entire Three Year Plan was also presented including Q&A and public comment.
 - Reducing Health Disparities (RHD) on 10/5/20
- Websites:
 - The updated Three Year Plan and its summary (in English and Spanish) as well as notification of the Public Hearing are all posted on the MHSA website.
 - Notification of the public hearing was posted on the Mental Health Commission website
- Email notifications:
 - MHC email distribution list including CPAW Members, Board of Supervisors, County Staff, Community-Based Organizations, and Members of the Public (around 250 contacts)
 - MHSA email distribution list (around 350 contacts that do NOT overlap with the MHC list)
 - A total of around 600 unique contacts
 - Comparing the MHC and MHSA lists, the non-overlapping contacts include Members of the Public -- MHSA's list includes people who have attended any CPAW Meeting or Mental Health Services Act (MHSA) Community Forum; which reach into different regions of the County.
- Regarding extent to which MHSA programs reach African-Americans in Contra Costa County, there is data in the Prevention and Early Intervention (PEI) section of the Three Year Plan which speaks to programming and individuals served, and lists demographic sub-groups served by PEI programs (14% African Americans/Black; 31% LatinX/Hispanic; 42% Caucasian/White, etc.). The Reducing Health Disparities (RHD) group also reviews these efforts and needs. This is part of the Needs Assessment Report and annual Cultural Competence Plan (now Cultural Humility Plan).

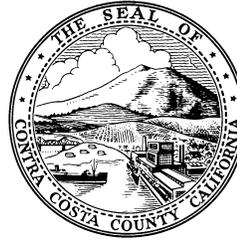
IV. Mental Health Commission Recommendations

The Mental Health Commission thanked all those present today for their participation in the Public Hearing of the MHSA Three Year Program and Expenditure Plan for fiscal years 2020-2023. This hearing fulfills the Commission's duties under the Mental Health Services Act requirements. The Commission had no recommendations for consideration.

TO: BOARD OF SUPERVISORS

FROM: Anna Roth, M.P.H.
Health Services Director

DATE: February 4, 2021



Contra Costa County

SUBJECT: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan for Fiscal Years 2020/23

SPECIFIC REQUEST(S) OR RECOMMENDATION(S) & BACKGROUND AND JUSTIFICATION

RECOMMENDATION:

ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2020/23.

AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to that effect to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to inform DHCS and the MHSOAC of their approval of the adoption of this Plan.

FISCAL IMPACT:

Adoption of the Mental Health Services Act Three Year Program and Expenditure Plan, Fiscal Year 2020/23 assures continued MHSA funding for Fiscal Year 20/21 in the amount of \$61,312,712.

BACKGROUND:

Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health funding by imposing an additional one percent tax on individual taxable income in excess of one million dollars. There are a total of five MHSA components which have been enacted out over time by the State with the goal of creating a better program of mental health services and supports in California's public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a state mandated program under California's Welfare & Institutions Code.

CONTINUED ON ATTACHMENT: YES

SIGNATURE: _____

____ RECOMMENDATION OF COUNTY ADMINISTRATOR

____ RECOMMENDATION OF BOARD COMMITTEE

____ APPROVE

____ OTHER

SIGNATURE(S): _____

ACTION OF BOARD ON: DECEMBER 8, 2020 APPROVE AS RECOMMENDED _____ OTHER _____

VOTE OF SUPERVISORS:

____ UNANIMOUS (ABSENT _____)

AYES: _____ NOES: _____

ABSENT: _____ ABSTAIN: _____

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF AN ACTION TAKEN AND ENTERED ON THE MINUTES OF THE BOARD OF SUPERVISORS ON THE DATE SHOWN.

ATTESTED: FEBRUARY 4, 2021

CONTACT: SUSAN K. TAVANO, PHN, Ph.D,
925-957-5150

DAVID TWA, CLERK OF THE
BOARD OF SUPERVISORS AND
COUNTY ADMINISTRATOR

CC: JENNIFER BRUGGEMAN

BY: STEPHANIE MELLO, DEPUTY

ATTACHMENTS:

Cover Letter

Executive Summary

Final Plan

Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three Year Plan) for fiscal years 2020-23. This Three-Year Plan starts July 1, 2020 and will be updated annually in fiscal years 2021-22 and 2022-23.

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

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

Program Changes and Updates. The 2020-23 Three Year Plan was prepared in response to a community program planning process that took place in 2019 and early 2020. The plan was then posted for a 30-day public comment period on March 1, 2020. With the onset of COVID-19 in ensuing weeks, the Public Hearing was postponed and a request for extension was made to the Department of Health Care Services (5510 Form) in order to allow time to respond to the economic impact of the global pandemic. The Three-Year Plan was subsequently revised with stakeholder input to incorporate new fiscal realities, while also maintaining vital existing programs and services. Foremost among prioritized service and support needs are a variety of supportive housing strategies that increase the ability of persons most challenged by serious mental illness to live in the community:

- Expansion of Full Service Partnership (FSP) capacity by serving 40 additional adults, and services to include housing flex funds (pages 31).
- An update to the County's participation in the State initiative *No Place Like Home* for increasing permanent supportive housing units for persons experiencing

serious mental illness and who are homeless or at risk of chronic homelessness (page 35).

- Increased funding to provide on-site behavioral health care for persons residing in CCBHS sponsored permanent supportive housing units (page 35).

Additional prioritized service needs that have been added to the Three-Year Plan include:

- Support to expand Mobile Crisis Response Team which serves adults across the County who are experiencing a mental health crisis (page 40-41).
- Providing outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders (page 46-47).
- Providing dedicated staff to provide countywide suicide prevention education and training (page 52-53).
- Financially supporting County or contract workforce to be more culturally and linguistically responsive via the locally funded MHSA Loan Repayment Program in the behavioral health field and retention in the workforce (page 60).

Funding. Fiscal Year 2020-21 sets aside up to \$61.3 million in budget authority; a \$7 million annual increase from the previous Three-Year Plan (page 65). This increase in budget authority is significantly smaller than anticipated pre-COVID-19 and is primarily identified to fund a variety of supportive housing strategies, such as flexible housing funds, increasing the number of temporary and permanent supportive housing beds and units, and fielding additional staff dedicated to assisting individuals to get and keep their housing. Funding has also been added in response to the most recent Community Program Planning Process which recommended more support for early childhood mental health and suicide prevention training, as well as in support of building upon existing community crisis response strategies. In addition, stakeholders were in favor of the temporary use of MHSA funds to address shortfalls in Realignment funds in order to preserve vital supports and services, particularly within the Community Supports and Services (CSS) component, which provides intensive services to our most vulnerable residents.

Outcomes. Performance indicators for the County's Full Service Partnership Programs (pages 27-28) and Prevention and Early Intervention component (pages 43-45) were updated in Fiscal Year 2018-19. In addition, Appendix B contains individual program profiles of MHSA programs and plan elements and includes FY 18-19 performance outcomes.



February 4, 2021

Mental Health Services Oversight and Accountability Commission
1300 17th St., Suite 1000
Sacramento, CA 95811
E-mail: mhsoac@mhsoac.ca.gov

Dear Mental Health Services Oversight and Accountability Commission:

Enclosed you will find the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Years 2020-23. Included in Appendix G is the signed Prudent Reserve Assessment form per WIC section 5892(b)(2) and DHCS MHSUDS Information Notice 1819.

Attached as the separate documents are:

- The Board approved Plan for Spending Reallocated Unspent Funds as of _____ per DHCS MHSUDS Information Notice 17-059.
- The Innovation Annual Report for FY 2018-2019.
- The Prevention and Early Intervention (PEI) Evaluation Report for FY 2018-2019.

The Draft MHSA Three Year Program and Expenditure Plan for FY 2020-23 (MHSA Three Year Plan) was posted for the required 30 day public review and comment initially from the period from March 1, 2020 through April 1, 2020. With the onset of COVID-19, revisions took place and the public hearing was conducted on October 7, 2020. The MHSA Three Year Program and Expenditure Plan for FY 2020-23 was adopted by the Contra Costa Board of Supervisors on February 4, 2021.

Should you have any questions please contact Suzanne K. Tavano, PHN, PhD, Behavioral Health Services Director, 925-957-5150, or Suzanne.Tavano@cchealth.org.

Sincerely,

Candace Andersen, District 2
Chair of the Contra Costa County Board of Supervisors

Enclosures: Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan for FY 20-23
Innovation Annual Report for FY 2018-19
Prevention and Early Intervention Annual Report for 2018-19



MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: _____

Fiscal Year: _____

Local Mental Health Director

Name: _____

Telephone: _____

Email: _____

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Local Mental Health Director (PRINT NAME) Signature Date

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

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

	Overall MHSA			CSS Component Allocation 76% of Overall MHSA		
	Appointionment Received	Interest Earned	Total	Appointionment Received	Interest Earned	Total
FY13/14	28,085,078.51		28,085,078.51	21,344,659.67	-	21,344,659.67
FY14/15	39,312,663.70		39,312,663.70	29,877,624.41	-	29,877,624.41
FY15/16	32,115,245.21		32,115,245.21	24,407,586.36	-	24,407,586.36
FY16/17	41,775,216.85		41,775,216.85	31,749,164.81	-	31,749,164.81
FY17/18	46,070,781.70		46,070,781.70	35,013,794.09	-	35,013,794.09
	187,358,985.97	-	187,358,985.97	142,392,829.34	-	142,392,829.34

	Maximum Percentage Allowed
Maximum MHSA Prudent Reserve Level	9,492,855.29
Contra Costa County FY17/18 Prudent Reserve	7,579,248.17
Under the Maxium Level?	YES

33%



Annual PEI Evaluation Report

Contra Costa
Behavioral Health
Services

Mental Health Services Act

As submitted for MHOAC
FY 2018-2019

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Executive Summary

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

First approved in 2009, with an initial State appropriation of \$5.5 million, Contra Costa's Prevention and Early Intervention budget has grown incrementally to \$8.6 million for FY 2017-18 in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component. Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs. The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year. New regulations and demographic reporting requirements for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories:

- 1) Outreach for increasing recognition of early signs of mental illness
- 2) Prevention
- 3) Early intervention
- 4) Access and linkage to treatment
- 5) Improving timely access to mental health services for underserved populations
- 6) Stigma and discrimination reduction
- 7) Suicide prevention

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

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FY 18-19, over 32,000 consumers of all ages were served by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

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

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

Evaluation Component

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSa Three Year Program and Expenditure Plan; c) ensure compliance with statute, regulations and policies. Each of the MHSa funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

- Delivering services according to the values of MHSa
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed upon
- Assuring quality of care
- Protecting confidential information
- Providing sufficient and appropriate staff for the program
- Having sufficient resources to deliver the services

- Following generally accepted accounting principles
- Maintaining documentation that supports agreed upon expenditures
- Charging reasonable administrative costs
- Maintaining required insurance policies
- Communicating effectively with community partners

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI program and fiscal reviews can be found here:

<https://cchealth.org/mentalhealth/mhsa/cpaw/agendas-minutes.php>.

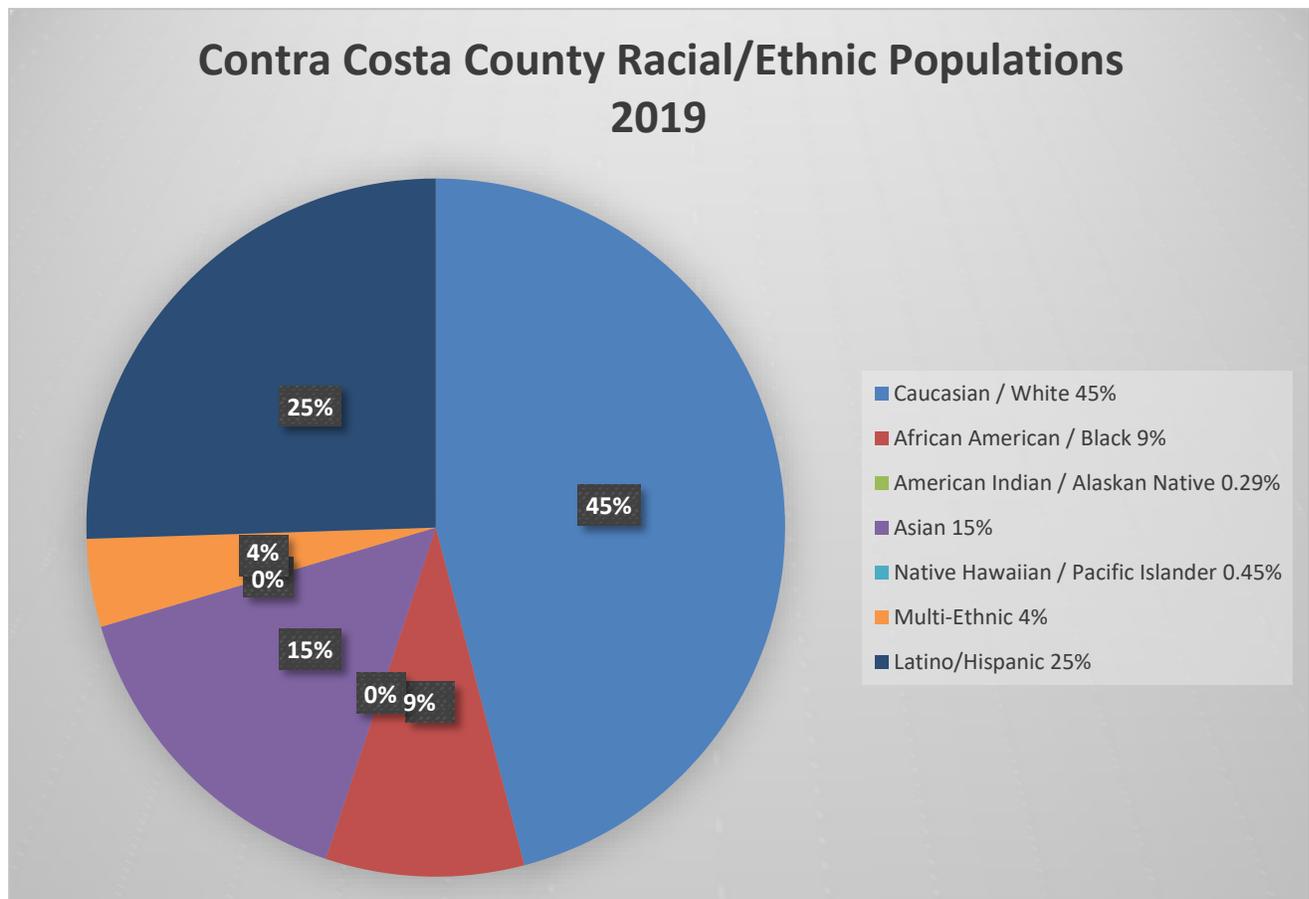
During FY2018-19, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019.

PEI Aggregate Data FY 18-19

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

According to the United States Census Bureau

(<https://www.census.gov/quickfacts/fact/table/contracostacounty/california>), it's estimated that about 9% of people in Contra Costa County are living in poverty and that children, adolescents & young adults (ages 0-25) make up approximately 30% of the population. Roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 32,000 individuals during FY 18-19. For a complete listing of PEI programs,

please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff, and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup(CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected for FY 18-19.

Total Served: 32,949

Total Number of Individual Family Members Served: 588

Table 1. Age Group

	# Served
Child (0-15)	2,530
Transition Age Youth (16-25)	5,207
Adult (26-59)	10,831
Older Adult (60+)	2,684
Decline to State	11,700

Table 2. Primary Language

	# Served
English	20,471
Spanish	6,181
Other	642
Decline to State	5,655

Table 3. Race

	# Served
More than one Race	1,014
American Indian/Alaska Native	94
Asian	1,866
Black or African American	3,697
White or Caucasian	11,393
Hispanic or Latino/a	8,377
Native Hawaiian or Other Pacific Islander	103
Other	409
Decline to State	5,996

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	190
Asian Indian/South Asian	150
Cambodian	7
Chinese	50
Eastern European	29
European	273
Filipino	143
Japanese	8
Korean	13
Middle Eastern	238
Vietnamese	23
More than one Ethnicity	173
Decline to State	3,002
Other	940

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	11
Central American	590
Mexican/Mexican American /Chicano	3,784
Puerto Rican	15
South American	162
Other	23

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	14,997
Gay or Lesbian	220
Bisexual	133
Queer	24
Questioning or Unsure of Sexual Orientation	40
Another Sexual Orientation	168
Decline to State	17,367

Table 7. Gender Assigned at Birth

	# Served
Male	10,289
Female	11,925
Decline to State	18,339

Table 8. Current Gender Identity

	# Served
Man	8,699
Woman	8,801
Transgender	149
Genderqueer	13
Questioning or Unsure of Gender Identity	14
Another Gender Identity	68
Decline to State	15,205

Table 9. Active Military Status

	# Served
Yes	52
No	3,049
Decline to State	29,848

Table 10. Veteran Status

	# Served
Yes	75
No	8,045
Decline to State	24,829

Table 11. Disability Status

	# Served
Yes	360
No	2,660
Decline to State	29,929

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	33
Difficulty Hearing or Having Speech Understood	38
Physical/Mobility	91
Chronic Health Condition	126
Other	406

Table 13. Cognitive Disability

	# Served
Yes	116
No	987

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	1,850
Clients who Participated/ Engaged at Least Once in Referred Service	1,681

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	18,464
Clients who participated/ engaged at least once in referred service	191

Table 16. Average Duration Without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	17.6

Table 17. Average Length of Time Until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.4

PEI Programs by Component

PEI programs are listed within the seven categories delineated in the PEI regulations.

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Seven programs are included in this category:

- 1) Asian Family Resource Center 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 provides outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish a number of seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program (Triple P) method to mental health practitioners who serve this at-risk population.
- 4) 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.

5) Jewish Family and Community Services of the East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in primarily the Afghan, Bosnian, Iranian and Russian communities of Contra Costa County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.

6) The Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.

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

The allocation for this category is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
Asian Family Resource Center	Countywide	238	142,055
COPE	Countywide	226	245,863
First Five	Countywide	(included in COPE)	81,955

Contra Costa Interfaith Housing	Central and East County	445	80,340
Jewish Family & Children's Services	Central and East County	224	174,485
Native American Health Center	Countywide	101	238,555
The Latina Center	West County	327	111,545
Total		1,561	\$1,075,076

Prevention

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

Five programs are included in this category:

- 1) The Building Blocks for Kids Collaborative, located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.

- 2) Vicente Briones Continuation High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and 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) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.

5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk young people 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.

The allocation for this category is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated FY 18-19
Building Blocks for Kids	West County	438	216,897

Vicente Briones High School	Central County	121	185,763
People Who Care	East County	207	223,102
Putnam Clubhouse	Countywide	322	582,859
RYSE	West County	720	503,019
Total		1,808	\$1,705,143

Early Intervention

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

One program is included in this category.

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

The allocation for this program is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
First Hope	Countywide	900	2,651,791
Total		900	\$2,651,791
Decline to State			0

Access and Linkage to Treatment

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

and treatment.

Three programs are included in this category:

1) The James Morehouse Project 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) STAND! For Families Free of Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen-week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.

3) Experiencing the Juvenile Justice System. Within the county operated Children’s Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children’s involvement with the law. Three clinicians are out-stationed at juvenile probation offices, 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 this category is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
James Morehouse Project	West County	416	102,897
STAND! Against Domestic Violence	Countywide	1903	134,113
Juvenile Justice System – Supporting Youth	Central County	300	695,855
Total		2,619	\$932,865

Improving Timely Access to Mental Health Services for Underserved Populations

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

Six programs are included in this category:

- 1) The Center for Human Development 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.
- 2) The Child Abuse Prevention Council of Contra Costa provides a 23-week curriculum designed to build new parenting skills and alter old behavioral patterns and is intended to strengthen families and support the healthy development of their children. The program is designed to meet the needs of Spanish speaking families in East and Central Counties.
- 3) La Clinica de la Raza reaches out to at-risk Latina/os in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic violence and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.
- 4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provides comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.

5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.

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

The allocation for this category is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
Child Abuse Prevention Council	Central and East County	164	125,109
Center for Human Development	East County	342	156,936
La Clinica de la Raza	Central and East County	6960	280,558
Lao Family Community Development	West County	125	190,416
Lifelong Medical Care	West County	138	130,786
Rainbow Community Center	Countywide	1174	759,362
Total		8,903	\$1,642,624

Stigma and Discrimination Reduction

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion and equity for individuals with mental illness and their families, and 3) are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to a number of initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community in order to raise awareness of the stigma that can accompany mental illness.

1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice's vision is to enable people to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.

2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.

3) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness. OCE also supports a writers' group in partnership with the Contra Costa affiliate of the National Alliance on Mental Illness (NAMI).

4) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase

participation of consumers and family members in the planning, implementation and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.

5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) will provide technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. For FY 2017-20 CCBHS will partner via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

The allocation for stigma and discrimination efforts are summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
OCE	County Operated	Countywide	270,628
CalMHSA	MOU	Countywide	78,000
Total			\$348,628

Suicide Prevention

There are three plan elements that augment the County's efforts to reduce the number of suicides in Contra Costa County. 1) augmenting the Contra Costa Crisis Center, 2) dedicating a clinical specialist to support the County's adult clinics, and 3) supporting a suicide prevention committee.

1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis and make follow-up calls (with the caller's consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline's trained multi-lingual, multi-cultural response.

2) The County fields a mental health clinical specialist to augment 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.

3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts.

The allocation for this category is summarized below:

Program	Region Served	Numbers Served FY 18-19	MHSA Funds Allocated for FY 18-19
Contra Costa Crisis Center	Countywide	18,128	310,685
County Clinician	Countywide	NA	133,742
Suicide Prevention	Countywide	NA	Included in PEI administrative cost
Total		18,128	\$444,427

PEI Administrative Support Mental Health Program Supervisor position has been allocated by the County to provide administrative support and evaluation of programs and plan elements that

are funded by MHSA. The allocation for this activity is summarized below:

Program	Region Served	MHSA Funds Allocated for FY 18-19
Administrative Support	Countywide	135,607
Total		\$135,607

Prevention and Early Intervention (PEI) Summary for FY 2018-19

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,075,076
Prevention	\$1,705,143
Early Intervention	\$2,651,791
Access and Linkage to Treatment	\$932,865
Improving Timely Access to Mental Health Services for Underserved Populations	\$1,642,624
Stigma and Discrimination Reduction	\$348,628
Suicide Prevention	\$444,427
Administrative Support	\$135,607
Total	\$8,926,161

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Asian Community Mental Health Services (ACMHS)

www.acmhs.org

Point of Contact: Sun Karnsouvong

Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Avenue, Richmond, CA 94805

(510) 970-9750, Sunk@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), a satellite site of Asian Community Mental Health Services (ACMHS), will provide comprehensive and culturally-sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. ACMHS will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
 - i. **Outreach and Engagement Services:** Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. ACMHS, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
 - ii. **Individual Mental Health Consultation:** This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will be provided for a period of less than one year unless psychosis is present. ACMHS will serve a minimum of 75 high risk and underserved Southeast Asian community members within a 12 month period, 25 of which will reside in East County with the balance in West and Central County.
- b. **Target Population:** Asian and Pacific Islander immigrant and refugee communities

(especially Chinese and Southeast Asian population) in Contra Costa County

- c. Payment Limit: FY 18-19: \$142,054
- d. Number served: In FY 17-18: 554 high risk and underserved community members
- e. Outcomes:
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Services are offered in the language of the consumer.
 - Program hosted two community wellness events and psycho-education workshops for the community.

Building Blocks for Kids (BBK)

www.bbk-richmond.org

Point of Contact: Sheryl Lane

Contact Information: 310 9th Street, Richmond, CA 94804

(510) 232-5812, slane@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 Richmond, California. BBK's theory of change is simple and enduring: we believe that providing effective supportive services and investing in individual transformation serves thriving families, which yields community change.

2. Program: Not Me Without Me - PEI

a. Scope of Services:

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

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

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

b. Target Population: Children and families living in Central and South Richmond

c. Payment Limit: FY 18-19: \$216,897

d. Number served: In FY 17-18: 649 Individuals (includes outreach and education events).

e. Outcomes:

- Over the course of the 17-18 year, BBK Health and Wellness Team met with 33 community organizations, government agencies and individuals around partnering and collaboration.
- BBK held Sanctuary groups and parents who attend have consistently reported that they learned something new about holistic health, and that they intended to follow up with a partner organization that they learned about through BBK sponsored events.
- Summer Program at Belding Garcia Park, and expanded programming to Monterey Pines Apartments in South Richmond. Children participating received at least one healthy meal per day and family members had access to wellness activities and developmental playgroups.
- BBK partnered with COPE and Child Abuse Prevention Council to offer weekly evidence-based parenting classes. Care providers developed a strong knowledge base on child development and positive parenting skills.

Center for Human Development (CHD)

<http://chd-prevention.org/>

Point of Contact: David Carrillo, Executive Director

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

(925) 349-7333, david@chd-prevention.org

1. General Description of the Organization

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting 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:** The Center for Human Development will implement the African American Wellness Program (formerly African American Health Conductor Program) and between the four program components will provide a minimum of 150 unduplicated individuals in Bay Point, Pittsburg, and surrounding communities with mental health resources. The purpose is to increase client emotional wellness; reduce client stress and isolation; and link African American clients, who are underserved due to poor identification of needs and lack of outreach and engagement to mental health services. Key activities include: outreach at community events, culturally appropriate education on mental health topics through Mind, Body, and Soul support groups and community health education workshops in accessible and non-stigmatizing settings, and navigation assistance for culturally appropriate mental health referrals as early in the onset as possible.

The Center for Human Development will implement the Empowerment Program, a Youth Development project, that will provide a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities will include: a) Three weekly educational support groups that will promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that will meet a minimum of twice a month to foster community involvement; and c). referral linkage to culturally appropriate mental health services providers in East County as early in the onset as possible.

- b. **Target Population:** Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. **Payment Limit:** FY 18-19: \$156,936
- d. **Number served:** In FY 17-18: 342 individuals were served in both programs combined. 268 in the African American (AA) Wellness Program and 74 in the

Empowerment Program. Outcomes:

i. 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)”.
- Several 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.
- Participants in AA Wellness Program received navigational support for their service referral needs.

ii. Empowerment Program

- LGBTQ youth empowerment support groups in Pittsburg and Antioch throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism,” “Stress, Anxiety and Depression,” “Identity Development and Coming Out.”
- 85% of the participants in the Empowerment Psycho-Educational Leadership support groups reported an increased sense of emotional health and well-being within fiscal year.
- 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.
- 36 LGBTQ Youth Support Groups facilitated at Pittsburg High, 26 at Deer Valley High, and 42 at Rivertown Resource Center.

Child Abuse Prevention Council (CAPC)

www.capc-coco.org

Point of Contact: Carol Carrillo

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

(925) 798-0546, ccarrillo@capc-coco.org

1. General Description of the Organization

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs 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 will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 12-15 parents each session and approximately 15 children each session 0-12 years of age. The 22-week curriculum will immerse parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services will be provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families will be provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. **Target Population:** Latino children and their families in Central and East County.
- c. **Payment Limit:** FY 18-19: \$125,109
- d. **Number served:** In FY 17-18: 140 parents and children
- e. **Outcomes:**
 - Four 22-week classes in Central and East County serving parents and their children.
 - 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).

Contra Costa Crisis Center

www.crisis-center.org

Point of Contact: Tom Tamura, Executive Director

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

(925) 939-1916, Ext. 107, TomT@crisis-center.org

1. General Description of the Organization

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

2. Program: Suicide Prevention Crisis Line - PEI

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides REAL TIME warm transfer to those services when appropriate. Because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service WHEN THEY NEED IT and immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) in a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction in an effort to increase community comfort at accessing services and in referring those in need.
- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one-month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year; Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.

- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.
- b. Target Population: Contra Costa County residents in crisis.
- c. Payment Limit: FY 18-19: \$310,685
- d. Number served: In FY17-18: 30,932 crisis calls were fielded.
- e. Outcomes:
 - Spanish language coverage was provided 80 hours/week
 - Call abandonment rate was 1.5%
 - Lethality assessments were provided for 100% of callers rated mid to high level risk.
 - Responded to 1,345 calls from people in crisis, suicidal or experiencing mental health issues.
 - A pool of 25 volunteers was maintained, and 2 volunteer trainings were offered during the year

Contra Costa Interfaith Housing (CCIH)

<http://ccinterfaithhousing.org/>

Point of Contact: Sara Marsh, Director of Support Services

Contact Information: 399 Taylor Boulevard, Suite 115, Pleasant Hill, CA 94530

(925) 944-2244, Sara@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.

2. Program: Strengthening Vulnerable Families - PEI

a. Scope of Services:

- Contra Costa Interfaith Housing, Inc. (CCIH) will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. CCIH provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.
- At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 28 formerly homeless families. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize; parents achieve the highest level of self-sufficiency possible and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events.
- CCIH will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households offered services under this grant was 274. Anticipated impact for services at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff’s ability to respond to possible family concerns

about family members' mental health, as they arise. CCIH staff is also able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.

- b. Target Population: Formerly homeless/at-risk families and youth.
- c. Payment Limit: FY 18-19: \$80,340
- d. Number served: In FY 17-18: 428 clients
- e. Outcomes:
 - Improved school functioning and regular attendance of school-aged youth in afterschool programs.
 - 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).

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

<http://copefamilysupport.org/>

Point of Contact: Cathy Botello

Contact Information: 2280 Diamond Blvd #460, Concord, Ca 94520. (925) 689-5811
cathy.botello@copefamilysupport.org

1. General Description of the Organization

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

2. Programs: Triple P Positive Parenting Education and Support -PEI

a. Scope of Services:

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

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

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

All classes are available in Spanish, Arabic, Farsi and/or English. In order to outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support 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. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. **Payment Limit:** FY 18-19: \$245,863 (ages 6–17), through First Five: \$81,955 (ages 0–5).
- d. **Number served:** In FY 17-18: 337

e. Outcomes:

- Offered Triple P evidenced based parenting classes at 27 site locations across the county
- Pre and Post Test Survey results indicate program participants showed a 41% decrease in depression, 34% decrease in anxiety, and 33% decrease in overall stress
- Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal and mental health services
- Program served 246 individuals in parenting classes, and 91 individuals for case management services.

First Five Contra Costa

<http://www.first5coco.org/>

Point of Contact: Wanda Davis

Contact Information: 1486 Civic Court, Concord CA 94520

(925) 771-7328, wdavis@firstfivecc.org

1. General Description of the Organization

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

2. Programs: Triple P Positive Parenting Program - PEI

- a. **Scope of Services:** First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide outreach for increasing recognition of early signs of mental illness.
- b. **Target Population:** Contra Costa County parents of at risk 0–5 children.
- c. **Payment Limit:** FY 18-19: \$81,955
- d. **Number served:** In FY 17-18: 182 parents of children age 0–5 yrs. (C.O.P.E.)
- e. **Outcomes:**
 - Completed 17 parenting classes for East and West County parents of children age 0–5 (C.O.P.E.)
 - i. **Clinical Highlights for FY 17-18:**
 - **Depression** – parents self-report on symptoms such as hopelessness and dysphoria, decreased by 41% overall
 - **Anxiety** – parents self-report on symptoms such as anxiousness and situational anxiety, decreased by 34% overall
 - **Stress** – parents self-report on symptoms such as nervousness, muscle tension and inability to relax, decreased by 33% overall
 - **Intensity of Behavior Problems** which measures the frequency of each problem behavior, decreased by 19% as indicated by the chart above
 - **Behavior Problems** which reflect parent tolerance of the behaviors and the distress, decreased by 43%

First Hope (Contra Costa Behavioral Health)

<http://www.firsthopeccc.org/> Point of Contact: Jude Leung, Mental Health Program Manager
Contact Information: 391 Taylor Boulevard Suite 100, Pleasant Hill, CA 94523
(925) 608-6550, YatMingJude.Leung@CCHHealth.org

1. General Description of the Organization

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

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

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 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 therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
- b. Target Population: 12-25 year old transition age youth and their families
- c. Total Budget: FY 18-19: \$2,651,791
- d. Staff: 14 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 17-18: 118 clients and their families served (assessments and clinical services). On any given day, between 55 and 70 clients and their families are open to services. Additionally, First Hope provided ongoing outreach education reaching 224 participants in the community and 179 initial phone screenings and consultation to at risk individuals, families, or providers.
- f. Outcomes:
 - Help clients manage Clinical High Risk 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
- g. Long Term Public Health Outcomes:
 - Reduce conversion rate from Clinical High Risk symptoms to schizophrenia
 - Reduce incidence of psychotic illnesses in Contra Costa County
 - Increase community awareness and acceptance of the value and advantages of seeking mental health care early

James Morehouse Project (JMP) at El Cerrito High, YMCA East Bay

<http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader, Director

Contact Information: 540 Ashbury Avenue, El Cerrito, CA 94530

(510) 231-1437, jenn@jmhop.org

1. **General Description of the Organization**

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

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

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

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

- b. **Target Population:** At-risk students at El Cerrito High School
- c. **Payment Limit:** FY 18-19: \$102,897
- d. **Numbers Served:** For FY 17-18: 413
- e. **Outcomes:**
- Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
 - Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
 - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
 - Reduced likelihood of ECHS youth being excluded from school.

- Strengthened culture of safety, connectedness and inclusion schoolwide.
 - i. 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, 2017 to 2018.
 - 90% of participating students will report an increase in well-being through self-report on a qualitative evaluation tool within the academic year, 2017 to 2018.
 - ECHS School Climate Index (SCI) score will increase by 15 or more points from 2017 to 2018.

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

<https://jfcs-eastbay.org/>

Point of Contact: Amy Weiss, Director of Refugee and Immigrant Services

Contact Information: 1855 Olympic Boulevard, #200, Walnut Creek, CA 94596

(925) 927-2000, aweiss@jfcs-eastbay.org, jfcs-eastbay.org

1. General Description of the Organization

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

2. Program: Community Bridges - PEI

- a. **Scope of Services:** During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. **Target Population:** Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 18-19: \$174,485
- d. **Number served:** FY 17-18: 330 clients
- e. **Outcomes:**
 - Provided assessment and short-term intervention to 141 bilingual clients.
 - Provided individual health and mental health navigation services to 141 clients.
 - Provided 4 trainings on cross-cultural mental health concepts for 35 to 40 frontline staff from JFCS East Bay and other community agencies.
 - Provided 2 (2-hr) mental health education classes to 20-24 Arabic-speaking clients.
 - Provided 4 (2-hr) mental health education classes to 10-12 Dari/Farsi-speaking seniors.
 - Provided 4 (2-hr) Dari/Farsi-bilingual parenting classes to 10-12 Afghan & Iranian parents
 - Provided 4 (2-hour) mental health education classes to 10-12 Russian-speaking seniors.
 - Referred 27 high-risk individuals to bilingual therapy services with JFCS East Bay's bilingual therapist.

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

Point of Contact: Daniel Batiuchok, Mental Health Program Manager

Contact Information: 202 Glacier Drive, Martinez, CA 94553

(925) 957-2739, Daniel.Batiuchok@CCHHealth.org

1. General Description of the Organization

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

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

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

a. Scope of Services:

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

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

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

c. Payment Limit: FY 18-19: \$695,855

d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch

e. Number served: FY 17-18: 300+

f. Outcomes:

- Help youth address mental health & 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 Clínica de la Raza

<https://www.laclinica.org/>

Point of Contact: Whitney Greswold, Planner

Contact Information: P.O. Box 22210, Oakland, CA 94623

(510) 535 2911, wgreswold@laclinica.org

1. General Description of the Organization

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

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

- a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with: a) 3,000 depression screenings; b) 500 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,000 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 150 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Two hundred (200) follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. Payment Limit: FY 18-19: \$280,558
- d. Number served: In FY 17-18: 7669 consumers
- e. Outcomes:
- i. Vías de Salud
 - Participants of support groups reported reduction in isolation and depression
 - Offered 7,153 depression screenings, 633 assessments and early intervention services, 1,554 follow-up services
 - ii. Familias Fuertes

- 100% of parents reported increased knowledge about positive family communication
- 100% of parents reported improved skills, behavior, and family relationships
- Offered 955 screenings for youth, 185 assessments for youth, 262 follow-up visits with families

LAO Family Community Development

<https://lfcd.org/>

Point of Contact: Kathy Chao Rothberg, Chief Executive Officer or Brad Meyer
Contact Information: 1865 Rumrill Boulevard, Suite #B, San Pablo, CA 94806
(510) 215-1220, krothberg@lfcd.org or bmeyer@lfcd.org

1. General Description of the Organization

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

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

- a. **Scope of Services:** Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and South East Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education and support to a diverse underserved population to facilitate increased development of problem solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral and linkage to increase client's access to mental health treatment and health care providers in the community based, public and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community based settings and the offices of LFCD in San Pablo.
- b. **Target Population:** South Asian and South East Asian Families at risk for developing serious mental illness.
- c. **Payment Limit:** FY 18-19: \$190,416
- d. **Number served:** In FY 17-18: 127
- e. **Outcomes:**
 - 100% of program participants completed the Lubben Social Networking Scale (LSNS) assessments. Results indicate program participation leads to a decrease in social isolation.
 - Held 5 Strengthening Families Program (SFP) Educational Workshops
 - Held 4 Thematic Peer Support Group Events – in various locations including outdoor parks and spaces
 - 92% of program participants were satisfied with services

The Latina Center

<https://thelatinacenter.org/>

Point of Contact: Miriam Wong

Contact Information: 3701 Barrett Avenue #12, Richmond, CA 94805

(510) 233-8595, mwong@thelatinacenter.org

1. General Description of the Organization

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

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

- a. **Scope of Services:** The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that: 1) supports healthy emotional, social and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low-income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. **Target Population:** Latino Families and their children in West County at risk for developing serious mental illness.
- c. **Payment Limit:** FY 18-19: \$111,545
- d. **Number served:** In FY 17-18: 240 parents, 91 youth
- e. **Outcomes:**
 - Workshops reached an additional 67 participants
 - Latina Center offered a free summer camp which served 91 children
 - A total of 240 parents participated in evidenced based parenting curriculum

Lifelong Medical Care

<https://www.lifelongmedical.org/>

Point of Contact: Kathryn Stambaugh

Contact Information: 2344 6th Street, Berkeley, CA 94710

(510) 981-4156, kstambaugh@lifelongmedical.org

1. General Description of the Organization

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

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

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

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

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

- b. **Target Population:** Seniors in low income housing projects at risk for developing serious mental illness.
- c. **Payment Limit:** FY 18-19: \$130,786
- d. **Number served:** In FY 17-18: 154
- e. **Outcomes:**
- More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project.
 - 93% of respondents self-reported improvement in mood as a result of participating in SNAP.
 - 98% of respondents reported satisfaction with the SNAP program.

- b. Total FTE: 4.0 FTE
- c. Total MHSA Portion of Budget: \$603,230
- d. Number Served in FY 17/18: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

Native American Health Center (NAHC)

<http://www.nativehealth.org/>

Point of Contact: Chirag Patel, Catherine Nieva-Duran

Contact Information: 2566 MacDonald Avenue, Richmond, 94804

(510) 434-5483, chiragp@nativehealth.org or catherinen@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 medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

2. Program: Native American Wellness Center – PEI

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

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

- b. **Target Population:** Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 18-19: \$238,555
- d. **Number served:** In FY 17-18: 162
- e. **Outcomes:**
 - Program participants will increase social connectedness within a twelve month period.
 - Program participants will increase family communications.
 - Participants that engaged in referrals and leadership training will increase their ability to navigate the mental health/health/education systems.

Office for Consumer Empowerment (OCE) (Contra Costa Behavioral Health)

Point of Contact: Jennifer Tuipulotu, Program Manager
Contact Information: 1330 Arnold Drive #140, Martinez, CA 94553
(925) 957-5206, Jennifer.Tuipulotu@CCHealth.org

1. General Description of the Organization

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

2. Program: Reducing Stigma and Discrimination – PEI

a. Scope of Services:

- The PhotoVoice Empowerment Project equips individuals with lived mental health and co-occurring experiences with the resources of photography and narrative in confronting internal and external stigma and overcoming prejudice and discrimination in the community.
- The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau encourages individuals with lived mental health and co-occurring experiences, as well as family members and providers, to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, academic faculty and students, law enforcement, and other community groups.
- Staff leads and supports 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 promotes dialogue and guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- Staff partner with NAMI Contra Costa to offer a writers' group for people diagnosed with mental illness and family members who want to get support and share experiences in a safe environment.

3. Program: Mental Health Career Pathway Program - WET

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 Behavioral Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed

by the County.

4. Program: Overcoming Transportation Barriers – INN

a. Scope of Services:

- The Overcoming Transportation Barriers program is a systemic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program are to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among peers. The program targets peers and caregivers throughout the mental health system of care.

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

c. Total MHSA Funding for FY 2018-19: \$270,628

d. Staff: 11 full-time equivalent staff positions.

e. Outcomes:

- Increased access to wellness and empowerment knowledge and skills by participants of mental health services.
- Decrease stigma and discrimination associated with mental illness.
- Increased acceptance and inclusion of mental health peers in all domains of the community.

People Who Care (PWC) Children Association

<http://www.peoplewhocarechildrenassociation.org/>

Point of Contact: Constance Russell, Executive Director

Contact Information: 2231 Railroad Avenue, Pittsburg, CA 94565

(925) 427-5037, PWC.Cares@comcast.net

1. General Description of the Organization

People Who Care Children Association has provided educational, vocational and employment training programs to 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) will provide Prevention services through providing work experience for 200 multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at-risk of dropping out of school, or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. **Target Population:** At risk youth with special needs in East Contra Costa County.
- c. **Payment Limit:** FY 18-19: \$223,102
- d. **Number served:** For FY 17-18: 212
- e. **Outcomes:**
 - Participants in Youth Green Jobs Training Program increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and Green Economy.
 - Participants of the PWC After-School Program showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).
 - More than 50% of participants did not re-offend during the participation in the program
 - Participants in PWC After School Program reported having a caring relationship with an adult in the community or at school.
 - Majority of participants showed an increase in school day attendance and decrease in school tardiness.

Putnam Clubhouse

<https://www.putnamclubhouse.org/>

Point of Contact: Tamara Hunter, Executive Director

Contact Information: 3024 Willow Pass Road #230, Concord CA 94519

(925) 691-4276 or (510) 926-0474, tamara@putnamclubhouse.org

1. General Description of the Organization

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

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

a. Scope of Services:

- i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
 - ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County, and holding countywide career workshops.
 - iii. Project Area C: Putnam Clubhouses assists Contra Costa County Behavioral Health in a number of other projects, including organizing community events and by assisting with administering consumer perception surveys.
 - iv. Project Area D: Putnam Clubhouse assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- b. **Target Population:** Contra Costa County residents with identified mental illness and their families.
- c. **Payment Limit:** FY 18-19: \$582,859
- d. **Number served:** In FY 17-18: 308
- e. **Outcomes (FY17-18):**

- 70 new members enrolled and participated in at least one activity
- Held 4 career workshops
- Prepared 9,000 meals for members
- Provided 54,437 hours of Clubhouse programming to members
- Clubhouse membership made a positive impact by decreasing hospitalizations

Rainbow Community Center

<https://www.rainbowcc.org/>

Point of Contact: Kevin McAllister, Executive Director

Contact Information: 2118 Willow Pass Road, Concord, CA 94520

(925) 692-0090, kevin.mcallister@rainbowcc.org

1. General Description of the Organization

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

2. Programs: A.) Outpatient Behavioral Health and Training

B.) Community-based Prevention and Early Intervention - PEI

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services. Services are available in English, Spanish, and Portuguese.
- ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
- iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency, against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
- iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

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

c. Payment Limit: FY 18-19: \$759,362 for PEI, including counseling and case management services onsite and at Contra Costa schools.

d. Number served: In FY 17-18: 1460

e. Outcomes:

- Rainbow held 28 trainings during the year
- Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo, Pittsburg, Acalanes, West Contra Costa Unified
- Youth Support Programming served: 144 youth via outreach; 176 youth in groups; 43 through one on one work; 387 through school-based outreach; 118 through mental health services, and 65 through psycho-social groups
- Pride & Joy program reached 1,054 members of the community through events/groups; 387 through brief intervention; and 204 through individual services

RYSE Center

<https://rysecenter.org/>

Point of Contact: Kanwarpal Dhaliwal, Co-found and Associate Director

Contact Information: 205 41st Street, Richmond. CA 94805

(925) 374-3401, Kanwarpal@rysecenter.org

1. General Description of the Organization

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

1. Program: Supporting Youth – PEI

a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and ‘edutainment’ activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of 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 18-19: \$503,019

d. Unique Number served: In FY 17-18: 680 young people

e. Outcomes:

- 254 RYSE members participated in at least two programs within the integrative

model

- 7 youth-generated videos were created to address health, social inequity and stigma reduction.
- RYSE served 34 youth through the Hospital-Linked Violence Intervention Program (R2P2)
- RYSE reached at least 1105 adults through community-wise and sector specific trauma-informed care trainings, presentations and gatherings.
- RYSE reached at least 500 young people through their Queer Trans Summit
- 75 young people received services through RYSE's school-linked services

STAND! For Families Free of Violence

<http://www.standffov.org/>

Point of Contact: Reina Sandoval Beverly

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

(925) 676-2845, reinasb@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! enlists 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 childhood exposure to violence.

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

- a. **Scope of Services:** STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. **Target Population:** Middle and high school students at risk of dating violence.
- c. **Payment Limit:** FY 18-19: \$134,113
- d. **Number served:** For FY 17-18: 2179 participants
- e. **Outcomes:**
 - 77 *You Never Win with Violence* presentations reached 1987 participants
 - 18 *Expect Respect* groups reached 192 participants
 - Youth Against Violence: 10 youth leaders trained in summer 2017
 - Adult Allies: 31 adults trained in two presentations

Vicente Martinez High School - Martinez Unified School District

<http://vmhs-martinez-ca.schoolloop.com/>

Point of Contact: Lori O'Connor

Contact Information: 925 Susana Street, Martinez, CA 94553

(925) 335-5880, loconnor@martinez.k12.ca.us

1. General Description of the Organization

The program serves Vicente Martinez High School 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. These services are also provided to students of Briones School, an independent study program located on the same campus. The program has been jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3).

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

a. Scope of Services: Vicente Martinez High School and Briones School provide their students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:

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

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

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

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

c. Payment Limit: FY 18-19: \$185,763

d. Number served: In FY 17-18: 140 Transition Aged Youth (TAY)

e. Outcomes:

- Goals: Students enrolled in Vicente and Briones 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

- Increase mental health resiliency
- Participate in four or more different PEI related activities throughout the school year
- Decrease incidents of negative behavior
- Increase attendance rates

ii. Goals: During the 17-18 School Year:

- 95% of Vicente students enrolled during the 17-18 school year participated in PEI related activities.
- PEI services were extended to Briones independent study students; 37% participated in services.
- All seniors participated in a minimum of 15 hours of service learning.
- Staff organized and hosted 70 different types of activities and events to enrich the curricula.
- All students were offered mental health counseling.
- Developmental Assets Profile (DAP) assessment was administered to all students.

Appendix B

Program Annual Reports

FY 18-19

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CONTRA COSTA BEHAVIORAL HEALTH

1220 MORELLO AVE., STE. 100
MARTINEZ, CA 94553-4707
PH: (925) 957-2611 FAX: (925)
957-2624 E-MAIL: Jbruggem@cchealth.org

PEI ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name:

Asian Community Mental Health Services / Asian Family Resource Center

PEI STRATEGIES:

Please check all strategies that your program employs:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

Within the past reporting period, the potential responders we have reached primarily consist of multilingual and multicultural individuals and families (specifically of Chinese, Vietnamese, Laos, Khmu, and Mien backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county). These groups and individuals are frequently underserved as a result of language barriers and cultural differences. We hold regular group sessions at our offices in Richmond weekly to reach our target audience.

Our primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Chinese, Vietnamese, Lao, and Mien to reach a wider range of potential responders. These brochures consisted of our mission, the types of services we

offer under this program, the language we speak, and our contact information.

These brochures are placed in areas that attract high concentrations of the APIC population such as public libraries, supermarkets, restaurants, adult schools, housing complexes, the faith community, weekend community events, and distributed to the participants at diverse community activities. In addition, the brochures are distributed to participants who attended our outreach events in previous years.

We also hold collaborative efforts with other community agencies such as the Family Justice Center Richmond and Concord, Regional Center of East Bay, Senior Peer Counseling, Bay Area Legal Aid, local school districts, SSA, and housing corporations for service resources and case referrals in order to further engage with our community.

Furthermore, we hold psychoeducation workshops for community members with regards to the importance of prevention and early intervention relative to mental health, as well as self-care and human wellness. The workshops also touch on cultural/historical issues and family/parenting issues. These workshops also touch on cultural/historical issues and family/parenting issues. These workshops raise the attendees' awareness and understanding of the early signs of mental health issues, increase their knowledge about mental health, and reduce the stigma that surrounds the topic of mental health. Additionally, we provide information about where and how to get help if needed, particularly for those who may feel limited due to language barriers.

Several strategies are utilized to provide access and linkage to treatment. We assess the needs of the individual, set up services goals for them, provide the services required or otherwise refer them to appropriate programs to service their needs. For instance, if there is a potential case that needs mental health assessment and treatment, it would be transferred to another program we offer, Medi-Cal recipients. For those individuals who are not qualified for this treatment program, of immediate risk, or are having difficulties accessing or receiving services in English because of language and cultural barriers, they are encouraged to receive individual/family consultation for up to one year under the PEI program, or participate in wellness support groups in a variety of Asian languages (this program is also under the PEI program.) We regularly follow up with the individual to assess if program is meeting their needs. Internally, we perform quality assurance by periodically meeting with staff and participants to get feedback to incorporate into our best practices.

We perform a variety of things to improve timely access to services for the underserved populations. i) We regularly attend community meetings, to allow our potential client to be aware of our services and accessibility to them. ii) We attend workshops to receive training for new and updated information about laws, public benefits, social services, etc. to be equipped with information that may have an impact on the population we serve. This way we, as providers, can develop a better understanding of the needs and services for underserved populations, and provide more catered and supportive services. iii) Our agency also hosted several events throughout

the year, to allow the community of underserved population to come together, so we may engage

On August 23, 2018, our agency hosted an outdoor event for the community at Alvarado Park in Richmond, CA. People from all backgrounds, young and old, joined us at the picnic. 52 people attended the event, including those from Chinese, Vietnamese, Lao, Khmu, and Mien communities. It was a fun day for all, filled with an abundance of food and activities. Our attendees enjoyed spending quality time talking and eating with good friends and good food. The picnic was a success, bringing many different people together for a day of fun. It was our pleasure to share resources with all.

On November 30, 2018, our agency facilitated a community wellness event at Family Justice Center in Concord, CA. The activities included health screening, community wellness resources, and introduction to our programs and missions, and a workshop on "Understand Financial Literature, How to grow/save money, and Free Eye Exam by Dr. Viet Ho," There were a total of 47 attendees most of them are Vietnamese and Chinese guest that participated in the events.

On June 27, 2019, our agency hosted outdoor event for the community at Alvarado Park Richmond, CA. We had attendance of 47 people including those from the Chinese, Vietnamese, and Laos. We had games activities and raffle for price for the winner. It was our pleasure to share the resources and have fun with the community.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

We utilize the Demographics Form to conduct evaluation and measure outcomes. Some questions in the form have been modified to better reflect cultural competency. Some of the qualitative data we collect include primary language spoken, race, ethnicity, gender, sexual orientation. Our quantitative data includes the number of individuals that attend groups, their ages, and the number of hours attended. The Demographics Form does not include the client name so their information will always be confidential. We use one form per individual per contact. The data is compiled at end of the month and analyzed.

DEMOGRAPHIC DATA: **Not Applicable** *(Using County form)*

*If your agency has elected to not utilize the County Demographics Form **AND** have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.*

Reported on separate form.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Our program reflects the values of wellness, recovery, and resilience. We base our work on our agency's mission statement, which emphasize the need to provide and advocate for multilingual and multicultural family services that empower people in Contra Costa County to lead healthy, contributing and self-sufficient lives. The services we provide always aim to assist, educate, and eliminate the stigmas of mental health-related issues. Our doors are always open to anyone that seeks assistance, regardless of race, color, ethnicity, religion, sexual orientation. With the assistance of our bilingual staff, we are able to provide language-based and culturally competent care and service, something we value deeply. We truly believe we provide a safe place for the underserved population who ESL and need these services

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Client is a 78 years old female who speaks Mandarin primarily and some limited English. Client is currently living alone in a house especially her husband who was her main support died couple years ago. Client reported having two adult children whom she barely has contact with. Her older son has lived in the Bay Area but she stated she didn't have much contact with since him. She stated, "in Chinese culture, you didn't tell bad news to your family, you only said good news". Her younger son currently is missing, and she stated her son has been suffering from mental health illness. She has been worrying about him. Client is currently living on SSI and SSA with no other types of support.

Client came to AFRC since April 2017 for case management such as senior housing and translation for letters. For about more than a year, client came with only those needs, she often presented herself with a heavy sense of shame about seeking for services and help. She would reject any other services providing to her and stated, "I didn't deserve help". At the group, one of the peers also stated the client has difficulty asking for help. Therefore, the services at AFRC were provided to client based on the client's requests and client often turned down other suggestions from the staff. After a year of services, client started to build up a sense of trust with the staff at AFRC and client would contact and come to the office for seeking help more frequently. For the recent six months, client used the services at AFRC for about 1-5 times a month. Therefore, the service goals at AFRC were 1. Provided case management to meet with client's basic needs such as food stamp, energy bill deduction, SSI renewal process etc. 2. Reduce client's level of anxiety and depressed mood which was triggered by her external stressors. 3. Establish a rapport with the client through case management and assist client to reduce her sense of shame when seeking help. 4. Provide resources and referral for the client

for other services.

The recent services AFRC provided including case management, brief counseling, money management, psychoeducation, wellness education, screening for mental health needs, and providing referral for resources and mental health therapy. In the year 2018-2019, client has responded with an increasing level of trust to the staff and she stated revealing more about her struggles. Client would contact the staff at AFRC asking for assistance and she was more proactive about asking help for her needs. Moreover, AFRC staff assisted client to resolve her SSI penalty and client's level of stress has decreased which client responded "I really appreciate (AFRC] staff for helping me to resolve the issues; otherwise, I couldn't stop thinking about it. And now, I have felt more secure when I come to see you. My worries got lessen because of the help here." Around May to June 2019, staff suggested client to seek for mental health therapy. Client agreed with the suggestions and she will be connected to Medi-care for therapy.

PEI ANNUAL REPORTING FORM

EARLY INTERVENTION REPORTING FORM

FISCAL YEAR: 2018-2019

Agency/Program Name: Building Blocks for Kids

PEI STRATEGIES:

Please check all strategies that your program employs:

Provide access and linkage to mental health care

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

1) Ensure BBK Zone families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services.

During the 2018-2019 fiscal year Health & Wellness Team members met with 22 community organizations, government agencies and individuals to strengthen our relationships with them and better understand how to connect Richmond residents to their services. The services include: mental health and wellness providers, access to health information, access to low-cost or free food, early literacy support, financial crisis support and housing. Additionally, Health and Wellness team members attended various networking events and trainings offered by community partners. They included: a trauma informed training focused on the effects of trauma on health and on the brain organized by the Family Justice Center and a training on the impact of witnessing family violence on young children and helpful solutions, a trauma informed training on how trauma impacts young children's brain development and strategies on building supportive relationships and nurturing environments organized by Lotus Bloom and Youth Uprising, a training organized by Village Connect on the Culture Based Transformative Coaching model that empowers individuals, families, groups, and community to move beyond embraced

cultural norms that stand in the way of achieving success. These trainings helped our staff develop a model for the way in which we interact with families that participate in our programming. This fiscal year, our team members attended the Community and Family Engagement Conference. At this conference our staff attended a training on the development of the Growth Mind Set in families, a training on building successful father engagement, and a training on how to build culturally-competent programming.

Summer Program at Belding Garcia Park

In July 2018, Building Blocks for Kids continued the work at our Summer Program at Belding Garcia Park in Richmond. The focus of the summer program was to ensure that children in the Belding Woods neighborhood had access to at least one healthy meal per day and that family members had access to health promoting activities that they can do individually or together as a family. Three times a week we invited different organizations to visit the park and inform families about the services they provide in the community. In the month of July 2018 we served an average of 95 children under the age of 18 at the park. During the program, we collaborated with: Native American Health Center, Child Abuse Prevention Council, Inspiring Communities, YES Nature to Neighborhoods, East Bay Regional Park District, The Watershed Project, West Coast Chess Alliance, the Richmond History Museum and Tandem-Partners in Early Literacy. They facilitated activities with families that focused on health & wellness which included: workshops on healthy eating and living, team building activities, reading circles for children and families. Another component of the summer program was our developmental playgroups for families who had children ages 0-5. In addition to providing playgroups at Belding Garcia we also provided them at the Monterey Pines Apartments in South Richmond. Twice a week for seven weeks, parents received hands-on, bilingual guidance for building language and literacy through everyday activities. In July 2018, a total of 155 unduplicated participants attended a playgroup. Many participants of the playgroups were Nurturing Parenting class parents interested in picking up additional skills. In June 2019, Building Blocks for Kids continued the Summer Program at Belding Garcia Park.

During the first month of programming, we served an average of 87 children under the age of 18. BBK also collaborated with: White Pony Express, SparkPoint Financial Services, East Bay Regional Park District, Fresh Approach, Tandem-Partners in Early Literacy, The Watershed Project and Family Zumba. These partner organizations facilitated activities with families that focused on health & wellness which included: workshops on healthy eating and living, workshops on financial health, free food and produce, family Zumba classes, and family reading circles. This summer we also continued our developmental playgroups for families who had children ages 0-5. In addition to providing playgroups at Belding Garcia we also provided them at the Monterey Pines Apartments in South Richmond. Twice a week for seven weeks, parents received hands-on, bilingual guidance for building language and literacy through everyday activities. In June 2019, a total of 75 unduplicated participants attended a playgroup.

Sanctuary

From the start of the fiscal calendar year, in July 2018, 93 women participated in a total of 32 Black Women's and Latinx peer sanctuary support groups received facilitated support for self-care, advocacy for self and family, setting personal goals and reclaiming positive cultural practices.

The women report loving the opportunity to have this time to connect with other women in their community. Consequently, they show up regularly and bring other women to participate in these sessions. The Sanctuary has become a space and a community for women to receive emotional support and encouragement during challenging as well as during promising times. During this period, women participating in two groups have created or refined their existing plans to promote and improve their mental health and emotional well-being. They work with Sanctuary facilitators and other group participants to support them with their wellness goals.

2) Train and support families to self-advocate and directly engage the services they need.

The women in the Sanctuary groups continue to build a network that can regularly share information about resources, such as school events, workshops and community events with other group participants. In addition to sharing information within the Sanctuary groups, participants have displayed self-agency and personal empowerment with planning topics that are covered in the groups. In the Latina Sanctuary group, participants have been very clear about the topics and resources they are interested to learn more about, including an informational workshop on financial health given by SparkPoint Financial Services and women's sexual health. Women have shared that they want to learn more about sexual health and are feeling more comfortable talking about it in the group.

3) Provide a range of parent support services for parents/primary caregivers, including cumulative skills-based training opportunities on effective parenting approaches.

Nurturing Parenting

During the 2018-2019 fiscal year, BBK and the Child Abuse Prevention Council continued our Nurturing Parenting program. We continued to offer two classes for Spanish speaking parents called Crianza Con Cariño. These classes were offered at Chavez Elementary School in Central Richmond at our Health & Healing Center. In addition to the Spanish classes, we also offered the Nurturing Parenting class at Monterey Pines Apartments, a housing development in South Richmond. During the last fiscal year, 58 parents/caregivers successfully completed the 22-week program between the three community spaces in Richmond. During the mid-point check-in one parent stated: "I love this class. It has taught me to do something for myself which was something I didn't do it all before I started coming." "I have a really good relationship with my kids now. I try to watch what I say and how I say it."

When asked how the class had helped them, a parent shared, “This class is teaching me to be more conscious of the words I use when I communicate with my children, criticize less, be more tolerant, and listen better.” Another parent shared, “I’m more conscious of my actions, and I’m learning to be more loving to myself. I understand that loving myself first will help me with my kids.” Lastly, a parent shared, “I’m more patient, understanding, and most of all a better listener. This class has helped me to pause and take a moment before taking any actions or saying any words that I might regret later. I’m a better person, and a better mother because of this class.”

Family Engagement Night (FEN)

During the 2018-2019 fiscal year, FEN remained focused on providing a safe, affirming environment during which families – parents and children together – are able to share a healthy meal and engage in interactive activities with service providers. Each month, a host organization provided information and materials regarding resources available to participating families and answered questions about challenges or needs. Host organizations included: BBK, the Richmond History Museum, Lifelong Medical Care, Wells Fargo, and First 5. Each host organization is a community partner with expertise in some aspect of family engagement and support and other content areas. In addition to Family Engagement Nights, BBK also provided families monthly Family Sanctuary nights. Family Sanctuary is a gathering where we invite families to strengthen their family bond. Families participate in activities that focus on deepening their relationships, strengthen their communication, and build a culture of positive social and emotional well-being within the family unit. Our ultimate goal is to offer a safe space where families feel comfortable spending quality time with their loved ones and build on their social and emotional skills to strengthen their family communication. Topics that were covered in Family Sanctuary included: Celebrating our Family History, Family Game Night, and Family Tree of Positivity. During this reporting period, we hosted 10 Family Engagement Nights at Monterey Pines Apartment with an average attendance of 15 participants at each event for a total of 146 participants. At our BBK location we hosted 11 Family Sanctuary events with an average of 19 participants at each event for a total of 215 participants.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- *Which mental illness(es) were potentially early onset*
 - *How participant’s early onset of a potentially serious mental illness was determined*
 - *List of indicators that measured reduction of prolonged suffering and other negative outcomes, and data to support overall reduction. Include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
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Outcomes

A. Parents develop knowledge base on child development and positive parenting skills

Since July 2018, 58 adults have successfully participated in a 22-week positive skills parenting class. 155 adults participated in a parent-child, skills development playgroup during the summer months of 2018. In the month of June 2019, 75 adults participated in the parent-child, skills development playgroup.

B. Service providers are responsive to mental health needs and requests of Central Richmond families.

BBK Zone families are increasingly accessing mental health services. In the last year, we have seen an increase in the confidence that Central Richmond families have in our partner mental health organizations' ability to respond to their needs. Many of our partners have improved their responsiveness by following up with us right away when asked for their assistance in guiding or referring a family who needs support. They have also been willing to come to planned activities that put them in front of families where they are able to make important connections and build rapport. We see this is as an important evolution however; it has become apparent that responsiveness doesn't quite capture all that families are looking for in mental and emotional health support. It makes sense that Central Richmond families, especially those who are high need, have a minimum expectation that they're going to be able to connect to a provider who can help them when a need arises. Getting a friendly initial response might even be enough to solve some short-term problems, but many families are looking for more from providers. Responsiveness is what families expect, but resolution is what they really need.

Measures of Success

Sanctuary

Success Measure: 100% of the mothers participating in Sanctuary report a plan for supporting mental wellness for themselves

Result: 100% of the mothers participating in Sanctuary report a plan for supporting mental wellness for themselves

Success Measure: 80% of mothers will report progress on achieving at least one wellness goal.

Result: 100% of mothers reported progress on achieving at least one wellness goal.

All mothers reported that there is at least one other person from the group that they feel comfortable checking in with about their mental and emotional state, which was a goal for all participants.

Parent Partner

Success Measure: 75% of parents that work with a Parent Partner will report that they feel safe, confident and more knowledgeable about how to advocate for mental health services for themselves, their child or other family members.

Result: Of the parents that responded to this question, 100% reported that they feel safe, confident and more knowledgeable about how to advocate for mental health services for themselves, their child or other family members. However, many of the undocumented Latinx families reported that they still did not know where to go to get services.

Parenting Support Services

Success Measure: 85% of all participants will report an increase in their use of positive parenting skills with their children

Result: At our midpoint check-in for our most recent parenting session, 100% of parents reported that there was an increase in their use of positive parenting skills with their children.

Linkages with Service Providers

BBK will establish procedures for identifying those individuals/families that need more intensive mental health support and hence referrals to other service providers.

Families and individuals were identified from Sanctuary and Parenting Classes and referred for services by members of the Health and Wellness team. It continues to be difficult to refer undocumented families for mental health services because of the dearth of services available to them.

Success Measure: 70% of families identified as needing mental health services will be successfully linked to providers.

It continues to be difficult to refer undocumented families for mental health services because of the dearth of services available to them. During this reporting period, two (2) program participants were referred to external mental health support services. Referral were made to Youth Service Bureau and the Center for Recovery and Empowerment (C.O.R.E).

Many BBK participants were referred to external support services such as those helping with, legal issues, childcare and short term financial crisis. From July 2017 to June 2018, BBK staff made five (5) referrals to internal and external support services. (For a total of 26 unduplicated clients.) Many BBK families consistently experience income volatility and are vulnerable and are negatively impacted when monthly income dips or there are unexpected increases in rent. Gentrification and displacement impacting the Bay Area region are currently impacting Richmond families. For our participants, the well-founded fears of losing their housing or difficulty finding money to cover a \$100+ rent increase is extremely stressful and hard to mitigate. These financial pressures greatly impact the emotional and mental well-being of the families we serve.

DEMOGRAPHIC DATA: *Not Applicable (Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Unduplicated BBK program clients
1 July 2018 – 30 June 2019

From July 2018 to June 2019, BBK served a total of 438 unduplicated West Contra Costa County residents. Among the participants, 205 (52.21%) were under the age of 18 and 224 (47.79%) were adults.

Race & Ethnicity

Overall, BBK's participants closely reflect the racial and ethnic demographics of Richmond's Iron Triangle neighborhood. Latinx comprised 73.74% of program participants and 61.1% of residents in the Iron Triangle census tracts. African Americans represent 20.95% of participants in the 2018-2019 fiscal year, and 24% of Iron Triangle residents. According to 2017 U.S. census estimates, ninety-four (94%) percent of South Richmond residents are people of color; 37% are African Americans and 49% are Latinx.

	BBK Clients		Iron Triangle Residents*	South Richmond Residents**
	Count	%		
African American	79	22.19%	24.7%	37.7%
Asian Pacific Islander	2	0.56%	6.9%	7.16%
Caucasian	0	0%	4.6%	4.27%
Latino/a	258	72.47%	61.1%	49.6%
Other Specified	17	4.78%	.5%	1%
Unspecified	0	0%		

*Source: US Census. 2012-2016 American Community Survey 5-year estimates. Includes CT3760, CT3770, CT3790, CT3810, CT3820. (details)

Monthly Client Counts

BBK served on average, between 148 and 278 residents each month — (BBK’s large community summertime events make this number difficult to generalize.)

Gender

Most of BBK’s clients are women and girls. 269 (72.51%); percent of participants are female. 102 (27.49%); percent of participants are male – these are mostly boys in BBK’s childcare and family programs. (The gender of 17 clients was unspecified.)

Language Spoken

Because of the changing demographics of the Iron Triangle neighborhood and talents of the bilingual/bicultural staff at BBK, more than 229 (64.87%) of BBK program participants speak Spanish as their preferred language. 123 percent (34.84%); speak English. (The preferred language spoken was categorized unknown or unselected by 85 clients)

BBK’s successful Belding-Garcia Park Playgroups and Latina Women’s Sanctuary are attended mostly by Spanish-speaking women and the children in their care. This is due largely to the location of the programs at/near Cesar E. Chávez Elementary School. During the school year, eighty-nine percent (89%) of the students at Chávez Elementary are Latinx. Sixty-four percent (64%) of students are English Language Learners. Nearly all (94%) students at Chavez Elementary are low-income based on qualifying for free and reduced lunch. (Source:<http://www.ed-data.org>)

Justification for Selected Demographics.

1. Collecting extensive demographic information from our drop-in clients has been unfeasible and not suitable or proper in specific programmatic circumstances.

BBK’s mental health prevention work is offered only in group settings (both small and large groups.) We have found that collecting detailed demographic information regarding each person’s ethnicity, sexual orientation, gender at birth, and disability status using a self-administered MHSA demographic form was not feasible. At the time of BBK program registration, we are consistently limited to less than 1 minute per individual. Adults typically register themselves and each of their children (often up to 4).

It is important for BBK to understand who our clients are and to assess that we equitably serve Richmond families. As detailed in the report above, we routinely collect essential demographic fields (adult/child, race, gender, preferred language) on specially tooled dual-language sign-in sheets. (Available upon request.) Many of our participants are not strong readers in English or in Spanish. All self-administered forms must be simple and easy to understand/complete within a room full of distractions.

With the exception of the adults attending our Nurturing Parenting classes (only during weeks 6 through 22) –all other BBK program participation is on a drop-in basis. Many drop-in clients find even

the most familiar demographic information too personal or immaterial to their attendance. Sometimes it is necessary to piece together a client's demographic profile over time using personal identifiers and sequential sign-in sheets. We view this as part of building a trusting client relationship, and is only possible among clients who continue their group participation.

2. Some demographic information is not pertinent to most of the individuals and families we serve and not an efficient use of time and resources

BBK serves very few or no veterans. They are not excluded from our programs, just uncommon in the populations we serve. As stated above, we serve women and children who live in the Iron Triangle neighborhood (CT3760, CT3770, CT3790) and the nearby Belding-Garcia neighborhood (CT3730.) In these census tracts, the percent of female veterans is estimated U.S. Census Bureau to be 0%-0.7%. We served very few adult men in our programs. Men constitute 80%-100% of U.S. veterans living in our program service area. In FY 2018-2019 BBK can expect to serve fewer than 2 veterans among our total estimated 500+ clients based on Census data.

The inconvenience to clients to request additional information that is not pertinent to them and repetitive data entry for a null value isn't the best use of the limited time that families spend during BBK programs. Therefore, we do not include veteran status among the demographic variables we collect. (Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates)

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based or promising practices are used in your program and how is fidelity to the practice ensured?

The Nurturing Parenting classes that we offer families is an evidence-based program for parents and caregivers and their children to learn positive and caring nurturing skills. Nurturing Parenting is a trauma informed, family-based program designed for the prevention and treatment of child abuse and neglect. Family Development Resources, Inc. provides programmatic materials, training and ongoing technical assistance to support program implementation. Training and support are also provided by Family Nurturing Centers, International which are organizations licensed by the Family Nurturing Center's national office to provide training, technical assistance, and services by nationally and internationally recognized trainers and consultants. Our team meets weekly to plan activities for the children's program and use the Nurturing Parenting program manual to ensure that all activities are aligned with what is being taught in the parent program.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Since its founding in 2005, BBK has been a community of social innovators working to support Black and Latin families in Central Richmond. We support families to use their voices and experiences to directly inform the systems they interact with and which impact them.

Beginning last fall, BBK launched a strategic planning process to guide our theory of change for the next 3-5 years. We identified programmatic shifts to achieve a values-aligned structure and practices that support our new mission and vision. BBK envisions empowered communities that are wellness-centered and have equitable access to high-quality education, where healthy families blossom to realize their dreams and full potential. An important outcome of our strategic planning process was for BBK to have organizational clarity that allows integration and innovation of community change strategies that result in improved well-being for children and families in Richmond and surrounding West Contra County. Moving forward, our three core strategies are parent-led advocacy, healing-centered care and leadership development. These strategies drive our mission to amplify the voices of parents/caregivers of color and partner with them to advance equitable access and opportunities for all youth to have a quality education and all families to achieve emotional and physical well-being. Our staff will continue to keep families' health & wellbeing at the forefront of our work in all of our programming. Our new approach continues to align with and bolster MHSA's PEI goal of **providing activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors.**

BBK's theory of change is simple and enduring: by providing healing centered care, leadership development, and activating inclusive parent-led advocacy, we support the personal and collective transformation of parents and caregivers as they reclaim their power. Furthermore, we seek the transformation of education and health systems, so that all youth achieve success and all families experience positive emotional and mental well-being. We collaborate with families to overcome trauma and barriers so that they may strengthen their ability to support their children, family, and community toward healthy, successful development. Efforts focus specifically on ensuring the well-being of parents and supporting parents to determine long term success for their children. We do this by offering nurturing and culturally responsive environments where parents can heal and identify practices that promote well-being. We also help parents make direct linkages to mental health tools and resources that may not otherwise be accessed. Furthermore, we provide skills-based training that develop the leadership capacity of parents/primary caregivers. Our ultimate aim is that Richmond and West County parents/primary caregivers' effect positive changes in home, schools and neighborhoods to ensure that they are responsive to the needs of families and children.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those

of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

BBK continues to commit to the growth and development of our program participants such as Rihana Idris and her family. Through our work at Monterey Pines Apartments we had the honor of meeting Rihana when she registered for Nurturing Parenting classes. Rihana built relationships with BBK staff, fellow classmates and neighbors and became very interested in BBK programming at Monterey Pines and became a regular participant in the Black Women's Sanctuary group and Family Engagement Night. Rihana always invites family members, friends and neighbors to our events and activities. Recently Rihana shared that, "the Nurturing Parenting Program and the Family Engagement Night events have helped me be closer with my children and devote more quality time to myself and them." "I really value what I have learned in class." "I now take the time to take care of myself and do things to make me feel relaxed, like go to the movies for example." "I feel very excited and motivated to continue to learn. As a result of taking the Nurturing Parenting program, I signed up for English classes at Berkeley Adult School."

We have had the pleasure of working with Claudia Castro another program participant. Claudia was introduced to BBK at Chavez Elementary School, the school her son attended. Claudia is a regular participant of the Latina Sanctuary group and the Crianza Con Cariño classes. She shares that participating in BBK programming has helped her have a better relationship with her family and believe and value herself. She shares that before she participated in BBK programming she felt very depressed and alone because she does not have a lot of family, but now all that has changed. She says that the groups have allowed her to see that there's a world outside of her family, and has learned who she is as an individual. "These programs have helped me value myself and get rid of the negativity." "They've also helped me be a better mom and wife." "I no longer feel alone." As a result of participating in BBK programming and her increased confidence, she is now taking English classes at her son's school. She's gotten a part-time job at a local restaurant, and volunteers at her son's school. She is making positive changes in herself, her family, and her school community.

PEI ANNUAL REPORTING FORM

Due: August 15, 2019

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: Center for Human Development - African American Wellness Program

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Center for Human Development's African American Wellness Program provides prevention and early intervention services that empowers clients to: 1. Increase emotional well-being. 2. Decrease personal stress and isolation. 3. Increase their ability to access culturally appropriate mental health services.

During the course of the contract, staff will provide MHSA-PEI services to African Americans living in Bay Point, Pittsburg and surrounding East County Communities. The annual goal is to reach 200 unduplicated individuals From July 1, 2018 through June 30, 2019.

Key activities included culturally appropriate education on mental health topics through three open ended Mind, Body and Soul support groups; community health education workshops; outreach at health -oriented community events; and navigation assistance for culturally appropriate mental health referrals.

Taylor Morgan, former Community Health Advocate, Risha LaGrande, and Michelle Moorehead, current Community Health Advocates, co facilitated the services listed below from January 1, 2019

through June 30, 2019. Ms. Morgan was a full-time employee of the Center for Human

Development, working with Risha LaGrande and our participants of the Mind Body and Soul support group. East County Office location is at the Sparkpoint Center in Bay Point. Through collaboration with Sparkpoint and seeing the valuable resources that the African American Wellness Program provides to participants and the local community. We are able to have office space while collaborating with their services.

The program activities during the 6 month period included the following:

Facilitate four Mind, Body, and Soul support groups in four separate locations:

- **Pittsburg Health Center**, Pittsburg, first and third Monday evening, 12 open-ended, ongoing sessions.
- **Ambrose Community Center**, Bay Point, first and third Wednesday afternoon, 12 open-ended, ongoing sessions.
- **Pittsburg Senior Center**, second and fourth Wednesday afternoon, Pittsburg, second and fourth Wednesday afternoons, 12 open-ended, ongoing session.
- **Antioch Library, Antioch**, second and fourth Thursday evening, 12 open-ended, ongoing sessions.

Facilitate Community Mental Health Education workshops based and community-based organizations in East Contra Costa County.

Conduct outreach services at community events in East Contra Costa County.

Provide navigation of health services, including mental health referrals, for new and continuing clients in East Contra Costa County.

The four Mind, Body, and Soul support groups follow the same format. Often the same topics are presented in the different groups. The topics are related to “Emotional Wellness” which is the term that is more welcoming than “Mental Health” for many African Americans. Guest speakers are often featured as well. Besides the topic and discussion, each session includes a “fellowship” time with healthy refreshments. This “fellowship” time is culturally appropriate for African American participants and is an initial “draw” to the groups.

As of January 1, 2019, the African American Wellness Program went through a few changes to the Mind Body and Soul Support Groups that Ms. Morgan and Mrs. LaGrande facilitated. One of Ms.

Taylor’s objectives were to reduce the stigma attached to the label “mental health” for participants in the Mind Body and Soul Support Group. Another objective was to make the support groups more accessible. Morgan and LaGrande attempted to increase the participation young adults from the community. The changes were made to the scheduled meeting times for the Pittsburg Health Clinic. The afternoon group switched to an evening time slot to appeal to a younger demographic who were either at school or work during the day. Also, a group was added to serve the residents of Antioch.

During this six month period starting January 1, 2019 through June 30, 2019, Taylor Morgan created a curriculum for the support groups to grow in areas of self-worth and knowing their true value.

Curriculum

Always reiterate self-worth, give value to one another and allow them to envision the benefits of taking care of themselves is a necessary part of life. Sharing daily with the group shows they are worth it and reminds them that helping others mean they have to help themselves first.

1. ***Pittsburg Health Clinic, Mind, Body, and Soul Support Group***, first and third Monday evening, seven (7) open-ended, ongoing sessions.

From January 1, 2019 through June 30, 2019, the group met 7 times. Two (2) of the location's group days fell on a Holiday both in the months of January and February which is the reason for minimum groups.

- Topics presented: Life Cycle and the Whole Person; Hypertension Prevention; Social Health; Powerful vs. Un-Powerful People (KYLO chapter 1); Emotional Wellness-Processing Emotions; Spiritual Wellness-How to Fill Your Spiritual Tank; Overall Wellness for "The Whole You"

2. ***Ambrose Community Center, Mind, Body, and Soul Support Group***, first and third Wednesday afternoon, twelve (12) open-ended, ongoing sessions.

From January 1, 2019 through June 30, 2019, the group met 12 times.

- Topics presented: Life Cycle and the Whole Person; Hypertension Prevention; Social Health; Powerful vs. Un-Powerful People (KYLO chapter 1); Emotional Wellness-Processing Emotions; Spiritual Wellness-How to Fill Your Spiritual Tank; Overall Wellness for "The Whole You"

3. ***Pittsburg Senior Center, Mind, Body, and Soul Support Group***, second and fourth Wednesday afternoon, nine (9) open-ended, ongoing sessions.

From January 1, 2019 through June 30, 2019, the group met 10 times. Two of the days missed were due to facilitators out sick and the community center repainting interior building.

- Topics presented: Life Cycle and the Whole Person; Hypertension Prevention; Social Health; Powerful vs. Un-Powerful People (KYLO chapter 1); Emotional Wellness-Processing Emotions; Spiritual Wellness-How to Fill Your Spiritual Tank; Overall Wellness for "The Whole You"

4. ***Antioch Library, Mind Body and Soul Support Group***, second and fourth Thursday evening, six (6) open-ended ongoing sessions.

From January 1, 2019 through June 30, 2019, the group met 6 times. Some groups during the month of May and June were cancelled due to transitional period between the former Community Health Advocate, Taylor Morgan and the current Community Health Advocate Michelle Moorehead.

The African American Wellness Program has a goal to facilitate Community Mental Health Education Workshops, attend outreach events, and community-based organizations in East Contra Costa County. Unfortunately, no workshops were offered during the first half of the fiscal year. The program made an effort to make up missing workshops in the following six-months of the fiscal year.

From January 1, 2019 through June 30, 2019, one (1) health-oriented workshop event was conducted to educate the community.

- ***Hello Me! Wellness Workshop***- May 11, 2019; Community Awareness Reached 15 people

From January 1, 2019 through June 30, 2019, six (6) community outreach services were conducted. Locations and Topics included below.

- ***Job Club Presentation***- February 04, 2019 Reached 7 people
- ***Black History Event***- February 16, 2019 Reached 104 people
- ***Sexual Assault Awareness Event***- February 27, 2019 Reached 18 people
- ***Mother's Day Gala***- May 4, 2019 Reached 35 people
- ***Memorial Celebration***- May 27, 2019 Reached 14 people
- ***Unity In Community***- June 22, 2019 Reached 77 people

The African American Wellness Program provided navigation of health services, including Mental Health referrals, for new and continuing participants in East Contra Costa County, for a minimum of 90 clients.

From January 1, 2019 through June 30, 2019, Mental Health service referrals were provided to 17 new clients.

From January 1, 2019 through June 30, 2019, Community Support Service referrals were provided to 16 new clients. The combined Mental Health referral and community resource/referral total to 33 new client referrals.

Referrals, including mental health referrals, were made to these groups: Crisis Center 211, Contra Costa Mental Health Access Line and community resources. It is important to consider all referrals due to the necessity of immediate needs, such as food, water, shelter, and regular physical medical care being met before mental health can be addressed and maintained.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *How are participants identified as needing mental health assessment or treatment?*
 - *List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
 - *Average length of time between report of symptom onset and entry into treatment and the methodology used.*
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For July 2018 to December 2018, the program served 147 individuals, however only 107 individuals are accounted for on the roster; the data and percentages that were calculated are based on these numbers recognized on the roster. The African American Wellness Program underwent a transition when the previous community health advocate, Cynthia Garrett, left her position at the Center for Human Development in July of 2018 and the new community health advocate, Taylor Morgan, started in the position on September of 2018. Due to the transition there were some missing files/names that were unaccounted resulting in individuals recognized as unduplicated in monthly reports to be unrepresented in the reports and roster. As mentioned before, there were fewer workshops and outreach events completed during the first half of the fiscal year.

Going forward, data will be saved in triplicate on the computer, on a thumb drive, as well as in a hard copy file system according. The numbers reported in this narrative and the reporting forms represent program participants and community members, which were identified as needing Mental Health services and support provided by the African American Wellness Program: the Mind, Body & Soul Psycho-educational Support groups, Community Education Workshops, Community Outreach, including health fairs and similar events, and one-on-one consultations for referrals and system navigation.

CHD has been working with an evaluator to develop Pretest and Posttest surveys to measure the knowledge, awareness, attitude and behavior change for participants in Mind, Body and Soul groups. The instrument has 17 questions, which can be compared after the Posttest has been tabulated.

CHD will use Posttest tabulated to complete results June 2019 for the final results.

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

*If your agency has elected to not utilize the County Demographics Form **AND** have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.*

African American Wellness Program Roster for Support Groups from July 2018 through June 2019 totals 123 unduplicated attendees. For the year including the workshops and events we totaled 342 people and 114 of our outreach came from our newly added Social Media page on Facebook.

This was another addition that began in the month of February 2019 to strictly outreach and get the young adults to gather in person for our Mind Body and Soul Support Groups in one of our four locations.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants, who attend the Mind, Body & Soul Support Groups, receive an assessment tool to identify barriers. Participants are individually provided services to help them to address the current issues they are facing. Participants are referred to Contra Costa Crisis Center 211, Mental Health Access Line and community resources. The program manager and resident leader assist participants by helping them to navigate through the systems so that they can receive care and learn to advocate and navigate for themselves in the future. The community health advocate will call the Mental Health Access Line with participant, ensuring participant to get an appointment. The community health advocate also supports clients by attending their doctor's appointments to help in supporting and advocating for the client's care and help to create effective communication and mutual understanding between the client and their provider.

The appointment is scheduled from initial phone call. The time for scheduling an appointment and seeing a therapist or other provider time frame is up to 3 weeks. The program manager and resident leader follow up with participants within a week to check on progress.

The Healthy living questionnaire is administered to every Mind, Body & Soul Support Group participant in the beginning of the year. Based on the assessment this tool provides staff with information about participant's emotional wellness and the need for individual check in and possible referrals.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

The African American Wellness Program serves adults ages 18 and older, living in East Contra Costa County. African American Wellness Program supports their clients and participants by empowering them to recognize and achieve inner strengths, use coping strategies to maintain emotional wellness, and providing tools, resources, and referrals for increasing their emotional wellness and reducing client stress and isolation. The program creates a welcoming, safe and confidential environment for their participants.

The Mind, Body & Soul Support Group helps give the participant hope, while facing challenges by helping them to address and overcome barriers such as; homelessness, no medical coverage, lack of transportation, lack of shelter and lack of food. African American Wellness Program supports their participant's needs by linking clients, who are low income and disadvantaged due to lack of resources. The African American Wellness Program serve the community by reaching out to many people have lack of outreach engagement to Mental Health Services, Community Resources and referring them to the appropriate medical service providers. Participants enter the program through word of mouth, referrals, community outreach and mental health Pittsburg Health Clinic. The key activities are as follows: Outreach at Community Events, Culturally appropriate education on mental health topics through the Mind, Body & Soul Support Groups, Community Health Education Workshops in accessible and non-stigmatizing settings. We offer navigating assistance for the culturally appropriate, Mental Health Referrals as early in the onset as possible.

Participants in Mind Body & Soul Support Groups generally report a feeling of resiliency. In other words, the group is the supportive system they need to begin the healing process from the hardship or trauma that may have encountered their lives unexpectedly. We strive to teach the very tools and techniques that will help to defuse a crisis situation by using some of our self-care practices such as breathing, mindfulness, taking a brief walk, etc. The Mind Body & Soul Support Groups attempted to appeal to young adults ages 18-29 years, with new evening classes as well an online way to inform the community of our services. We got inquiries from numerous interested participants from a Social Media page. Although, we found many were not comfortable with participating in an in-person group setting. We were able to provide linkages to needed resources and referrals. Former Community Health Advocate, Taylor Morgan, conducted one-on-ones to assess health needs and basic needs, collect intake information and follow-ups, and provide navigation and referral information.

Our numbers dropped significantly due to a change of time for the Pittsburg Health Clinic Group and an added, still forming group located in the Antioch area. Community Health Advocate, Michelle Moorehead, reconnected with the Pittsburg Clinic to arrange a new day and time to meet. Now that we have ongoing classes at the clinic, the numbers have picked up again and we are confident that the Mind Body & Soul Support Group will continue to grow. As of September 2019, we have located another site for Antioch group, which we also hope will boost attendance.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Success Stories:

Story #1

R.M. is one of our male participants, age range 26-59 years old. He has attended the Mind, Body and Soul (MBS) Support Group. He is a long term participant of the program. R.M. came to the group for support for depression, and heart disease. During his time attending he was diagnosed Diabetes and High blood pressure. He was given referrals for diabetes classes, and hypertension classes. As a result, R.M. has managed to learn how to eat better, and walk more. His health has improved from the changes he has made attending the support group, and using the referrals, tools and techniques learned in our support group.

Story # 2

V.M. is one of our female participants, age range 60+ years old. She has attended the Mind, Body and Soul (MBS) Support Group. She is a long term participant of the program. V.M. came to the group from a referral from another participant. She needed emotional support regarding daughter diagnosed with Cancer. V.M. was given referral to Mental Health Services Access line. V.M. has improved from counseling and attending M.B.S. support group. She also has been walking, and eating healthier, which is helping her a great deal emotionally. She continues to attend the group because of the warm family atmosphere.

Story # 3

V.T. is one of our female participants, age range 26-59 years old. She has attended the Mind, Body and Soul (MBS) Support Group. She is a long term participant of the program. V.T. came to the program for support for anxiety. During her time attending she was diagnosed with High Blood Pressure. She was given a referral for a Hypertension class. V.T was assisted in changing her Primary Care Dr. Her new doctor helped her focus on her current health challenge better. V.T. has improved a great deal attending M.B.S Support group. She has changed her eating habits to a Low-Salt diet, working with her Primary Care doctor and receiving emotional support from the group. She can now face her health challenges.

PEI ANNUAL REPORTING FORM

Due: August 15, 2019

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: Center for Human Development – Empowerment Program

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Center for Human Development's Empowerment Program provides weekly support groups, youth leadership groups, and mental health resources for lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) youth and their heterosexual allies, ages 13 – 18, in East Contra Costa.

The annual goal is to reach 80 unduplicated youth from July 1, 2018 through June 30, 2019. During the course of the contract, staff will provide the following services:

Component 1: Facilitate educational support group sessions at Pittsburg High School in Pittsburg, twice per week during the academic school year, totaling at least forty (40) but not more than fifty (50) open-ended group sessions.

Component 2: Facilitate one (1) weekly educational support group sessions at Deer Valley High School, Antioch during the school year; totaling at least twenty (20) but not more than twenty-five (25) sessions.

Component 3: Facilitate one (1) weekly educational support group at Rivertown Resource

Center (or satellite office) in Antioch, Wednesday afternoons totaling at least thirty (30) but not more than thirty-six (36) open-ended ongoing sessions; this group meets year round; educational support groups contain a social-emotional support component along with educational discussions, workshops, activities related to LGBTQ identity, culture, relationships, mental health and wellness.

Component 4: Facilitate twice-monthly youth leadership groups totaling at least sixteen (16) but not more than twenty (20) ongoing sessions at Rivertown Resource Center, Antioch.

Component 5: Facilitate four (4) per year youth-led community service projects and skill-building field trips.

Component 6: Refer youth to culturally appropriate mental health services on an as needed basis including referral support to a minimum of 15 youth.

Component 7: facilitate monthly educational workshops and/or informational speakers at Rivertown Resource Center including nine (9) workshops annually.

Component 8: Facilitate community educational outreach/psycho-educational workshops including four (4) per year.

Kevin Martin, Empowerment Program Coordinator, facilitated the following services from January 1, 2019 through June 30, 2019. Mr. Martin is a full-time employee, working 40 hours per week on the project. During this reporting period, Empowerment has worked with 91 unduplicated youth, for an annual total of 137, which far exceeds our annual goal of 80 unduplicated youth.

Component 1: Facilitate 40 to 50 weekly meetings at Pittsburg High School, Pittsburg for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location helps to increase access in several ways: it eliminates the need for additional transportation, as students are already at school; there is a network of supportive school staff and service providers working at Pittsburg High School, allowing for expedient linkage to additional support services as needed; and youth are more inclined to engage in support services, including Empowerment, when they can do so with, or supported by their peers and with reduced anxiety of being “outed” to their parents, or guardians.

From January 1 through June 30, 2019, Kevin Martin facilitated 21 sessions of youth support groups on the campus of Pittsburg High School, for an annual total of 31. The number of meetings is below the goal of 40 to 50 sessions for the year. This is primarily due to conflicts with students’ class schedules; several students note not being willing or able to be pulled from certain required classes. For this reason, Kevin was not able to form a second group until late in the year. Also, although the school has designated one classroom for support programs to facilitate groups, there is still a shortage of confidential meeting space at this site; service providers and school staff are constantly juggling

available space and time to meet with students. Even with this challenge, CHD staff continues to receive new referrals from school staff, students and service providers on campus, and, as previously noted, has establish a regular time to meet with a second group at Pittsburg High School, in order to meet this need. The average group attendance for this period was 5. Low attendance was 2 and high attendance was 8. These groups did not meet during “dead week” (final exam prep), during finals week, or while the school was closed for recess in April and June. Staff continued to work closely with school staff and other service providers on campus to secure space for groups, as providing services at Pittsburg High School fills a need for youth who have difficulty with transportation to Antioch, and/or are not “out” in some aspect of their life (i.e. peers, family, or community). CHD also staff conducted 68 individual check-ins and one-on-one assessments with students during this period.

Topics for the Pittsburg group included: group development, establishing group norms, conflict after relationships end, addressing personal boundaries with friends, characteristics of healthy friendships, closing unhealthy relationships, healthy romantic relationships, social group conflict, disconnecting from peers after graduation, closing relationships with friends (how to have difficult conversations), sharing mental health concerns with family, coming out to family, stress management, time management, identity, reconnecting with family after coming out, coming out to extended family, applying for a job, LGBTQ Pride, self-care, end of year concerns, Prom, mental health awareness, group closure.

Component 2: Facilitate 20 to 25 weekly meetings at Deer Valley High School, Antioch for LGBTQ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location helps to increase access in a few ways: it eliminates the need for additional transportation, as students are already at school; youth are more inclined to engage in support services, including Empowerment, when they can do so with, or supported by their peers and with reduced anxiety of being “outed” to their parents, or guardians; and until very recently, CHD’s Empowerment Program has been the only external mental health service providers working with LGBTQ+ youth at Deer Valley High School, allowing LGBTQ+ students access where otherwise there would not be any.

From January 1 through December 30, 2019, Kevin Martin facilitated 17 sessions of youth support groups on the campus of Deer Valley High School, for an annual total of 24. The number of meetings meets our goal of 20 to 25 sessions for the year. This group saw exponential growth during this period, largely due to word of mouth by participants and referrals from school counselors. This school runs on a block schedule, group is held during the final hour of the school day. Staff continued to receive referrals from school staff and students right up to the end of the school year, indicating the high level of need for this population in this area. Average group attendance for this period was 9. Low attendance was 5 and high attendance was 13. This group did not meet during “dead

week”, during finals week, or while the school was closed for recess in March and June. CHD also staff conducted 25 one-on-one meetings with students during this period.

Topics for the Deer Valley group included: group development, highs and lows of winter break, artistic expression, identifying feelings, characteristics of healthy friendships, characteristics of healthy romantic relationships, Queer Black History, gender versus sexual orientation, health issues for youth at Deer Valley High School, stress management, time management, Spring break highs and lows, “Every 15 Minutes” and alcohol awareness, communicating in relationships (asking for what you want), LGBTQ Pride, group closure.

Component 3: Facilitate 30 to 36 weekly meetings at Rivertown Resource Center, Antioch for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location has challenges, but is the only year round, drop-in support program for LGBTQ+ youth in East Contra Costa County, providing access to youth from Bay Point, Pittsburg, Antioch, Oakley, and Brentwood.

From January 1 through June 30, 2019, Kevin Martin facilitated 20 sessions of youth support group in Antioch, for an annual total of 42. The group met at Rivertown Resource Center at 10th and D Streets. The number of meetings exceeds the goal of 30 to 36 sessions for the year. There was a shift in attendance during this period, with a slight increase toward the end of the year. This shift was due to several factors, increased family obligations, a lack of consistent transportation to and from group sessions, after school conflicts, and lack of parental or guardian support. The increase was due to the school year coming to a close and an increase in parental support for help seeking. This group had an average attendance of 5 youth per session for this reporting period. Low attendance was 2 and high attendance was 11. Staff noted that attendance spiked when schools were not in session and when special social events were scheduled. Staff addressed the challenge of transportation by utilizing CHD’s agency van to pick up and drop off youth for this group. CHD staff also conducted 50 one-on-one meetings with youth during this period.

Topics for the Rivertown group included: group development, highs and lows of the holidays, creative expression through art, self-care, characteristics of healthy friendships, characteristics of healthy romantic relationships, Queer Black History, stress management, LGBTQ Pride artistic expression, “Love Simon” movie screening, avoiding isolation, mental health awareness, deterrents to seeking mental health support, Empowerment art project, processing grief and loss of a close friend, “The Pride Movement” film screening, LGBTQ Pride, “Milk” film screening, LGBT activism, and highs and lows of the East County LGBTQ+ Youth Pride “Justice” Prom.

Component 4: Facilitate 16 to 20 twice-monthly youth leadership groups to foster community involvement. These groups meet at Rivertown Resource Center and are held in conjunction with support group meetings discussed in Component 3.

From January 1 through June 30, 2019, the youth leadership group met 3 times, for an annual total of 7 sessions, which is below our goal of 16 to 20 sessions for the year. The group met at Rivertown Resource Center at 10th and D Streets. The average attendance was 2, with 2 being a low and 2 being a high. Consistent attendance to Leadership sessions has been a challenge, so staff is to meet with Leadership around regular Empowerment group meetings at Rivertown Resource Center. This is exposing more members to Leadership and helping to address challenges associated with jobs, after school schedule conflicts and transportation hurdles, which are also noted challenges for Component 3.

Though engaging a group for Leadership was a challenge, staff was able to identify a dedicated Youth Leader, who was tasked with leading the planning and coordination of our LGBTQ+ Youth Pride “Justice” Prom, with the support of staff and in collaboration with Rainbow Community Center staff. Staff met and worked with this Youth Leader several times, for a total of 31 hour, throughout April, May and June. This Youth Leader was given a stipend for their work and leadership on this project.

When Leadership met, they focused on activities to support and promote our LGBTQ+ Youth Pride “Justice” Prom and our fieldtrip to the Castro District and GLBT History Museum. CHD staff also conducted 4 individual 1-on-1’s meetings with youth during this period

Component 5: Facilitate 4 youth-led community service events or fieldtrips to foster community involvement. These events occur in various locations, increasing East Contra Costa County LGBTQ+ youth’s knowledge, experience of, and access to a range of surrounding communities, programs and support services.

With 2 youth-led events or fieldtrips during this period, we met our goal of 4 events or fieldtrips for the year.

June 14 - East County LGBTQ+ Youth Pride “Justice” Prom. In collaboration with our community partner, Rainbow Community Center, our Youth Leader and staff planned and hosted the only Pride Prom for LGBTQ+ youth in East Contra Costa County. The event was held at Community Presbyterian Church, and open, welcoming, and LGBT affirming church in Pittsburg. The event was held from 6pm to 10pm and was attended by 58 area youth. This event gives area LGBTQ+ youth an opportunity to celebrate LGBT Pride month locally in a safe and supportive environment. Youth were engaged in group games, music and dancing, an affirmation wall, a photo/selfie booth, and fun contests. All

attendees were given safety/self-care resources and promotional materials for the Empowerment Program and Rainbow Community Center services.

June 26 – Fieldtrip to the Castro District and GLBT History Museum, in San Francisco. Empowerment took 16 youth and 4 adult chaperones to the Castro District, in San Francisco using public transportation. Youth gained knowledge and experience using both BART and MUNI public transit systems. Upon arrival in the Castro District, attendees were treated to lunch at “Harvey’s Restaurant”, a local bar and restaurant themed to honor San Francisco’s first Gay Supervisor, Harvey Milk. Attendees were then taken on a guided walking tour of several of the district’s LGBTQ+ historical sites. Guided by a “Cruisin’ the Castro” guide, attendees visited the Pink Triangle Garden (a memorial garden honoring the more than 15,000 gay men who were imprisoned and killed during the Holocaust), the building where the Name Project started the Memorial AIDS Quilt, Lyric’s youth center, the Harvey Milk Civil Rights Academy (the district’s elementary school with a specific focus on civil rights and activism celebrating diversity and inclusion), and the Human Rights Campaign’s (HRC) store located in the location of Harvey Milk’s camera shop and campaign headquarters. At the conclusion of the walking tour, attendees visited the GLTB History Museum, the country’s first dedicated to the LGBTQ+ history and civil rights movement. Here attendees received a tour led by a docent who shared historical information and stories for each of the displays in the museum.

Component 6: Refer youth to culturally appropriate mental health services on an as needed basis, referral support to a minimum of 15 youth.

Specific referrals for new mental health support were made for 3 youth during this period, for a total of 7 for the year. This number is short of our target of 15 annual referrals. One was made for youth at Pittsburg High School, one was made for a youth at Rivertown Resource Center, and one was made for a youth at Hillview Junior High School. Referrals were made to SEEDS for peer conflict mediation, Rainbow Community Center for therapy, and Community Violence Solutions for therapy. All Empowerment participants also receive an emergency phone list with listings for the Contra Costa Crisis Center, Trevor Project, GLBT Youth Talk-line, Planned Parenthood, Homeless Hotline, Run Away Hotline, Community Violence Solutions, and STAND Against Violence.

It is important to acknowledge that many of Empowerment’s participants, this year, were referred to CHD’s Empowerment program for additional social-emotional support from other mental health providers. Thus, these participants were already connected and engaged in culturally appropriate mental health services, rendering additional referrals unnecessary.

Component 7: Facilitate monthly educational workshops and/or informational speakers at Rivertown Resource Center including nine (9) workshops annually.

As was noted in our semi-annual report, due to the attendance and transportation

challenges noted in components 3 and 4, staff has held off scheduling outside speakers and presenters this year. As an alternative, staff started a new educational support group at a new school, Hillview Junior High School, in Pittsburg, CA, in response to a call for support from the school's administrators, after a series of bullying incidents. This was not only an opportunity mitigated challenges with transportation to Rivertown Resource Center, in Antioch, but also directly meets current needs in the community while increasing the reach and potential impact of CHD's Empowerment Program serves.

Staff held 9 group sessions, beginning in March, for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Although this is a new group and location, participation grew quickly, with an average attendance of 6. The low attendance was 2 and the high was 10. Participants came to this group primarily through referrals from the school's counseling staff, administrators and teachers, as well as from other service providers working with students at the school, including: CHD's Project Success program, CHD's Four Corners program, Contra Costa Health Services Mobile Clinic staff, Lincoln Children's Services clinicians and JFK University clinicians. CHD staff also conducted 24 one-on-one meetings with youth during this period.

Topics covered in this group include: group development, establishing group agreements, identity development, bullying, grief and loss of loved ones, gender versus sexual orientation, LGBT history and icons, gender transitioning, mental health awareness, appreciations and group closure.

Research is increasingly showing that junior high is a significant period of heightened bullying, stress and trauma related to gender identity/expression and sexual orientation. Staff believes this is an ideal point to introduce Empowerment's prevention and early intervention supports to help manage stress, mitigate trauma, increase social-emotional supports, connectedness, and life skills, reducing the potential development of serious mental health disorders.

Component 8: Facilitate community educational outreach/psycho-educational workshops including four (4) per year.

From January 1 through June 30, 2019, Kevin Martin facilitated 1 educational outreach/psycho-educational workshops, for an annual total of 3. This is just short our goal of 4 workshops for the year.

May 23: Kevin co-facilitated an all-day Inclusive Classrooms training for teachers and staff of Pittsburg Unified School District (PUSD), at the PUSD offices, in collaboration with Rainbow Community Center training staff. Approximately 30 teachers, staff and district administrators, representing all schools in the district, elementary through high school, attended.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *How are participants identified as needing mental health assessment or treatment?*
- *List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
- *Average length of time between report of symptom onset and entry into treatment and the methodology used.*

Information on mental health topics and services comes up “naturally” during the weekly support groups so this is not seen as a “stand alone” component by staff. However, regular, periodic check-ins and occasional one-on-one meetings and assessments are provided when staff identifies possible “red flags”, such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed. During check-ins and one-on-one meetings, staff always inquires as to youth’s experiences, interest, and willingness to participate in mental health services, outside and in addition to Empowerment’s programming. Staff also periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff has had 171 individual one-on-one meetings with youth during this reporting period, as noted in the individual components above, for a total of 286 for the year.

As noted in the previous section, specific referrals for new mental health support were made for three (3) youth during the second half of the year. The current average length of time between report of symptoms onset and entry into treatment is 1.4 months; 1 entered treatment after 1 week, 1 was waitlisted due to staff shortage and one did not enter treatment after referral. The methodologies used during treatment are generally unknown to Empowerment staff, as Empowerment staff does not provide therapy, and all mental health referrals are made to external providers.

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

*If your agency has elected to not utilize the County Demographics Form **AND** have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.*

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

As noted previously, all Empowerment participants receive an emergency services “Phone Tree”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent. Direct linkages are made via phone, fax or in person, such as during Care Team meetings at school sites.

- 1) General encouragement of all participants to seek services that could be of support to them is continual during all group sessions. Specific and direct encouragement and referrals are offered to participants during one-on-one check-ins and assessments by Empowerment staff. Staff administers the Adolescent Mental Health Continuum Short Form (MHC-SF) periodically during one-on-one meetings to help assess need for referral to mental health services.
- 2) Empowerment staff follows up, verbally, with participants regarding referrals to external services on a weekly basis until participant successfully engages in services, or no longer wishes to engage services. Individual check-in and follow ups are provided monthly, or as need arises, thereafter. The current average length of time between referral and entry into treatment is 1.4 months. Methodologies used are determined by participants and the external service provider with whom they enter into treatment.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Empowerment is a social-emotional and educational support program for LGBTQ+ youth, ages 13 to 20, in East Contra Costa County, which is a highly diverse community in regard to ethnic makeup and socio-economic status, with large percentages of Latino/a, black, and low-income families. Youth enter the program through referrals from self, peers, family, school staff, and other service providers. Staff works hard to create safe, welcoming, confidential spaces for all who attend Empowerment. This is facilitated by the development of group norms, which all attendees agree to adhere to. During groups and during one-on-one sessions youth work to identify and process challenges and struggles they face, then identify

and develop internal strengths, coping mechanisms and tools for building resiliency and working through challenges, with the encouragement of Empowerment staff and peers. Through the process noted above, when youth are identified to need or would benefit from support services beyond the capacities of Empowerment staff, referrals and linkages are made to culturally appropriate service providers. All youth in Empowerment are treated with respect as individuals, and staff makes a concerted effort to do so without bias or judgment. All LGBTQ+ youth, ages 13-20, and their heterosexual friends are welcome to join Empowerment's groups and their level of participation is completely voluntary.

In Empowerment, LGBTQ+ youth are engaged in discussions topics, workshops and activities that are common to the LGBTQ+ community, such as: identity development, the process of coming out, rejection and fear of rejection, isolation, harassment, bullying, discrimination, anxiety, depression, suicidality, healthy relationships, relationship violence, community development and engagement, leadership and activism, physical, mental and sexual health and safety.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

This year, Empowerment staff was approached by administrators at Hillview Junior High School to help them support their LGBTQ+ students after reports were made of several incidents of bullying, "outing" and cultural insensitivity by both students and school staff. Staff has been welcomed into the school's COST team, where staff can share information and support staff and receive referrals for students who might benefit from Empowerment program support. Students have also been receptive to having an Empowerment group and individual support on campus. According to participant comments given on post-survey, participants were very happy to have a safe space to talk about sexual orientation and gender identity without judgement, or fear of being harassed by others. Even though this group only met for a short time, 3 months, participants from diverse backgrounds and social groups were able to come together amicably, were willing to discuss difficult and sensitive topics, and were able to offer support to one another. School administrators, staff, students and service providers all expressed their hope and support for CHD's Empowerment to continue to support Hillview Junior High students in the upcoming year.

RH, is a 15 year old, gay identified male at Pittsburg High School (PHS). He was referred to Empowerment staff by his guidance counselor after a bullying incident. RH was out to his peer at school, but not to his family. Though RH always believed his parents would accept and support him, he held a lot of anxiety that their Hispanic cultural beliefs might cause a negative response. RH first attended group in December, just prior to the winter recess break. He was very quick to develop trust in the group and openly shared his experiences with a former

romantic relationship and the bullying that ensued after the relationship had ended. In March, he shared that thanks to the support he received from the Empowerment group he was able to come out to his parents and family. He was excited that his family accepted him and grateful for the groups support of him. In his post-survey comments, he noted, "This program helped me come out to the people I love."

AW is 16 year old trans-male identified student at Deer Valley High School (DVHS). This is his third year attending Empowerment group at DVHS. AW is out to his family, friends and community; however his parent is not accepting of his trans-identity. AW frequently noted, this year, his frustration that his parent is not accepting and that school, and specifically, Empowerment group is his only opportunity to be himself. Even with the lack of acceptance at home, AW is very well adjusted, intelligent, and is focused on their future. They express excitement about pursuing transition once they turn 18.

DP is senior at DVHS. He identifies as straight. He was referred to Empowerment group by this guidance counselor, who expressed concern that DP might be depressed and thought Empowerment staff might be able to help, noting that DP presented with many stereotypically effeminate mannerisms. DP was adamant that he identifies as straight, but was happy to join the group, noting that he had questioned his sexual orientation in the past. DP attended each weekly group meeting at DVHS since joining in September and was very supportive to other participants. DP also referred several of his friends to the group. In their post survey comments, they noted, "I will work on things as I progress through the real world. Thank you."

YL is a Junior at PHS. She identifies as bisexual, Hispanic and has been attending Empowerment group at PHS for 2 years. The first year that YL attended group, she was reserved. She would often "pass" during check-in and would only share with Empowerment staff in private 1-on-1 meetings. Toward the end of last year, YL asked if she could switch to the second Empowerment group at PHS, suggesting that being in a group with people she does not know might help her to open up more. In the new, smaller, group she expressed being more comfortable. This year, YL was excited for the group to start again at PHS. Staff noticed a shift in their self-confidence and self-esteem. Throughout the year YL became more vocal and opened up more to the group. In March, they too, shared with the group that they "finally" came out to their parent, sibling and extended family. Prior to group closing for the summer, she noted that she now feels very comfortable sharing with her family, and she frequently receives genuine questions from her parent about LGBTQ+ topics.

PEI SEMI-ANNUAL REPORTING FORM

**OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM**

FISCAL YEAR: 2018 - 2019

Agency/Program Name: Child Abuse Prevention Council/Nurturing Parenting Program

Reporting Period (Select One): Semi-Annual Report #1 (July - Dec)

Semi-Annual Report #2 (Jan - June)

PEI STRATEGIES:

Please check all strategies that your program employs:

X Provide access and linkage to mental healthcare

X Improve timely access to mental health services for underserved populations

X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

Child Abuse Prevention Council - CAPC reached out to the Latino community in Central and East County to offer The Nurturing Parenting Program (NPP). From July to December a total of 50 parents and their 42 children enrolled to participate in the 22-week parenting education program offered in the evening at Vintage Parkway Elementary School in East and at the Concord First 5 Center in Central County. NPP collaborated with community based agencies and school districts such as First 5 Center, Head Start, WIC, Antioch Unified and Oakley Elementary School District to promote this program. Parents enrolled in the NPP reported that hearing other parents' opinion and comments about this program motivated them to enroll. A total of 30 parents successfully completed and graduated from the program, 16 shared they were experiencing challenges to participate and dropped, 2 parents transferred to a different NPP to fit his needs and 2 parents partially completed the program, participated less than 50% of the 22 week program due to work schedules. CAPC staff offered education for 22 consecutive weeks following the fidelity of the NPP evidence based curriculum to increase parenting skills, decrease isolation within this population, decrease stigma related to accessing mental health services for self or child.

Our staff follows and utilizes curriculum and materials recommended by the Nurturing Parenting Program. Parents are given the opportunity to share areas of concerns in accessing community resources; to meet this need each parent received the Surviving Parenthood Guide to facilitate access to community based organizations providing a wide variety of services at no cost or sliding scale to encourage parents to connect and explore preventive/intervention programs. . NPP staff offered guidance to parents by providing the Mental Health access number as well as the process of advocating for services. NPP collaborated with other agencies and welcomed guest speakers to share information and psycho-education to help identify mental health/behavioral challenges that may need professional support. NPP has been enhanced by the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera's experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as just "part of their "cultural beliefs".

The NPP supervisor not only oversees sessions, she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP evaluates each case to offer linkages to the appropriate resources. Linkage includes but was not limited to the following: Access Line, Medical, Children Mental Health Services, Crisis Center, Food Bank and Community Based Organizations.

At the end of the program the NPP staff meets with parents to explore supportive services that they accessed and/or if they encounter challenges receiving services.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The Nurturing Parenting Program offered two 22 week sessions starting in July, ending in December. Parents were administered the evaluation tool AAPI "A" at the beginning of the program and AAPI "B" at completion of each program. Results of the AAPI forms are entered in a password protected data base (Assessing Parenting) which analyzes the results and provides a chart reflecting variation of participants starting and ending the program. Upon completion of the program staff reviews results which reflect areas of improvement and measures the "risk" of child abuse and neglect in the home. In the event that parents may score as "high risk", an invitation is offered to them to participate in the program one more time as well as additional resources to address their needs. All data entered in the Assessing Parenting site is password protected and only authorized personnel has access to these records.

The Nurturing Parenting Program focuses and encourages participants in developing skills along five domains of parenting: age appropriate expectations; empathy, bonding/attachment; non-violent discipline; self-awareness and self-worth and empowerment, autonomy, and independence.

Responses to the AAPI provide an index of risk in five parenting constructs:

A - Appropriate Expectations of Children. Understands growth and development. Children are allowed to exhibit normal developmental behaviors. Self-concept as a caregiver and provider is positive. Tends to be supportive of children.

B – High Level of Empathy. Understands and values children’s needs. Children are allowed to display normal developmental behaviors. Nurture children and encourage positive growth. Communicates with children. Recognizes feelings of children.

C – Discipline/ VALUES ALTERNATIVES TO CORPORAL PUNISHMENT Understands alternatives to physical force. Utilizes alternatives to corporal punishment. Tends to be democratic in rule making. Rules for family, not just for children. Tends to have respect for children and their needs. Values mutual parent-child relationship.

D - APPROPRIATE FAMILY ROLES tends to have needs met appropriately. Finds comfort, support, companionship from peers. Children are allowed to express developmental needs. Takes ownership of behavior. Tends to feel worthwhile as a person, good awareness of self.

E - VALUES POWER-INDEPENDENCE Places high-value on children’s ability to problem solve. Encourages children to express views but expects cooperation. Empowers children to make good choices.

These five parenting constructs enhance the Five Protective Factors to replace risk of abusive behavior with positive parenting skills.

AAPI Results

Construct	A	B	C	D	E
Form A	7.50	7.33	7.50	8.67	7.42
Form B	7.57	7.43	8.00	8.71	5.00

- *Scale 1 – 10 (Higher the score, lower the risk).*

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Form attached

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

The CAPC Director and The Nurturing Parenting Program Supervisor continue to meet regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance thought out the course of the session. We have learned the value of communication and collaboration as we offer this important service to our community. Staff meet regularly to discuss issues parents identify as “triggers” of stress in their daily life. This program offered a safe place to identify staff challenges and receive support to decrease the risk of emotional fatigue which we often experience in this field. Staff brainstormed ideas to address the emotional needs parents are experiencing while maintaining the fidelity of the Nurturing Parenting curriculum. The Child Abuse Prevention Council staff agreed to continue being proactive in finding resources for the Latino community who has reported challenges accessing mental health services that are culturally appropriate. Staff has learned of challenges parents are facing in trying to connect adults to mental health resources. To support this need staff has worked with parents by linking them to resources as they wait for clinicians to be open to new clients. CAPC links parents to support groups in their area creating opportunity for families to connect with families in their own neighborhood. CAPC strongly believes in building community connections to increase children’s safety. Staff recognizes the areas in which they can help in building bridges to connect the underserved population to the services much needed.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

CAPC and the NPP valued parents’ feedback to help us learn more about the outcomes of this program. Below you will find the translation of just a few letters parents have written for the program. Originals of the following letters and more are available to you upon request.

Parent 1

Grandparents raising 12 year old grandson, expressed finding this program valuable and in great sadness with tear in his eyes grandpa shared “I wished I had this support when I raised my daughter, she would be here with us raising her son”.

PEI ANNUAL REPORTING FORM

Due: August 15, 2019

SUICIDE PREVENTION REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: Contra Costa Crisis Center

PEI STRATEGIES:

Please check all strategies that your program employs:

Provide access and linkage to mental health care

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and influenced, as well as, any methods or activities used to change attitudes, knowledge and/or behavior.

- 1) The provision of 24-hour telephone response to mental health crisis calls via all local and toll-free hotlines. Our staff and volunteer Call Specialists are ALL cross trained, silent monitored and supervised in an intervention modality consistent with best practices/industry standards as set by the American Association of Suicidology. Services were provided in the manner agreed upon in the contract – language, follow-up, lethality assessments, etc.
- 2) Link callers in need to mental health services via referrals and warm transfers as appropriate for each call.
- 3) Continued staff in-service training regarding stigma and discrimination reduction; addressed service delivery to underserved population – LGBTQ, Homeless, people living with mental illness. Focused training was provided around Grief and Loss and Suicide Prevention.
- 4) Continued to evaluate our repeat caller policies and adherence to providing services based on respective individual needs vs. call volume.
- 5) Continued to provide trainings for service providers throughout Contra Costa County on the warning signs of suicide, suicide risk assessment, and cultural competency and awareness when assessing for suicide risk.
- 6) The Crisis Text service continues to be provided and monitored 24/7/365.
- 7) Continued co-chair responsibilities with MHSA for the monthly Suicide Prevention Committee.
- 8) Worked closely with MHSA, mental health, and statewide suicide prevention agencies to create a plan to review and update the suicide prevention strategic plan for county administration.
- 9) Coordinated with the county board of supervisors and other county agencies to organize, promote and facilitate the showing of the “S Word” movie in the Board Chambers.
- 10) With American Foundation for Suicide Prevention (AFSP), hosted “Survivor Day” at John Muir Hospital to provide support to survivors of suicide loss and to promote suicide prevention awareness.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Please detail any methods used in evaluating change in attitudes, knowledge and/or behavior, and include frequency of measurement*
 - *How have your selected methods proven successful? Please reference any evidence-based, promising practice or community practice standards used, as well as how fidelity to the practices have been ensured.*
 - *How does the program evaluation reflect cultural competency and protect the integrity and confidentiality of the individuals served?*
-

- A risk assessment is provided for every suicide call. Callers with a plan to end their life are asked for a self-rating scale of 1-5 for how likely they are to go through with their suicide plan both at the beginning and at the end of the call to help assess the level of risk and if the caller is feeling better at the end of the call.
- Methods of intervention and lethality assessment are done in accordance with industry standards set by AAS. Monitoring of the calls and the data/call records indicates that fidelity to the model is being well maintained. We are happy to report 0% completed suicides by those who are assessed as at risk.
- Confidentiality - Our policies (HIPAA and clinical license standards informed) ensure confidentiality – including use of technology, storage of records, destruction of records, subpoena response, record keeping, report writing, and (non)use of identifying client information on server.
- Competency – Our supervision is informed by ongoing in-service trainings and professional development opportunities regarding multiple populations and social issues. Our staff and volunteers are diverse in regard to country of origin, languages spoken, culture, gender, religion, sexual orientation and class.
- Our core values of compassion, integrity, inclusion, accessibility, and collaboration along with continuous cultural competency development is written, spoken and practiced. Our policies, protocols, and office environment support these values.

DEMOGRAPHIC DATA: X Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

See County Aggregate Data Form

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Our services are designed based on the belief that emotional support can make huge difference in a caller's ability to self-manage and minimize psychiatric hospitalization (5150) visits when the support is available any time it is needed 24/7/365. Our vision is that people of all cultures and ethnicities in Contra Costa County are in a safe place emotionally and physically. Because we also provide the entire county with 211 Information and Referral services, we have a well-maintained database from which to refer and link our callers.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Call record #264701

The caller was a 21-year old female, crying and extremely distraught when she called the Crisis Line. The Call Specialist quickly developed rapport and was able to calm the caller down enough to understand what she was saying. The caller was feeling stressed about her new job, had an argument with her boyfriend, and then another disagreement with her mother when visiting for emotional support that escalated to the point of the mother telling her to leave the house. The caller was feeling very alone, had thoughts of suicide, and was feeling the way she had felt when she had attempted suicide in the past several years ago. Her mother doesn't understand her feelings, thinks she is "being dramatic" and doesn't realize how much the caller depends on her for emotional support.

The Call Specialist spent time talking with the caller, providing active listening and emotional support and hearing about the caller's past struggles and coping strategies. She asked for the Call Specialist to provide a three-way conference call conversation with her mother since her mother blocked her calls after their fight. The caller, mother, and Call Specialist were able to have a three-way conference call mediation conversation over the phone and the caller agreed to a follow-up call the following evening.

During the follow-up call the Call Specialist learned that the caller is currently feeling safe and that she will work on her relationship with her mother and siblings. She asked for second follow-up call at the end of the week.

On the second follow-up call, the Call Specialist learned that things were going smooth with the caller's new job and that she is still working on her relationship with her mother with the help of her grandmother as an outside mediator. She was grateful for the support of the Crisis Line and will call again for emotional support or when she needs help.



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Call Record #: 296089

The caller was a 56-year old male and began the call very angry. He feels like no one cares for him, he hates his job and his boss, he experienced sexual abuse in the past, and is now questioning his religious faith. After spending time listening and developing rapport with the caller, he confided with the Call Specialist that he was having suicidal thoughts and on a self-rated scale of 1-5 of 5 being the highest, he rated himself as an 8. They spent time talking and the Call Specialist was able to explore his reasons to live and what made him feel happy such as his dog that was 7-years old that he loved dearly, listening to music, being creative, and helping others (especially people who are homeless).

The Call Specialist continued to provide active listening and emotional support throughout the call, and at the end of the call, the caller self-rated his thoughts of suicide was now reduced to a 1, and he was incredibly grateful for our service. His plan for the remainder of the evening was to spend time with his dog, get some rest for work the following day, and begin look for a new job. The caller declined a follow-up call but agreed to stay safe for the evening and to call us call this line again before acting upon thoughts of suicide or anytime he needed support.

PEI ANNUAL REPORTING FORM

**OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM**

FISCAL YEAR: 18-19

Agency/Program Name:

Contra Costa Interfaith Housing, Strengthening Vulnerable Families

PEI STRATEGIES:

Please check all strategies that your program employs:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

During the past contract year (7/18 – 6/19) Contra Costa Interfaith Housing, Inc. (CCIH) has provided an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its “Strengthening Vulnerable Families” program, which serves formerly homeless families and families at risk for homelessness and for mental illness. CCIH has provided these services on-site in 4 affordable housing settings and case managers have been available fulltime to residents. This structure has helped to eliminate barriers to timely access to services. Culturally responsiveness youth enrichment and case management providers have assisted youth and families to access a multitude of community services, including mental health treatment. By incorporating these services among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents living at each site, potential biased or discriminatory service delivery is avoided.

- 1) Responders that this program reached included affordable housing staff and residents living in 274 units of housing designed for low-income families (235 units of affordable housing) and units designated for formerly homeless families with disabilities (39 units of permanent

supportive housing). Most of the disabilities identified among the permanent supportive housing households included mental health challenges. With on-site case managers and youth programming and monthly case management meetings with property management at these sites, housing staff, parents and youth in resident families were all potential responders that we reached with offered services. Specifically, 215 families have been served with 4003 hours of case management services across the 4 housing sites.

- 2) Methods used to reach potential responders were providing on-site service staff in the housing settings where residents live. Case managers were trained and supervised by licensed clinicians to recognize mental health problems and assist residents to access services. Case managers were available 40 hours/week, by appointment or drop in. Additionally, parent support groups were offered at each site, in Spanish and in English as needed, and this allowed residents to get to know the case managers and youth enrichment staff and build the trust needed to share concerns including worries about mental health. Afterschool programming was also offered on-site at these housing settings. Regular contact was maintained with the property managers and if there were behavioral or financial problems that put resident housing at risk, case managers were able to reach out to the households and assess and support them. Some of these problems were based in the need for mental health support, and these referrals were made as needed.
- 3) Strategies used to provide access and linkage to treatment included forming trusting relationships with the residents to start. When a resident who had come to know the case manager requested mental health resources the case manager would offer to assist the resident to access these services in numerous ways including assisting with calling the ACCESS line to obtain an appointment with a clinician, transportation to appointments, financial support for transportation (bus passes/gas cards) to get to appointments as needed, emotional support and discussion about the value of counseling or other treatment. Staff were trained in the understanding that many populations have concerns about accessing mental health resources due to stigma or other misgivings. With ongoing presence and relationship support these issues could be addressed.

In the afterschool program parents would approach the youth enrichment coordinator with concerns related to family dynamics or youth behavioral issues or problems at school. The youth enrichment coordinator was available to support the families to access mental health resources as needed. The case manager and youth enrichment coordinator met to discuss resident needs weekly, and issues related to mental health were addressed and plans for how to support residents in this area were made. During the contract year 170 youth have received youth enrichment support with 2095 hours of programming.

- 4) Strategies used to improve timely access to services that were used included assistance in navigating the system of obtaining a mental health appointment, education about the mental health system and resources available, transportation when needed and emotional support to consider this resource. Financial support was offered for transportation or other relevant expenses as needed. Follow up with residents after referrals were made to mental health

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

Indicators of success for this program include improvements on a standardized assessment tool related to self-sufficiency and improvements in youth academic achievement. These outcomes are reported below. Additionally, stability of housing, stability and improvement of income level and improvements in parental stress levels are all tracked with ongoing logic model goals and evaluated semi-annually. Feedback from residents on satisfaction surveys and at the end of group programming is also solicited. All data related to outcomes is analyzed and discussed among the service delivery teams, and plans for improvements and innovations are made as needed. Resident participants give feedback about desired topics for support groups and activities in monthly resident meetings and in annual satisfaction surveys.

Case managers in these programs over the last year included a licensed psychologist, a licensed Marriage and Family Therapist, two experienced case managers (one of whom is bi-lingual/bi-cultural) and two mental health, post-masters interns. The youth enrichment coordinators are all experienced educators. The racial/ethnic background of the staff include 2 African Americans, 2 Latinas, one bi-racial Latina/African American, 1 Native American, and 2 Caucasian staff members and 1 Asian American. Several of the staff in this program live in the communities they are serving. In addition to working with the families in these affordable housing sites, the Youth Enrichment Coordinators and Case Managers also work with a number of community resources as referring partners and family advocates. In this role, CCIH staff are able to help community providers be aware of early signs of mental illness in their clients, and support sensitive care and timely treatment for these issues.

Cultural responsiveness is an ongoing area of training for all staff, starting with training at hire and continuing with trainings throughout the year. This past year the entire CCIH staff participated in a day long training related to cultural awareness provided by Circle Up. This was funded with a grant obtained for the specific purpose of providing this important training to the organization as a whole.

All staff are trained during their orientation in HIPAA levels of information and record management. Maintaining the confidentiality of resident information is required of all staff. Records are kept in password protected computers and/or locked files in locked offices.

Outcome objectives for the *Strengthening Vulnerable Families* program were:

- A. At least 75% of the youth regularly attending homework club will achieve six or more academic benchmark skills during the school year ending in June 2019.

Youth who regularly attend our youth enrichment and afterschool programs have been assessed for reading levels and for base-line academic benchmark skills. 86% (56/65) have achieved at least 6 new academic benchmarks, and have improved in their reading level.

- B. At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within the fiscal year, 2018 to 2019.

While this contract outcome focuses on the Garden Park Apartments community, we are reporting on all the residents that engaged in more intensive case management at the 4 housing sites supported by this grant. The Self Sufficiency Matrix (SSM) is an evidence-based assessment tool that gives a score of “crisis to thriving” on a five-point Likert scale for twenty areas of basic life skills including parenting, mental health and child education. All families served with intensive case management in the first six months established a baseline on the SSM. Final outcomes for this measure are 97%, 103/106 improved in at least one SSM category. (Not all families engage in services to the point of filling this measure out. Some are served just once or twice a year with emergency services, especially in the affordable housing sites. Others engage in more ongoing services and this measure is used to assess progress with those families. Most of the residents living in the permanent supportive housing units are reflected in this outcome).

In addition to these outcomes we achieved the following outcomes related to the parent support groups provided at these sites:

Many of the families we serve have histories of inadequate parenting including exposure to domestic violence, out of home placements with foster care, and unstable family support. These parents report that they find the Community Café and other parenting groups very helpful as they work to provide their children with loving, supportive parenting. (Community Café is an evidence-based program promoting initiative and community collaboration among parents. The curriculum is based in Resiliency Theory).

100% of the parents in the Community Café groups (32/32) report that the group is useful. Additionally, we are instituting a new assessment tool called the Parental Stress Index that assesses parental stress in the community and in parent-child relationships. As of the end of the year we had 4 initial assessments and follow up assessments and 3 of the 4 (75%) showed lower stress. Because this is our first year using this tool, we have initial assessments (baseline) for an additional 23 parents. We will use these scores to compare to scores at the end of next year to assess the impact of our programming on parent stress levels.

Many residents at GPA cope with the challenges of mental health and substance use issues. At this site we offered an 8 week wellness/harm reduction group. The focus of this group was to support parents with coping skills for managing depression and anxiety and cravings/relapse triggers related to substance use. Activities included mindfulness exercises, discussion of triggers and parents gave each other feedback about strengths in a circle. Discussion topics included managing conflicts, parenting challenges, struggles with money and with relationships. 80% (8/10) of the participants in this group reported finding the topics and skills learned in the group useful and also that they used coping skills learned in the group to support their sobriety and/or moderate substance use.

Two (2) family vignettes , showing the improvements and positive outcomes of the work of this project (including GPA, Lakeside, LMV, and BMA communities) are attached with this fiscal year final report.

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

MHSA aggregate reporting form attached with this report.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

The Strengthening Vulnerable Families program reflects MHSA values of wellness, recovery and resilience by providing on-site, on-demand support when residents need it. By being available immediately and in a timely manner when problems begin to emerge, we are able to improve the trajectory of problems with early interventions that are embedded in the housing community where residents live. When mental health care is needed support staff in this program are ready and available to assist residents with information about possible resources, with transportation, and with educational



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and emotional support that is culturally responsive and respectful of the concerns different populations have about accessing this type of resource. By providing an array of supports and services

(employment support, financial support, educational support, basic needs like food, healthcare, childcare access, and social/community activities) when the need for mental health support arises the resident is not singled out or identified with this particular need. By having a trusted, long-term relationship with an on-site case manager, residents can develop trust and be able to move past fears of stigma or discrimination as they seek mental health assistance.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Two vignettes are attached, including a talk presented at the MHSA housing forum in San Pablo earlier this year.

Thank you for your support to help us with this program. We look forward to our continued collaboration.

One Resident's Story

Good afternoon. I have lived at Garden Park Apartments since January 2015. I live there with my girlfriend and her daughter, who was 2 when we got together.

Before I moved to GPA I was homeless, on and off, for most of my life. I left home when I was in my early teens. Sometimes I would move back to my parents' house for a while. Sometimes I would work. Sometimes I had a job while I was homeless. I slept on park benches and in tents. Sometimes I could stay at friends' houses. Nothing lasted too long. I was using drugs, and I wasn't receiving any mental health care, so my life was pretty erratic.

I knew my girlfriend since we were in high school together. We dated a while in our early 20's, but drifted apart. We were both homeless and using drugs. She got her life together when she gave birth to her daughter, and moved to Garden Park. I ran into her again in January of 2015, and we have been together ever since.

I was able to stop using drugs with her help, and after a while I was added to the lease at GPA. I had a daughter, who was 5 when I came to Garden Park, and she was able to visit regularly. She was welcomed in the activities at the property and a year and a half ago I was awarded part-time custody of my daughter.

Since living at GPA I have been able to turn my life around. I stopped using drugs, which I used since my early teens, to self-medicate. I have been able to work in the landscaping field. I got hurt on the job, and when I was applying for disability, I was diagnosed with mental health problems for the first time in my life. I was 30 years old. I have received medications since then that have helped me with my moods.

Garden Park has on-site services that have made a huge difference for me and my family's life. When I feel worried or down about things, I know there is someone we can talk to in the office. I feel safe, knowing someone is always there. The staff is also available to support us in other



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ways. One of the staff took me to homeless court and I cleared up some of my old legal problems.

Most of my friends from my old life are still using, so my girlfriend and I stay to ourselves a lot. But we go to the social events at the property like pumpkin carving and winter holiday bingo and those are a lot of fun. We talk about making happy memories for our daughters, because we didn't have a great childhood ourselves. That is more important than ever now, because a few weeks ago we found out that we are having a baby!

(pause for applause....)

I'm grateful for what we have. I don't know where we'd be without the stable, affordable housing and support that we have at Garden Park. It has made a huge difference for us, and now it will be making a difference for our children. I was reluctant to speak like this in front of a big group, but I wanted you guys to know how important this kind of housing is.

Thank you.

Lakeside Vignette

Mr. Sai, aged 65, moved to Lakeside Apartments 13 years ago. He was self-sufficient and spent long periods of time with a sister and brother-in-law in San Francisco. He did not access the on-site service support until just a few months ago.

At that time his brother-in-law became ill and he was not able to visit them in SF. With the loss of that structure he had a hard time managing his physical and mental health. At that time he came to the attention of the on-site case manager who received a referral from the property manager. Mr. Sai had complained to property management that there were people coming to his apartment. He described a woman entering his apartment and when questioned about this situation he reported that she would just appear at times. He also reported seeing racoons and cats in his apartment.

The case manager reached out to him and visited his apartment to be sure he had adequate food and other supports. While there Mr. Sai directed the case manager's attention to the floor and asked if she could see the cats and the visitors in the apartment. There were no cats or visitors there at that time.

At that point it was clear that the resident was having hallucinations. The case manager asked if the resident was on medication and he said that he took medication for epilepsy. The Case manager called the mental health crisis line for assistance and they came to assess Mr. Sai. The crisis team said they couldn't 5150 him, but recommended mental health services.

The case manager assisted Mr. Sai to make an appointment with County Mental Health and provided transportation to the appointment. While waiting for this appointment date Mr. Sai continued to come to the case manager's office complaining that people were assaulting him and robbing him. He taped his money to his body to protect himself. He had bruises and bumps on his body.

At the appointment with mental health they found that Mr. Sai had been seen by a therapist in Concord. However, that therapist was not available at the appointment time and Mr. Sai was told that the therapist was retiring. Mr. Sai went through an intake process to be assigned to a new therapist.

At this time the case manager is working with the county to have a public health nurse visit his home to assist with his daily medication. It appears that he is having seizures daily and has many bumps and bruises from falls. A team from mental health came to assess him in his home and he is in line to be assigned a new therapist. The on-site case manager is also working to have the Mr. Sai's mental health counselling offered in his home, and to have an IHSS worker help him with his household tasks. The case manager has also been able to help Mr. Sai get to an appointment with his primary care physician and his epilepsy medication has been adjusted. The case manager helped Mr. Sai reach out to his sister and brother-in-law and they have been more available to this resident. With this support and with collaboration with the property manager this resident has been stabilized and his housing remains secure, thanks to the on-site case management support partially funded with MHSA funding.

PEI ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM

FISCAL YEAR: 2018-2019

Agency/Program Name: C.O.P.E. Family Support Center/Triple P, Parent Education

PEI STRATEGIES:

Please check all strategies that your program employs:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

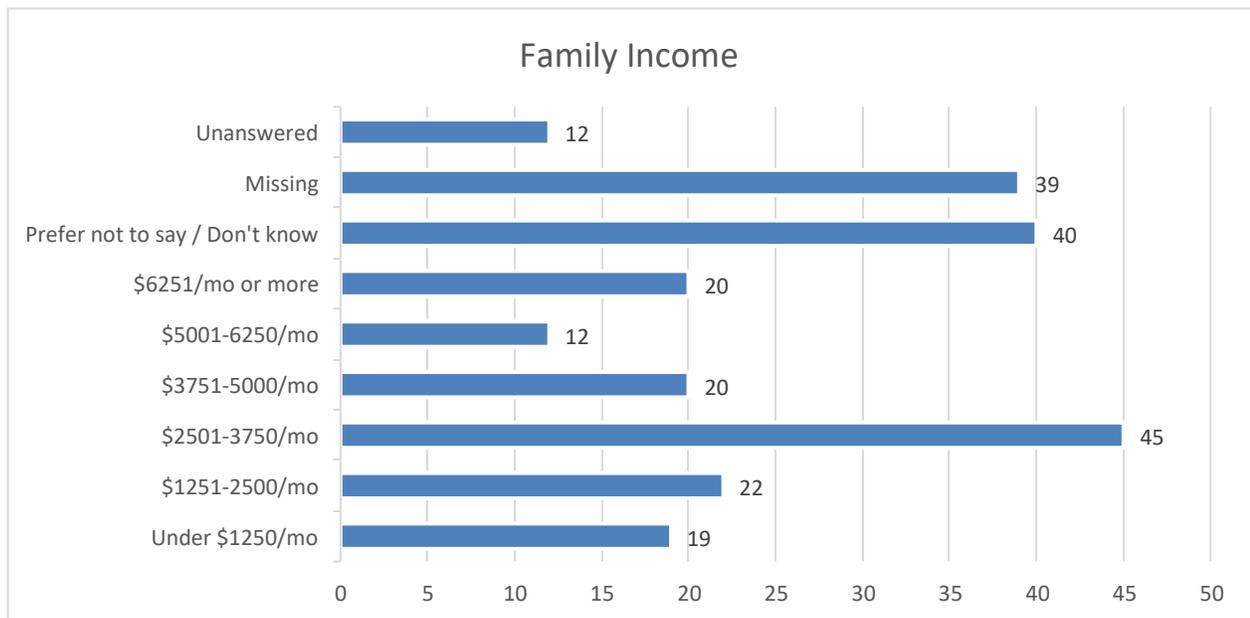
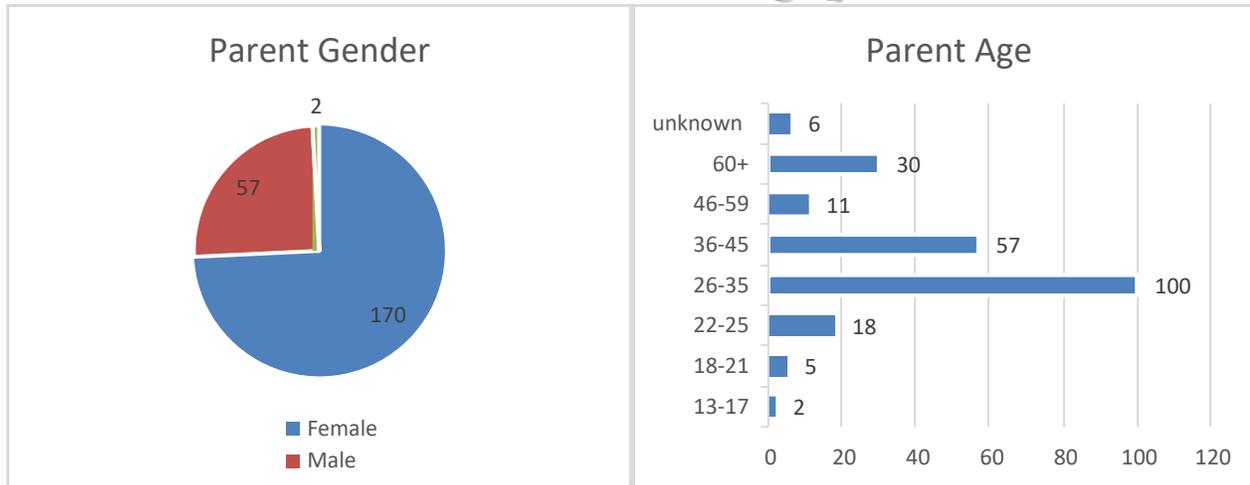
Types and Settings of Potential Responders

Demographic Highlights:

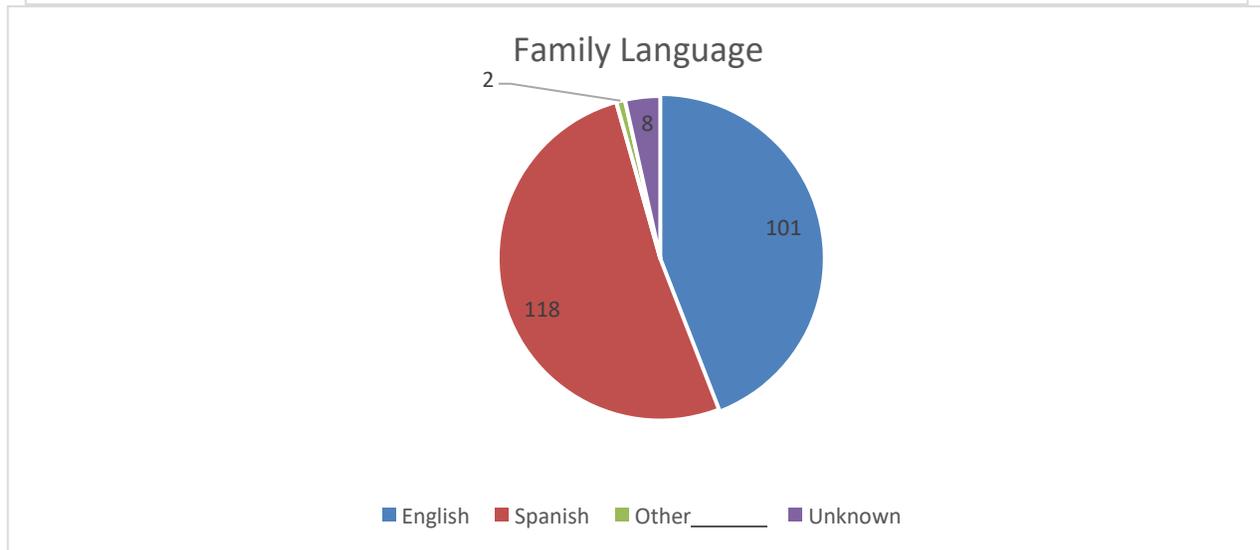
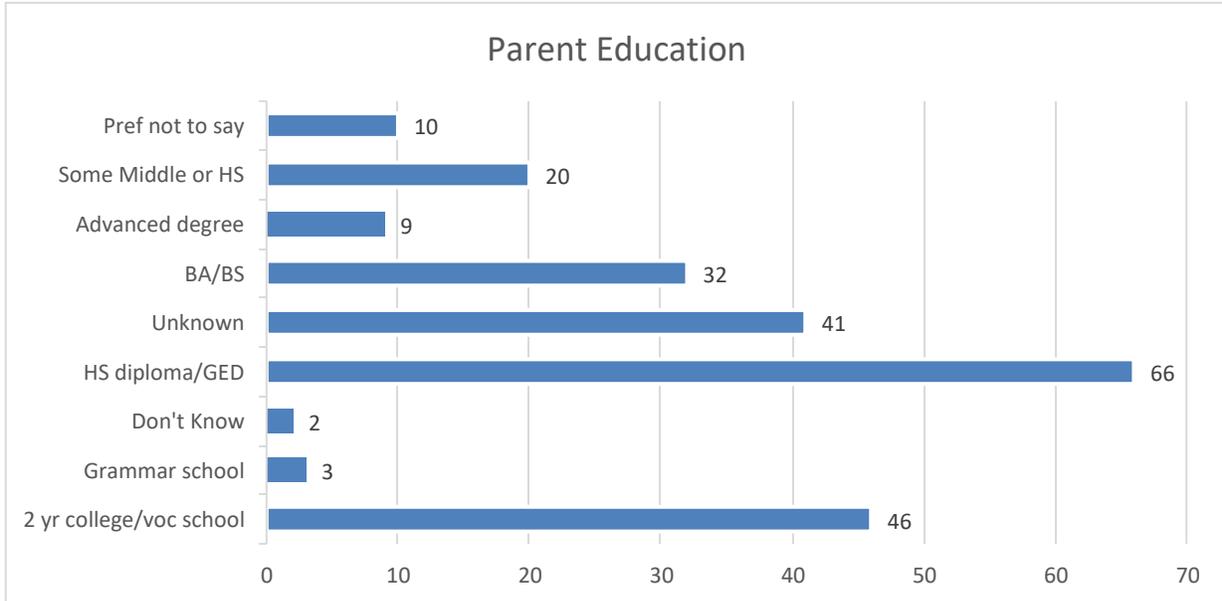
- 45% of participants identified as Hispanic/Latino/a; 20% identified as Caucasian; 15% identified as More than One Race/Ethnicity; 12% identified as African American; 4% identified as Asian
- 54% of participants reported household income below the California state poverty level
- 37% of participants reported completing at least two years of college (or more)

1a) Demographic information below depicts the types of potential responders and is organized by Ethnicity, Gender, Education, Income, Language Age and Location:

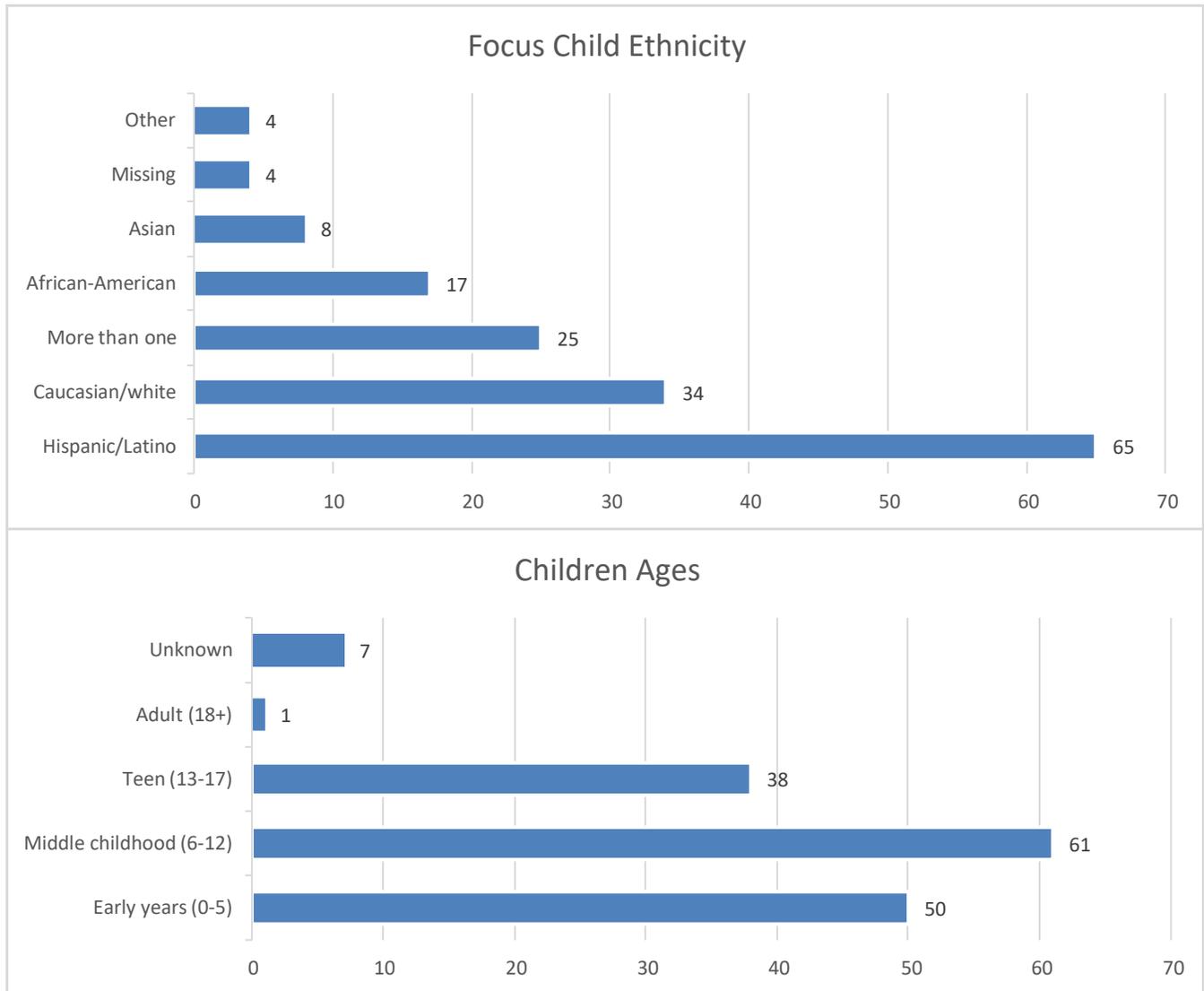
First 5 Overall Demographics



First 5 Overall Demographics, cont.

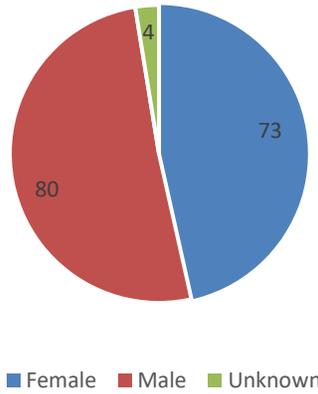


First 5 Overall Demographics, cont.

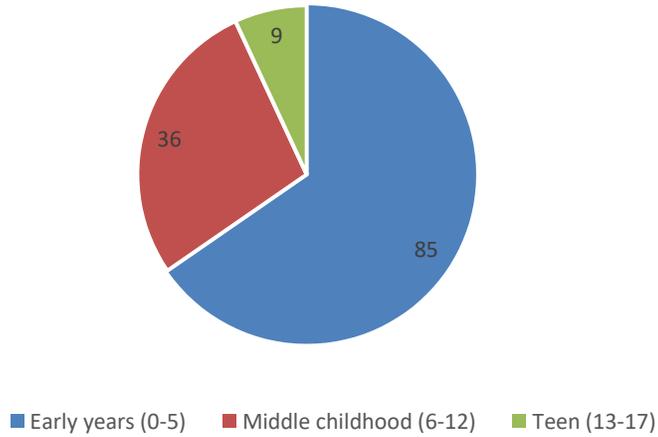


First 5 Overall Demographics, cont.

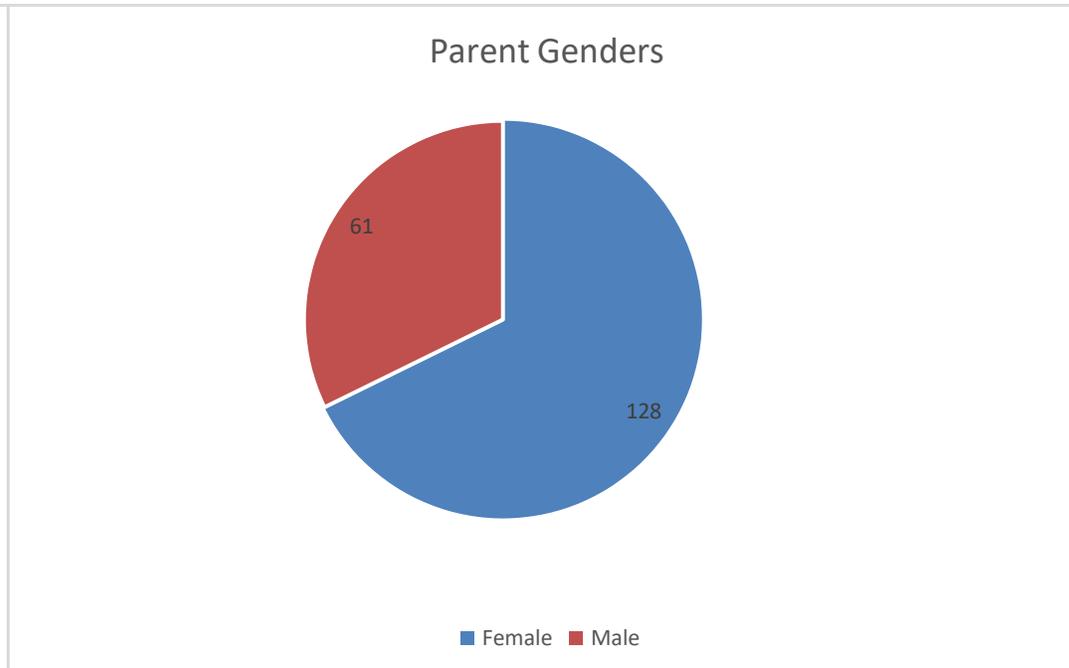
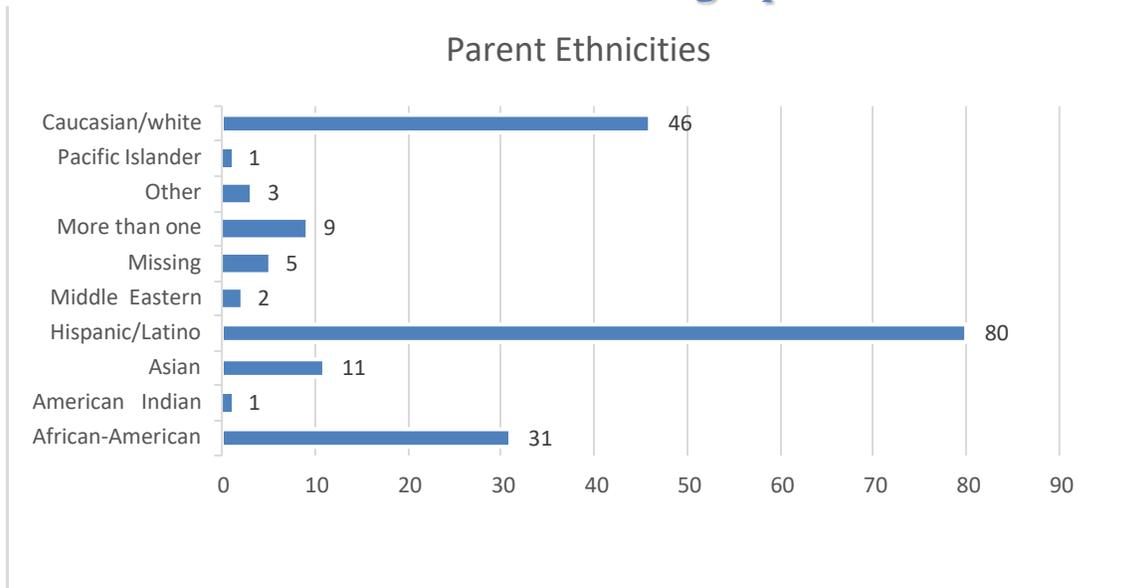
Focus Child Genders



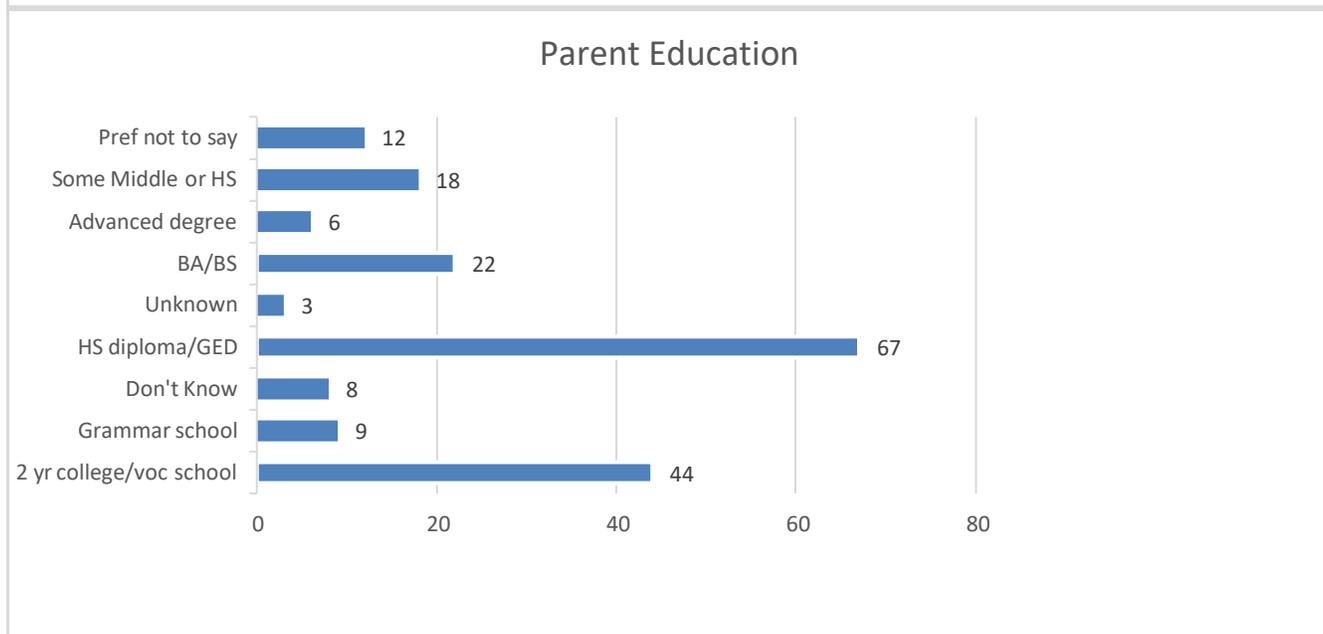
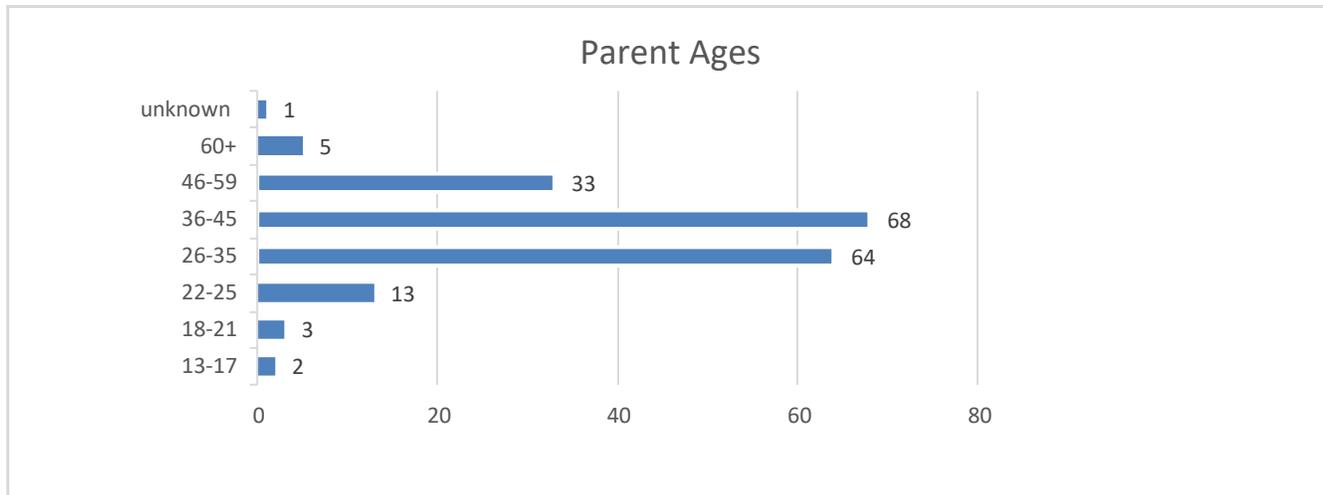
Additional Child Ages



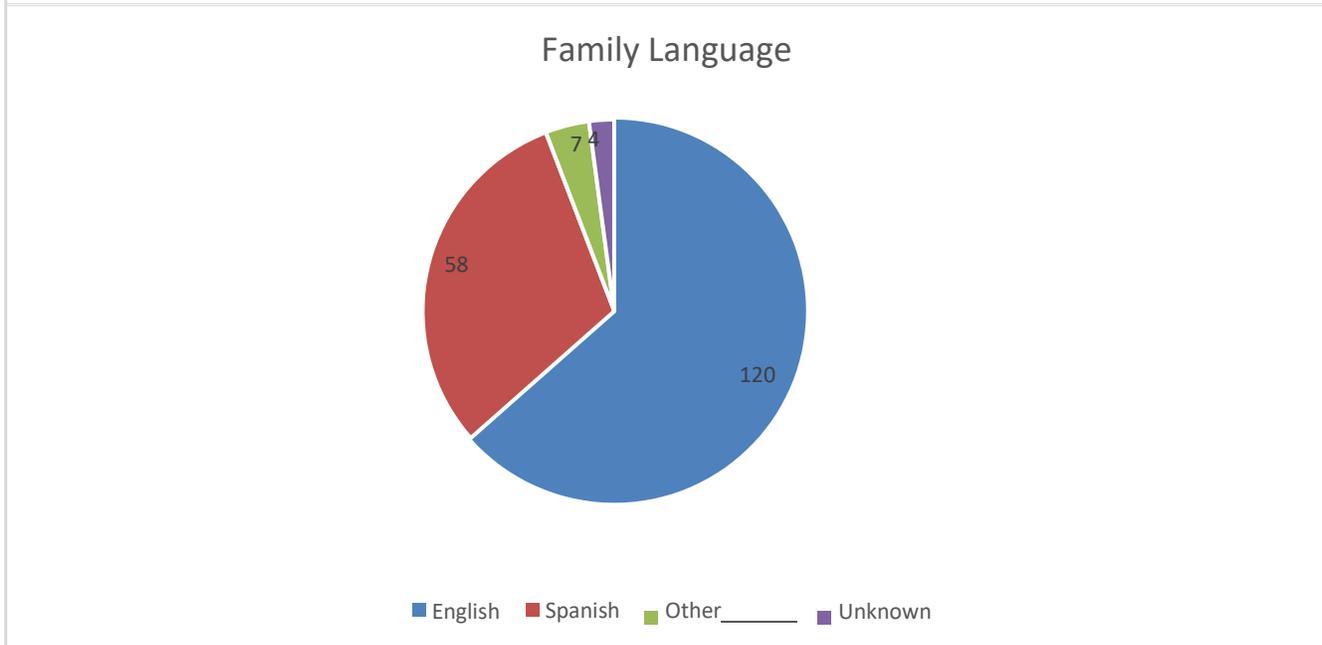
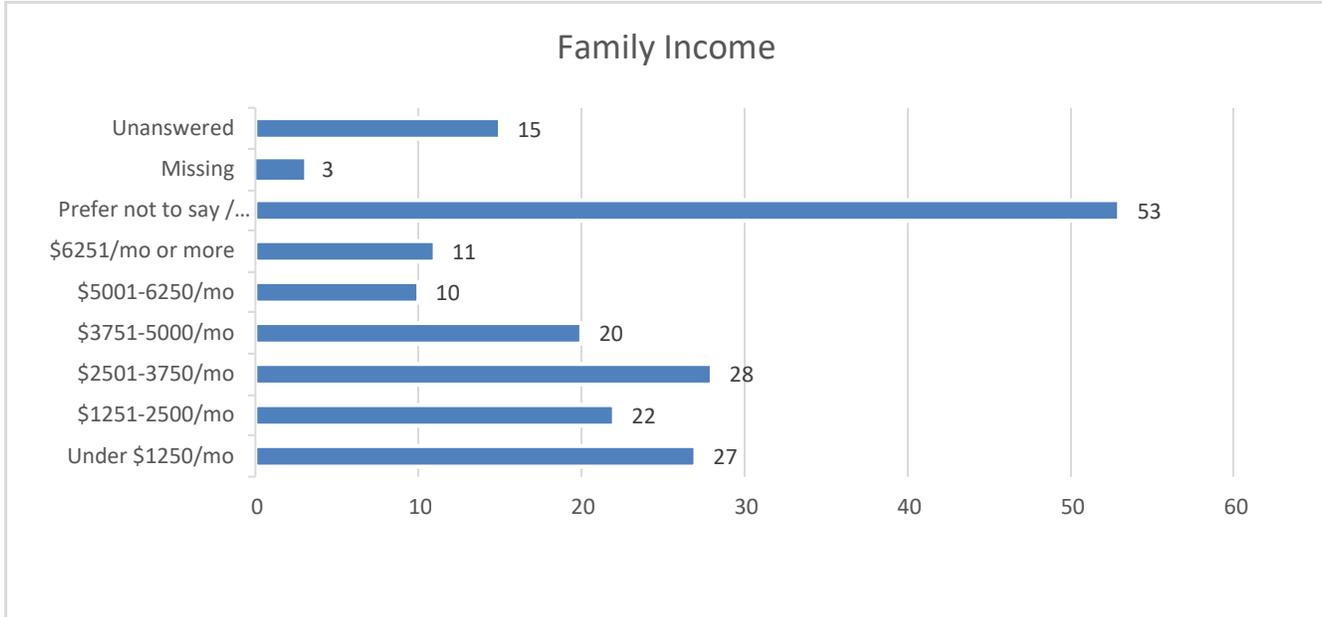
MHSA Overall Demographics

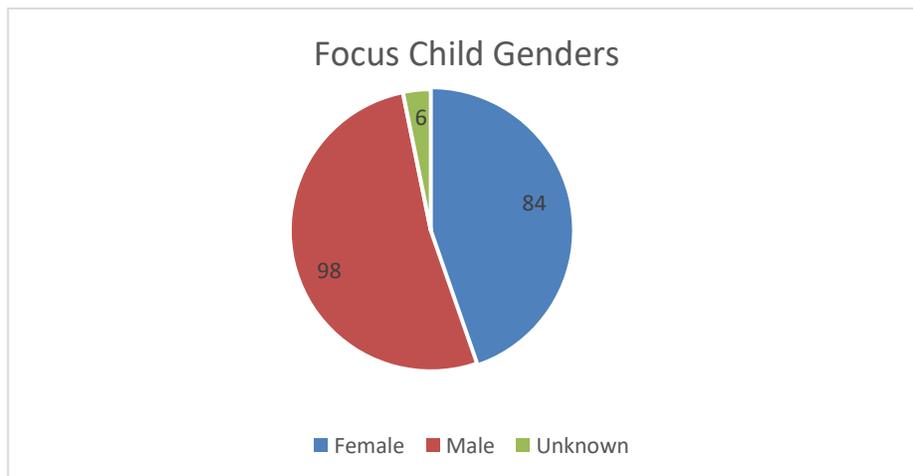
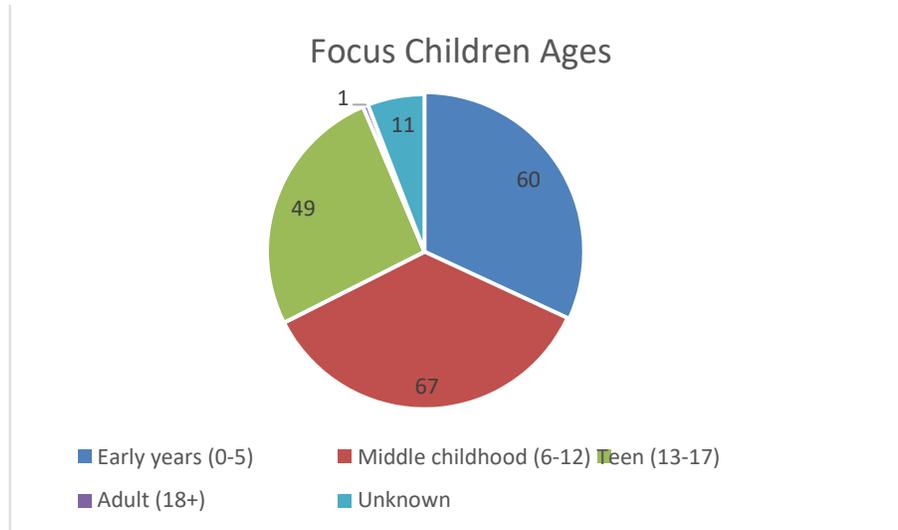


MHSA Overall Demographics, cont.

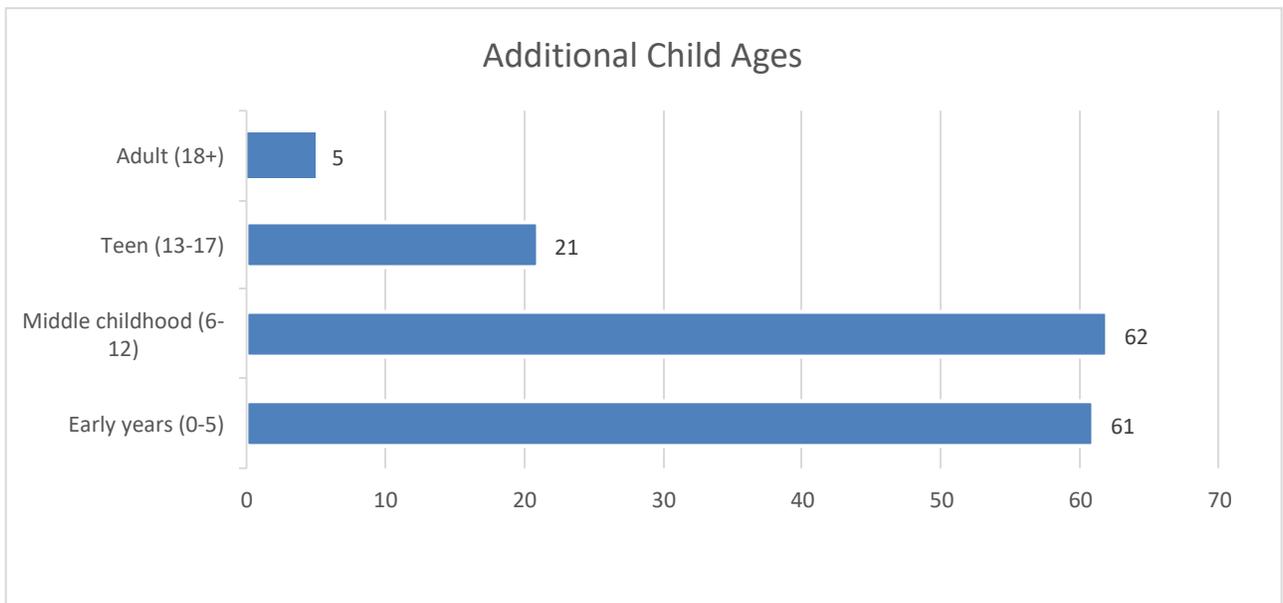
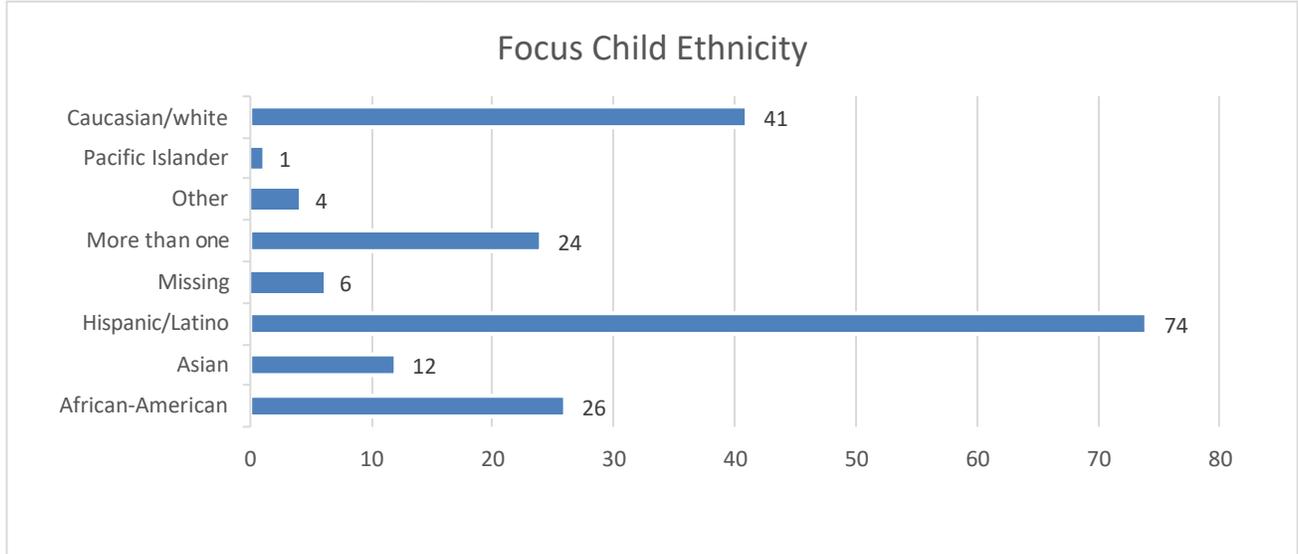


MHSA Overall Demographics, cont.





MHSA Overall Demographics, cont.



1b) Settings of Potential Responders for the 2018-19 FY included elementary, junior and high schools, early education centers, churches, homeless shelters and community-based organizations. Below is a list of class site locations for Triple P:

<u>MHSA Triple P Site Locations</u>	
	C.O.P.E. Family Support Center – Central County
	Family Justice Center – West County
	Martin Luther King Jr. High School – East County
	Hillview Jr. High School – East County
	Cornerstone Fellowship – East County *New partner
	Ranchos Medanos Jr. High School – East County
	Contra Costa Juvenile Hall – Central County
	Shelter Inc. – Central County
<u>First 5 Triple P Site Locations</u>	
	East County First 5 Center – East County
	Martinez Early Childhood Center – Central County
	Monument First 5 Center – Central County
	West County First 5 Center – West County
	Shelter Inc. Mountain View House – Central County
	Cornerstone Fellowship – East County *New partner
	C.O.P.E. Family Support Center – Central County
	Delta First 5 Center – East County
	Antioch First 5 Center – East County
	Family Justice Center – Central County

Methods Used to Engage Potential Responders

2) Methods Used to Reach Out and Engage Potential Responders include:

- Distribution of flyers for upcoming classes to community members and other CBOs in both electronic and hard copy
- Attended community events to provide resources (such as school resource fairs and outreach events)
- Collaboration with the Contra Costa Truancy Court, School district SARB (School Attendance Review Board) panels, Contra Costa Family Court and Children and Family Services (CFS) to refer families to parenting classes
- Collaboration with school districts and administrative staff to provide referrals to parents of students within each district
- Case Management referrals for parents working with C.O.P.E. case management staff
- Website advertising of class schedule
- Referrals from community partners such as Contra Costa Juvenile Probation, Family Justice Center, Miller Wellness Center and SHELTER Inc.
- Provided briefing/orientation meetings to community agencies interested in referring members to the Triple P program. During the 2018-19 FY, the following community partners were provided with a briefing/orientation meeting:
 - **West County Children and Family Services**
 - **Contra Costa Leadership Institute (CCLI)**
 - **Scotts Valley TANF**
 - **Acalanes Adult Education Center**
 - **Pittsburg Unified School District**
 - **Court Appointed Special Advocates (CASA)**
 - **Cornerstone Fellowship**
 - **Shelter Inc.**
 - **Lincoln Family Services**
 - **Community Violence Solutions**
 - **Rainbow Community Center**
 - **Center for Human Development**

Strategies Utilized to Provide Access and Linkage to Treatment

3) Strategies Utilized to Provide Access and Linkage to Treatment include:

- Provide in-depth/clinical assessment of need and case management to community members in need of access to services
- Development of individual case plans (Contract for Wellness) specifically tailored to the needs of each participant
- Collaboration with mental health resources such as Contra Costa Children's Behavioral Health, Contra Costa Regional Center, Mobile Response and Lincoln Family Services
- Collaborate with County agencies to provide court-certified interpreters as needed
- Referrals to community resources such as housing, job training and placement, food banks and family law centers
- Evaluate and provide individual parent consultation for Triple P participants scoring above the clinical-cutoff range in any pre-assessment (DASS, Parenting Scale, ECBI, Conflict Behavior, Relationship Quality Index), providing resources as needed
- Train staff in available resource opportunities to strengthen the support given to each participant
- External referrals to more intensive services (such as AOD, psychiatry, medical providers) as needed
- MHSA & First 5 Resident Case Manager to provide one-on-one assistance with application process for county-related services (such as CAL Fresh, Medi-Cal, MST, MDFT)

Strategies Utilized to Improve Timely Access to Services for Underserved Populations

4) Strategies Utilized to Improve Timely Access to Services for Underserved Populations included:

- All First 5 funded classes are free. MHSA Classes free and sliding scale Triple P classes for low-income participants
- Delivery of classes throughout the county at various times and convenient locations to accommodate transportation barriers (accessible via public transportation)
- Increased capacity to offer case management services for parents and families with more intensive challenges utilizing master's level MSW interns to provide individualized support
- Provided classes in English and Spanish and Arabic/Farsi languages in each region of the county
- Individual assessment, consultations and referrals to county mental health as needed
- Collaboration with school districts, social workers, other service providers and families to ensure timely access to supports and resources
- Direct collaboration with Contra Costa County CFS Social Workers II & III to ensure participant Case Plan needs are met
- Tailored classes that include focus topics that directly address parenting needs (ex. Family Transitions Triple P specifically addresses dysfunction in the co-parent relationship and the impact such dysfunction has on the family unit as a whole)
- After assessing family needs, we link to other community supports such as county mental health, housing, crisis centers and other resources
- Utilizing our Clinical Trainee Program to provide immediate services to underserved populations that have had difficulty accessing the system at large (such as Contra Costa County Mental Access Line)
- Utilizing our Clinical Trainee Program to provide more accessibility to county systems such as Medi-Cal, CAL-Fresh and other consumer benefits

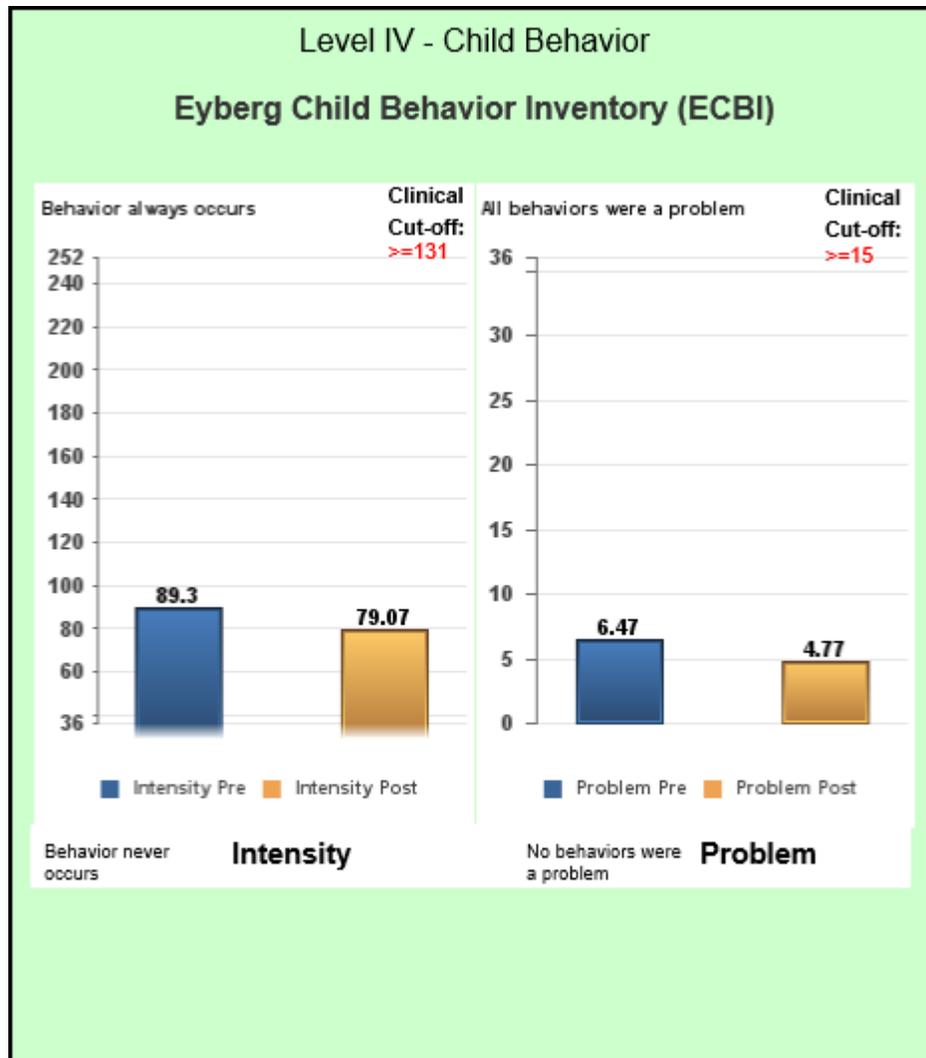
OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

MHSA Overall Clinical Outcomes

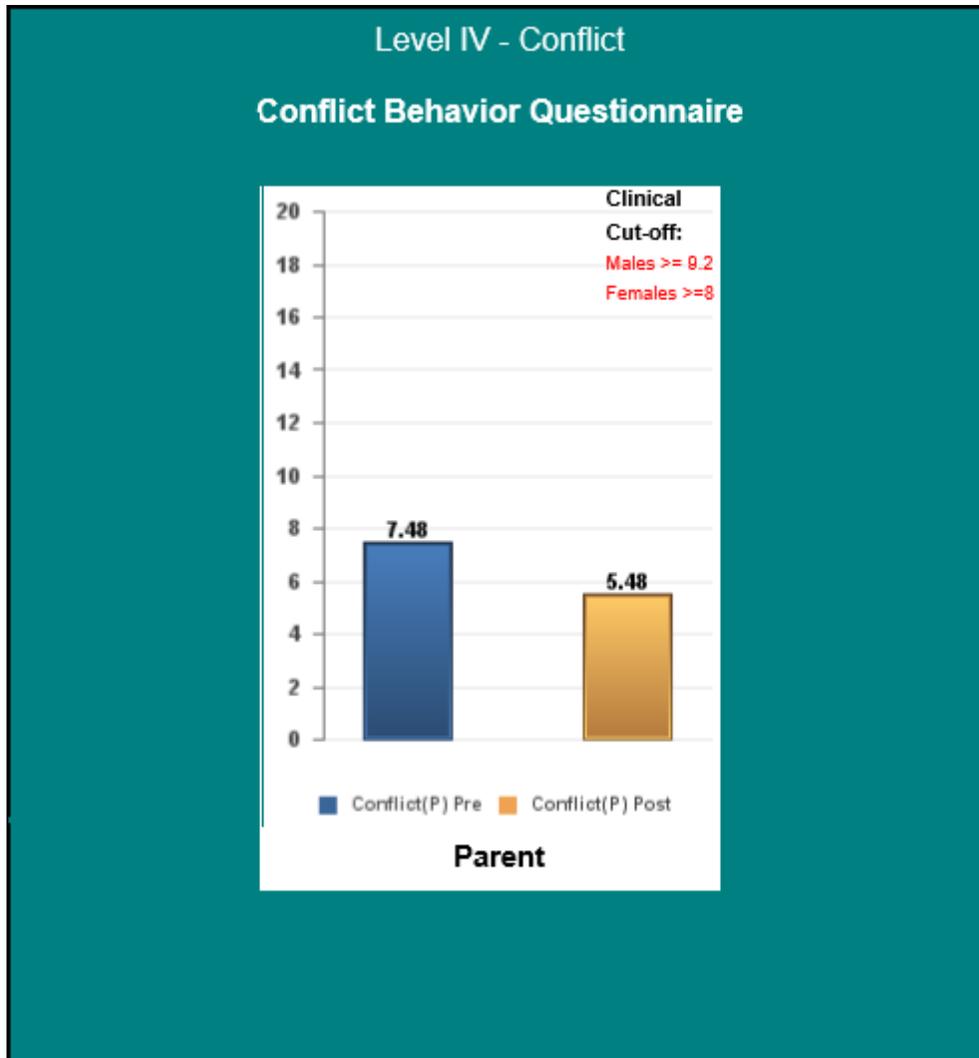
Eyberg Assessment



Intensity decreased by 11% from pre-test to post-test
Problem measure decreased by 26% from pre-test to post-test

MHSA Overall Clinical Outcomes, cont.

Conflict Behavior Assessment



Conflict measure decreased by 27% from pre-test to post-test

MHSA Overall Clinical Outcomes, cont.

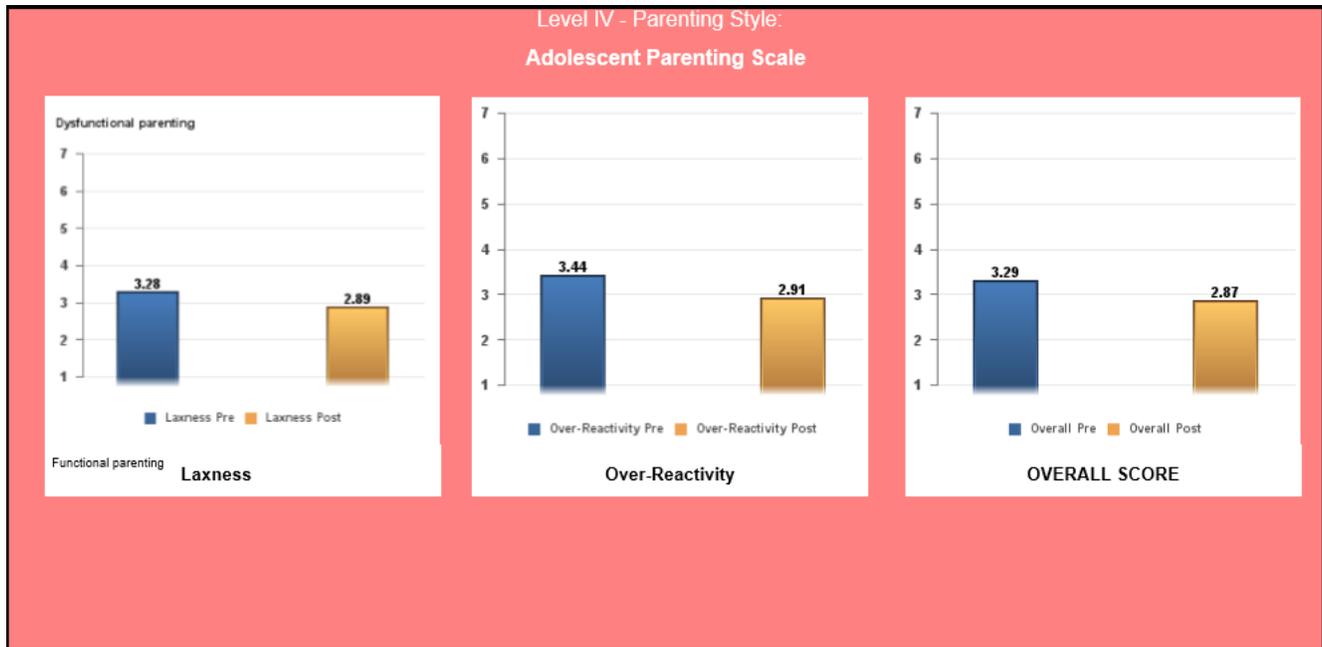
Child Parenting Scale Assessment



Laxness measure decreased by 11% from pre-test to post-test
 Over-reactivity decreased by 27% from pre-test to post-test
 Hostility decreased by 10% from pre-test to post-test

MHSA Overall Clinical Outcomes, cont.

Adolescent Parenting Scale Assessment



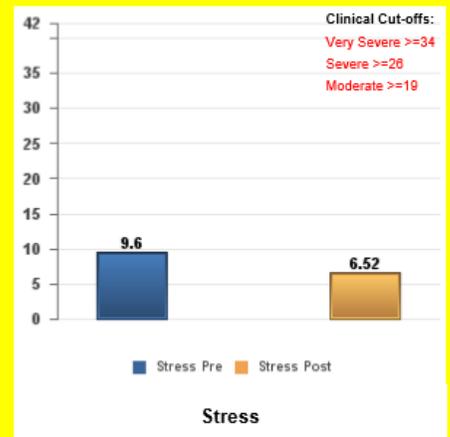
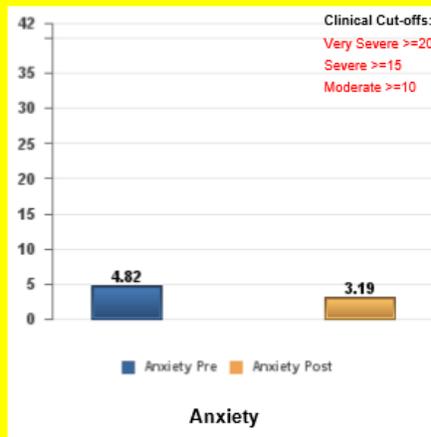
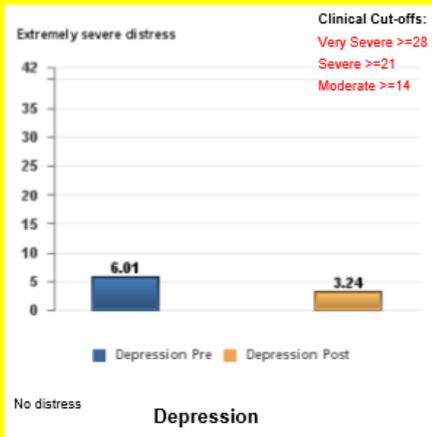
Laxness measure decreased by 12% from pre-test to post-test
 Over-reactivity decreased by 15% from pre-test to post-test
 Hostility decreased by 13% from pre-test to post-test

MHSA Overall Clinical Outcomes, cont.

Depression, Anxiety and Stress Scale Assessment

Level IV - Parental Adjustment:

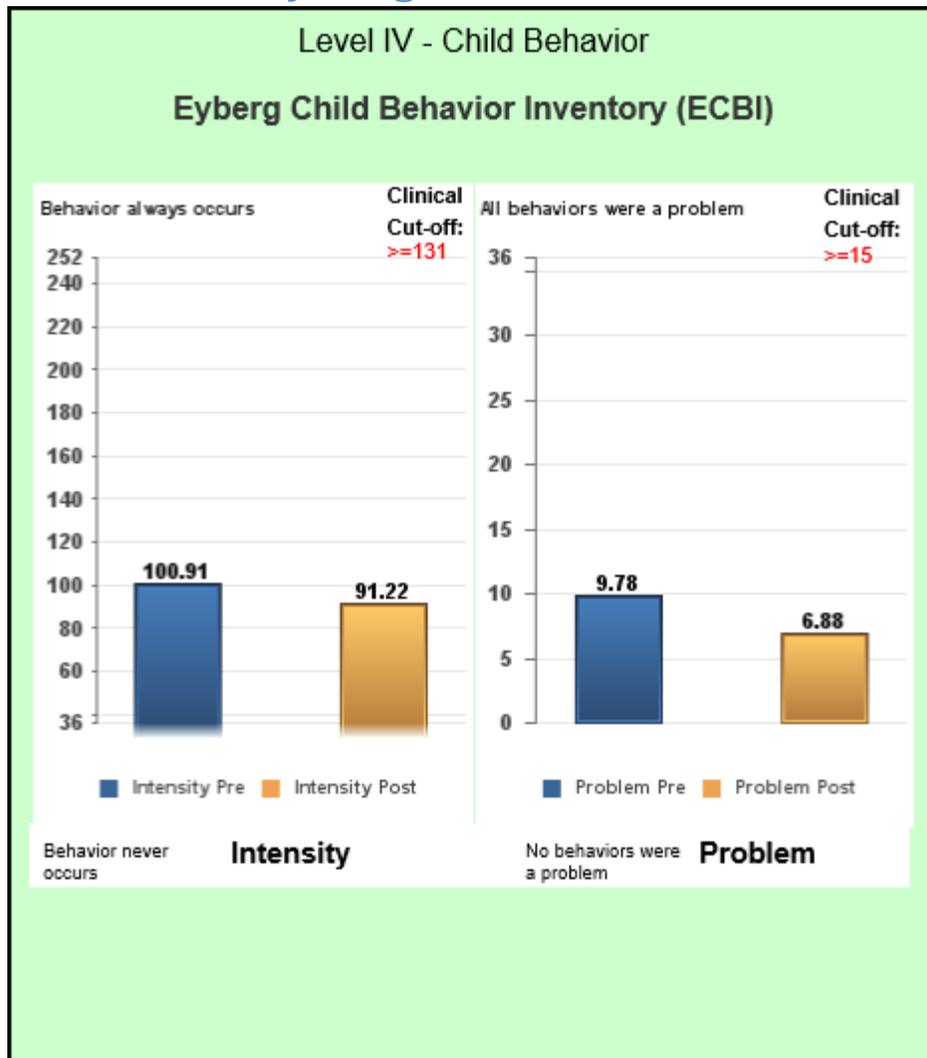
Depression Anxiety Stress Scales (DASS-Twenty-one)



Depression measure decreased by 46% from pre-test to post-test
Anxiety measure decreased by 35% from pre-test to post-test
Stress measure decreased by 32% from pre-test to post-test

First 5 Overall Clinical Outcomes

Eyberg Assessment



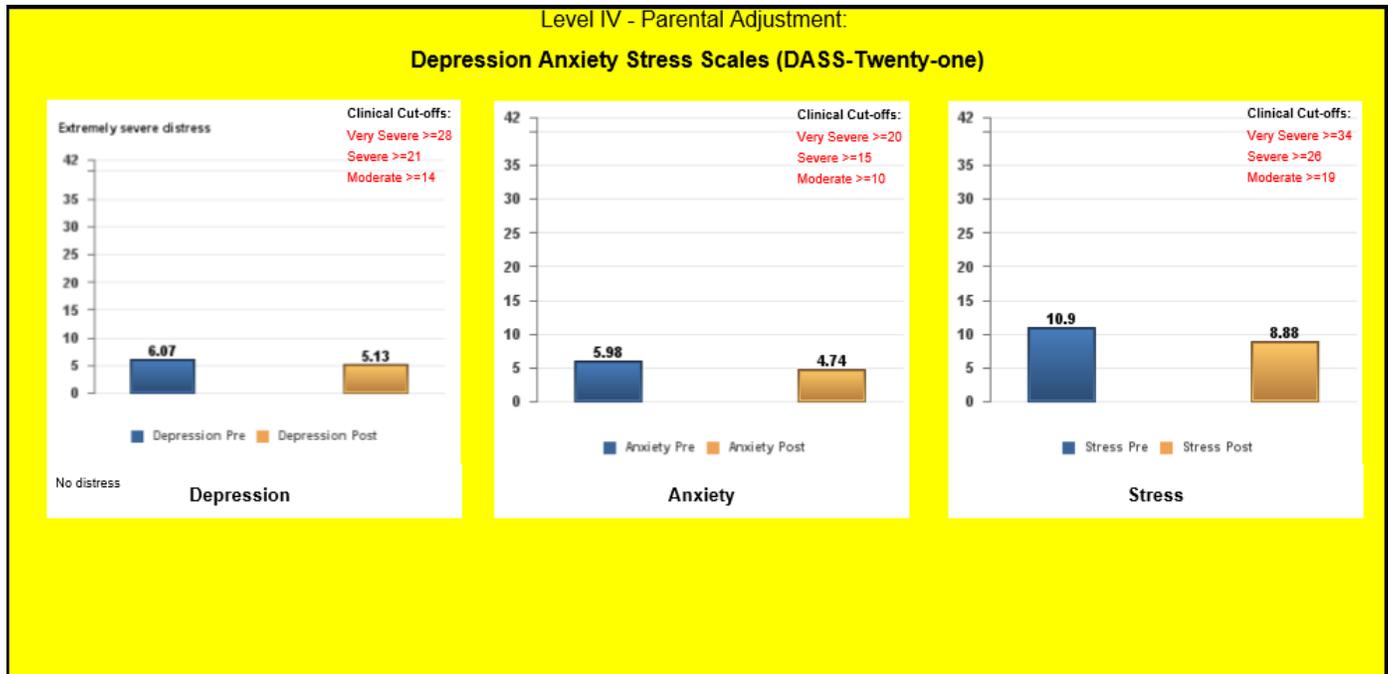
Intensity decreased by 10% from pre-test to post-test
Problem measure decreased by 30% from pre-test to post-test

Child Parenting Scale Assessment



Laxness measure decreased by 27% from pre-test to post-test
 Over-reactivity decreased by 23% from pre-test to post-test
 Hostility decreased by 24% from pre-test to post-test

Depression, Anxiety and Stress Scale Assessment



Depression measure decreased by 15% from pre-test to post-test
 Anxiety measure decreased by 11% from pre-test to post-test
 Stress measure decreased by 19% from pre-test to post-test

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

N/A

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Values

- C.O.P.E. Family Support Center fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other augmented services.
- Parents in need of further intervention are identified through their participation in Triple P parenting classes and are linked to supplementary services as needed.
- Participants may express a need for more intensive support and utilize other programs offered such as individual and family counseling, Anger Management and Truancy Intervention.
- By offering a menu of services, C.O.P.E. can provide customized support to families in need as well as identify referrals to additional resources such as county mental health, housing, food banks and family law centers.

Augmented Service: Case Management

Case management is provided to participating families which includes:

- Initial assessments of needs
- Parent/Family coaching
- Resource referrals
- Enrollment into appropriate C.O.P.E. programs
- Weekly check-ins from C.O.P.E. staff
- Preparation of progress reports/attendance verification

C.O.P.E. also provides a comfortable, family-oriented atmosphere for community members visiting the office for services. In addition, C.O.P.E. employs a culturally diverse administrative staff that is representative of the community in which we serve and allows for a non-judgmental environment for all who see supportive services. C.O.P.E. has a culturally diverse Parent Education facilitation staff, both personally and professionally with sensitivity and training in the needs and characteristics of diverse populations of participants.

C.O.P.E. staff cultivate an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution and other methods for participant communication.

C.O.P.E. provides a culturally inclusive classroom where parents and staff recognize, appreciate and capitalize on diversity to enrich the overall learning experience. Fostering a culturally inclusive learning environment that encourages all individuals – regardless of age, gender, ethnicity, religious affiliation, socioeconomic status, sexual orientation or political beliefs – to develop respectful, effective and consistent parenting skills that nurture the uniqueness so of each family.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Participant Testimonials

What about this program was the most helpful?

- Learning new method to speak calmly without shouting
- It helped us to learn to educate the children and how to support them
- Helped us to better educate our children
- Learned strategies to communicate with our children without much difficulty
- I took Triple P English last year, this program is really good
- Received information on how to interact with my adolescent
- Create safe and pleasant places for rewards and contracts to spend time with her
- Helped me to understand my adolescent about his way of thinking, acting, understanding his actions. and how to apply rules and appropriate punishments
- everything
- To apply new methods to treat problems with teenagers
- How to talk with the children and give them advice
- To be able to understand my daughter's feelings
- How to understand my daughter and give more quality time and enforce rules
- Helped me to be more patient with my son, have more conversations
- Share experiences with other parents and the instructor explained very good the subject
- The different experiences shared with all the parents. the ideas shared in the videos and the examples of the teacher are excellent

- Now I have more patience now it is easier for me to talk about the problems now it is easier for me to handle the problems

What could make the Triple P classes better?

- Make the classes longer
- To have more classes to teach us how to treat our children
- Have more Triple P classes
- More time in classes
- I took class years ago, to have classes longer is better
- I think the class is very complete
- Give more exact methods and focus on how to solve problems, not so much on the problem itself
- Everything was good
- Shorter videos and more time to close
- Shorter videos and more time on tips on how to talk moderately to teenagers
- To understand how my son will react in the future helped me a lot to listen to the advice of other mothers
- Maybe a little more time of the program to understand and live more experiences
- For me it was very good class, this is my first time attending this kind of class, for me the teacher was excellent by listening to us and explained everything perfectly

Class Pictures

Central Family Justice Center



SHELTER Inc.



Ranchos Medanos Jr. High School



West Family Justice Center



West Family Justice Center



PEI ANNUAL REPORTING FORM

EARLY INTERVENTION REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: CCCBH/First Hope

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

For the past six years, First Hope has provided early identification, assessment, and intensive treatment services to youth ages 12-25, and their families, who show signs and symptoms indicating they are at Clinical High Risk (CHR) for psychosis. During this fiscal year, we expanded our program to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode. As part of this expansion, we moved to a new location in Pleasant Hill and hired 13 additional staff, including new positions of program supervisor, a part-time RN, community support worker peer specialist, and a substance use counselor.

Key components of our program include 1) community outreach and education, 2) rapid and easy access to screening and assessment, and 3) intensive treatment services.

- 1) Community outreach and psychoeducation – The expansion of our First Hope services has provided an opportunity to re-engage with our various community partners and to build relationships with new collaborators. Our outreach presentations focus on the importance of early intervention, how to recognize the early warning signs of psychosis, and how to make a referral to the First Hope program. Some of the organizations we have presented to in fiscal year 2017/2018 include Seneca, Anka, the Mental Health Commission, CCCBH Central Children’s Clinic, the SPIRIT program, CCCBH Financial Counselors, Putnam Clubhouse, CCCBH Psychiatrists, the Mental Health Advisory Council, CCBH Forensics Team, St. Mary’s, and the Adult System of Care meeting.

- 2) Screening and assessment – In order to provide a high level of responsiveness and access to immediate help, First Hope has a Clinician of the Day (COD) who takes screening calls as well as any urgent calls when the primary clinician is not available. The telephone screen helps to determine whether a more extensive SIPS assessment is indicated, whether an individual is eligible for our new FEP services (based on a combination of the potential client’s self-report, a medical records review, and collateral information), or whether the caller is referred to more appropriate services. We have also established an Urgent Response Team (URT) that has some capacity to provide an urgent response to those in crisis in inpatient psychiatry or crisis residential treatment. Services are offered in any language using the language line. Services in Spanish are provided by our Spanish-speaking clinicians.
- 3) Intensive treatment services – Please see section below on Evidence-based or promising practices. Treatment services are offered in any language using the language line. Treatment services in Spanish are provided by our Spanish-speaking clinicians.

Functional outcomes targeted are improved functioning at school and work, improved relationships with family members, decreased need for hospitalization and PES visits, and most importantly preventing conversion to psychosis or a reoccurrence of a psychotic episode.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- *Which mental illness(es) were potentially early onset*
- *How participant’s early onset of a potentially serious mental illness was determined*
- *List of indicators that measured reduction of prolonged suffering and other negative outcomes, and data to support overall reduction. Include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

We work with youth ages 12-30 who are either at Clinical High Risk (CHR) for developing psychosis, or within 18 months of their first episode of psychosis (FEP), as established by the Structured Interview for Psychosis-risk Syndromes (SIPS) assessment, the potential client’s self-report, a medical records review, and/or collateral information.

The primary desired outcome for our CHR clients is to prevent conversion to psychosis in a population estimated to carry a 33% chance of conversion within two years. Secondary outcomes include reduction in crises, hospitalization, incarceration and suicide attempts or completions. We had 0 conversions from CHR to psychosis from July 2018 through June 2019. From the inception of our program in 2013, we have had 5 conversions, a conversion rate of less than 5% and a nearly 90% reduction in the predicted conversion rate if no services were provided.

During the previous fiscal year (2017/2018), we intensified our collaboration with Juvenile Hall and started providing First Hope services to clients while they were still incarcerated, if they otherwise qualified for our program and were scheduled to be discharged from the correctional setting in the near future. This allowed us to implement intervention services even earlier than we had been able to previously. Three of our clients were re-incarcerated during the previous fiscal year (2017/2018), and one was re-incarcerated during the 2018/2019 fiscal year.

We had 3 suicide attempts and 0 suicides from July 2018 through June 2019.

Not enough time has passed since the start of our FEP services to collect needed data to assess whether the rate of PES visits and hospitalization has changed over baseline rates in our clients.

Improvement in age-appropriate functioning is also critical. Our data indicates that at the beginning of treatment the vast majority of clients were failing in school, while at discharge they were stable in school. Many who were work-eligible were now working at least part-time. We also showed a 15 point average increase in GAF for all clients, including those who did not complete the program.

We gather data on outcomes every six months of treatment and at discharge. This data is treated like all other PHI. This data is also entered into a First Hope Database that is housed on the CCC Behavioral Health server and is password protected. Only de-identified/aggregate data is shared with individuals outside of First Hope.

DEMOGRAPHIC DATA: *Not Applicable (Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

We use the County form to gather Demographics data for clients who engage in our assessment and treatment services. We gather different data during the outreach and screening components of our program, as described below:

Outreach: We collected different demographics for this component to target the important information needed to assess our outreach goals. The data collected include the type of service provider, the region of the county served, and the number of participants.

Screen Calls: We do not use the county demographic form in order to avoid barriers that may be encountered due to stigma or lack of a release of information. Screen calls are designed for same day conversation with one of our clinicians and in a manner that allows the caller, whether it is the client, family member, or professional, to disclose concerns without requiring background information, unless the caller is able to do so and is willing. Also, since the caller has not engaged in services and may be cautious about disclosure, we only asked pertinent questions about the client's symptoms, important history related to the symptoms, contact information, region of the county, and the referral source. The call allows the caller to inquire about First Hope services and discuss symptoms to determine if an assessment is recommended or if the client is eligible for our FEP services, and allows our clinician to offer an assessment, an intake, or a recommendation of another service. If needed, we also offer advice about how to talk to the client, son, daughter or the family about the need for early intervention.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based or promising practices are used in your program and how is fidelity to the practice ensured?

First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) models, which have been shown to be effective in preventing conversion to psychosis and the subsequent disability associated with psychotic disorders, and in ameliorating psychotic symptoms and promoting functional recovery. Both models provide comprehensive and needs-driven services utilizing the combined skills of a multidisciplinary team. Our First Hope treatment team includes a clinician, occupational therapist, educational and/or employment specialist, community support worker family partner, community support worker peer specialist, substance use counselor, RN, and psychiatrist. In addition to individual therapy, peer groups, case management, educational/employment support, psychosocial rehabilitation, and psychiatric services, clients also benefit from a heavy emphasis on family psychoeducation and engagement in Multifamily Group Treatment (MFGT).

Our clinicians are trained and certified to provide Structured Interview for Psychosis risk Syndrome (SIPS) assessments, Cognitive-Behavioral Therapy for psychosis (CBTp), and MFGT, evidence-based practices for assessing and treating CHR and FEP. Clinicians who have joined our team over the past year participated in intensive training in SIPS in February 2019 with Dr. Barbara Walsh of Yale University, one of the co-authors of the SIPS assessment, and in MFGT in May 2019 with Dr. Alex Kopelowicz of UCLA and Dr. Barbara Stuart of UCSF. Drs. Kopelowicz and Stuart will be conducting monthly supervision over the next year with audiotape review and feedback on MultiFamily Groups. All staff are expected to achieve clinical competence and certification by the end of this supervision period.

Weekly team meetings and weekly supervision meetings with First Hope's program manager and program supervisor provide opportunities to discuss services and assure fidelity to the treatment model. We also hold a weekly consultation call with Dr. Barbara Walsh, one of the co-authors of the SIPS assessment.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

First Hope practices a collaborative, strengths-based, and recovery-oriented approach that emphasizes shared decision-making as a means for addressing the unique needs, preferences, and goals of the individuals and families with whom we work. We define family broadly, that is, whoever forms the support team for the client, which may include friends, siblings, extended family, foster parents, significant others, and clergy. We

also coordinate closely with other mental health and primary medical care service providers, to support our clients' overall mental and physical health.

Much care is taken to provide a welcoming and respectful stance and environment, from the very first contact by phone, to the individual and family's first visit to First Hope, to each and every interaction thereafter. We work closely with our families to identify and problem-solve barriers to accessing care, including childcare and transportation difficulties.

We over-screen so as not to miss any individual in need of service. Any individual who is determined not to be eligible for our program is provided with a referral to more appropriate services. For any individual/family who is found to be eligible for First Hope and accepts our services, treatment begins immediately with engagement (termed Joining sessions) with their assigned clinician.

Services are offered in any language using the language line and in Spanish by our Spanish-speaking clinicians, including a Spanish-language MFG. Our program brochures and psychoeducational materials are available in English and in Spanish.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several have returned as volunteers to speak with new clients and families about their experiences with First Hope. Other members of the family. We also had one mother join our outreach presentation at the San Ramon Valley Mental Health Advisory Council on Feb 22, 2019. She spoke movingly about the struggles her daughter had experienced, and how much First Hope helped her daughter recover her life back.

Below is some additional feedback we have received from our clients and families:

"I have sound people who care."

"Talking one on one has been the most helpful thing. Everyone is really nice."

"I'm really happy with the First Hope group, helping my son getting much better. It's helped my son can go back to school regularly and hanging around with family."

"First Hope helped me realize my problem and talking with me to help me improve it."

"[My daughter] got the help she needed to receive home and hospital services from the school."

"The team helped solidify [my] life goals."



CONTRA COSTA BEHAVIORAL HEALTH

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"[My] family understands more."

"It's been better for me going to places with friends and family."

"I like how everyone treats me."

"I love and appreciate the staff here at First Hope. They are helpful, resourceful, caring, and genuinely good people."

"Thank you all for your true commitment to helping families and improving outcomes for young people in crisis."

"El apoyo de Colleen a sido de lo major."

"Para todo esta muy bien. Todos son muy buenos. Gracias por todo personas. Me siento yo imi niña como encasa."

"Lo que mas le ha ayudado es que lo mayoria de tiempo estan disponible"

"A saber entender lo que es siente y saber como manejar esas situaciones."

PEI SEMI-ANNUAL REPORTING FORM

ACCESS & LINKAGE TO TREATMENT REPORTING FORM

FISCAL YEAR: **2018-2019**

Agency/Program Name: James Moorehouse Project (at El Cerrito High School)

Reporting Period (Select One): Semi-Annual Report #1 (July – Dec)

Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

Please check all strategies that your program employs:

Provide access and linkage to mental health care

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

For 2018-2019, the JMP has a team of ten clinical interns. In the fall semester (August – December 2018) interns and staff worked at capacity across our mental/behavioral health programming—this included individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development. Our groups continue to engage a wide range of young people facing mental health and equity challenges. In the fall semester over 300 young people participated in 20 different groups and/or individual counseling. Targeted outreach and services continue to reach our English Language Learners (ELL) who receive counseling, case management, in-class support and youth development programming. In November, the JMP took 50 ELL students to the Monterey Bay Aquarium for the day. Their joy and excitement to be in community and to see the exhibits and travel outside of the East Bay, was memorable. One of our ELL students was interviewed for a national radio program, Radio Bilingue, and reported that his participation in the JMP Youth ELAC group allowed him to begin to heal from his traumatic history and his long separation from formal schooling and that he now has a family at school and identifies as a leader in his community (link available upon request). The JMP continues our partnership with Niroga to support JMP youth leaders, Culture Keepers, to lead in-class dynamic mindfulness practices in classrooms. The JMP offers ongoing coaching for participating classroom teachers to strengthen their own personal practice and their classroom leadership of dynamic mindfulness practices.

Twenty – Forty people attend our monthly evening English Language Advisory Committee (ELAC) meetings. Families learn about navigating the school, resources in the community and how to advocate for the rights of their children. Immigrant families also receive case management support connecting them to legal, housing and other family supports in addition to counseling services for youth on-site.

There is a new principal and one new assistant principal at ECHS this year (the third in four years). While it is a challenge to begin over again with a new principal, it is a very welcome change from the previous administration. Our new principal is a strong advocate for the JMP and is enthusiastic around collaboration and shared initiatives. We are eager to capitalize on this support to grow and strengthen our work with teachers around, restorative practices, mindfulness, trauma, structural racism and other school climate initiatives.

The JMP director continues to support school communities and school linked providers to build trauma sensitive disciplinary, community building and instructional practices. She continued her work in Contra Costa and Alameda Counties as a trainer for T2 (T Squared), the Bay Area wide collaboration working to shift public systems toward trauma informed practices. She also continued to offer trainings around racial justice work with teachers and school staff through the CA School Based Health Alliance offering trainings at their annual conference in Sacramento and to school health staff in the Central Valley at a Fresno convening in the fall.

The JMP is excited to play a role in the broader movement to help schools implement more compassionate and effective practices to support trauma impacted young people to be successful in school and to integrate strategies for including racial justice in every conversation around trauma. This fall, the JMP welcomed At ECHS this work included teacher-student restorative conferences, ongoing coaching around trauma sensitive instructional strategies and the second year of a JMP led year-long professional development group with 14 ECHS teachers on race and equity. Participants co-created a safe container to deepen their self-reflection around the ways that white privilege, white supremacy and implicit bias impact their own instructional practices and drive inequitable outcomes on campus. This group will continue for a third year into 2018-2019.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *How are participants identified as needing mental health assessment or treatment?*
 - *List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
 - *Average length of time between report of symptom onset and entry into treatment and the methodology used.*
-

Young people are referred for services by parent/guardians, school staff, peers and themselves.

We measure a range of indicators (see Work Plan for 2017-2018) including connection to caring adults/peers and school, and a sense of well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence). The JMP engages in ongoing formative assessments throughout the school year that include participation by JMP staff/interns, school staff and youth participants.

(From 2017-2018 Work Plan)

Outcome Statements

- A) Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
From UCSF evaluation: 96% of participating youth reported feeling like “there is an adult at school I could turn to if I need help.” 91% “I get along better with people at my school.”
- B) Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
From UCSF evaluation: 96% of participating youth “I deal with stress and anxiety better” after program participation.
- C) Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
From UCSF evaluation: 81% of participating students reported they “skip less school/cut fewer classes after program participation.

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

We have completed the County Demographic Form with the exception of the following:

Part 2: We import demographic data from PowerSchool (PS), the school district database; PS does not capture the ethnic categories listed in Part 2 of the County form.

Part 3: We capture only 6A, as reported by PS. It is not consonant with our respect for personal sovereignty to ask young people to identify their own sexual orientation, gender identity or disability status based on our need to know. Young people’s identity language belongs to them; they can choose to disclose aspects of their identity in ways that feel useful and owned by them. We don’t assume a right to that information.

Part 4: #8. We do not ask clients to disclose a “disability status.” See Part 3 above.

Part 5: See Part 3 above.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including, how the PEI program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Young people are referred to services through a “Resource Request (RR) Form” widely available on the school campus and online through the JMP website. When the JMP receives a RR form, a JMP staff/intern will meet 1:1 with the young person to determine the appropriate level of support services. This can result in participation in on-site mental health services (i.e. individual counseling or therapeutic group support), a youth development/leadership/peer support program or a referral to a community based resource. Because we are an on-site school based program, we are able to easily follow up with students to ensure that they have successfully engaged with (or formally declined) services. If there is a crisis or urgent referral, students are connected with services immediately.

The length of time between referral and entry into services is 1 – 14 days depending on the urgency of the referral and staff/intern caseloads.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

The JMP integrates an activist youth centered program with more traditional mental health and health services; we prioritize community change along with positive health outcomes for individual youth participants. Our clinical program and youth centered initiatives challenge the dominant narrative that sees youth as “at risk” or as problems to be fixed. We partner with young people to build their capacity, and connect them with opportunities for meaningful participation in the school community. Students in counseling or a therapeutic group have direct access to wider opportunities for participation in JMP programs. All of these efforts foster resilience and wellness as they engage young people and caring adults in active and robust relationships.

The range of supports and opportunities at the JMP create an energetic field that powerfully mitigates against stigma. Young people come to the JMP for a counseling appointment, to offer peer support through a youth leadership program, to participate in the ELD youth committee, Culture Keepers, Skittles (a group for queer identified youth of color) or a myriad other possibilities. The JMP is a vibrant sanctuary on campus for youth of color and young people from low-income families in a school building where social identity threat is pervasive in other spaces.



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VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

The following quotes are from spring 2018 student evaluations of JMP services and programs:

The JMP is my second family

My counselor helped me understand where my anger is coming from. I don't get into so many conflicts at home like I used to.

The mindfulness exercises that I do with my counselor have helped me a lot with my anxiety. If I feel myself getting overwhelmed, I think about my breath and do that thing with my fingers.

My favorite thing about the JMP is that they keep things confidential. It's the only place I can go where I can say what's really on my mind.

The following quotes are from spring 2019 teacher evaluations of the JMP:

The JMP is the heart and soul of our school. I don't know what we'd do if you all weren't here

I can focus on my teaching, because I know that my students are well cared for when I refer them to the JMP for support.

The Culture Keepers are a gem—please keep them coming to my classroom for presentations, student support and mindfulness! Great stuff!

The work we're doing around racism has given me a whole new way of relating to my students. I feel more awake now, better able to connect to students that before I couldn't connect with.

The JMP on campus is like a sun sending out its warm rays into every classroom. It just feels safer knowing you all are here.

PEI ANNUAL REPORTING FORM

EARLY INTERVENTION REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: JFCS East Bay / Prevention Early Intervention

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

- 1) We provided culturally appropriate mental health education for client groups in their native languages.
 - 2) We served 224 individual clients – including 81 staff, 46 children, 73 parents, and 24 older adults. Our demographics are based on 133 clients, representing 46 children, 73 parents, and 14 of the older adults. Staff members who attend trainings are not included in demographics. In addition, 10 of the older adults were served in groups at Mt. Diablo Adult Day Health Center and do not provide demographic information due to HIPAA limitations, nor do they receive navigation services.
 - 3) We completed assessment and short-term early intervention with 104 bilingual clients. This number includes 17 children (those over the age of 18), 73 parents, and 14 older adults.
 - 4) We provided individual mental health and health navigation services to 104 clients, as above.
 - 5) We directly provided individual therapy in Dari/Farsi for 21 clients.
 - 6) We provided community outreach and engagement activities in all of our target populations.
1. **Cross-Cultural Mental Health Training Series.** The training series began in August 2018:
 - *August 27, 2018: Living in Fear* – The presenters provided an overview/introduction to U.S. immigration law, information about the recent orders related to immigration, and changes under the new presidential administration. The presenters also provided know-your-rights information for immigrant communities and information regarding local nonprofit organizations for immigration legal assistance. Presenters spoke about the essentials of cultural history, reasons for migration, as well as reasons for staying in the U.S. despite the constant fear of deportation. The presenter also spoke about the mental health impact of immigration enforcement policies on children, families, and communities. Presenters also

discussed the barriers and struggle of living in mixed-status families and communities and the ideas of collective healing practices and culturally appropriate ways to cope and seek support

- *October 3, 2018: Suicide Risk Assessment* – Discussed a simple and easy to use model to help increase awareness, skills, and confidence in suicide risk assessment and management for a variety of providers such as case managers, clinicians, nurses, teachers, volunteers, mentors, and support staff.
- *February 27, 2019: Mandated Reporter* – Presented in collaboration with the Child Abuse Prevention Council. The trainers spoke on California state laws related to suspected child abuse. The training covered indicators and risk factors for child abuse and the legal responsibilities of California’s mandated reporters.
- *April 15, 2019: Diversity, Equity & Inclusion* – Presenters cultivated a shared anti-oppression framework and built the foundation for courageous conversations and understanding; initiated a conversation on mindfulness, capacity-building, and accountability for diversity, equity, and inclusion and recognized additional ways to know and support each other in new ways that could break old patterns.

2. JFCS East Bay held **mental health education groups** throughout the year for the Dari-, Farsi-, Arabic-, and Russian-speaking communities.

Russian psycho-educational senior groups: took place at Mt. Diablo Adult Day Health Center in Pleasant Hill. Katya Vorobeyva, Ph.D, hosted the psycho-educational groups, which were facilitated by JFCS East Bay staff member Lila Katz:

- *October 15, 2018: Psychoeducation* (14 participants) – focus of the group was to improve mood and socialization by encouraging group participation in positive reminiscing through games and discussion.
- *December 3, 2018: Psychoeducation* (14 participants) – focus of the group was to improve mood and socialization by encouraging group participation in positive reminiscing through games and discussion.
- *March 4, 2019: Psychoeducation* (10 participants) – focus of the group was to improve mood and socialization by encouraging group participation in positive reminiscing through games and discussion.
- *June 10, 2019: Psychoeducation* (13 participants) – focus of the group was to improve mood and socialization by encouraging group participation in positive reminiscing through games and discussion.

Afghan/Iranian parenting groups: took place in our office and community spaces. Dr. Sohi Lachini facilitated the groups:

- *November 28, 2018: Parenting Group* (9 participants) – Discussion about parenting issues related to foods and assisting children make healthy eating choices.
- *February 27, 2019: Parenting Group* (12 participants) – Discussion about parenting issues with children with behavioral needs.
- *January 28, 2019: Parenting Group* (17 participants) – Discussion about parenting issues related to financial needs and early tax preparation.
- *June 19, 2019: Parenting Group* (10 participants) – Discussion about parenting issues related to school readiness.

Afghan/Iranian Senior groups: This year, we had decreased the number of Afghan seniors' groups to two to gradually discontinue offering the group starting in FY20. But even organizing two groups proved to be challenging because the number of Afghan/Iranian seniors who are involved with the Mount Diablo Adult Day Center has decreased significantly in recent years. Many of the seniors have passed and the few who remain active struggle with cognitive issues due to old age. We were able to facilitate one group in June 2019 with 10 participants.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- *Which mental illness(es) were potentially early onset*
- *How participant's early onset of a potentially serious mental illness was determined*
- *List of indicators that measured reduction of prolonged suffering and other negative outcomes, and data to support overall reduction. Include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

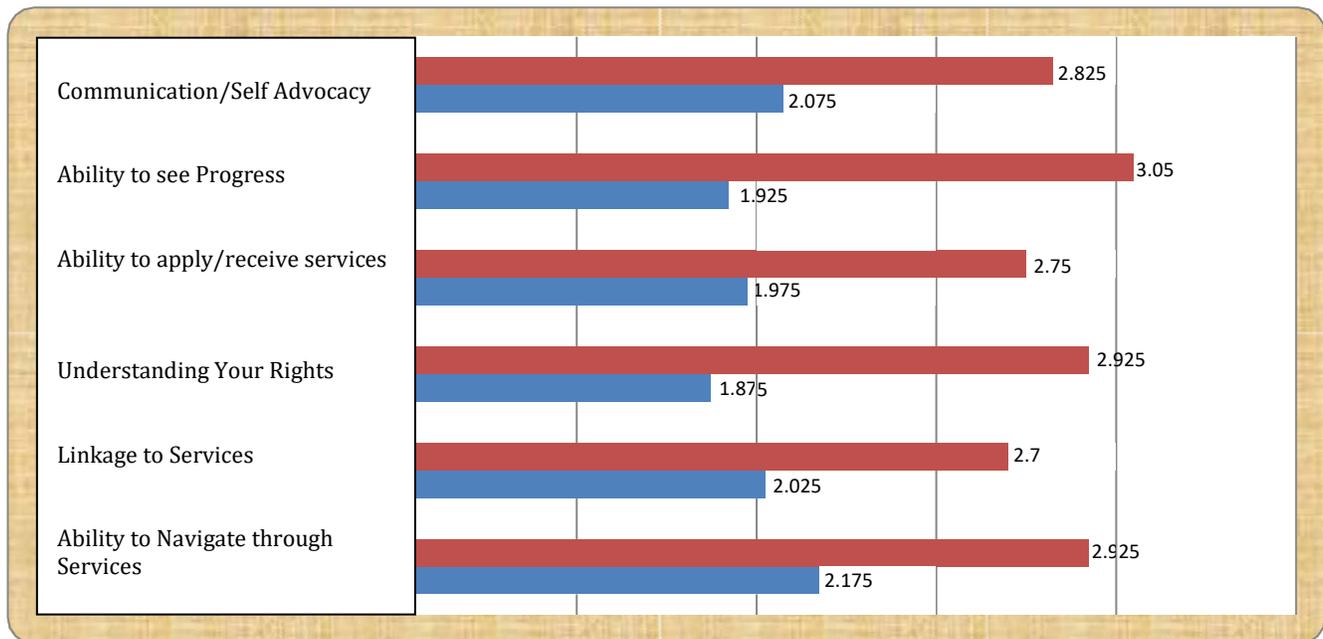
The program used the following tools to evaluate the efficiency of the program.

- Participants/clients evaluation forms for education sessions.
 - Collected after education session.
- Staff and community members' evaluation forms for education sessions.
 - Collected after training session.
- Tracking logs for:
 - Participants/clients associated with clinician and other mental health services.
 - Participants/clients associated with case managers for assessment and early intervention to community mental health services.
 - Number of participants/clients.
 - Number of participants/clients receiving navigation services.
- Pre- and post-assessments to measure progress.
 - Collected once at intake and once at exiting the program.

The indicators measured for this reporting period were:

- Ability to communicate, self-advocate, and see progress.
- Ability to apply for and receive services.
- Understanding rights.
- Access to and ability to navigate mental health system.

The chart below summarizes the results of client assessments as they entered and exited the program. The blue bar reflects the pre-assessments scores, done during intake. The red bar indicates post-assessments upon exiting. Assessments are on a scale of 1.0 to 4.0, with 1.0 being the lowest ranking and 4.0 the highest



The chart reflects a total of 104 individual adult participants/clients who completed the pre- and post-assessments. All participants increased in their ability to advocate for themselves, understand their rights, link themselves to mental health service, and navigate the system.

Cultural Competency: The case managers and staff are aware of, and responsive to, the cultural and demographic diversity of the population and specific client profiles. Case managers and staff understand relevant cultural information and communicate effectively, respectfully, and sensitively within the client's cultural context. During the grant period, we had Farsi-, Dari-, Arabic-, Russian-, and English-speaking staff.

Integrity & Confidentiality: JFCS East Bay's case managers and staff adhere to applicable local, state, and federal laws, as well as employer policies, governing the client, client privacy, and confidentiality rights, and act in a manner consistent with the client's best interest. Staff has up-to-date knowledge of, and adherence to, applicable laws and regulations concerning confidentiality, privacy, and protection of client medical information issues.

DEMOGRAPHIC DATA: *Not Applicable (Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based or promising practices are used in your program and how is fidelity to the practice ensured?

The clients served by PEI are primarily survivors of human rights abuse. They have fled war and persecution and have experienced or witnessed violence and trauma. JFCS East Bay staff worked with clients from a holistic and strength-based approach, with a focus on increasing parenting skills and knowledge of child development. In addition, our case managers help families access services to increase family stability. For families exposed to trauma, the additional stress of immigrating and starting new lives can lead to a heightened risk of child abuse and neglect. Stress can become toxic and create strain in family dynamics leading to physical conflict and abuse. By helping families navigate systems as well as attend to their mental health needs, PEI works to effectively support these extremely vulnerable and at-risk families.

Psychotherapy, including family therapy, is provided to newcomer families in Farsi and Dari. These services are inspired by evidence-based modalities such as trauma affect regulation, child-parent psychotherapy, and attachment therapy with a focus on trauma treatment. Therapy services are modified to make the treatment culturally appropriate for our clientele.

This year, case managers were trained in Mental Health First Aid and worked on identifying clients who may need further intervention, and then facilitated connections to internal mental health services and/or to partner organizations. We believe in collaborating and building partnerships to increase access to mental health services.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

JFCS East Bay's commitment and dedication to our clients greatly contributed to our success. "Welcoming the stranger" and serving vulnerable people are at the core of our mission. Having linguistically and culturally competent staff enables us to build rapport with clients, helping us better understand and respond to their needs. At JFCS East Bay, we honor our clients' strengths and resiliency and empower them by providing opportunities to identify their needs. Goals and the services provided are evaluated regularly with the client/family to ensure that they have the primary decision-making role. Clients receive wrap-around services at JFCS East Bay's Walnut Creek office; these services include case management, health and mental health navigation, mental health services,

and parent education classes. We utilize personalized strategies to empower clients in participating in their own lives and taking steps toward self-sufficiency.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Shakiba* is a single mother in her early forties from Afghanistan. While she was pregnant, her husband left their home in Kabul one morning and never came back. She believes that he was killed in a suicide attack, but there is no way to prove it.

Shakiba is a college graduate and knows conversational English. She used to work for a U.S. agency's woman empowerment program in Afghanistan. Her daughter is now four years old and her parents have passed away. She has four siblings who have all migrated to countries in Europe. Upon coming to California, Shakiba was feeling very isolated and stressed and did not know how she would provide for her daughter. She was worried about the future and was finding being a mother and navigating a new country extremely overwhelming. This level of stress and anxiety put the family at risk of child abuse and neglect.

JFCS East Bay's volunteer program trained a group of five volunteers as her "Welcome Group," and found her housing with a host family in Lafayette. Our case manager helped her sign up for public benefits, including health insurance. The case manager also provided in-depth cultural orientation, including helping her learn the public transportation system. Shakiba was very eager to work, but her choices were limited since she didn't have enough childcare. Her Welcome Group decided to raise money and was able to fund her childcare for a few months, which eased the stress of having to find one alone. Shakiba was then able to get temporary jobs at a children's gym, as a teacher's aide, and as a babysitter. She finally moved out on her own and JFCS East Bay subsidized her rent for the first month.

Shakiba continues to receive health and mental health navigation from her case manager and is receiving individual therapy from JFCS East Bay's bilingual psychologist. To insure she can facilitate the healthy development of her daughter, she has also attended three of our parenting groups. PEI's combination of case management and mental health services has greatly contributed to the stability and safety of Shakiba's family.

* Name has been changed.

PEI ANNUAL REPORTING FORM

Due: August 15, 2019

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: La Clinica de la Raza - Vias de Salud and Familias Fuertes

PEI STRATEGIES:

Please check all strategies that your program employs:

- X** Provide access and linkage to mental health care
 - X** Improve timely access to mental health services for underserved populations
 - X** Use strategies that are non-stigmatizing and non-discriminatory
-

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 5944 depression screenings (198% of yearly target); b) 528 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (211% of yearly target); and c) 1,185 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (95% of yearly target).

Familias Fuertes (Strong Families) educates and supports Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. This year, the program has provided: 1) 955 screens for risk factors in youth ages 0-17 (127% of yearly target) ; 2) 185 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (247% of yearly target); 262 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (87% of yearly target).

Services are provided at two primary care sites, La Clínica Monument and La Clínica Pittsburg. The service site enhances access to services because they are provided in a non-stigmatizing environment where many clients

already come for medical services. As research shows that Latinos are more likely to seek help through primary care (Escobar, et al, 2008), the provision of screening and services in the primary care setting may identify clients who would not otherwise access services. Furthermore, up to 70% of primary care visits involve a psychosocial component (Collins, et al; 2010). Having integrated behavioral health care allows for clients to receive a more comprehensive assessment and treatment, especially those that cannot attain specialty psychological or psychiatric care.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

Participants are referred to the Integrated Behavioral Health (IBH) team through either their primary medical provider or self-referral. Clients are given an annual behavioral health screen which includes screening for substance use and depression. If these screens yield a positive result, primary care providers discuss with the client and offer a referral to IBH. Additionally, primary care providers may identify behavioral health needs amongst their client population at any visit, discuss with the client and refer to IBH. Clients who self-refer to IBH contact the clinic themselves, or request referral during a primary care visit.

The indicators measured for Vias de Salud are:

- A. 3,000 Depression Screenings will be completed annually by clients of La Clínica primary care.
- B. 250 assessments and early intervention services will be provided by a Behavioral Health Specialists within the FY 18-19
- C. 1,250 support/brief treatment services will be provided by a Behavioral Health Specialists within FY 18-19

The data for A-C are collected at the appointment and captured in La Clínica's Practice Management Computer system and data reports (NextGen or SSRS)

The indicators measured for Familias Fuertes are:

Familias Fuertes program, Project #6:

- A. 750 Behavioral Screenings of clients aged 0 – 17 will be completed during the 12-month period by parents (of children 0-12) and adolescents (age 12-17)
- B. A total of 75 assessments or visits (including child functioning and parent education/support will be provided for FY 18-19
- C. 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians to provide children/caretakers will participate in follow up individual/family education/brief treatment sessions with a Behavioral Health Clinician to provide children/families with psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

La Clínica strives to reflect cultural competency in the assessment, treatment and evaluation of the program. La

Clínica utilizes screening and assessment tools that are evidenced-based and have been normed for and researched utilizing a similar client population. Linguistic competence, and cultural competence and humility, are central factors to the new staff hiring process and at the core of La Clínica's program design, the approaches used, and the values demonstrated by all of the staff. An embedded value is to honor participants' traditions and culture and speak the language the participant is most comfortable in. Throughout the initial and continuing training for all IBH staff, cultural and linguistic accessibility and competence is a core element to all topics. Culturally based methods including "dichos" (proverbs) and "Pláticas" or individual/family meetings are used to engage participants and employ culturally familiar stories and discussions with Latino clients. Furthermore, mental health terms are interchanged with language that is less stigmatizing and more comfortable. For example with Latino clients, sadness (tristeza) is a topic used to engage community members, rather than approaching discussions with mental health language terms such as "depression". At the same time, La Clínica strives to understand our unique client population and evaluate data while taking into consideration our unique client population. All of behavioral health providers are bilingual (English/Spanish) and most are bi-cultural. When appropriate, La Clínica utilizes translation services for all other languages.

La Clínica complies with HIPAA regulations and guidelines for all client health information and do not release any client health information to entities outside of the health center.

The average length of time between the report of symptom onset and entry into treatment for Vias de Salud and Familias Fuertes is 244.6 weeks (almost 5 years). This was determined by reviewing a random sample of new appointments for 24 clients and looking at the chart notes which document how long the presenting problem has occurred.

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Data for gender identity, ethnicity and disability will only be collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

The Familias Fuertes program serves children and data on veteran status and military status will not be tracked.

For clients under the age of 18, La Clínica collects sexual orientation if it is directly connected to the reason for referral or treatment plan. Given that La Clínica is providing brief treatment, La Clínica wants assessments to be as targeted as possible. La Clínica also wants to be sensitive to the reality that our adolescent population is in the process of forming their identity and sexual preferences and do not think would be appropriate to ask sexual orientation in our entire adolescent client population.

For the Familias Fuertes program, data for gender identity, ethnicity and disability is only collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants are referred to behavioral health services through their primary care provider or self-referral. Participants are scheduled into our Integrated Behavioral Health Clinicians' (IBHC) schedules directly from their medical appointment. For more urgent need, clients are scheduled for a same-day or 'warm hand-off' appointment with the IBHC. La Clínica encourages all medical providers to discuss the behavioral health referral before it is scheduled to ensure that participant is both interested and motivated to attend the appointment. If the client does not show to the IBHC appointment, the IBHC will call the client to attempt to reschedule the appointment, which may include clarification of purpose of appointment. If the behavioral health clinician assesses participant to need a higher level of care than our program model, La Clínica will work to link the participant to the appropriate services. La Clínica continues to meet with and support the participant until they are linked and follow up with the recommended service.

For clients in the Vias de Salud and Familias Fuertes program, the average length of time between referral and treatment is 20.8 days. This is measured from date of referral from their primary care provider (or self-referral) to the date of the appointment. Please note the next available appointment may be sooner but may not fit in with the client's needs so the appointment is scheduled later.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

La Clínica strives to offer quality, consistent behavioral health services to the client population. By locating behavioral health clinicians within primary care facilities, La Clínica provides direct, often same-day behavioral health care to those who need services. Often clients are identified as needing behavioral health support in an early stage, before they have developed severe symptoms. In these cases, services promote client wellness and provide coping skills that prevent the need of a higher level of behavioral health care. For clients with more severe symptoms, La Clínica able to assess them in a timely manner and determine what course of treatment would be most appropriate. La Clínica clinicians work in a team-based approach along with our medical providers to offer holistic care that addresses the intersection between physical and mental health. This team approach is both effective and proves to have the best outcomes for La Clínica's client population. Many of the clients who access behavioral health care at La Clínica would not otherwise have access to behavioral health for a variety of reasons including: transportation difficulties, stigma associated with behavioral health access, and

inability to navigate the larger behavioral health system due to language barriers and system complexity. La Clínica makes every effort to provide services equally to all clients who are open to receiving care. Staff use non-stigmatizing language by interchanging the terminology of mental health with emotional well-being, allowing for a more receptive message to be communicated. La Clínica emphasizes the improvement in well-being, recognizing disequilibrium, and providing tools and resources for establishing emotional well-being, physical health, and supportive, healthy relationships in one's life. La Clínica also helps normalize mental health issues by pointing out the prevalence of mental health challenges, the availability of a range of treatment services, and the efficacy of support and treatment to help reduce stigma.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Client story #1:

Behavioral Health Clinician began working with a 20 year old female client in May of this year. She presented with moderately-severe depression symptoms and severe anxiety symptoms due to the stress of dealing with a sister with opiate addiction for the past three years. At her initial visit, she described feeling "out of control" with her emotions as a result of the instability and chaos her sister caused her family. Behavioral Health Clinician has worked on the reactivation of behavioral strategies (exercising, spending time with supportive people in her life) and developing mindfulness skills. Currently, they are midway through the course of treatment and client has shown a reduction of symptoms (at last visit reported mild depression symptoms and moderate anxiety symptoms). Despite the continued uncertainty of her family situation, this client has expressed benefit from increased awareness and validation of her own emotions through mindfulness exercises/skills, she stated at last visit that by doing mindfulness exercises, she was able to get in touch with her own emotions without feeling out of control, which led her to acknowledge her own strengths and options for taking care of herself while being a source of support for family members.

Client Story #2:

Female client was referred by her primary care physician for severe depression symptoms that included sadness, passive suicidal ideation, problems with sleep, excess worry, anxious, headaches, nightmares, fatigue, and anhedonia. Client had recently arrived to the US from Mexico and was having difficulties adjusting to a new environment, culture and language. There were other significant stressors that worsened client symptoms such as a recent divorce, her living situation: lived in an old commercial building with no bathroom and kitchen and unstable relationship with her new partner. Client attended IBH sessions for several months, in counseling she developed coping skills and learned strategies to improve her partner relationship. With a strength-based approach in therapy client improved her symptoms, developed self-confidence, started doing community work, and attended ESL classes. With the support of our IBH case manager, client applied for a scholarship that was granted to obtain her certification in a trade school. Client ended IBH services and once in a while stops by to update us with her progress.

PEI ANNUAL REPORTING FORM

ACCESS & LINKAGE TO TREATMENT REPORTING FORM

FISCAL YEAR: 18-19

Agency/Program Name: **Lao Family Community Development, Inc. (LFCD)**
Health and Well-Being for Asian Families

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

The Lao Family Community Development's (LFCD) Health and Well-Being Program for CCC Asian Families (HWB) continued to focus on delivering PEI services to 125 unique clients targeting South Asian and South East Asian immigrant/refugee/asylee residents living in Contra Costa County. This report covers services provided between July 2018 to June 2019. We served 125 participants from both communities representing a diverse group (Nepali, Tibetan, Bhutanese, Laotian, and Mien) Majority (70%) of the clients were aged 26-59; seniors over 60+ years was approximately 26%; and young adults ages 16 to 25 were (4%). For FY 2018 – 2019, a total of 125 participants were enrolled (104% of enrollment goal for this fiscal year).

We provided navigation and timely access to internal and external services including linkages to mental health and other service providers such as: a) *Partnerships for Trauma Recovery in Berkeley, a community based organization offering linguistically accessible mental health care and clinical services;* b) *Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, California's Employment Development Department, Kaiser Permanente in Richmond, RotaCare Bay Area Richmond Clinic, and Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access;* c) *La Clinica Fruitvale Free Clinic in Oakland for free physical medical and mental health service;* d) *Bay Area Legal Aid in Oakland and Richmond, for related services in family violence, restraining orders, and other civil legal assistance;* e) *linkages to access the American Bar*



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Association for pro-bono and consultation in legal services (free or low cost consultation), and f) Jewish Family Services – East Bay for naturalization and citizenship services to address our clients' issues affecting their mental health and recovery needs.

For timely access, we escorted high barrier clients such as seniors with visual and physical disabilities; monolingual language barriers, and those with few other options for transportation to 1) mental/physical health evaluations and appointments at to Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Partnerships for Trauma Recovery in Berkeley, Kaiser Permanente in Richmond, RotaCare Bay Area Richmond Clinic, Highland Hospital in Oakland, and La Clinica Fruitvale Free Clinic in Oakland; 2) the USCIS office in San Francisco for immigration assistance; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration services 4) Federal SSA offices in Richmond or Oakland for SSI benefits or Temporary Protected Status. These access and linkage services were provided for clients by providers located in both inside and outside CCC county in line with participants' individual service plans.

Enhanced services included: 1) assisting individuals to build connections and links in their cultural communities; 2) strengthening family relationships and communication within their families; 3) reducing stigmas associated with seeking mental health support through education and awareness; and 4) helping individuals learn how to navigate the public and community mental health and well-being systems and in some cases private providers.

The following were activities during the program year:

1. Strengthening Families Program (SFP) Educational Workshops:

LFCD held a total of 18 SFP workshops during the program year. (2 workshops per month from August 2018 to April 2019). We focused on graduation and closing out of cases in June 2019. We continued to conduct SFP workshops for the two population groups separately to accommodate their specific needs. SFP workshops for SA and SEA populations varied from 4-5 hours per month. Weekly 1-2 hour SFP sessions were delivered on an as-need basis. SFP workshops and sessions were delivered in a variety of locations and timeframes. Locations included participants' homes, community parks, community buildings and at LFCD's community-based facilities during the weekday evenings, days and weekends as needed.

For our South Asian population, a 5-hour SFP workshop session was preferred due to personal, work, and school schedules. The top 5 most significant challenges identified by the South Asian population were: 1) parent relationship conflicts 2) mental and health insurance access, 3) behavioral health in areas of alcohol and drug abuse and its relationship to well-being, 4) healthy communication conflict resolution skills within the family, 4) wellbeing and resilience in the areas of immigration status such as Temporary Protected Status (TPS), green cards and citizenship, 5) need for jobs-employment-financial stress. These topics were incorporated into the SFP workshops including having guest trainers and additional ones were provided as requested.

The Southeast Asian population preferred monthly 5-hour workshops in addition to weekly sessions as needed to allow clients to make up missed workshops. The top 5 most significant challenges identified by the SEA population were: 1) mental health/SSI related assistance, 2) affordable housing assistance, 3) health insurance/mental health access, 4) citizenship and employment, 5) parenting and reducing family conflicts.

Program format for both populations included integration of these identified challenges into each SFP workshop module using discussion and group peer counseling and individual case management and counseling. Linkages and connections to resources were provided to participants in line with their individual goals. Timely access and referral are part of the case management protocol and participants were provided services through internal programs and CBO providers in the community. This timely and relevant menu of linkages are critical in providing positive reputation for successful outreach, engagement and retention of participants, and SFP workshop completion and individual service plan achievement. Program feedback from SFP workshops and/sessions indicated that program participants continue to prefer the following:

- Outdoor settings for peer/individual activities-physical health and mental health benefits including the use of the Health and Well-Being Community Garden at the San Pablo.
NOTE: LFCD plans to complete the expansion of the Community Garden to the Community Building located across the street from our San Pablo office.
- Strong preference for community and spiritual related events for building social connections
- Preference for interactive socialization time with other participants and outside groups
- Live music/dancing as therapy to help reduce stress, reduce pain, depression, anxiety
- Interactive activities in workshops/social gatherings

2. Enrollment and Participants Individual and Family Goals

By June 30, 2019, a total of 125 program participants were enrolled for FY 2018/2019. Of the 125 participants, 26 participants (21%) were from East/Central Contra Costa County. Each intake enrollments took 1.5 to 2 hours to complete. Participants developed individual and/or family written goals working closely with case managers. Exits and entrance are on a rolling basis.

Participant goals examples include:

- a) To access and obtain treatment for mental healthcare and evaluation for severe mental health issues, PTSD, etc.
- b) To access SSI benefits for elderly participants with visual impairment and other disabilities
- c) To access health and mental health services through Covered California exchanges or other low-cost health insurance options including County Basic Care, Medical, Medicare, CalFresh and other free services.

- d) To obtain/increase access to preventative health care including annual physical examinations
- e) To access permanent affordable housing (public housing, section 8, foreclosure assistance, etc.)
- f) To reduce anxiety and depression related to citizenship, naturalization, unemployment and under employment.
- g) To reduce stress related to financial hardships and lack of money for basic needs (mental health stress and well-being related illnesses)
- h) To develop and maintain healthier lifestyle behaviors
- i) To improve their relationships with immediate family members/children/grandchildren
- j) To be more engaged and civic oriented within their community
- k) To increase integration into US society through citizenship access

Outreaching strategies continue to include word-of-mouth referral from alums, current participants and South Asian/Southeast Asian community members. LFCD has a strong and established reputation among the communities of the targeted population.

Alums are important for outreach, promotion and referrals through their networks to build awareness of the services available and to reduce stigma around mental health. Case managers must still continue to actively do direct outreach at local ethnic events such as community New Year celebrations (e.g. Mien, Khmu, and Nepalese) and social faith-based events. Case managers also conducted outreach at ethnic grocery stores, ethnic community leadership meetings, and other ethnic community gatherings. Outreaching at these events allowed case managers to continue to build awareness of the program services; personally engage and build collaboration and rapport with ethnic group leaders; and to outreach to new community members. The HWB outreach strategy ensured that program staff continue to connect with hard-to-reach populations.

Case managers continued to leverage partner relationships with local service providers for needed service to address needs in the individual service plans. Community building with CBOs and stakeholders has allowed the HWB program to expand deliverable services. An example of this is an MOU signed with Jewish Family Services to provide on-site legal assistance with immigration and citizenship issues at the LFCD San Pablo office once a month. Referral relationships have been valuable in recruiting and retaining program participants by allowing participants to become more aware of different community, public and private resources available to them within Contra Costa County.

3. Thematic Peer Support Groups

The HWB program participated in 8 thematic peer support groups during this reporting period. These events allowed individuals to 1) make connections in the community, 2) become more aware of available public/private services including mental health assistance and how to navigate these systems, 3) communicate with family members across generations and 4) increase timely access to services by making a personal connection with HWB staff. The following

is a brief summary and highlights of each event.

- September 23, 2018 - A Meet and Greet Event was attended by 44 clients with food provided. A program introduction was provided by LFCO CEO Kathy Chao Rothberg that encouraged participants to take advantage and become engaged in the HWB program. Certified Zumba dance instructor led the group in Zumba activities and ethnic food was provided. Topics presented including Covered California, Census 2020 and community participation. Participants were encouraged to assist each other to reduce stress and isolation. Former clients shared their inspirational success stories including a recent college graduate who has a disability and is continuing her path to self-sufficiency.
- October 28, 2018 - A Halloween BBQ was held at Wildcat Regional Park in Richmond, CA with 21 Southeast Asian attendees participating in Halloween activities such as learning the way Halloween is celebrated in different cultures. Participants introduced themselves and their families in a meet and greet session. A "walk and talk" session followed lunch with participants taking advantage of the local hiking trails.
- October 28, 2018 - A Senior Clients Appreciation event was held in Rodeo, CA with 45 Nepali participants including 12 new participants. Senior clients blessed younger participants. Traditional Nepali songs and chants were played, and health information was provided on Covered California including locations of free or low cost flu vaccinations.
- November 25, 2018 - A Thanksgiving Festival was held at a participant's home in Rodeo, CA with 42 people attending including 15 new clients. The participants celebrated with a traditional Thanksgiving meal plus a special cake for an established family from the program who was moving to Texas and guitar music provided by community members. The HWB Case Manager presented information on Covered California and highlighted mental health access through this program.
- December 16, 2018 - The HWB Christmas Event and Toy Giveaway was held at the Community Building in San Pablo with 71 clients and family members attending in total with 27 of them regarded as new participants. The purpose of the event was to bring clients together to reduce isolation and meet new families. A Covered California representative provided information and answered questions concerning insurance after the meal. The City of San Pablo in partnership with LFCO provided some of the toys provided to the children in attendance.
- April 28, 2019 - A Lao New Year event was held at a community member's residence in San Pablo with 25 family and friends in attendance. The focus of the event was to learn about Lao traditions and culture. Younger attendees participated in a traditional ceremony where they asked for forgiveness and blessings of their elders. The group also participated in a group walk in the surrounding neighborhood as a means to make connections and reduce isolation/fear.

- April 20, 2019 - A Nepali, Burmese and Lao New Year Celebration was held at a client's residence in Rodeo, CA with 45 clients attending. Activities included tug of war, cultural dances, and yoga from a local yoga guru before the meal. HWB Case Manager provided a presentation to emphasize the need to take time for your own health and well-being including flu vaccinations.
- June 29, 2019 - A Graduation Event from the of the HWB program was held at the Community Building in San Pablo for 51 clients and their family members. Important information was provided about the continued support provided by the program. Certificate of Completions for SFP workshops were presented to graduates of the HWB Program in FY 2018/2019. Ms. Anupama Chapagai of Bay Area Legal Aid presented information on workplace safety and chemical hazards (lead, asbestos, etc.) that has been a concern of many clients living in older rental housing. Other representatives of Every Women Counts and Nepali Association of Northern California provided information about their organizations and service. Other information from the HWB Case Managers included mental health access and health insurance options that are free and low cost. Small group discussions focused on how to access different services and related experiences from clients.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

Participants were given a Pre and Post Lubben Social Networking Scale (LSNS-6) mental health assessment to help identify mental health needs. The LSNS-6 assessment was administered to each individual program participant at the beginning and end of their time in the program. According to program protocol, clients with initial or final scores that indicate a high level of social isolation and/or a lack of social connectivity are recommended and referred for mental health assistance.

The LSNS-6 assessment is a tool that measures social connectivity and gauges social isolation in adults by analyzing the perceived support that the participant receives from family, friends and neighbors. According to Boston College's School of Social Work, the LSNS-6 "consists of an equally weighted sum of 10 items used to measure size, closeness and frequency of contacts of a respondent's social network." This provided quantitative data that measured the effectiveness of our HWB program within the framework of establishing mental health/well-being through social interaction/community building.

A total of 125 clients completed the Pre LSNS assessment and 125 clients completed the Post LSNS assessments. The average progression was 7 with a high correlation between the

participant's progression and level of participation in monthly social peer support groups activities and workshops.

Please refer to the table for LSNS results:

	Pre-LSNS	Post-LSNS	Progression
# of Completion:	125	125	-
Average Range:	17	24	7
(Min) Range:	9	16	5
(Max) Range:	23	30	7

In addition, case management provides a continuous contact and monitoring of clients to determine if any trauma or event has affected their mental health status. Referrals to link participants to more rigorous mental health assessments and treatment were provided on an as-needed basis.

Internal evaluation of the program includes reviewing cases to ensure strategies for communication and taking into account the cultural competency of the counselors. Cases are reviewed to ensure participants in the program receive services that are linguistically and socially appropriate. Examples of these services include communicating in their native language (Mien, Lao, Thai, Nepalese, etc.) and understanding the cultural norms in order to address health and well-being issues in an appropriate and effective manner. A thorough review of cases every 6 months ensure that the confidentiality and integrity of the participants' information is protected.

A program activity evaluation form was completed per each activity conducted (e.g. ethnic peer support gatherings and SFP workshops). In each program activity, 5 random participants were asked to complete the activity evaluation form. This process allowed a program staff or volunteer to work one-on-one with the non-English monolingual participant to complete the form. Each set of completed evaluation forms are attached to an activity reflection form for documentation purposed. The evaluation forms are reviewed by the program staff and changes were implemented according to the participants' evaluations. Comments in the evaluations included recommendations for cultural activities, outdoor events including using the recently opened Community Garden at the San Pablo office.

The last evaluation tool used was a general program evaluation form that was created by the program staff to measure the participants' comfort level, participants' engagement and the cultural competency of the program services. The tool was also used to measure the participants' knowledge of accessing services that were related to their mental health and well-being and the impact of stigma on their will to seek services after receive program services. The evaluation was completed via phone by non-program staff that spoke the same languages as the participants.

The results stated that the 93% (116 of 125 respondents) of the participants were satisfied with the program services, and 7% (9 of 125 respondents) were somewhat satisfied with the program services. Some of the resources the participants listed on the survey were West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, Jewish Family Services – East Bay in Walnut Creek, etc.

From July 2018 to June 2019, there were 2 participants that were referred to mental health services as a result of monitoring clients' mental health status. The participants were referred to therapy related to PTSD and expressed symptoms of distress, anxiety and depression. The average length of time between report of symptom onset and entry into treatment was from 2 to 6 weeks depending on availability of services with an average time of about 4 weeks.

One of our continuing challenges is utilizing the county mental health services as it can take up to 16 weeks to get an appointment. By comparison, access to private low-cost and CBO mental health services takes an average of 4 weeks.

DEMOGRAPHIC DATA: Not Applicable (Using County form)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including, how the PEI program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants were linked to mental health services and other providers depending on their need and goals identified in the individual service plan. From July 2018 to June 2019, this PEI program referred participants to different agencies inside and outside Contra Costa County using the following step-by-step procedure:

1) We carefully, patiently and attentively listen to the participants in a safe confidential setting as they explained their needs. Through our culturally competent counselors, we begin to establish understanding and trust with the participants. The LFCD office in San Pablo was able to add a new confidential private room that is used for intake, counseling, etc.

- 2) We gave support to participants while helping them develop their individual service plan with step by step goals and tasks including identifying linkage providers.
- 3) Then, we encouraged individual participants to access and seek service provided by others. This process can take from 4 to 8 weeks in duration.
- 4) Once the participant feels strongly that they can trust us with their confidential information, then we escort them (most of the time) to the provider for the warm handoff.
- 5) If we are not able to do this, we set up a phone conference call to provide an introduction and assure that there is a translator available when they go to their appointments. We also provide the participants with name and address to assist them. If the provider is not available, we send an email and call while the participant is there to witness this.
- 6) Next, we followed up with the participant and referral partner within the week. Then we stay in contact either weekly, every two weeks, 3 weeks, or monthly depending on the length of time in their treatment and in the program with more attention upfront until the treatment is complete. Average time from the referral to consultation first appointment, evaluations and then entering into the treatment at the referral partners' office is 1 to 8 weeks (depending on availability of interpreters and appointment slots at the outside partners; we have found public providers take longer than CBOs or private).

This is the list of the external services including linkages to mental health and other service providers such as:

- 1) West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, RotaCare Bay Area Richmond Clinic, Kaiser Permanente in Richmond, La Clinica Fruitvale Free Clinic in Oakland, Trauma Recovery in Berkeley, and Regional Center of the East Bay in Concord for physical health services, severe mental health access and/or developmental disability services.
- 2) Dr. Lee Hee, MD, a private practice medical doctor in Oakland for affordable medical care.
- 3) Bay Area Legal Aid in Oakland and Richmond, East Bay Sanctuary Covenant in Berkeley, law office of Judith Lott in Oakland for related services in family violence, restraining orders, immigration assistance and other civil legal assistance and linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation) for our participants' needs affecting their mental health and recovery needs.
- 4) Jewish Family Services – East Bay, to assist with naturalization and immigration services on

site at our San Pablo office at regularly scheduled intervals.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

At the end of the 12-month period, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHS values in these areas:

1. Our written program policies and agency commitment and practice of providing a safe, trusting, and confidential setting at LFCD and elsewhere engenders feelings that there is no stigma. We patiently listen to understand. Knowing that anything shared is safe and that no one other than who they authorized will know.
2. We have a zero-tolerance policy for discrimination or prejudice on the basis of race, place of origin, gender, religion, disabilities, etc. and our practice gives participants confidence that they are not discriminated upon.
3. Our practice and demonstration of our commitment to timely access for our clients. This results in the high level of satisfaction feedback we get from our clients with service provided in terms of case management, peer support, reduction of isolation, comfort in asking for helping and talking to others about mental health and increased knowledge of services in the community. Our services are provided daytime, nighttime, weekends, and escorted assistance.
4. Our strategy to establish trust first through case management-leads to participants engaging at a higher level and higher graduation from the program and accomplishment of their goals. Our Case Managers are well-respected members of the communities that they serve which allows for an engaging relationship with participants.
5. Providing participants with timely access and warm handoffs to linkages (specific person with the linguistic and cultural competency) to the mental health PEI services and providers helps participants to begin their recovery path sooner. Several mental health providers have provided reflections about the importance of participants trusting our Case Managers that results in a better handoff to services.

Our thematic peer group activities; individual connections to the counselors, linkage providers, and each other; cultural activities, food, music and indoor/outdoor physical activities selected based on participants' wants and needs engenders resiliency and wellness. These activities help participants build their resiliency and their recovery from crisis.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

During this time period, we have had several clients with mental health stress as a result of issues concerning immigration, housing, finances, physical health and death in the family. Here are a few stories related to mental health stress:

Ms. A is a 38-year-old Nepali who was referred to us by Bay Area Legal Aid in July 2018. From monitoring her situation, it became evident she was experiencing a lot of stress and anxiety due to a situation in her home country. Due to her visa requirements, she was separated from her small children and her husband who are back in Nepal. In addition, her in-laws seized her and her husband's property in Nepal which ended up in a prolonged court case. She was also diagnosed with stomach cancer and suffered from extreme anxiety. The HWB Case Manager referred her to the East Bay Trauma Center to provide immediate access to mental and physical health professionals. She is currently in therapy and takes medication to reduce her anxiety, address her stress related conditions and treat her cancer. She has benefitted from participating in the LFCD PEI program activities which has provided more connections in her cultural community to provide her support and comfort while providing access to mental and specialized medical services.

Ms. A is a 58-year-old Laotian woman who came to the US in 2001 and was sponsored by her husband. In 2014, they divorced, and she has struggled to get access to housing, health benefits, etc. For example, she has struggled since 2015 to qualify for Medical because he continues to claim her under his health insurance without her having the ability to use it. The HWB Counselor has helped her navigate the mental and physical health system to get the services she is entitled to receive. She currently receives Medical to address her high blood pressure and sleep amnesia which allows her to continue to work at her job in a local restaurant. She felt a lot of anxiety and stress about losing her job although her employer was flexible with her as she addressed her physical and mental health needs without any MediCal support. Now that her health insurance situation has stabilized, she is working fulltime and receiving medication and health support though MediCal. The HWB Case Manager helped her apply for the CCC Housing Authority Voucher as she is currently renting a room from a friend. The PEI program has provided ongoing support and engagement with other participants as she progresses towards economic and social stability.

PEI ANNUAL REPORTING FORM

**OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM**

FISCAL YEAR: 7/1/2018-12/31/2018

Agency/Program Name: *The Latina Center/Primero Nuestros Ninos*

PEI STRATEGIES:

Please check all strategies that your program employs:

- XX Provide access and linkage to mental health care**
- XX Improve timely access to mental health services for underserved populations**
- XX Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment; and 4) strategies utilized to improve timely access to services for underserved populations.

Parenting classes: During the period of July 1 to December 31, 2018, The Latina Center provided the 12-week *Primero Nuestros Ninos/Our Children First*, linguistically and culturally relevant parenting classes for parents at 1 school and at The Latina Center in West Contra Costa County. During this period, 47 parents (41 women and 6 men) enrolled. All parents belonged to low-income families. Classes were taught in:

- Lake elementary School 16
- The Latina Center 31

Thirty-six parents (77%) completed all 12 sessions and graduated from the program.

During the period of July – December 2018 we offer 1 workshop for mental health at the first five in San Pablo with 6 people attending this workshop, also 46 clients not participating in parenting classes or the workshop where referred to different services, reaching a total of 99 people attended.

Mental Health Services: During July 1 to December 2018, 42 people participated in mental health workshops. Of these 42 people, 36 were participants and graduated from parenting classes. Pre-survey results indicate that almost 65% of survey respondents did not know what a mental illness was and did not know signs or symptoms, or where or how to seek help for themselves or a family member; most people did not think that a mental illness is a chronic disease.

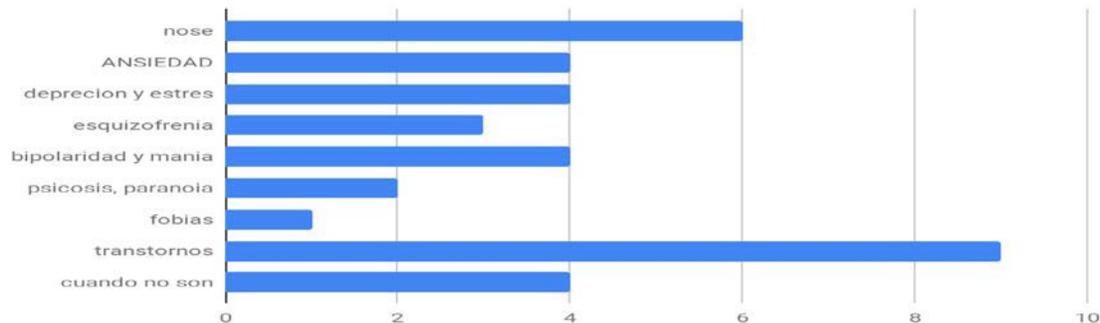
Post survey results showed that 83% of participants said they could understand more about mental illness, including warning signs and symptoms and where and how to seek help.

Just as we could see a difference in the percentage of responses in the pre- and post-evaluation in what it is if they have suffered from depression, anxiety and stress. In conclusion at the end of the survey we were able to obtain information that people after the workshops have a more adequate knowledge of what are a mental illness and the steps to follow.

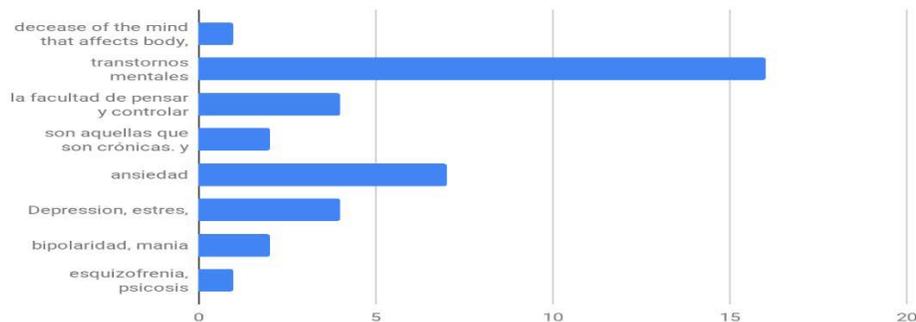
1. What are mental illnesses?

- Pre-survey

Points scored

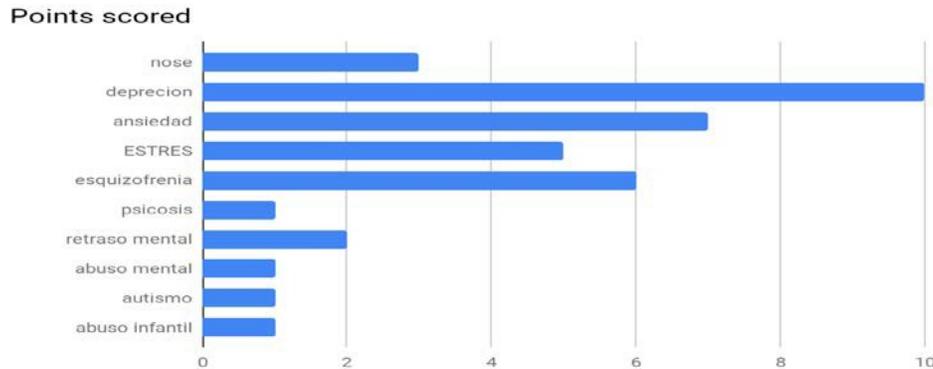


- Post- survey

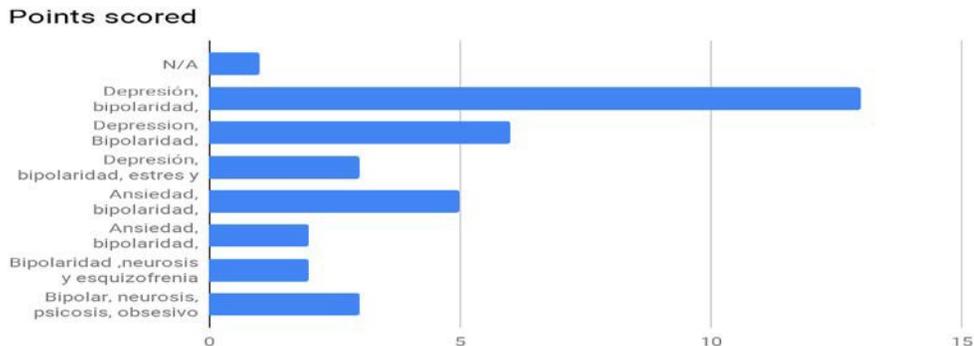


2. What kinds of mental illness do you recognize?

- Pre-survey



- Post- survey



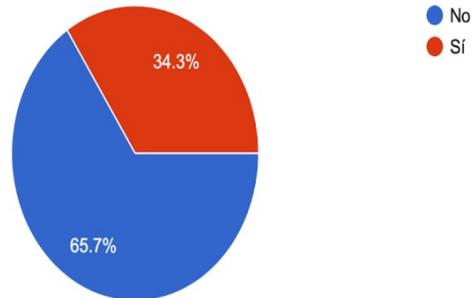
3. Could you recognize some sign or symptom of mental disorder?

Before the workshop, only 34% of participants said that they could recognize the warning signs or symptoms of a mental disorder. However, after the workshop, 83% said that they could.

- Pre- survey

3. Podría reconocer algún signo o síntoma de trastorno mental ?

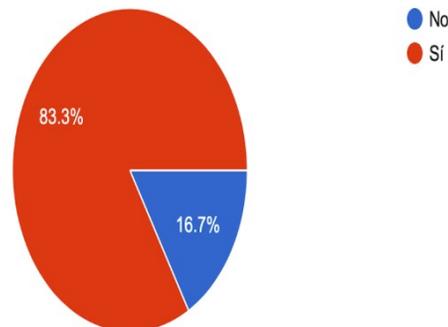
35 responses



- Post- survey

3. Podría ahora reconocer algún signo o síntoma de trastorno mental ?

36 responses

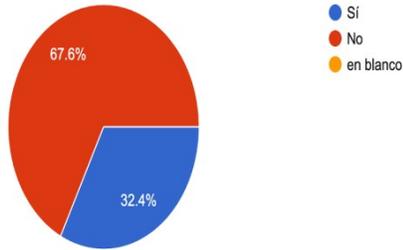


4. Do you have depression?

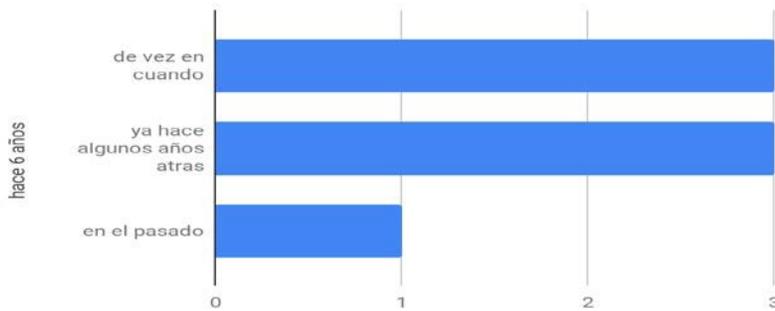
Before the workshop, 32% of survey respondents said that they were or that they had previously been depressed. After the workshop, 41% said that they were or had been previously depressed.

- Pre- survey

4. Usted padece de depresión?
37 responses

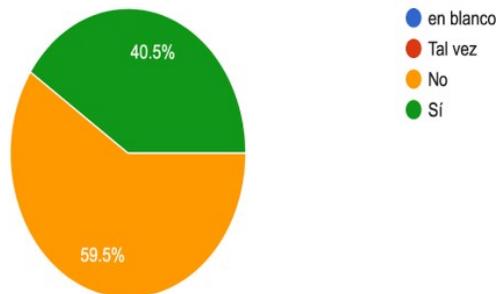


When?

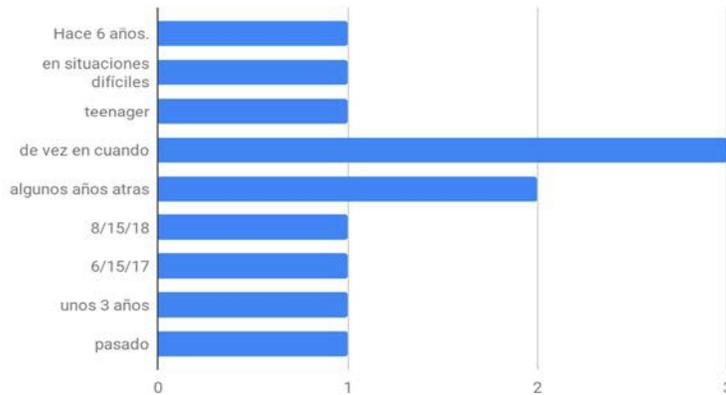


- Post- survey

4. Usted padece de depresión?
37 responses



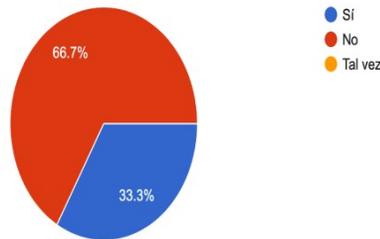
When?



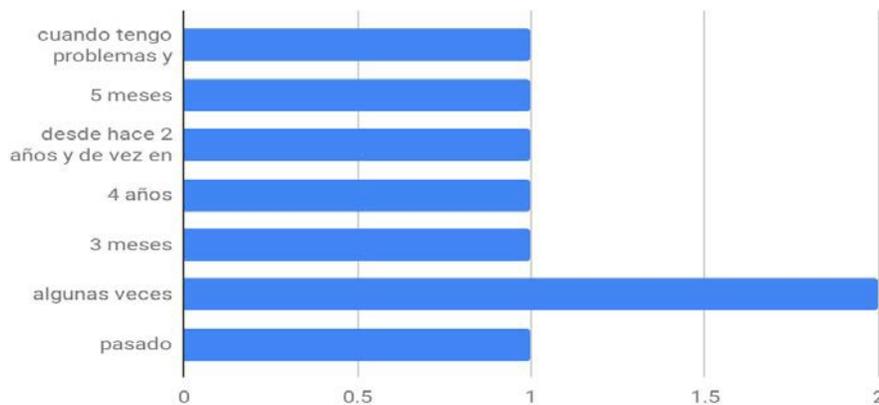
5. Do you suffer from anxiety?

- Pre- survey

5. Usted padece de ansiedad?
36 responses



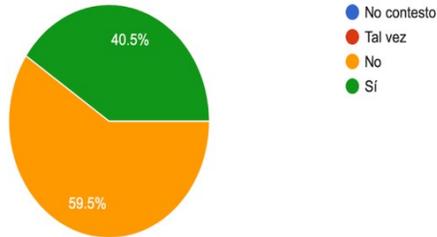
When?



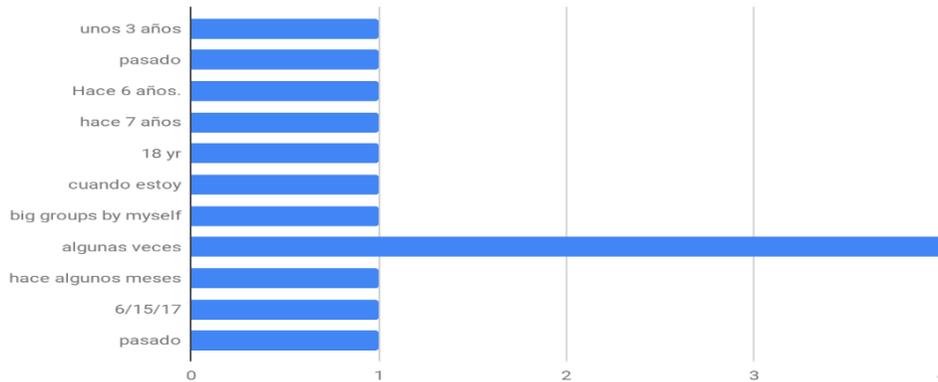
- Post- survey

5. Usted padece de ansiedad?

37 responses



When?

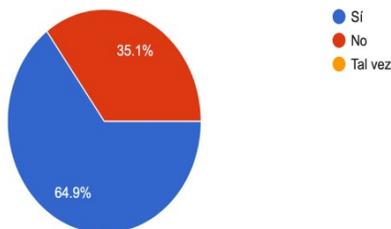


6. Do you suffer from stress?

- Pre- survey

6. Usted padece de stres?

37 responses

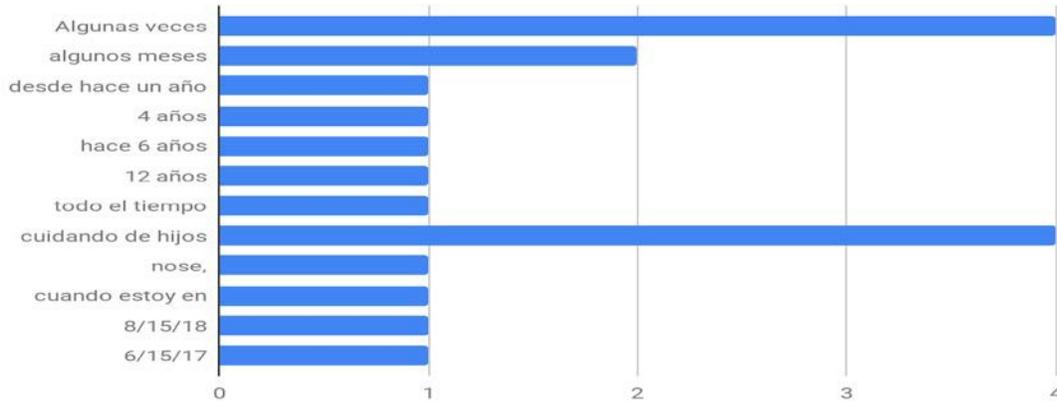


When?



CONTRA COSTA BEHAVIORAL HEALTH

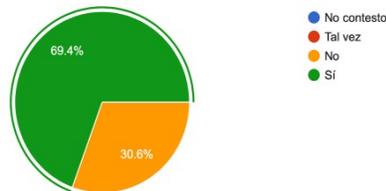
1220 MORELLO AVE., STE. 100
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PH: (925) 957-2611 FAX: (925) 957-2624
E-MAIL: Jbruggem@cchealth.org



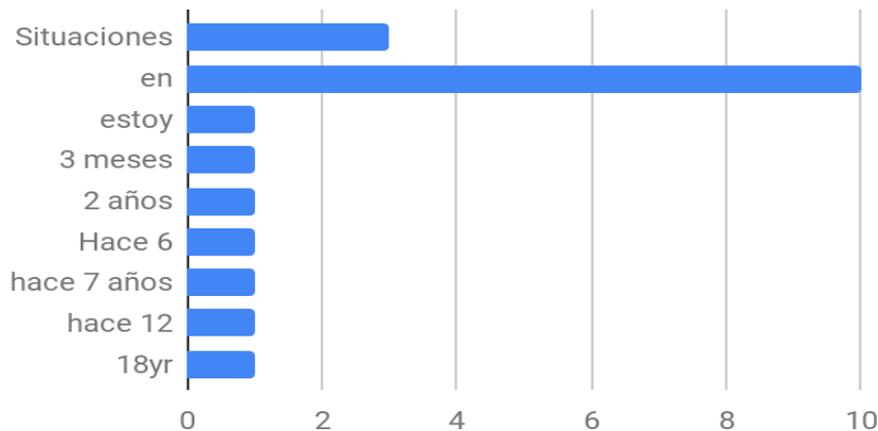
- Post- survey

6. Usted padece de stres?

36 responses



When?

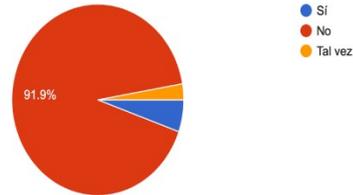


7. Some member of your family has a cognitive disability.

- Pre- survey

7. Algún miembro de su familia presenta alguna situación de discapacidad cognitiva?

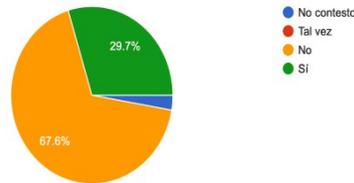
37 responses



- Post- survey

7. Algún miembro de su familia presenta alguna situación de discapacidad cognitiva?

37 responses

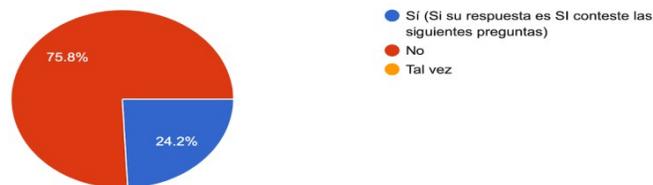


10. You or the identified person has been diagnosed by a professional?

- Pre- survey

10.Usted o la persona identificada a sido diagnosticada por algun profesional?

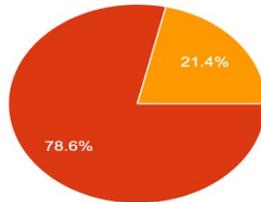
33 responses



- Post- survey

10. Usted o la persona identificada a sido diagnosticada por algun profesional?

28 responses



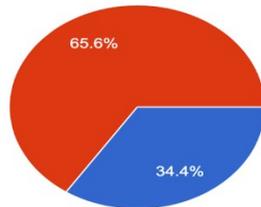
● Tal vez
● No
● Sí (Si su respuesta es SI conteste las siguientes preguntas)

11. You are going through a difficult emotional situation?

- Pre- survey

11. Usted esta pasando por una situación emocional difícil?

32 responses

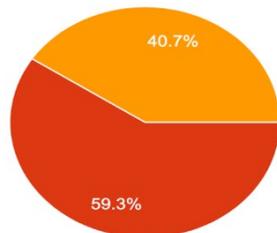


● Sí (Si su respuesta es SI conteste las siguientes preguntas)
● No
● Tal vez

- Post- survey

11. Usted esta pasando por una situación emocional difícil?

27 responses



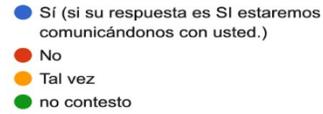
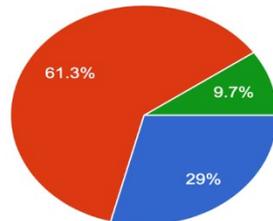
● Tal vez
● No
● Sí (Si su respuesta es SI conteste las siguientes preguntas)

12. Would like to make an appointment with a counselor?

- Pre- survey

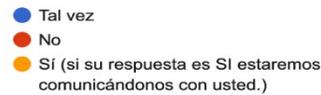
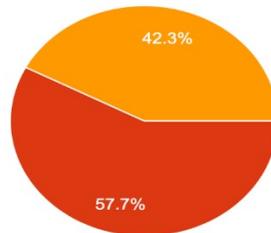
12. Le gustaría hacer cita con un consejero?

31 responses



12. Le gustaría hacer cita con un consejero?

26 responses



- Post- survey

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

At the beginning of the program Our Children First, we use a survey that gathered the following information from the parents:

- *41 They wanted to acquire new skills*

- 33 wanted to improve communication with their children
- 19 improve couples communications
- 23 Better relationship with their families
- 19 learn more about child development
- 14 learn more about mental health
- 13 have Access to community resources

During this survey we could also identify that 44 of them were referred

- 4 Court
- 4 CPS
- 18 friends
- 3 Family
- 15 by different programs within The Latina Center

Between the topics they would like to receive more information are the followings

- 11 Individual advise
- 12 Treatment for depression, anxiety or others
- 8 Schizophrenia and bipolarity
- 5 bereavement counseling
- 4 Domestic violence support group
- 2 Celebrating the recovery
- 3 Suicidal prevention
- 4 child Abuse
- 22 Techniques of stress reduction
- 33 Better communication with their children
- 23 Better communication with their partners
- 20 Counseling for kids
- 17 Counseling for youth
- 2 Counseling for the elderly
- 17 How to have a better self esteem
- 3 Legal services
- 2 housing assistance
- 3 food assistance

Some of this information was offered though

- Individual advise, one on one counseling
- Information about deportation , anxiety, Schizophrenia and Bipolarity- Mental health workshop
- Referred to the support Group
- Referred to celebrating the recuperation

- *Techniques to reduce stress – workshop of family harmony about stress*
- *Better communication with their children and their partners thanks to the technics and tools from the STEP guide*
- *How to get a better self-esteem workshop from family harmony and support groups*
- *Giving information about juridical services, housing and food. Referred to difference services*

In this survey we could also identify that 37 participants have lived domestic violence in different phase of their life

- *29 have lived emotional and physical*
- *7 have lived physical, emotional and verbal violence*
- *1 have suffer sexual violence*

During this period we could achieve 86 people from different services being this internal and external, as stated below.

Internal and External referrals

In the following chart we identify the resources to where we have referred our clients

TLC support group for men	*	Internal
TLC parenting classes	*	
TLC GETA	*	
MSL	*	
Terapia Javier Northon	*	
Ono a Uno Nancy	*	
1Celebrating the recuperation	*	
Maria clubs	*	
Information on the process for vocation	*	
Lawyer TLC	*	
Support Group VD	*	

Maria Gamboa business	*	
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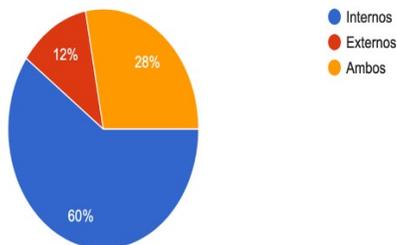
211	*	External
Service for alcohol and drugs	*	
David defect and character	*	
Family justice center	*	
Nutri sol	*	
Multicultural center	*	
NAMI	*	
DMV	*	
Lifelong medical center	*	
Lawyer Jonathan	*	
Centro cuscatlan	*	
Primeros 5	*	
Support group in English	*	
veteran hall	*	
Early child mental health	*	
Crisis line in Richmond	*	
First Hope	*	
Suicidal line	*	

Referrals in person:

Referrals to different agencies internal and external who came seeking help in person to the installation of THE LATINA CENTER installation of THE LATINA CENTER.

Se refirio a programas

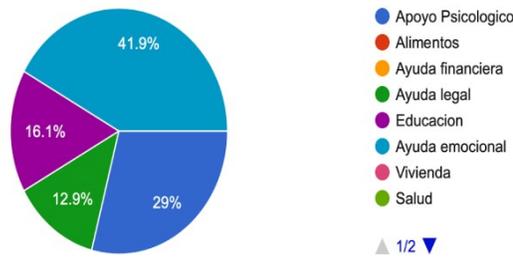
25 responses



The different necessities and resources vary, even more, psychological and emotional help are the needs from which more resources are sought

Detection de necesidades

31 responses

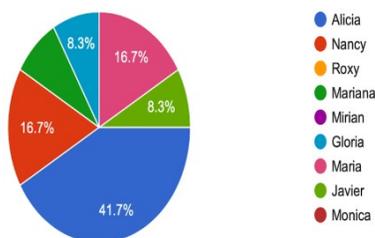


Phone referrals :

Similarly, there were referrals to different internal and external agencies that sought help by telephone in THE LATINA CENTER

Se refiere con

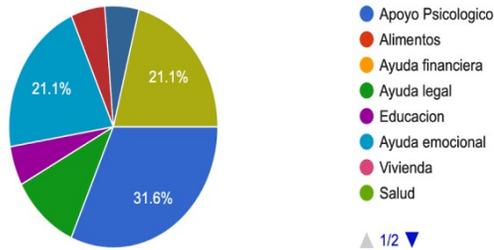
12 responses



The different needs of resources also vary, but also the greatest resource that is sought is psychological help and the second is migratory help.

Detection de necesidades

19 responses



DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

VALUES:

Reflections on your work: How does your program reflect MHSAs values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Through the education program for parents (Our Children’s First) implemented by THE LATINA CENTER that supports all people with different needs, economic or cultural background. We have been able to identify that if indeed our Latino community has a very large need for different resources of mental health, we still see the deficiency in access to these resources, there are very few resources available to our Latino community because of the cost, the language and the fact of trust between patient (culture) and the professional or the agency, in addition those that exist already have a waiting list, another reason for inaccessibility is the fact that many of our clients are undocumented immigrants and for them to seek help or have access to services means not only putting oneself in a vulnerable situation for their migratory status but also

them since many do not have medical insurance and are low income. Regrettably, this is the biggest problem we face, and it persists year after year, which is reflected in the results of the surveys that have been prepared for the participants of the program, another of the obstacles we have faced is the mental health factor as a result of a sexual abuse, since people with such experience is very difficult to have confidence with a mental health provider, the biggest obstacle for this part of the community is the lack of resources and mental health professionals trained in this area and the few that exist (Ex: violence solution, united families) also have a waiting list.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

I am very grateful for the program that has been brought to us at Lake School. The program our children has helped me to understand my children more, how to help them, to deal with them, has given me tools to use that are beneficial for the whole family, I have also learned to know myself and discover how much I am worth, also what are the different levels of sexual abuse and what is an abuse of children, what is domestic violence and the strategies to deal with depression, stress and self-esteem, when I started the program I said I wanted to learn all things that they will help me to be a better mother; and with the help of the program I have learned a lot.

Thank you
N. Mora

I really liked the program because I learned many good and positive things for my life, it helps you to tell you about problems that you did not notice before and how to solve them, how to value yourself and be better parents, I recommend these classes because not only you meet new people but they help and de-stress you.

Thanks for your time and dedication.
Beatriz

I like the class because it helps me better understand how to communicate with my kids, I liked how it says to let the kids to be part of the decisions making for the family, because we were thinking only an adult could solve it, I also like how it says we have to explain why they were punished and how it has to be tied up with what they did, this class is a great benefit and will help me build a better bond with my kids. The first half translation was great but the second half I feel like I missed a lot. This was a great class.

Thank you.

M. Bortolli

Before I came to this class, I shouted a lot to my children and I had no patience, I was always in a bad mood and on my phone, the truth is that sometimes I treated my daughter badly for no reason. This class helped me so much and it has been noticed, now I talk to my children, I stopped screaming at them and being with my genius always, now I feel with them to do homework and I talk a lot with them I feel very happy to have taken this class.

Thanks

P. Balcazar.

I thank God for giving me the opportunity to get to know the Latin center, my life changed in many ways, first by being able to see myself as a father or mother all the mistakes I had made while raising my children, I could understand how to change my attitudes and ways of be with my children, husband and other family, likewise this course changed my way of feeling about the past, I left the guilt and the condemnation that I felt inside this course made me free, thank God for the classes, teachers and the place, without this teaching I would not have achieved it alone.

Thank you very much and may God continue to use it.

S. Cifuentes

Before this program I was disoriented and I felt bad, now I feel different, in this class they helped me a lot. At first, I was angry I did not want to come, but I really liked it a lot because I learned how to talk to my children. I take many tools to go teach Mexico.

Thanks to God and Latina Center for helping me a lot, thanks to all those who helped me and supported me to be a better person.

A. Vega

The STEP classes helped me to have a better communication not only with my daughter but also with my husband, I learned not to hit or punish, instead of putting consequences, setting limits, messages in me.

From being a frustrated mother, who shouted, depressed and in a bad mood all the time, after classes I learned to smile, I learned to give a discipline without violence and to be a better mother and more communicative.

With the classes for parent educator, I learned many things about myself, for example that I love helping other parents who, like me, did not know how to react to the problems and difficulties that life presents us every day. I know that little by little I will continue to recognize my abilities and strengths as well as strengthen them.

Many thanks to all.

The STEP program helped me to have tools to help my children to be better people and to be able to cooperate, the messages in me have changed the behavior of my children to have meetings in families and say that we like it and that we do not like it, It has taught me how to talk to my children not to shout, to listen reflexively.

I give thanks to this program for giving us tools to raise healthy and happy children, who know how to give and receive love.



CONTRA COSTA BEHAVIORAL HEALTH

1220 MORELLO AVE., STE. 100

MARTINEZ, CA 94553-4707

PH: (925) 957-2611 FAX: (925) 957-2624

E-MAIL: Jbruggem@cchealth.org

Thanks to
L. Tinajero

For me it is a great experience to participate in this training to be a parent educator, my main impact is my family, now I have much more family harmony especially with my children, until today there is more cooperation, I learned to be tolerant, listen before judging or criticizing, I am excited to continue preparing parents to know this beautiful project and can have the tools that only in these classes are found.

Thank you very much

I thank God, my family and the facilitators, for allowing me to take the courses of parenting classes and mental health, for me personally it has helped me a lot, to know how to identify, solve problems also the inconveniences that arise daily at home, as in any home or family, the children have had significant change but first of all I myself have been changing and I go on the road, fighting day by day and putting into practice everything that we have been taught, such as know how to listen reflexively, make agreements, set rules, be concise and precise, the first 15 seconds are the ones that count, that you do not have to give up to the fire but be wise and get away a moment later on return and talk it over, give I messages, to know who is the owner of the problem. I invite you to continue forward giving more courses, reinforcing the previous ones, since it is very important for other parents to have better families, healthy children living in harmony in a healthy home.

Thanks 1000 thanks
M. Sanches



CONTRA COSTA MENTAL HEALTH
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PEI ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: FY 2018-19

Agency/Program Name: **LifeLong Medical Care**

Reporting Period (Select One): Semi-Annual Report #1 (July – Dec)
 Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

*Please check **all** strategies that your program employs:*

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

LifeLong Medical Care’s SNAP program creates safe and accessible places for underserved populations to experience community, enjoy meaningful activities, learn new skills, and obtain referrals for needed resources. Program goals include: 1) Increase morale, self-esteem, self-efficacy and sense of purpose; 2) Increase meaningful social engagement and participation in pleasant activities; and 3) Provide referrals to other mental health and support services as appropriate.

SNAP is based on research linking social engagement, a sense of personal control and mastery, access to lifelong learning opportunities, and sustained creative activity with mental and physical well-being in older adults. Social isolation has been linked with negative outcomes, including depressive symptoms, reductions in coping skills, and cognitive decline, while strong social connections and person-centered learning opportunities, tailored to each elder’s needs and interests, contribute to improvements in morale, mood, and overall physical and mental health. Research shows that negative outcomes are exacerbated by poverty: about 9% of seniors living in poverty experience depression, more than double the rate of depression among community-dwelling older adults in general (Gum, Areal, & Bostrom, 2007).

LifeLong's experience working with older adults in West County mirrors these research findings. Seniors facing isolation, depression, and other stressors, benefit from opportunities for lifelong learning, social engagement, and creative activity. Seniors who work with LifeLong's case manager receive needed resources as well as emotional support around grief and loss, family stress, and other challenging issues. Participants have told us that they value SNAP because of the connections they make with others, satisfaction of engaging in positive activities, and practical help obtaining needed supplies and resources.

SNAP ensures timely access by providing services in the community rooms at Nevin Plaza, Friendship Manor, and Harbour View (senior and/or low-income housing sites in Richmond where many program participants reside), and in partnership with the Native American Wellness Center, located across the street from Nevin Plaza. Offering services in convenient and familiar environments encourages participation while also improving the dynamic in public housing buildings by introducing positive activities and reducing disruptive behaviors.

In addition to offering services in highly accessible community locations, SNAP uses programmatic strategies to promote access, including hiring staff who reflect the race/ethnicity of populations served; creating safe and inviting spaces that welcome participants of all different abilities, needs and interests; providing case management to identify and address mental health and other support service needs; and reaching out regularly to encourage participation.

Services Provided:

During FY18-19, SNAP provided social activities and case management as described below:

Social Activities:

This program year, SNAP maintained activity programs once per week at Nevin Plaza, Friendship Manor, and Harbour View. Monthly groups at the Native American Wellness Center (NAWC) provided opportunities for cross-cultural experiences, making excellent use of the NAWC's unique social atmosphere. These social programs created opportunities for building residents to relax and enjoy themselves, support each other through inter-personal connection, try new experiences, and learn and practice new skills -- all of which reduced social isolation and supported long-term mental health, well-being, and quality of life.

Each SNAP location has its own "social personality," and staff employ different approaches to engage residents at each building. At Nevin Plaza, participants especially enjoy BINGO, Uno, Scrabble, and casual movement exercise groups. On-site, one-time activities tend to hold the most community involvement, rather than ongoing projects or excursions. With varied literacy and education levels among Nevin participants, they support each other with mutual encouragement, patience and a unique sense of camaraderie. Friendship Manor residents are an especially relaxed, socially involved group. They enjoy music and conversation, and often sing together. There is a great deal of playful humor alive when the Friendship Manor community is present. Friendship Manor residents are able

to participate in outings and longer-term projects, such as going out to the movies or learning songs to perform together. Harbour View is more of an intellectual scene: residents enjoy long-term projects like Spanish language classes and arts & crafts projects. Solid relationships have developed within the Native American Wellness Center group. They especially enjoyed Tai Chi exercise and nutrition in-services. All sites enjoyed and welcomed guest speakers and performers.

Some of the highlights of this year include:

- A three-month nutrition series around healthy eating habits.
- An ongoing craft project where residents are making dolls.
- Live drumming with renowned teacher, Roberto Borrell.
- Creative movement and Salsa dancing with Luz Mena.
- Coping with loss, a group oriented around grief and loss of other community members.
- Movie groups hosted in community spaces.
- On-site memorial services organized by SNAP staff for residents who passed away.
- A conversational Spanish group with ongoing language studies curriculum.
- A “Men’s Club” that encourages healthy social interaction between male-gender residents.
- Billiards, board games, Bi-lingual BINGO, and scrabble groups.
- Tai Chi classes following an evidence-based program with both physical and emotional benefits.

SNAP participants also enjoyed a variety of special events throughout the year:

Excursions: This year program participants requested popular trips from past years: a ferry ride into San Francisco with a picnic at Fisherman’s Wharf (including dancing and singing on the pier!), and a movie outing to Richmond’s Hilltop Cinemas. Lunch and transportation were provided for both events. In addition, throughout the year Friendship Manor residents traveled regularly to Harbor View to engage with on-site activities there.

Performances: This year, the SNAP choir got smaller as participants passed away and new participants brought different interests. The group performed twice: at Center for Elders Independence in Berkeley, and a beautiful final performance at LifeLong Medical Care’s annual gala. SNAP staff will re-start the choir if participant interest re-emerges; otherwise, we are moving on to new activities based on consumer preferences.

Guest Speakers are always popular; program participants are actively interested in learning about free or low-cost community resources. This year’s topics included:

- Food as Medicine
- Nutrition
- Medication Management
- Durable Medical Equipment



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- Vital Link (emergency response)
- Home Health services
- Multipurpose Senior Services (MSSP) of Contra Costa County

Case Management: SNAP provided case management to 79 consumers with a half-time social worker who is a native of Richmond who has extensive experience providing case management services for diverse elderly populations.

SNAP's case management program supports participants with individualized elder care. Frequent wellness checks, including encounters in the community, telephone calls, and home visits, maintain regular contact with clients. Services include follow-up on PHQ-2 depression screening, referrals to behavioral health and social services, and assistance in medical system navigation, including new referrals and follow-up with existing behavioral health providers.

The most common areas of case management support this year included: health insurance navigation, benefit applications (such as ParaTransit and IHSS), food assistance, small DME needs (canes, walkers, heating pads, a raised toilet seat), obtaining eyeglasses, hearing aids and dentures, and support around health issues, grief/loss, and concern about family networks and relationships. The case manager was also available to provide extra help in special situations on a case by case basis. Examples this year included visiting isolated seniors in the hospital, helping a senior find services for his adult daughter with disabilities, and helping a daughter understand and support her mother with advancing Alzheimer's Disease.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *How are participants identified as needing mental health assessment or treatment?*
- *List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
- *Average length of time between report of symptom onset and entry into treatment and the methodology used.*

How are participants identified as needing mental health assessment or treatment?

SNAP program staff provide outreach at Nevin Plaza, Friendship Manor, Harbour View, and the Native American Wellness Center each month with fliers posted in community spaces and delivered to

residents' doors. Staff go to great lengths to explore SNAP program activities with residents on a personal level, and current program participants are known to encourage other residents to attend. It often takes up to several months before a resident decides to participate, and during that time staff continues to reach out in hopes of building community trust and support. SNAP program staff employ an inclusive "open door policy" to allow for residents to engage with staff on their own terms, in ways that feel comfortable and appropriate to them.

When a resident becomes open to participation, staff ask them to fill out an enrollment form that includes questions about mental health symptoms and whether they would like support to access services. The enrollment form also screens for depression. If the resident is unable to complete a form, then staff asks these questions verbally.

*Average length of time between report of symptom onset and entry into treatment: **60 weeks***

At time of enrollment and as issues arise, SNAP staff asks participants about the duration of any mental health symptoms. Most participants refuse to disclose this information to SNAP program staff. The data we were able to capture ranged significantly, from a few months to 3 years, for an average duration of 60 weeks reported during this fiscal year.

List of indicators measured:

The SNAP program measures depression, social isolation, and program satisfaction using a two-page survey we have developed with participant input. In addition to this formal process, we also check in with participants throughout the year to identify emerging issues and to gather feedback. The small size of SNAP allows us to stay connected to participants on a regular basis.

Feedback from participants was very positive overall, with the vast majority reporting high levels of satisfaction and the belief that SNAP helps people develop friendships, feel less isolated, and improve morale. Below, survey results are matched with our contract's "measures of success":

- 1) *50% of participants will demonstrate self-efficacy and purpose by successfully completing at least one long-term (multi-week or multi-month) project by July 2019.*

SNAP offered both short and long-term projects to create a variety of experiences: one-time activities designed to be fun and require no long-term commitment (such as games, sing-a-long, and Spanish Bingo), as well as longer projects requiring significant commitment and effort (such as Spanish language classes, the SNAP choir, and multi-week crafts projects). In total, 56 people completed at least one long-term project (65% of the residents who participated in more than one group activity).

- 2) *75% of respondents will self-report improved feelings of morale as a result of participating in SNAP by July 2019.*

94.7% of SNAP respondents reported that they agree (50%) or strongly agree (44.7%) with the statement, “SNAP helps improve my mood.” 7% responded, “I don’t know.”

- 3) *75% of respondents will self-report improved social connections and/or decreased isolation as a result of participating in SNAP by July 2019.*

97.4% of SNAP respondents reported that they agree (50%) or strongly agree (47.4%) with the statement, “SNAP helps me feel more connected to others.”

- 4) *75% of respondents will be satisfied with the engagements and activities provided by staff, volunteers and peers by July 2019.*

97.4 % of SNAP respondents indicated that they agreed (31.6%) or strongly agreed (65.8%) with the statement “I am very satisfied with SNAP.” 2.6% responded, “No Opinion.”

A summary of these survey responses is provided below:

N= 38	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
I am very satisfied with SNAP.	65.8%	31.6%	0%	0%	2.6%
SNAP helps improve my mood.	44.7%	50%	0%	0%	2.6%
SNAP helps me feel like I can handle my problems.	34.2%	55.3%	0%	0%	10.5%
SNAP helps me feel more connected to others (less isolated).	47.4%	50%	0%	0%	0%
SNAP staff respects me and listens to my ideas.	57.9%	36.8%	0%	0%	5.3%
Case Management has improved my ability to access services	39.5%	44.7%	5.3%	0%	10.5%

DEMOGRAPHIC DATA: X Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

We use the County form.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Program staff outreach monthly to residents of Nevin Plaza, Friendship Manor and Harbour View Senior Apartments, and to participants at the NAWC, taking time to contact those who express interest in services, appear to be struggling, or who are referred by other residents. In each of the SNAP sites there is community awareness: residents tend to know each other and have a good sense of who might be interested in, or benefit from, the SNAP program. SNAP program staff is also on site frequently, and are able to respond to resident cues about their interests and needs.

As part of SNAP's open-door policy, residents are encouraged to participate in the programs however they can. Residents of SNAP sites are encouraged to engage with the program at any level they would like to, allowing residents to explore by visiting, entering and leaving activities as they please, or otherwise limiting their involvement before they decide to fully engage with the community. All SNAP activities are designed to be highly accessible and welcoming for people with a variety of needs and emotional, physical and cognitive abilities.

The SNAP staff identify those who might benefit from additional mental health services through the program enrollment form, which includes the PHQ-2 patient health questionnaire. In addition, the enrollment form explores a participant's mood with the following question: "Do you feel mental health symptoms like mood swings, being very angry or mad, sad, anxious, stressed out, isolated, unable to sleep, or something else?" We also ask the PHQ-2 questions as part of a year-end survey. In addition to these written tools, the SNAP staff interact with program participants often and are able to identify mental health and social service needs.

The participants who describe mental health symptoms to SNAP have had prior access to therapy services about half of the time. In these cases, SNAP program staff partners with those participants around appointments and follow through with service continuation. SNAP program staff may also make referrals to additional mental health resources for more support. If a participant does not

already work with a therapist, staff will encourage them to speak to their primary care provider, or refer them to county mental health services. SNAP program staff will also ask if participants need support around overcoming barriers to access (such as transportation), and follow up with the participant to ensure they got what they needed.

For participants who chose to pursue enrollment with formal mental health services, this year the average length of time from referral to receipt of services was ten weeks.

VALUES:

Reflections on your work: How does your program reflect MHSa values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

SNAP promotes MHSa values to the fullest, as described below:

- 1) Wellness, recovery, resilience: SNAP program staff create inclusive, welcoming, and accepting environments where participants are able to support and encourage each other. Art, music, and language classes encourage participants to expand their skills and experience success with others. These activities lead to resilience and feelings of self-efficacy, all while community presence improves mood and supports personal recovery.
- 2) Access and linkage: SNAP programming offers highly accessible services in the buildings where our target population lives. SNAP program staff work to get to know and develop the trust of each resident, so that participants have a safe channel to disclose their needs. The SNAP case manager links participants to social services and facilitates referrals to mental health resources as needed. If the participant already sees a mental health provider, staff checks in regularly to encourage them to participate with external care providers.
- 3) Timely access for underserved populations: Services are provided directly in the building or local neighborhood to promote accessibility for elderly residents; culturally sensitive services are provided for this low-income and primarily African-American population.
- 4) Non-stigmatizing, non-discriminatory: Residents are accepted into SNAP as they are. SNAP facilitators create group environments that hold space for diverse social thought processes, energy levels, and abilities, allowing each participant's strength to surface and shine.

Participants can come and go from groups as they need to, and it is perfectly acceptable to participate or not. Participants tend to talk freely about their mental health issues because they are comfortable with SNAP program services, they know they are not being judged.

The SNAP group is largely African-American, with an African-American facilitator and Latina teacher. The half-time case manager is an African-American woman originally from Richmond. Many of the SNAP participants are learning Spanish language songs and greetings because they want to build relationships with Spanish-speaking neighbors. The SNAP program's partnership with the NAWC is similarly based on a shared desire to deconstruct social barriers and fight the discrimination.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

We received lots of feedback from SNAP participants through a confidential survey administered in July 2019. Here are some of the responses we received.

SNAP has helped me by...

Being there, especially when I thought no one was there!

Get involved with other seniors

I like SNAP, it makes me happy! I like my case manager very much and I love her very much.

Having activity so I can leave my apartment and having someone to talk to.

By helping me to [interact] with other people with disabilities and age limitations – SNAP helps me remember I'm not by myself.

I am grateful that SNAP offered me the opportunity to have a social worker that helps with my concerns.

It gives me something to do when I don't have anything to do.

Keep having SNAP. We need it.

SNAP help me do a lot of good things by: laugh, cheerful and have fun with others

By taking the stress off and making me happy

Not be depressed

When I'm down and SNAP is around, I come down and join the group and I won't be thinking about what happens on that day.

Having something to do with my neighbors and others

Forget about what I am going through day by day

Getting along with others by playing games and problem-solving games

Keeping us active, and in touch with each other

It helps me feel at ease. I like to be with SNAP people.

PEI ANNUAL REPORTING FORM

**OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM**

FISCAL YEAR: 18-19

Agency/Program Name: Native American Health Center

PEI STRATEGIES:

Please check all strategies that your program employs:

Provide access and linkage to mental healthcare

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

Through the strategy of outreach the Native American Health Center provides prevention and early intervention services to increase the recognition of early signs of mental illness, assist community members to access culturally appropriate mental health services, and host Native **American cultural** groups, community events, mental health and wellness workshops, and classes that increase social connectedness, cultural connection, and general awareness of community and county resources to improve member's overall well-being. From July 2018 to June 2019, NAHC provided groups and events tailored to the Contra Costa County Native community and the remaining underserved and underrepresented populations. NAHC strongly believes that culture is prevention and integrates Native American cultural practices and traditions throughout our program. In addition to this, we continue to target outside events and activities sponsored by partnering agencies within our community that may serve the Native community. Our goal last year was to further establish our presence throughout Contra Costa County and continue to provide advocacy for the needs of the community that we serve, by doing this we were able to build a strong network of support with partnering organizations within our PEI network and throughout Contra Costa County. This led to partnerships and event collaborations that have allowed us to engage an increased amount of potential responders. NAHC reached a total of 289 unduplicated members by the end of June 2019. In comparison to contract year 17-

18, we had served only 162 unduplicated members and though we had met our goals, this contract year has been a significant improvement and can be attributed to the new/ or improved methods used to engage potential responders. Our dedicated staff worked to improve our network of potential partners and increased collaborations with other organizations. Examples of collaborations include: Lifelong Medical, Building Blocks for Kids, RYSE youth center, the James Morehouse Project, Scotts Valley Tribal TANF, just to name a few. By increasing our presence in the community through outreach booths, attending community events, public hearings and town halls, and a variety of community health committees our staff was able to increase access to services for our members as well as build and arsenal of support and resources that would improve our referral processes moving forward and make warm-handoffs easier for members who may have been unsuccessful in accessing care in the past.

Peer Support for Referrals and Follow-ups:

During intake interviews (either by phone or in person) staff assess members regularly for potential needs for resources or services. Referrals by appointment are encouraged so that staff can dedicate a significant amount of time to ensure the needs of members are fulfilled as well as allowing us the opportunity to conduct wellness surveying to address any other possible concerns they may have. Staff ensures that all referrals issued to members are followed up within a 48-hour window. Referrals are issued to both continuing and new members for services that are offered inter-agency and externally. Inter-agency services include Medical, Dental, youth or transitional- age youth, and behavioral health services. In instances where we cannot provide the members with the resources they are looking for, our goal is to ensure their needs are met in other ways by providing them with information about the services we do provide and connecting them with other local organizations that may have the resources that they need. From July 2017 to June 2018 a total of 23 referrals were issued and completed by staff. Often times, these visits result in multiple referrals issued per member. For example, if a member comes to us looking to be connected with housing support, they may also need resources for food support. The following are brief examples of the referrals processed within this contract period:

Mental Health

1. Member came to us disclosing that she had become severely depressed and was experiencing suicidal thoughts due to a number of contributing factors. The following referral/ Action plan had been discussed: 1. Member was to contact Kaiser's psychiatric department to schedule an appointment with her provider to renew her medications and be connected with a new therapist. Member had also agreed to attend the upcoming Talking Circle and meet with the facilitator for a one on one. NAHC staff had committed to assisting the member with accessing dental services (that had been causing the member extreme pain), IHSS, and working with our partnering Elder Care Coordinator (from LifeLong Medical) to help seek resources that would provide attendant services for the elderly. After about a month of follow-ups the member was able to access everything she needed.

Medical/Dental/Vision

1. Referral was processed for a member who had requested to be seen for vision services by a Native specific provider. Unfortunately, there are no known facilities who provide vision care specifically for Natives. Staff attempted to connect the member with other vision care resources but were declined. The referral was closed. This instance was not the first time a request like this has been made and it does demonstrate a specific need this community has though us as an agency cannot meet it at this time.
2. Member called in seeking dental services and he disclosed that he was a Medi-Cal recipient. A referral was made to a local dentist practice in San Pablo who we were aware accepted Medi-Cal and the

member was able to get an appointment that day.

3. Member came to us seeking assistance with locating a primary care doctor and to get more information about her Medi-Care coverage. She was referred to LifeLong medical and connected with the Patient Service Advocate here in Richmond.

Transportation

Social Services

1. Medi-Cal referral issued and referral was passed on to an intake coordinator at our Oakland facility where client was able to have an in person appointment and was signed up for Medi-Cal

On-Going Prevention Groups

On-going prevention groups are a key component to reaching first responders. NAHC hosts weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders. Groups are facilitated by traditional consultants and trained NAHC staff members on site with a focus on traditional arts integrated with mental health and wellness messaging. These groups at the Native Wellness Center are a great resource and foundation for the services that take place here. They allow us to engage community members through culture and help translate mental health concepts in an informal and safe space. These different ways include:

- Exposure to and in-depth practice of Native Culture and Tradition
- Participating in and learning ceremony and etiquette
- Learning skills and various techniques associated with Native American focused crafts
- Community building and social connectedness
- Promotion of health and wellness
- Awareness and destigmatizing of mental health and behavioral health services

It is important to distinguish between the different ways people engage in our groups; our community is vastly diverse in cultural practice. This is why providing services based on the Holistic System of Care for Urban Natives is so important and useful. Being in the Bay Area, most of our clients are a long way from their homelands. Participation here in an Urban setting means that ceremonies and traditions are upheld despite our small numbers, and that makes the resiliency factor that much more important to positive mental health outcomes. Our groups are offered to all and serve a diverse group of individuals. This plays an important role in bridging the gap between people of different cultures and experiences. It allows for the opportunity for non-Natives to learn about the Native community first-hand, reduces misconceptions, corrects misrepresentations, and increases cultural humility. Our ongoing groups are Wisdom Holder's, Traditional Drum Circle and Pow Dance Practice, Beading Circle, Art for Therapy, Quarterly Basket Weaving, Quarterly Quilting, and Health and Fitness Workshop. All these groups share a common goal; to foster learning, connect members to cultural practices, provide a safe space, empower members, all while promoting healthy lifestyles, and both health and wellness education.

Wisdom Holder's Elder Support Group

This group meets on a weekly basis to provide our elders a positive outlet to communicate any issues or concerns that they may be struggling with. There are also opportunities for them to gain knowledge on issues surrounding health and nutrition, Native culture, family support and prevention in regard to depression and isolation. Monthly events are planned by the group to do outreach and interaction within the Native community. With the recent transition of facilitators, the elders support group has made

positive strides toward improvement. We have recently implemented a formal curriculum of goals we hope to accomplish with the elders. The curriculum includes three important components: Formal health and Wellness education- which includes workshops ranging from healthy food demonstration to information on “how to fall” for example. The second component is cultural education- this in particular focuses on teaching Native history, bringing awareness to issues surrounding the Native community, and providing positive entertainment that sparks awareness and constructive conversation within the group. The third component and most recent is the implementation of scheduled activities that focus on exercising the mind. Understanding that elders are commonly diagnosed with Alzheimer’s and Dementia, we are more frequently scheduling activities that will help with combatting the diseases. For example, facilitating days dedicated to playing games that are proven to support brain function. In collaboration with Lifelong Medical, we partner once a month to provide our Elder’s with additional support and activities they may need or want to have. Our groups combine in an effort for both programs to expand membership and build healthy relationships within the elder community. There is also a social worker with Lifelong who regular attends our elders group to provide additional support and access for wellness outside of our abilities. Throughout programming staff continually assesses attendees for way in which we may provide support or resources and the goal is to support the members to achieve independence and empower them to take control of their own well-being.

Our elders continue to express their gratitude and appreciation for this group specifically. Many of the group members have expressed their dependence on these meetings for support because they either live alone or are facing challenges. They have expressed their need for social connection as a way to combat depression and isolation. The group facilitator also ensures that their needs outside the group are addressed as well as doing regular wellness check-ups when members are not in attendance.

Elder’s Fruit Day at NAHC Oakland: Combination of Elder’s Support groups from Richmond and Oakland where they gather every second Wednesday of the month. This group uses a similar strategy as the Wisdom Holder’s group on a larger scale, while also providing each participant with package of fresh fruit, vegetables, and other nutritious foods.

Traditional Beading Circle

This group has become well established in our Center and in the community. As the group gathers more, the beading skills improve, and they are getting to do more advanced projects. It’s been amazing to see members begin the group with no skills at all, and now they are making beautiful jewelry, medicine bags, and accessories with intricate designs that incorporate many traditional techniques. Also, to see people that started with no patience and get frustrated easily, be able to sit for 2 hours in a very calm environment and focus on their beading techniques. While in transition of instructors, this group had remained a drop-in group where members are able to work individually on their own projects in a safe and welcoming space until the new instructor had begun facilitation in February of 2018. Since then she has established a specific curriculum focus on developing the coordination of members necessary to complete beadwork. She also focuses on the therapeutic aspects that beading provides to members and impact that on mental health this class promotes by providing a way in which the Native community can connect to cultural practices they’re unable to learn at home. Beadwork is a common practice in the AI/AN community and the skill is typically passed down through familial interaction. For many urban Natives this tradition is not as common and by providing this class we have the opportunity to allow members to relearn lost traditions and promote cultural connectedness.

Traditional Drum Circle and Pow Wow Dance Practice

This group is offered for Men of all ages, and often combines youth and adults. The facilitator teaches various types of songs like Honor Songs, Northern and Southern Drum styles with a focus on learning the

words to the songs which are majority in the Sioux language. This group is important because it exposes members to cultural tradition and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community. The facilitator has been successful in ensuring that the members not only learn songs and drum techniques, but rather they understand the stories and reasons behind specific traditional practices. This speaks to the high importance of the Oral tradition within the Native community. Recently, we have added the Pow Wow dance practice aspect to the group in an effort to attract more women and families to the center because traditionally drumming is a men's practice and the center does not want to encourage disconnection and separation. Through doing this both genders are able to learn about the culture and the reason why certain practices are gender exclusive. This is part of the cultural education component of our work.

Art for Therapy

This group is offered to the community with all ages welcomed. This class was newly established in June of this year with the help of one of our volunteers, a local artist named Juan Nunez. The idea for the class came from his own education and experience. He is currently a psychology student and in thinking of how he could align his education with his interests, we worked to come up with an art class that allows the community an outlet to express their creativity, build community and social connectedness, and reduce stress. This provides members with a therapeutic alternative to traditional clinical settings where they might feel discouraged due to the negative connotations and stigma associated with accessing behavioral health services. It also allows the opportunity for staff to connect with community members and assess for potential needs of members. A few specific examples of the ways in which we've seen this class prove to be effective is the through the demographic of first responders that have attended. There has been families who attended in an effort to strengthen their relationships with their children through bonding, elderly members who suffer from dementia have been brought to participate (arts and crafts have been proven to help relieve patients from symptoms associated with dementia as well as help to calm them during extremely stressful times), and lastly members who seek to participate in paint nights in a sober environment. There has been an increased popularity of "paint nights" due to the recent establishment of "wine and canvas" paint nights at different restaurants and social spaces. This is our alcohol-free alternative for those who seek family and recovery friendly settings. Alternatively, we offer refreshments or community dinner/potlucks where members are still able to engage with one another and learn a new skill in a safe space.

Quarterly Basket Weaving Workshop

Basket Weaving has a similar goal and curriculum as our Beading Circle. Basket Weaving is also an important part of Native history and tradition and we offer a six week course each quarter with the goal that each participant complete one basket project. All the materials are "natural" and either gathered or purchased from specialized stores. Our first workshop of the year took place in April and had a total of 8 participants.

Quarterly Quilting Workshop

The Quilting workshop was also newly established this year and similarly to the basket weaving workshop and lasted for six weeks. Programming was scheduled on Saturdays to address the need for "after-work" hour's programs. The goal of this class was to teach the basic techniques needed for quilting as well as allow community members to work on their own personal projects who may not own the tools and materials necessary to complete the work. This program was significant because it allowed community members to repair quilts that had sentimental value. This led to community members sharing stories about the history of the quilts, family stories, and most importantly community connectedness.

Health and Fitness Coaching Workshop

This workshop was created to help members address their health concerns and think of creative ways in which they may be able to address those concerns independently. The facilitation was provided by a Native volunteer who was diagnosed with diabetes and was able to change his lifestyle and eating habits. During this workshop members were able to identify reasons that have caused or prevented them from making healthy choices and begin a plan on how they will achieve their health goals in which ensured their accountability. Topics discussed included: diabetes prevention and management, health food alternatives, weight management, etc.

Events

There was a total of 26 events held this year. This includes both in-house and outreach out in the community. Two events I would like to highlight were the September-Suicide Prevention Month event where we brought in a guest speaker and held a video screening and discussion. The other event is the Annual Indigenous Peoples Walk for Sobriety. We partner with a small indigenous organization every year to bring awareness to the effects of substance abuse on our community. All other events include our annual Pow wow's, holiday celebrations, Annual Sage Wrapping ceremony, and Traditional Arts workshops.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

Per our contract we had committed to the following measures of success:

- Engage 150 community members through prevention service programming.
- 65% of our members utilizing referral services will be successful in accessing (connecting with) services over a 12 month period.
- Program staff will participate in 20 outreach events or activities throughout the course of the year.
- 10 participants, including NAHC staff, community members, volunteers and interns, and partner agencies will be trained in Mental Health First Aid.

With the intended outcomes that:

- Members will have increased access to prevention activities and mental health support.
- Members will increase their engagement in NAHC mental health prevention and treatment services.
- NAHC will engage a diverse population of first responders throughout Contra Costa County.
- Members, Peers, and Staff will be trained in behavioral health related topics including but not limited to Mental Health First Aid.
-

DEMOGRAPHIC DATA: **Not Applicable** (*Using County form*)

*If your agency has elected to not utilize the County Demographics Form **AND** have chosen*

to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Please see the MHS A Aggregate Reporting Form submitted in conjunction with this report.

VALUES:

Reflections on your work: How does your program reflect MHS A values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

NAHC Richmond staff are specifically trained in Mental Health first aid, Trauma Informed care, Suicide prevention and intervention, and are well versed in identifying outside resources useful to members. A significant portion of our work is dedicated to bridging relationships with local agencies, and ensuring referrals are made to reliable providers. NAHC's programming continues to reflect the MHS A values by providing direct linkages through our Community Health Workers, addressing social determinants of health and serving as system navigators for additional resources. In regard to behavioral health referrals specifically, NAHC Richmond partners with a number of local providers as well as NAHC's own Behavioral Health department which allows us to speak directly with staff regarding appointment scheduling and follow-ups. This reduces barriers and helps to speed up response times.

Embedded in our programming is the philosophy of culture is prevention. Providing services that reflect this philosophy is a key component in our overall mission and the driving force behind our service strategies and goals. Traditional cultural practices provide Native community members with a sense of belonging, identity, and restored pride. These elements are important because they have been historically lost throughout generations due to a number of causes. Exposing members to traditional practices has been proven to reduce stress by providing an outlet as well as played a key role in promoting healing from historical trauma (which we as a community understand causes those to suffer from mental illnesses). Participants report feeling a sense of belonging to community through our groups and events. The social connectedness and pride developed here directly supports wellness and recovery. It allows individual members to build relationships and prevent isolation. Our program builds upon the resiliency of our members to empower them toward the goal of self-sufficiency and self-efficacy.

NAHC also takes an intentional approach to integrating health messaging in our programming, health related topics such as understanding historical trauma, nutrition, diabetes prevention and management, self-care strategies, and insurance eligibility are all discussed in a group or event setting. Topics are covered sensitively and are mindful of language and presentation style. The Native Wellness Center also serves a prevention center by providing information on preventing STD's, providing free condoms on-site and in collaboration with Contra Costa Health Services, we provide free HIV/HEP-C Testing twice a month to members.

The values of NAHC strongly enforce a drug and alcohol-free policy while also encouraging healthy

lifestyle choices outside the center. We offer events focused celebrating sobriety and recovery as well as referrals to drug and alcohol counselors.

It is important to note that the community we serve suffers from historical trauma as well as continued poverty, substance abuse, mental illness, loss of identity, and distrust of our healthcare system. This is why the work that we do is so important and is specifically tailored the way in which it is. Wellness, recovery, and resilience not only reflect MHSA values but are also key values to keep in mind when serving the Native community.

Lastly, external outreach efforts are targeted toward visibility of our program and advocacy for the community. NAHC ensure our presence on various committees as well as our involvement in a number of cities, county, and overall healthcare events, meetings, and groups. By doing this we provide an outlet for our staff to advocate and provide a voice for our member population. The Native community has a history of misrepresentation and under-representation. This community has its own unique identity and rich history to be proud of and it is our intention to represent so accurately and effectively.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Program participants frequently express their gratitude for the program and staff. They have stated that “without the center they would be alone and have nowhere to go where they feel welcome and safe”. In one instance a member has explained how she looks forward to attending our Wednesday luncheons (Wisdom Holder’s group), this group is vital to her life for three reasons: 1. It allows her a space for social connection, 2. The staff help to connect her with the resources she needs on a weekly basis, this includes assisting with scheduling medical and dental appointments, finding transportation and food resources, updating her MSSP and paratransit memberships, etc., 3. Lastly, this member also suffers from severe depression and through our Talking Circles she was able to speak out about the her feelings as well as use the tools taught by us to cope and find healthy outlets. Due to the nature of the discussions held at the Talking Circle they are specifically facilitated by Traditional Healers and Native clinicians who have experience working with our population. By doing so we have been able to connect members who are experiencing behavioral health issues sooner and more successfully. The member previously mentioned also disclosed to staff a near suicidal break that she was experiencing last September that led to an extensive follow-up and referral. This disclosure happened during an event that NAHC hosted for Suicide Prevention Awareness month. This is a prime example of why it is so important for us to continue to host events such as these, they not only bring awareness to mental health and reduce stigma but they also provide a safe space for individuals to feel comfortable disclosing their current situations where they typically are hesitant. Understanding that we serve a community that historically has a distrust for medical and behavioral health services (especially those ran by county or governmental bodies) we are serving as a starting point and making connections that foster trust. As an agency we have taken a traditional practice like Talking Circles (which in Native tradition is our way of approaching mental health and wellness) and merged them with the traditional behavioral health approach by providing access to clinicians or referrals, etc., this has proven to be more successful when trying to transition the members into care at other agencies that provide continued behavioral health services:

Passing of an elder member/ a community that has come together to support each other



CONTRA COSTA BEHAVIORAL HEALTH

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Expressions of gratitude regarding the work that we are doing and how we are preventing isolation, improvement in depression, and suicide among our members

Perspectives from community/ CAB regarding the surveys and how we can improve them and our plan on how to move forward

PEI SEMI-ANNUAL REPORTING FORM

PREVENTION REPORTING FORM

FISCAL YEAR: 2018 - 2019

Agency/Program Name: People Who Care Children Association
Reporting Period (Select One): <input type="checkbox"/> Semi-Annual Report #1 (July – Dec) <input checked="" type="checkbox"/> Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

*Please check **all** strategies that your program employs:*

Provide access and linkage to mental health care

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

A. Please describe the services you provided in the past reporting period.

PWC’s Clinical Program provides early intervention and prevention intervention utilizing psychotherapy in the following formats: groups, couples, family and individual sessions. We collaborate with other agencies, community-based organizations, and healthcare providers. Our goal is to aid our clients and their families in obtaining the resources/support they need to achieve their goals and thrive. Our groups are primarily prevention based and focus on building and strengthening interpersonal skills necessary for functioning effectively in life. These include the development of healthy coping mechanisms, self/emotional awareness through mindfulness, anger management, conflict resolution, stress management, and effective communication skills. Other groups focus on team building, community support/peer relationships, creativity and expression, and self-identity/awareness groups. PWC gives our youth a safe and nurturing environment to explore what makes them who they are.

Our goal is to aid our clients and their families in obtaining the resources/support they need to achieve their goals and thrive. This is achieved in part by collaboration with other agencies, community-based organizations, and healthcare providers. Our groups are primarily prevention based and focus on building and strengthening interpersonal skills necessary for functioning effectively in life. These include the development of healthy coping mechanisms, self/emotional awareness through mindfulness, anger management, conflict resolution, stress management, and effective communication skills. Other groups focus on team building, community support/peer relationships, creativity and expression, and self-identity/awareness groups. PWC gives our youth a safe and nurturing environment to explore what

makes them who they are.

B. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes.

The needs we have seen in the population we serve include: issues with depression, anxiety, and management/regulation of intense complex emotions that are perceived as negative, challenges with resolving internal and external conflicts, struggles to identify and communicate thoughts and feelings when under pressure or dealing with hardships, conflict within the school setting and community setting with peers and family. Many of our clients struggle with their ability to identify their goals, talents, ambitions, along with a lack of understanding regarding their self-identity and how they fit into the world.

Our prevention groups help youth by encouraging and building self-awareness. This enables them to be better attuned to their mental health needs, empowers them to ask questions, identify their needs and seek support. Activities such as group, family, couples, and individual clinical sessions empower our clients by focusing on the creation, development, and maintenance of meaningful relationships to self and others. This also facilitates for the clients to finding who is their support system, or in some circumstances build/create/fortify an effective and strong support system. This gives our youth the keystone to create a stronger and more effective support system. Throughout this process, clients learn about themselves and start the development of a personal growth mindset. These prevention groups foster learning experiences that enhance the individual's self-awareness. This is a motivating factor in cultivating their desire towards caring for their mental health needs and becoming self-sufficient in managing personal/internal challenges and/or external struggles, in conjunction with acquiring the tools for coping through life's sometimes difficult and challenging experiences.

Our mental health program is continuing with the theme of self-discovery and building upon this cornerstone from the previous two years. This year, PWC has transitioned clinicians. Previously, we were using a Pre-Doctoral PsyD trainee, Miss Deborah contracted from the Hume Center and have shifted to a clinician, **Ute Baldwin**, also contracted from the Hume Center with dual credentials. Postmaster Associate Marriage & Family therapist (AMFT), and Associate Professional Clinical Counselor (APCC).

Though there is some overlap between regarding focus, such as both assess and treat clients with a range of problems, but the difference become apparent regarding the clinical focus thus resulting in PWC's orientation to have shifted, due to the differences in our clinician's scope of practice. This transition enabled our program to move from an individual-focused therapy to a more interpersonal relationships-based. Interpersonal relationships are examined for the purpose of achieving more adequate, satisfying interactions therapy, thus concentrating on how our behaviors, thoughts and feelings impact our interactions and their outcomes with others. Our mental health program component continues to provide clients with many opportunities to learn and develop their skills in three crucial areas of strategizing and developing appropriate coping skills to manage, tolerate, understand challenging emotions they experience within themselves and encounter in other individuals and situations, along with continuing to build and enhance communication skills to further develop/maintain and strengthen necessary

interpersonal relationships with their families, peers, and community members. Thus, helping youth discover ways in which they can learn to manage negative emotions such as anger and hurt that they can respond in a reasonable manner rather than being overtaken by their initial gut reaction, and to find a positive and resolution to whatever conflict they may be experiencing. These concepts provide our clients with learning opportunities. They learn how to resolve issues to create the minimum of negative consequences and hopefully the best outcome for them that is possible.

Our program recognizes the need within the population and community that we serve a trend when specifically focusing on clients' relationship with themselves, their peers, family and community in conjunction with how cultural/subcultures influence how we are perceived by others, and how we deal internally with the concept of self. This ultimately can affect the individuals' emotional wellbeing and mental health. To address this need, we have focused on providing a safe space where clients can discuss and present their emotions to gain understanding how to identify what they are feeling, why they maybe feeling this way, and learn the tools and skill sets to regulate and manage their emotions. This has been especially important in helping to create the awareness needed to understand self/identity. Also, this facilitates client exploration into the depths of who they are and what makes them individuals that are worthwhile and unique. In providing this space, our clients are able to explore what makes them similar and different from others without the stigma of us vs. their mentality of seeking only those who are like them. This assisted in fostering stronger connections within the community and support for those who have been struggling to learn to accept themselves, as well as others who are different from themselves. They are able to discuss and explore a complete range of complex feelings along with thoughts that are specific to themselves and to others as they continue through their adolescent stage of development. PWC seeks to encourage, empower and enable our clients to learn about an important component culture and subcultures contribute and how it culture, and how this interconnects with whom they are. Our clients , where they have been, how it impacts them. These levels and layers of culture influence our values, beliefs and shape our norms. Culture influences the manner we learn, live, and behave to a large degree. In essence, it influences/shapes who we are as individuals, families, and as a community. A lack of cultural awareness by others also creates obstacles and in the case barriers and discrimination our clients may face along the way. By providing a space for them to develop a deeper understanding of the origins in which their emotions/ thoughts are shaped and how that influences their self-concept, identity and in turn creates our clients' reality. Our clients are learning: they are capable and competent in their ability able to manage, control and tolerate any challenges or obstacles they may experience over the course of their lives. Therefore, our goal is to create a mental health program that not only fosters clients' knowledge of themselves and others but also encourages ongoing\continued skill set development. This empowers our clients to strive towards their goals, personal growth and continues self-improvement. This builds a stronger individual, which leads to more resilient families and more cohesive communities. Addressing these needs through groups, individual, and family sessions our youth have demonstrated an increased ability to ask questions, seek support, discuss and explore their internal and external conflicts through communicating with the staff and an increase in their level of

trust in the staff to help support them through their own challenges. There has also been an improvement in the clients' ability to work together and voice their opinions in ways that are appropriate, productive and helpful to themselves, their peers families, and community.

OUTCOMES & MEASURES OF SUCCESS:

A. Please provide quantitative and qualitative data regarding your services. (See Goals - Appendix)

B. Which mental illnesses were potentially early onset?

Mental illnesses that were detected early by this therapist included: Eating Disorders (Bulimia Nervosa, Bing-Eating Disorder, and Anorexia) in both male and female clients. Anxiety, Depression, Bipolar, Addiction, Conduct Disorder, Reactive Attachment Disorder, and in young adults Borderline Personality Disorder, Intermittent Explosive Disorder, and Antisocial Personality Disorder.

C. How participants' early onset of potentially serious mental illness was determined?

Participants' early onset of a serious mental illness was determined utilizing a combination of our referral process and clinician assessment. These are crucial in providing services, assessing needs, and mental health screening. The Triage Referral Model is utilized to assess and later reassess appropriate levels of treatment and support needed by the client. As a reassessment tool the referral form provides the clinician with additional information that can warrant additional mental health services and/or provides evidence that the client's needs are at a higher level therefore requiring a change in the mental health services being provided. It contains a list of symptoms that the individual identifies and includes a portion for the time and severity of those symptoms as reported by the individual.

PWC's use of a triage model allows us to maintain an open streamline to our mental health services. First, our peer counselor, Gerardo, has a close relationship with clients and their families. He is the person who provides all the initial paperwork for those individuals entering the PWC program. He is Spanish speaking and can create a relationship with the incoming clients and their families by building rapport. Gerardo inquiries about the clients' needs and the needs of the family which allows for him to make an internal referral if needed which is required for any potential mental health services. The next person in line is our mental health resource specialist, Miss Pope, she meets all clients and their families who sign up at PWC, sharing and discussing any possible community resources that may be available to the client and their family. This allows for her to build the necessary relationships needed to discover what each individual client needs are and what their family needs may be as well. When she is able to discover what those needs are, she finds the resources and/ or fills out another internal referral to get the client to the next level of our mental health services. This is determining whether to provide in-house individual and/or group prevention services or provide individual and group therapy and whether to incorporate family therapy into the treatment plan according to their needs level. The clinician then meets with the client to further assess based on their clinical needs and the services provided. Our internal referral system has been a vital part of making our triage model flow smoothly and eliminate as many barriers as possible from mental health services.

Our peer counselor, Gerardo, then collects as much information as possible from the client and family to get the referral filled out and passed along to our mental health resource specialist, Miss Pope. After reviewing the referral, Miss Pope assesses what resources the client and or their family may need and also collects more information necessary for us to determine the level of care necessary. Once she has done so, she passes the referral along to our clinician to further assess the needs of the client so we will provide them the level of care required for their specific needs. Where clients present symptoms that are indicators of possibly early onset of mental illness such as isolation, social withdrawal, sadness for an extended period, continuous anger or anxiety, along with chronic issues that cause distress, those individuals are flagged for a higher level of care. Once initial referral is made, and signs of early onset are determined. our clinician meets with the client and family to further assess, and if possible, provide individual and/or family therapy services. If the clinician deems a more in-depth assessment is required, and or a higher level of care is warranted the client(s)/family are referred to an outside agency to receive the level of care they need. Besides this referral process, the clinician conducts an assessment on each youth within the program and determines each youth and places that individual in a prevention group, or if they would benefit from a more supportive/intensive therapeutic support in-house program. These dual assessments together aid in the determining if an outside referral should be initiated or if PWC's in-house services are appropriate, the client may be placed into the following pathway which may include: a prevention or therapeutic model, or a combination of both models is the most appropriate level of in-house support PWC can provide to our youth and their families.

D. List indicators that measured reduction of prolonged suffering and other negative outcomes and data to support reduction.

Indicators that measured reduction of client's suffering are parental and client weekly self-reports of feeling happier, and resolution/decrease in presenting problem. Another indicator in addition, clinical behavioral observations are noted by this clinician. For example, this therapist will ask the client a qualitative question, such as "How are you doing this week?" The client is then asked to rank their answer on a scale of intensity from (1 being the lowest to 10 the highest intensity). In conjunction to these aforementioned, this therapist asked the client customer satisfaction questions. These are utilized by this clinician as a balance measure, not a driver for outcomes.

E. Include how often data was collected and analyzed as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served

This clinician utilizes a combination of quantitative and qualitative measures to evaluate effectiveness of individual treatment/prevention sessions. This information is collected at each individual client session, generally on a weekly basis. The data collected is in the form of the client's self-reporting of symptoms, progress, and satisfaction with the session. This is then recorded in a rating/scaling format at ea. individual sessions. This information is noted in the client's progress note, which is stored at an off-site facility in compliance with HIPPA standards.

DEMOGRAPHIC DATA:

PWC has and continues to utilize the County Demographics Form: However., as previously reported specific demographic domain (i.e., Veterans Status) are not collected due to family dynamics and clients that we serve. *(See Appendix for additional information)*

EVIDENCE-BASED OR PROMISING PRACTICES:

A. What evidenced-based or promising practices are used in your program?

The evidence-based programs selected to meet the goals, objectives, and performance indicators are presented within our clinical success program. These evidence-based models include promising practices and exemplary programs from the Office of Juvenile Justice and Delinquency Preventions (OJJDP). Specifically, the utilization of a program model with effective proven systems that have shown to work for our at-risk and high-risk clients. This model complements our ongoing strategies and fits well into the underlying program foundation. Thus, the goal within the PWC program is much more than just prevention. Its goal is to foster confidence, character, and competence at school, work and in life, and develop unity with positive peers, family and their community. Specifically, PWC's aim is to empower our clients with the education and training needed to help them make a successful-transition from their current educational status and career paths into a well-adjusted and productive adulthood.

The clinical success program is conducted on site and within the community. Over the past few years and community-based program services, PWC evidence-based practices centered on PWC's knowledge of the community and the clients they serve. These practices or build on success of its community-based programs, and the clients come to improve care processes as well as successful client outcomes. Evidence-based practices are also utilized by this therapist in sessions with our clients. Cognitive-Behavioral Therapy and Dialectical Behavior Therapy are the theoretical realms from which therapy treatment and prevention sessions in groups, family, couples, or individual sessions is conducted. When meeting with individuals, families, or in a group setting, all the information that is discussed and explored during those sessions is data that is utilized for measuring the progress of the people involved, it is also utilized to create goals of continuation of progress, treatment planning, development of focused material to address the individual's needs for continuation of services.

B. And how is fidelity to practice ensured?

The evidence-based practices utilized by this therapist also include Cognitive-Behavioral Therapy and Dialectical Behavior Therapy when working in therapy treatment or prevention sessions in groups, family, couples, or individual sessions. Both PWC and this therapist value and utilized consultation that includes performance feedback is conducted weekly with the team. This serves as oversight with

adherence and competence to the program. A number of different tools as well as strategies were used in our outreach efforts as well to welcome and identify individuals who would benefit from our program.

VALUES:

A. Reflections on your Work:

- 1. How does your work reflect MHSA values of wellness, recovery, and resilience?*
- 2. Provide access and linkage to mental health care, Improve timely access to services for underserved populations, Use strategies that are non-stigmatizing and non-discriminatory?*

Systemic links to the education system and schools re a particular problem for our clients living in low-income, undeserved communities in Pittsburg, and around the Bay Point communities doe to its overall disengaged and uninterested outcomes for youth facing life struggles.

PWC Clinical Success Program serves as an educational liaison to the school system to help our clients stay engaged and connected to continuation schools. As such, access to community resources is critical for every school. Schools are a primary place for prevention and intervention to occur. Clients who may need additional services are more likely to receive it if teacher and school administrators are aware of the warning signs and have the capacity to link clients to appropriate resources. With the impressive array of excellent innovation programing in the district, there are obvious disconnections in the services continuum relative to the accessible intensive services for the highest at-risk population, I.e., gang involved, drug/alcohol users, and sexual exploited clients. Through partnership, we help to accelerate schools' work to focus on implementing intensive prevention and intervention to serve our high-risk clients. With a practical, affordable model out program encourages our client to become an active contributing member of society. The goals are: (1) individual and family prevention therapy. PWC provides a minimum of four groups per week, one group on both Monday and Tuesdays, along with two groups on Wednesdays, with the addition of providing individual therapy, family therapy and case consultation. 2) Staff peer groups and Peer consultation, a staff support process, facilitated by the Hume Center provides clinical tool and support for working without clients. The peer consultation process emphasizes trust and curious exploration as its primary mechanism f approaching problematic behaviors and maladaptive patterns. Because of the explorative nature that this process engenders, staff and service providers are challenged to abandon preconceived conclusions and assumptions about the client in an effort to understand the root of their suffering from the client's perspective. Doing so allows staff and service providers to approach the clients from non-stigmatizing, non-discriminatory perspective that affects both clinical and managerial functioning on a program level.

PWC's program provides access and linkage to mental health care and improves timely access to services for the undeserved population we served by using strategies that are non-stigmatizing and non-discriminatory. First, based on the clients PWC serves, presentations regarding PWC's goal of empowering at risk youth, resiliency, recovery, and mental wellbeing are addressed to the Martinez, Pittsburgh, Ridgedale, and Brentwood, which are classified as Golden Gate Community School.

PWC also speaks at Hispanic clubs such as such as Puente and the Latino Unidos, which are clubs located at Pittsburg High School. We continue to reach out to other agencies that can serve our clients' medical and higher level levels of mental health services when needed. La Clinica is one of those agencies we refer frequently. PWC continues to provide community service opportunities at Multi-Cultural, Civic and Community events such as the Cesar Chavez events, community festivals, and local events like the Crab feeds at local Religious centers in Pittsburg, where the population largely Spanish-speaking Youth and their families. This information is shared in Spanish and by our Bi-lingual staff members to ensure the information is shared a language that the population we serve can easily understand. To further de-stigmatize and breakaway barriers to healthcare, PWC offers home visits as a way to provide a space for the client and their family to share in the comfort of their own home. These home visits provide the services in for clients and their families so they can feel emotionally supported and understood in a manner that the stigma is removed/diminished, and they can accept mental health services.

Timely access to mental health services is very important in the treatment and prognosis for the client. PWC's use of a triage model allows us to maintain an open streamline to our mental health services assessment, ensures the most appropriate level of care, whether that is providing in-house services for prevention or therapy groups/individual/family sessions, or providing referrals to outside mental health services in the community. This process also enables PWC to continue breaking down stigmas and barriers of mental health. How we accomplish this is first with our peer counselor, Gerardo. He has a close relationship with clients and their families, as he is the person who provides all the initial paperwork for those individuals entering the PWC program. Gerardo is Spanish speaking and can create a relationship with the incoming clients and their families by building rapport, inquiring about the clients' needs and those of the family as well. This allows for him to make an internal referral if needed, which is required for any potential mental health services. The next person in line is our mental health resource specialist, Miss Pope, she meets all clients and their families who sign up at PWC. Miss Pope shares and discusses possible community resources that may be available to the client and their family. This allows for her to build the necessary relationships needed to discover what each individual client needs are, and what their family needs may be as well. When Miss Pope is able to discover what those needs are, she finds the resources and/ or fills out another internal referral to get the client to the next level of our mental health services. This is determining whether to provide in-house individual and/or group prevention services or provide individual and group therapy and whether to incorporate family therapy into the treatment plan according to their needs level. The clinician then meets with the client to further assess based on their clinical needs and the services provided. Our internal referral system has been a vital part of making our triage model flow smoothly and eliminate as many barriers as possible from mental health services.

REFLECTION ON YOUR WORK:

A. Valuable Perspectives:

1. Please include the stories and diverse perspectives of program participants, including those of family members. Attach case vignettes and any material that documents your work as you see fit.

On three occasions this year, this process was paramount in aiding the PWC team in determining the level of care appropriate for our clients and their families. For some individuals that face issues of anxiety, depression and/or symptoms of isolation and continued conflict with family were observed and addressed through our assessments of clients through our referral system. When individuals exhibit these types of symptoms, our staff reach out to the individual to seek understanding, provide support, and we can make a referral.

The three instances in which this triage approach was paramount in determining the care level. The first occasion concerned a client who has a dual diagnosis: substance abuse, Bipolar II disorder with psychotic features, this individual was non-medication compliant, had an extensive Hx. of hospitalizations for suicidality, and substance abuse. This adolescent needed more supportive and intensive psychiatric services than PWC could provide, and as a team we made the determination that a referral to county mental health services was the correct pathway to follow. PWC made the following recommendation to the client and her family: she should remain with her primary psychiatric care providers for treatment and seek additional mental health services in the form of therapy with a licensed therapist through county. PWC also encouraged the client to continue partaking in youth activities at PWC. As a team, we felt this has enabled her to be in a structured and safe social environment that promotes and teaches healthy coping mechanisms.

The second occasion where the PWC triage and support services were instrumental in a successful outcome involved a young adult. Through his teen years, he was a client of PWC and when he became an adult, he had left our organization. This client had been affiliated with gang members and then later became estranged from his family. This client later was involved in criminal activity and had been on the run from an outstanding no bail arrest warrant for the last two years. He came in to PWC to speak with Miss Pope. The client and Miss Pope had a good established rapport. He could trust her and shared with Miss Pope what had transpired, along with his dilemma. Miss Pope referred the client to this therapist. Because of the previous rapport and trust this client had established with Miss Pope in conjunction with the privilege of therapist and client confidentiality this client could share his whole story. He could openly discuss his concerns, fears, and hope. After this initial meeting with the client, the PWC triage team (Miss Pope, Peer Counselor—Gerardo, and this therapist, we discussed how we could best support this client in making a decision that would have a profound effect on his life.

Later that week, this therapist and Gerardo meet with the client and openly discuss his options. We addressed the client's fears and worst-case Scenario We, as a team feared because the warrant for this client's arrest was for a past crime that involved a firearm. There is always a chance that something might go horrible wrong depending on the unknown variables of any scenario that might

ensue. What if he were with any friends or relatives and was stopped by law enforcement for some unrelated reason, they learn that he has a warrant for his arrest, and if one of his friends ran, or resist detainment? We discussed some potential negative outcomes. This therapist, Miss Pope and Gerardo also explored with him the “what if” he processed coped with his fears of incarceration and could turn his life around. “What if you could educate yourself with a trade, earn a decent living wage, and make a difference by being a role model to other young people?”

The client decided to surrender to law enforcement. Before he turned himself in, Miss Pope linked this client with Rubicon Programs. This organization provides people with knowledge, resources, and support to break the cycle of poverty. They commit to each program participants for up to three years to help them build a foundation for future success. Gerardo provided moral support and accompanied the client to the Office of the Sheriff Contra Costa County. PWC supported this client through the entire decision-making process, so he could make the decision that in the long-run benefited himself, his family, and the community.

The third case involved a fourteen-year-old Hispanic male. His mother came in asking for help with severe behavioral problems being exhibited by the client (her son). The mother shared with Miss Pope that the client was expelled from school because he brought a knife to school and stabbed a student. The client's mother described events where the client was displaying patterns of episodic excessive anger in response to specific or situational themes. The client's mother is a single parent and does not receive support or has had contact with the client's father since his birth. Mom works long hours and is not receiving any government assistance. She and the client are sharing a residence with multiple family members (uncles, aunts and cousins) who are known to this therapist as gang members.

The relationship between the client and his mother has recently been strained, and she at the initial assessment session with this therapist the following: drastic behavioral changes in her son since the stabbing incident and school expulsion, He also has a repeated history of engaging in passive-aggressive behaviors (e.g., forgetting, pretending not to listen, procrastinating) to frustrate or annoy others, and his academic achievement declined.

Upon this therapist's assessment the client showed the following: cognitive biases associated with anger (e.g. demanding expectations of others, overly generalized labeling of the targets of anger, in response to perceived “slights”). The client described experiencing direct or indirect evidence of physiological arousal related to anger, while displaying body language that suggests anger, including tense muscles, glaring looks, clenched jaw, or refusal to make eye contact. The client demonstrated an angry overreaction to perceived disapproval and criticism. He rationalizes and blames others for his aggressive and abusive behaviors. The client excessively swears when efforts to meet desires are frustrated and when limits are placed on his behavior. He is involved in frequent physical fights with peers. The client consistently fails to accept responsibility for anger control problems by a repeated pattern of blaming other for anger control problems. He also has a repeated history of engaging in passive-aggressive behaviors (e.g., forgetting, pretending not to listen, procrastinating) to frustrate or annoy others and is

rather proud of this accomplishment. It was determined this client would benefit most by: (1) Providing individual therapy (2) also placing the client in a skill set group where the focus is on building distress tolerance levels and coping mechanisms. (3) Providing support to the client's mother by de-stigmatizing and by normalizing the difficulties with acculturation that many families experience, this removed the stigma that there is something mentally wrong with the child/family, and (3) Providing support in the form of psychoeducation with parenting skills, combined with family therapy. This therapist and Miss Pope have frequently coordinated and collaborated with the client's school therapist to ensure that skill sets, and therapy efforts are not in theoretical conflict therapeutically, and that we are supporting the client and his family. This adolescent can now identify and understand the emotional mechanisms driving their behaviors and impulsivity and can now regulate/control his responses. After approximately 6 months of sessions, Mom is now able to establish and maintain consistent boundaries with the client. She also has learned positive parenting skills that have empowered her in her role as a parent and improved her relationship dramatically with her son. This client has reduced, and some instances the negative behaviors/responses are now extinct. The client is attending classes regularly and made the dean's list at his school. The client mostly completes his chores and is following mom's direction. He is now on a PRN therapy schedule and frequently stops in to talk when something is troubling him or when he wants to share about his accomplishments. The client apparently feels safe and secure at PWC. He interacts with his peers while at PWC. This client has done so well that he is allowed to attend Pittsburg High School this fall semester.



Appendix

The PWC Clinical Success After-School Program strives to provide positive outcomes for children and youth by increasing protective factors such as providing structural opportunities and caring relationships with mentors to support education and economic success of at-risk youth, and thereby promote lasting healthy development.

The underlying purpose of the evaluation check/study is to help discern if program elements and activities are resulting in important and meaningful outcomes for targeted youth. The main focus of this study is to track the progress of the objectives that were set for the program at the beginning of the year in accordance with funder expectations as aligned with actual program activities.

Participant surveys

1. A participant pre-/post-test was developed previously in a collaborative effort between PWC program staff and the external evaluators (Hatchuel Tabernik & Associates, & Michael Kee & Associates Architect). This test is designed to measure Entrepreneurial and Environmental knowledge prior to and following exposure to the 8-week Solar and Environmental Training course.
2. A participant pre-/post - survey for this year was replicated as previously approved by Mental Health Administration staff from Contra Costa Health Services. This survey was designed to measure the following: resiliency; community support; recidivism; and program satisfaction.

The pre-survey is designed to be taken at program intake, and the post-survey is to be taken at the end of the 12-week program. As shown in Table 1, the participants were divided into cohorts based on when they started the PWC After-School Program.

It is important to note that many students chose to re-enroll in multiple courses upon completion. To that end, we recorded these students’ tests and noted the methodology used for the analysis.

Table 1. Participant Survey Administration (July 1st, 2018 – June 30th, 2019)

Quarters	Participants N	Cohort	Period	Pre-Surveys	Post Surveys
Quarter 0	67	0	July - September	39	29
Quarter 1	47	1	October - December	39	29
Quarter 2	23	2	January - March	35	20
Quarter 3	70	3	April - June	24	19

School Day Attendance Data from Pittsburg Unified School District (PUSD)

This data is acquired through connections made at PUSD and staff from the schools that our participants attend. Permission was secured from parents/guardians, and every effort was made to collect student records for as many participants as possible. Due to the high-risk nature of our student population, longitudinal attendance records were at times a challenge to collect. For example, a number of students referred to the program were not enrolled in public school due to mental health issues in families that PWC serves, as school attendance is not a top priority within the dysfunctional family unit. This makes it difficult to obtain adequate information in a timely manner for participants for the duration of their involvement in the PWC program (usually lasting 12 weeks).

Through networking efforts with PWC, and the PUSD Director of Student Services, Pittsburg Unified School District (PUSD) staff did provide attendance records for a majority of the Cohort participants attending public schools. Some of the students served by the PWC program are high-risk youth who did not regularly attend school, transferred through multiple schools and districts, participated in alternative school/independent study programs, had issues related to truancy and/or are on record as having dropped out of school. Despite these challenges, school day attendance data was available for **87** participants of which a total of **67** students was referred to the program through the Student Attendance Review Board (SARB) due to attendance and behavior issues.

Probation Data from the Contra Costa County Juvenile Services Department

Data on recidivism is acquired from the Contra Costa County Juvenile Services Division's Director of Field Services. The Director was provided with a list of program participants, and asked to designate which students, if any, had re-offended during the time period for which they were in the PWC program. Due to the sensitive nature of the information, the Director provided aggregated information only; student names were not identified. The Probation Department provided PWC with reporting information for **13** students (6 Cohort 0, 4 Cohort 1, 1 Cohort 2, and 2 Cohort 3).

EVALUATION FINDINGS:

In this year of implementation, PWC continues to make notable progress in assisting at-risk youth to strive for a higher quality of life by providing them with a safe and supportive environment through which they can get vocational training, mentoring, counseling, and peer group support. Clients are encouraged to stay in school, develop goals for their future and lead a purposeful healthy life. The aim of the Solar and Environmental Training Class was to provide youth with environmental education, "green job" training, and opportunities to develop leadership and entrepreneurial skills related to a new "green" economy. Through our dedicated staff, and technology-advances, our success is well documented. The

following pages summarizes the progress of the program this year as related to its tangible goals and targets.

Outreach and Participation

The target number of unduplicated participants that PWC was prepared to serve in this reporting year was **200**. The actual number of unduplicated participants was **207**. (See Table 2.)

Table 2. Program Participation by Quarter (July 1st, 2018 – June 30th, 2019)

	July-Sept	Oct-Dec	Jan-March	Apr-June	Total
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Served
# Students (Duplicated) Served Each Quarter	118	160	120	127	525
# New Students Served Each Quarter	67	47	23	70	207

Through careful planning and networking efforts the recruitment process was again an integral part of PWC implementation this year. In August 2018 within the start of the 2018-2019 school year, PWC employed an aggressive recruitment plan that involved the PUSD Director of Student Services, and Probation procedures for referrals to the PWC program during the upcoming school year. PWC also made site visits and presentations to the staff and administrators at Black Diamond and Golden Gate Community Day continuation schools, which resulted in schedules for PWC’s staff to meet with the student body to introduce the PWC program, and answer questions. During the months leading up to the start of the program in **October**, teachers were supportive in encouraging students to participate in the after-school program.

Once school began, PWC employed their biggest recruitment strategies, the end of the first quarter saw a dramatic upswing of new participants. The first cohort (Cohort 1) began during the first quarter in **October 2018**. **A total of 67 students were** registered for the program, an indicator that recruitment efforts were a success.

Interestingly, the PWC program served the newest students in the first, second, and fourth quarters. This is attributed to the positive pro-social growth of the students wanting to remain in the program, and encouraging peers to be a part of something positive. The third quarter had the lowest number of new participants, as school was back in session, and students transitioning into winter break. A frequent occurrence that was experienced this year was that students had a tendency to remain involved with the program across multiple quarters. Therefore, participants served (**32%**) were engaged in program activities for at least two quarters.

The evaluation for our program consisted with the goal and objective identified are directly linked to the activities and proposed process and outcome measure. Overall, the purpose of this evaluation is to examine specific program activities and service, identify what's working well or not, and enhance our ability to better meet the identified needs and gaps. Working with program manager, the office manager primarily manages the systematic data collection (e.g. pre-and-post clients' surveys, program application, school attendance, and probation data), analyze information, and provide data for the biannual progress reports, ensuring that all the objectives are reached. Additionally, the office manager works closely with the program manager to provide up-to-date data requested by the PEI management team. Our evaluation assesses both clients and environmental level changes (e.g. school-level, systems).

PWC clients consist primarily of Spanish speaking youth and families, who are isolated and social economically segregated from the dominate culture. PWC employee culturally proficient leaders, who must display personal values and behaviors that enable them to engage in effective interactions among students, educators, and the community we serve. Both the peer counselor and the office manager are Spanish speaking Hispanics employed by PWC. Documents combined with PWC's program packet have been translated and revised into Spanish for the support of PWC clients' families. Our data collecting methods help in regard to maintaining clients' confidentiality. Client's confidential personal data are assured by following strict guidelines for collecting and managing client's information. Clinical data are being filed away at the Hume Center while clients' program information is locked in the PWC office in double-locked file cabinets away from reach of our clients.

Participant Demographics:

This year the majority of program participant (n= 207) fell within the 13-17 age range (169), 18-21 age range (29), and 6-12 age range (9). The distribution of gender was 133 male and 74 female. Sexual orientation distribution of program participants was 0 bisexual, 194 heterosexual, 0 lesbian, and 9 declined to state.

The majority of youth participants (76%) were high school aged (9th to 12th grade). The most participants from any one grade level were in the 12th grade.

Of the **207** participants, almost all resided in the city of Pittsburg. One hundred eighty nine (189) participants resided in Pittsburg, three (3) resided in Bay Point, one (1) in Brentwood, one (1) in Oakley, and twelve (12) resided in Antioch. The predominant language of program participants was English (48%). The remaining 52% of participants identified as being primarily English/Spanish speaking.

As there is a large proportion of Spanish speakers in the PWC program, it comes of no surprise, that an examination of the ethnic distribution of PWC participants shows that the majority of all program participants were Hispanic/Latino (73%). The second most represented ethnic group was African American (16%). These two ethnic groups account for 89% of program participants.

In summary, in this program year:

1. **The majority of the** participants in the program were between the ages of 13 and 17 (**82%**).
2. **Most** of the participants came from the traditional school system - high schools (**51%**). The second most represented participants (29%) came from alternative school placement.
3. **The majority** of the participants were Latino (**73%**). The next most predominant ethnic groups were African American (**16%**) and (**5%**) White. Asian and “Other” ethnicities represented a smaller part of the participant population (**6% combined**). This ethnic distribution is similar to that which is found among the students served by the Pittsburg Unified School District as a whole.
4. The above demographic data indicates that the PWC Program is serving the high-risk youth population that it has always intended to serve.

Goal 1: Enhance the Quality of and Access to Resources

Objective 1.1: **65%** of the total number of green jobs program participants will increase their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and “green economy” according to program curricula for the duration of their program participation.

Result: Of the 8 students hired in Cohort 1 as Green Technicians for the Environmental Studies/Entrepreneurial course who completed pre and post Knowledge Surveys, 5 participants (95%) demonstrated an increase in knowledge between pre and post survey administrations.

In Cohort 3, for the start of the new Green Technicians for the Environmental Studies/Entrepreneurial, 9 students who were hired and completed pre and post Knowledge Surveys, 7 participants (90%) demonstrated an increase in knowledge between pre and post survey administrations.

An average score between Cohort 1 (95%) and Cohort 3 (90%) resulted in a score of **92.5%**. Indicating that the participants demonstrated an increase in knowledge between pre and post survey administrations. This far exceeds the target objective that **65%** of participants would demonstrate an increase in knowledge.

Between July 2018 and June 2019, PWC enrolled a total of 207 youth participants in their after school program. The Green Jobs Training Program was offered twice this year between July 2018 and June of 2019. Although a number of clients repeated the class multiple times, it is important to note that the class reached a total of 21 (7 duplicated) and (14 unduplicated) clients that applied for the program with a total of 17 participants who completed the class. Students who are struggling with self-esteem in their academic careers, completing this program is evident of pride in their accomplishment.

Students completed a pre-test and a post-test at the beginning and end of each cohort. For students who were in multiple Cohorts, we used the first cohort pre-test(s) and the final cohort post-test(s). The scores of all other students were taken from the beginning and end of their respective cohorts.

Tests consisted of a total of 17 questions (7 true/false and 10 multiple choice) related to the environment and the future of green job industries. Each answer received a score of 1 if it was answered correctly or 0 if it was answered incorrectly. Totals of all 17 questions were tallied on the pre and post-test of each student and analyzed for any increase or decrease in their scores between the two test administrations. Results are shown in Table 5. Of the students who completed pre and post-tests, all demonstrated improvement (**90%**).

Additionally, when asked to rate their level of knowledge about “green industries” using a 5 point scale (1 being “very low” and 5 being “very high”), the average rating of respondents who answered this question (n= 9) was 3 on the pre-test, and 3.6 on the post-test after the 12-week course. Results by cohort and as a whole are presented in Table 5.

Table 5. Participant Demonstration of Improved Knowledge and Skills

	N	Pre-Mean Score	Post-Mean Score	Change in Mean Test Score
Total # items correct on Knowledge test (Max= 17)	17	30.0	32.3	2.3
Average rating of knowledge about green industries (Max= 5)	17	5.8	7.1	1.3

Goal 2: Develop a safer environment for at-risk youth who are chronically truant or on probation.

Objective 2.1: 65% of the 200 youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)

Result: Of the 207 students enrolled in the after school program who answered all of the resiliency questions on pre-and-post Student Surveys, 77% demonstrated improved resiliency. This exceeds the target objective that 65% of participants would demonstrate improved resiliency.

A total of 92 students completed both a pre-and-post Student Surveys. For students who were in multiple Cohorts, we used their first cohort pre-surveys, and the final cohort post-surveys. The results of all other students were analyzed from surveys taken at the beginning and end of their respective cohorts. A total of

7 questions on the survey directly addressed Youth Resiliency factors. Students were asked about satisfaction with life, stress, levels, future lives. The most positive answers were scored the highest, and the most negative were scored the lowest, utilizing a 1 to 6 point scale per item (depending on the number of answer options) A maximum score of 32 was attainable. Of the **207** student respondents, 92 answered all of the resiliency questions (enabling us to tally a score for them in this area). Overall **82%** demonstrated improved (n= 92), and **18%** showed a decrease in resiliency on the post survey (n= 92).

It is important to note of the 92 students that answered the resiliency questions, 33 participated in multiple Cohorts, of which answers were unchanged from their first cohort surveys and the final cohort post-surveys. The results of each unchanged answer analyzed utilizing the 1 to 6 point scale per item, positive and negative answers were combined in the categories of increased and decreased outcomes.

Responses of “Extremely and Moderately Satisfied” or “Very Little Stress and Some Stress” or “The future looks very bright and The future looks somewhat bright” were considered to be positive.

Objective 2.2: 75% of the 200 youth program participants will not re-offend for the duration of their program participation.

Result: Of the **13** probation students enrolled in the after school program, (**100%**) did not re-offend during their participation in the PWC After-School Program.

As described in the Methods, the Contra Costa County Juvenile Services Division Director of Field Services was asked to report the number of students on the lists who committed an offense and the number of students who “re-offended” or went to juvenile hall. Of the 13 student names submitted there was 0 new offense, and no new admission to Juvenile Hall. Overall (**100%**) of the program participants did not “re-offend.”

Objective 2.3: 70% of 200 youth participants will report that they have a caring relationship with an adult in the community or at school during their program participation.

Result: Of the 207 students enrolled in the after school program who answered all of the survey questions about caring adults on their 12-week post Student Surveys, (**77%**) indicated that they had caring relationships with adults in their lives. This meets the target objective that **70%** of participants would have a caring relationship with an adult in the community or at school during their program participation.

Among the 7 youth resiliency questions were items specifically related to the role of caring adults in the lives of these youth. Four of the questions in particular were related to caring relationships with adults. Students were presented with the following 4-point scale to answer each question (1=Not at all true, 2=A little true, 3=Pretty much true, 4=Very much true).

To see if students reported that there was a caring adult in their lives, we examined their responses to these 4 questions on their 12-week post Student Surveys. The 12-week post surveys would best capture their feelings after having been served by the PWC program. Responses of “Pretty much true” or “Very much true” were considered to be positive. Results are presented in Table 6.

Table 6. Demonstration of Participant Relationships with Caring Adults

	% of positive responses
	Overall (n=92)
tells me when I do a good job	75%
I trust and could talk to	65%
believes that I will be a success	95%
notices when I am upset about something	74%
Average of all 4 questions	77%

A total of 92 students responded to all 4 questions on the 12-week post survey. Overall, the majority of students did self-report that they had caring relationships with adults in their lives. It is interesting to note that students who participated in more than one cohort had the most positive responses on their surveys. This data could indicate that students who have the most exposure to the program seem to feel more of a connection to the adults in the program.

In addition to the above questions about adult relationships, on the 12-week post survey students were also asked what they liked about PWC.

Students frequently cited the community events and activities, but many respondents also noted the open, familial environment. Some examples are listed below:

“I like how we help people and work hard.”

“I like being able to meet new people and experience things that will further my career.”

“More jobs.”

“The thing that I like best is that I can talk and trust PWC people.”

“The way they help me and our community.”

Goal 3: Create a culture of career success among at-risk youth.

Objective 3.1: There will be a **60%** increase in school day attendance among 200 youth participants for the duration of their program participation.

Results: Of the students enrolled in the after school program with attendance data available for their respective cohort periods, **87%** improved or maintained perfect attendance. This exceeds the target objective that there would be a **60%** increase in student's attendance.

Attendance data was collected for the entire 12-week period that each cohort was in session. Student level data was compared between the first week of participation and the last week of participation in each cohort. Attendance was considered to be "perfect" if there was no indication of absence, truancy, tardiness, etc. In order to be considered "perfect" a student had to attend every full period of class for the entire week.

Of the 207 students served attendance data was available for 87 students (not including those who participated in the program for less than 10 days, outreach students, and those attending adult education and/or graduated), 67 were referred through the Pittsburg Student Attendance Review Board (SARB) for attendance and behavior issues. Of the 67 students with attendance data available for their respective cohort periods, **87%** improved or maintained perfect attendance between the beginning and ending weeks of their cohorts.

Objective 3.2: There will be a **60%** decrease in the number of school tardiness among the 200 youth participants for their program participation.

Results: Of the students enrolled in the after school program with attendance data available for their respective cohort periods, **81%** decreased or maintained a rate of 0 tardiness. This exceeds the target objective that **60%** of participants would decrease tardiness.

Of the 207 students served attendance data was available for 87 students (not including those who participated in the program for less than 10 days, outreach students, and those attending adult education and/or graduated), 67 were referred through the Pittsburg Student Attendance Review Board (SARB) for attendance and behavior issues. Of the 67 students with attendance data available for their respective cohort periods, **81%** decreased tardiness between the beginning and ending weeks of their cohorts.

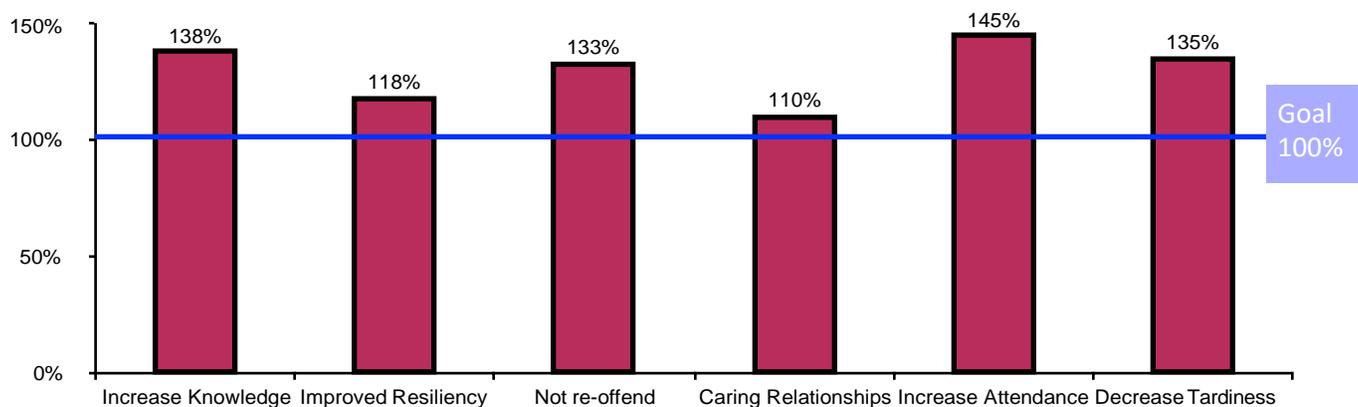
Summary of Findings

Of the six program objectives, all six were fully achieved (increased knowledge, improved resiliency factors, low rates of re-offense, increased school day attendance and decrease tardiness, caring relationships with adults). (See Table 9 and Figure 3)

Table 9. Actual Outcomes as Compared to Target: Fiscal Year 2018-2019

Outcome Measure	Target	Actual	Percent
65% of the total number of green jobs program participants will increase their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and “green economy” according to program curricula for the duration of their program participation.	65%	90%	138%
65% of the youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)	65%	77%	118%
75% of the youth program participants will not re-offend for the duration of their program participation.	75%	100%	133%
70% of youth participants will report that they have a caring relationship with an adult in the community or at school during their program participation.	70%	77%	110%
There will be a 60% increase in school day attendance among youth participants for the duration of their program participation.	60%	87%	145%
There will be a 60% decrease in the number of school tardiness among the youth participants for their program participation.	60%	81%	135%

Figure 3. Measures of Success Progress Toward Target – Fourth Quarter Report: (July 1st, 2018 – June 30th, 2019)





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Overall, PWC has fully met their targets in regard to the resiliency items in the surveys. One of the biggest tributes to the program is that there are youth who continue to choose PWC to complete their community services hours, despite the ability to complete their hours with other programs, churches or in another city. Another positive is due to PWCs' success, the program has been asked to participate in more new activities in Pittsburg, including volunteering with the Pittsburg Police Department in a human trafficking presentation.

This year PWC After-School Green Jobs Youth Training Program has been a huge success. At this time, we believe we have created a formula for success alongside with learning that will serve our community and our cohorts well, and increase understanding of climate change, renewable energy and conservation. More importantly, we believe we have created a program that helps youth learn real life skills such as cooperation, patience, and caring. Our students realize the program's success is based on their performance on the projects that we set before them. They have responded extremely well and care about the most important goal of all – to believe, achieve, and succeed.

PREVENTION
END-OF-YEAR REPORTING

FISCAL YEAR: 2018-2019

Reporting Period: Please Select One

Semi-Annual Report #1 (July – Dec)

Semi-Annual Report #2 (Jan – June)

Agency/Program:

The Contra Costa Clubhouses,
Inc. DBA Putnam Clubhouse

PEI STRATEGIES:

Please check all strategies that your program employs:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

For Project A, during the contract year of this report (2018/2019), 322 unduplicated members (target: 300) spent 54,386 hours engaged in Clubhouse programming activities (target: 40,000 hours). 86 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity; 28 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 46 activities (target: 40) were held specifically for the young adult age group.

Table 1: Clubhouse Membership Activity

	Target Goal	Actual	% of Target
Number of unduplicated members served	300	322	107
Number of Hours spent in Clubhouse programming	40,000	54,386	136
Number of new members participating in at least one Clubhouse activity	70	86	123
Number of young adults (age 18-25 yrs.) participating in at least one Clubhouse Activity	12	28	233
Number of activities specifically for young adults (age 18-25 yrs.)	40	46	115

Other services:

Members helped prepare and eat 9,935 meals at the Clubhouse (target: 9,000). Although a target had not been set for rides, 1,229 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more. During the contract year 103 in-home outreach visits (no target set) were provided by members and staff to members and potential members and numerous outreach calls were made to members on a daily basis

Additionally, under Project B, 165 postings (target 124) were made on the Career Corner Blog and four career workshops were held (target 4). The workshops included "Holiday Blues" on December 14, 2018 (21 attendees), "Cultural Responsiveness" on April 18, 2019 (34 attendees), a "Boundaries Workshop" on May 23, 2019 (53 attendees), and a "Resource Fair" on June 3, 2019 (130 attendees).

Table 2: Other services provided to Clubhouse Members

	Target Goal	Actual	% Target
Number of Meals prepared and eaten at Clubhouse	9,000	9,935	110
Number of Rides to and from Clubhouse Activities	No target set	1,229	N/A
In-home outreach visits	No target set	103	N/A
Number of Blog Postings	124	165	133
Number of Career Workshops	4	4	100

For Project C, the SPIRIT graduation was successfully coordinated by the Clubhouse and attended by 321 people on 7/30/18. The holiday party on 12/20/18 had 377 people in attendance with the collaboration of multiple agencies along with the OCE. The annual Community Picnic was held on 6/7/19 with 315 in attendance. By all accounts, the three events were highly successful.

The final portion of Project C requires the Clubhouse to recruit, coordinate, and supervise volunteer consumers to assist the County with the Adult Consumer Perception Surveys (MHSIP) administration at Contra Costa County mental health clinics twice a year. The first of the two annual MHSIP weeks took place November 12-16, 2018 and the second took place May 13-17, 2019 with the Clubhouse completing all contractual duties.

Under Project D, the Clubhouse assisted County Mental Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support as per contract.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.

Project A data is collected upon initial membership in the Clubhouse and then daily through a combination of self-completed forms, surveys and sign-on logs, and phone calls. None of the program outcome data is confidential and it recorded in the program database. Any confidential information provided on intake forms is securely kept in the locked office of the Director of Putnam Clubhouse. Data from annual self-reported member surveys, including the hospitalization survey is collected on Survey Monkey instruments and analyzed by Hatchuel Tabernik and Associates, an external evaluation firm.

In June 2019, members and their family members (called caregivers in this report) were encouraged to complete the annual Clubhouse survey via Survey Monkey, an online survey site. The number of members and caregivers completing the survey was 125 (the target was 120), of whom 31 were caregivers and 94 members. Among members in the survey, 2% were aged 18-21, 6% were 22-25, 18.6% were 26-35, 18.6% were 36-45, 36% were 46-59, and 18.6% were 60 years or older. The age distribution is representative of the age range of Clubhouse members overall.

Because not all respondents answered each item, all survey data reported below reflects the responses of those completing each individual survey item. The survey percentages referenced in this report consist of those who 'Agree' or 'Strongly Agree' with the given statement. Those who responded 'Don't know' or 'No opinion' were not included in the analysis.

Caregiver Respite

The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=28). Of the 28 Contra Costa County caregivers who responded to the survey, 75.0% were parents or guardians of a Clubhouse member, 10.7% were siblings, 10.7% were the child of the Clubhouse member, and 3.6% were grandparents.

As in previous years, caregivers who participated in this year’s survey reported the highest level of satisfaction with Clubhouse activities and programs that their family member attended (100% satisfied), as well as with the Clubhouse activities/programs that they themselves participated in (97% satisfied). In both areas the target of 75% was exceeded. A large proportion of caregivers (86%) also reported that Clubhouse activities and programs provided them with respite care. Such respite is intended to reduce their stress and also lead to more independence for the Clubhouse members, reflected in the data with 80% of the members agreeing or strongly agreeing that in the last year, their independence had increased. An even higher proportion of the caregivers (89%) also perceived that their family member had become more independent in the last year (target 75%).

Table 3: Caregiver Respite

		GOAL	ACTUAL
Measures of Success	N	%	%
% caregivers reporting Clubhouse activities provided them with respite care	24	75	96
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which their family member participated	26	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which they participated	27	75	96
% caregivers reporting an increase in member’s independence	25	75	84
% members reporting an increase in independence	93	75	77

Below are some responses from the caregiver survey to the question of what was liked best about the Clubhouse:

"A place that is safe and welcoming for my loved one and keeps him in a committed active member level that he really enjoys." (caregiver)

"It gives [my family member] the option of being included in social activities, making friends, and participating in special and sporting events." (caregiver)

"My son has grown emotionally, socially and mentally as a result of all of the clubhouse activities. He has now moved from transitional employment to part time independent employment." (caregiver)

"Supportive staff, knowledge about reaching mentally ill adults in a positive way. Important service to the underserved mentally ill adults in our community." (caregiver)

"The fact that it is there gives families an option family member participation in programs." (caregiver)

"The fact that the Clubhouse is here. I wish my loved one was stable enough to attend regularly." (caregiver)

"The friendly open and accepting atmosphere. The vast number of choices for participation."
(caregiver)

Member and Caregiver Well-Being

Several survey items addressed improvements to the well-being of the caregivers and the members in terms of emotional, physical, and mental health. When combining responses to self-perceived improvement of their own mental, physical and emotional well-being, 96% of caregivers agreed or strongly agreed their health (emotional, physical, mental well-being) had improved. When asked the same questions about the well-being of their family member, 89% also agreed or strongly agreed that their family members overall health had improved.

The member ratings for their own improvements in these categories averaged 90%, greater than the goal of 75%. The combined family members rated improvement and the member's self-ratings for improvement in these areas in these areas averaged 92%. Additionally, 85% of the members reported that they had more interactions with peers during the year (75% target).

Table 4: Member and Caregiver Well-Being

		GOAL	ACTUAL
Measures of Success	N	%	%
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	25	75	96
% members reporting increase in their own health (mental, physical, emotional well-being)	93	75	90
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	118	75	92
% members reporting an increase in peer interactions	93	75	85

Other comments made on the surveys by members and caregivers include the following:

"Having such a great place to go during the week is vital to my overall well-being." (member)

"They do a good job. Putnam has saved my son giving him guidance and support in his illnesses worst days." (caregiver)

"You helped me quit smoking!! Thank you." (member)

"It is a comfortable place for my son to go and socialize. He feels 'safe' when he is there, and he has a 'purpose.'" (caregiver)

"It's a community that I belong to, a support system." (member)

"It is a safe and supportive community for people with insight into their mental illness." (caregiver)

"The clubhouse gives me a place to be, gives me the opportunity to be heard and also grow. I don't feel like a burden by being here and I'm always greeted by friendly faces." (member)

"The attitude of the staff members, and how it transfers over to the CH members. This is a very healthy program." (caregiver)

"It is so helpful for me to come to the clubhouse. It has kept me out of the hospital." (member)

Hospitalizations

For the ninth year in a row, members were asked to report on their hospitalizations and out-of-home placements (residential treatment) for the three years prior to joining the Clubhouse and for three years since joining the Clubhouse. Data was collected from a total of 67 active members in June 2019. If data had already been collected for the member in the previous year (June 2018) then this data was entered, and information was garnered for the previous reporting year only (since July 1, 2018). Data was not collected from those who had been Clubhouse members for more than four years since the date of their joining, since the period of observation is a six-year span from three years prior to membership to three years post-joining the Clubhouse.

Information on hospitalization was gathered in terms of “episodes” with an episode defined as each time a member was hospitalized or placed in a residential treatment program (NOT including board and cares or other long-term group living situations that are simply where the member lives but don't involve receiving treatment at his or her place of residence). Data was also collected on total number of days hospitalized or in residential care.

Of the 67 members, three were not included in the analysis: one because they showed that they had been hospitalized for an extended time prior to Clubhouse (an extended period comprises at least 1 episode of 800 plus days) and zero episodes/days after; and two because they did not enter anything beyond their demographic information. The final number of members included in the analysis was 64.

The number of hospital days prior to Clubhouse membership for those 64 members included in the analysis ranged from 0 to 228 days, with a mean of 15 days. Post Clubhouse membership, the number of days hospitalized ranged from 0 to 60 days with a mean of 2 days of hospitalization. In terms of episodes of hospitalization prior to Clubhouse membership, the Clubhouse members experienced zero to 9 episodes of hospitalization (a mean of 1.18 episodes). After Clubhouse membership, members experienced on average .10 episodes of hospitalization (range 0 to 1). In terms of change of episodes, 94% of those providing data showed a decrease in hospitalizations or maintained zero hospitalizations, 2% showed no change, and 4% showed an increase in hospitalization episodes from before to after Clubhouse membership.

Table 5: Percentage of # of episode changes before and after Clubhouse Membership

Episode Change (prior & after Clubhouse membership)	N	%
Decrease or maintained 0 prior and after	44	94
No change (1 prior and 1 after)	1	2
Increase	2	4
TOTAL	47	

In terms of number of days (total) that Clubhouse members were hospitalized or in out-of-home placements, paired T-tests were used to look at change in days before Clubhouse membership and

after Clubhouse membership. Findings showed a significant decrease in average number of hospitalization days from 15.34 days (range 0 to 228 days) before Clubhouse membership to 2.02 days (range 0-60 days) after Clubhouse membership ($t=2.817$, $df=61$, $p<.01$).

Hospitalizations were assessed in terms of change in number of episodes and days of hospitalization prior to and since Clubhouse membership, both of which decreased from before to after membership. In conclusion, the program achieved its goal (100%) of reducing hospitalizations in Clubhouse members.

Members were split into three groups according to their number of years as a Clubhouse member (less than 1 year ($n=21$), 1 to less than 2 years ($n=11$), and 2 to 3 years, but less than 4 years ($n=14$) (see Table 6). Although there appears to be a decrease in the proportion of those who showed a decrease or no change in episodes of hospitalization from those who have been Clubhouse members for 1-2 years (100%) to those who have been Club members from 2-3 years but less than 4 (86%), the proportion of those who show a decrease or no change in episodes still remains highest independent of how many years of clubhouse membership.

Table 6: Percentage of # of episode changes before and after Clubhouse Membership

	Years of Membership					
	Less than 1 year		1 to less than 2 years		2-3 years but less than 4 years	
Episode Change (prior and after Clubhouse membership)	N	%	N	%	N	%
Decrease or maintained 0 prior and after	21	95.5	11	100	12	86
No change (1 prior and 1 after)	0	0	0	0	1	7
Increase	1	4.5	0	0	1	7
TOTAL	22		11		14	

When looking at actual number of Hospitalization episodes Before and After Clubhouse membership, although there is a decline in number of episodes independent of how many years of clubhouse membership. This difference was statistically significant for those who had been Clubhouse members for less than one year and those who had been members for 1-2 years. Although there was a decline in episodes for those who had been members longer at Clubhouse (2-3 years but less than 4 years), this was not statistically significant.

Table 7a: Change in number of episodes from before (Prior) to After (Post) Club Membership.

	Years of Membership					
	Less than 1 year		1-2 years		2-3 years but less than 4 years	
Episodes Hospitalization Prior Membership	23	1.30	11	0.45	14	1.64
Episodes Hospitalization After Membership		0.09**		0.09*		0.14

*p<.05;**p<.01;***p<.001

Paired t-tests were also used to look at number of hospitalization days prior to Clubhouse membership compared to number days after clubhouse membership for each membership category (<1 year, 1 to < 2 years, 2-3+ years) (see Table 7b). Although members showed a decrease in number of hospitalization days from prior to post membership for all categories of clubhouse membership (< 1 yr, 1-2 yrs and 2 to <4 years), only those who had been Clubhouse members for less than 1 year demonstrated a statistically significant decrease.

Table 7b: Change in number of days from before (Prior) to After (Post) Club Membership.

	Years of Membership					
	Less than 1 year		1-2 years		2-3 years but less than 4 years	
Days Hospitalization Prior Membership	29	10.31	13	4.08	20	29.95
Days Hospitalization After Membership		0.97***		0.31		4.65

*p<.05;**p<.01;***p<.001

Overall, using the self-report data of Clubhouse members, it would seem that members of Putnam Clubhouse show a decrease in hospitalization in terms of episodes and total days from before to after Clubhouse membership.

Career Development Unit

During the 2018-2019 contract year the Clubhouse made career support services available to all members including the 90 members working in paid employment and the 48 members who attended school during this period. The Clubhouse provided support to all members who worked and attended school during the contract year including the 43 who began jobs during the year and the 21 who returned to school. Of the members completing the member survey who used career services, 88% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

During the contract year Clubhouse members completed personal career plans (17 had employment goals and 16 had education goals). 100% of members who indicated employment as a goal in their career plan successfully completed their goal (target: 80%) and were referred to employers, applied for jobs, and/or has a job interview within three months of indicating goal. In addition, 100% of the members who indicated education in their career plan as a goal (return to school/finish degree/enroll in a certificate program) were referred to appropriate education resources within 14 days (target: 80%)

Table 8: Career/ Educational Development of Clubhouse Members

		GOAL	ACTUAL
Measures of Success:	N	%	%
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	60	75	88
% members referred to appropriate education resources within 14 days (of those indicating education as goal)		80	100
% members referred to appropriate employment resources, applied for a job, or had a job interview within three months (of those indicating employment as goal)		80	100

Importance of Clubhouse programs to Members and Caregivers

Clubhouse Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Clubhouse during the 2018-2019 contract year.

Table 7 shows the percentage of members and caregivers were satisfied or very satisfied with the program. Those who did not participate in the program or whose family member did not participate did not respond to the survey item. As can be seen from the responses in Table 9, members and caregivers alike were satisfied or highly satisfied with Clubhouse programs, with a satisfaction rate of over 90% for the majority of programs and activities, bar the Rides program (for both caregiver and member) and Career services for the members. Members were most satisfied with the Holiday and Healthy Living Programs whereas Caregivers were most satisfied with the Weekend Activities and Wednesday Night Expressive Arts Programs.

Table 9: Member and Caregiver Satisfaction with Program Activities that Member or Caregiver's Member Participated in (% Satisfied/ Very Satisfied)

Clubhouse Programs/Activities	Member	Caregiver
	% Satisfied/Very satisfied (N)	% Satisfied/Very satisfied (N)
Meals	97 (86)	96 (23)
Holiday programs	96 (70)	96 (23)
Friday Night Socials/TGIF Fridays	94 (67)	100 (22)
Work-Ordered Day (Monday – Friday daytime activities)	92 (85)	96 (24)
Wednesday Nights Expressive Arts Program (music and/or art)	91 (70)	100 (21)
Young Adult Activities	91 (33)	100 (11)
Healthy Living Program	90 (52)	75 (16)
Career Development Unit (assistance with education and/or employment)	88 (60)	90 (21)
Weekend Activities	85 (62)	100 (17)
Rides Program (transportation to/from Clubhouse)	82 (51)	95 (22)

Finally, both members and caregivers were separately asked to rank 10 Clubhouse programs/activities in order of importance to them. For the members the top three ranked activities/programs were Meals, Work-Ordered Days, and TGIF Fridays. For caregivers, the top 3 ranked activities/programs were Work-Ordered Days, followed by the Rides Program, and the Career Development Unit.

Table 10: Ranking of Program Activities in terms of Importance by Caregiver and Member

Clubhouse Programs/Activities	Member	Caregiver
Meals	1	8
Work-Ordered Day (Monday – Friday daytime activities)	2	1
TGIF Fridays	3	10
Weekend Activities	4	8
Career Development Unit (assistance with education and/or employment)	5	3
Holiday programs	6	4
Wednesday Nights Expressive Arts Program (music and/or art)	7	6
Healthy Living program	8	5
Rides Program (transportation to/from Clubhouse)	9	2
Young Adult Activities	10	6

*program/activities ranked for Members

Overall, the caregivers and members alike had many positive things to say about the Clubhouse programs and activities:

"An absolute gem of an organization that does amazing things to support our family member(s) when they need it the most to be independent & live a useful life while struggling with mental illness. My personal gratitude for all you do!" (caregiver)

"I am grateful for the support that the clubhouse provides for my son. He really needs the social interaction he finds there. It is very good for him to have a schedule to follow. The staff works very hard and tirelessly." (caregiver)

"I REALLY appreciated the outreach. When members came to our house, it encouraged Amelia to go back to the Clubhouse." (caregiver)

"The clubhouse has never been stagnant. It is flexible, it changes in every way, it evolves, it becomes more creative, it challenges, it keeps growing in every way." (caregiver)

"Clubhouse program has enriched my life - added a big social component. Always there no matter when I come in. Always welcoming and receive that kind of support. Humbling to receive all the extras that the clubhouse gives." (member)

"I am on the whole very satisfied with the Clubhouse. The food is excellent, and I love the members and staff, and all that is given to me in time and trouble and friendship." (member)

"The clubhouse could bring anyone out of isolation." (member)

"The Clubhouse has been a tremendous blessing in my life. It gives me a place to go every day and do something meaningful and productive. I am very grateful for the Clubhouse and its presence in my life." (member)

"The clubhouse is like a second home to me. I have met some wonderful people here and I'd highly recommend the clubhouse to anyone who is finding themselves in a difficult place in their lives. Finding this place was one of the best things that's ever happened to me." (member)

The Clubhouse was successful in achieving all contract goals and objectives for the year 2018-19 contract. In addition, they more than made up for the few enrollment shortcomings last year by enrolling 86 new members this year (123% of the target), and engaging 28 young adults in activities (233% of the target)! With many of the prior year's staffing transitions stabilized this year, the Clubhouse was again able to place focus on growth. Revised policies this year also proved to be a successful strategy, as it made it much easier for new members to onboard into the program. Overall, the Clubhouse has demonstrated highly positive outcomes this year while remaining dedicated to its core values and the wellbeing of each and every member, both new and existing. This year's outcomes bode well for a promising future.

DEMOGRAPHIC DATA: X Not Applicable (Using County form)

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

N/A – County aggregate data form used.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

Since 2011, Putnam Clubhouse has been continuously accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. All Putnam Clubhouse programming meets the 37 standards of Clubhouse International. A rigorous accreditation process and maintaining fidelity to the model require Putnam Clubhouse to provide comprehensive program data to Clubhouse International annually, participate in ongoing external Clubhouse training, conduct structured self-reviews, and receive an onsite reaccreditation review every three years by Clubhouse International faculty. Learning about, discussing, and adhering to the 37 standards of the model are built into the work-ordered day structure. All program staff and program participants of Putnam Clubhouse commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Putnam Clubhouse is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. The Clubhouse Model followed has been designed to promote recovery and prevent relapse. Putnam Clubhouse operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That’s why Clubhouse participants are intentionally called members rather than patients, clients, or consumers. These members work together as colleagues with peers and a small, trained staff to build on personal strengths, rather than focusing on illness. The term “member” reflects the voluntary, community-based nature of the Clubhouse, making clear that members are significant contributors to both the program and to their own well-being. Thus the term “member” is empowering rather than stigmatizing. Clubhouse membership is voluntary and without time limits. It is offered free of charge to participants. Being a member means that an individual is a valued part of the community and has both shared ownership and shared responsibility for the success of the Clubhouse.

All activities of the Clubhouse are strengths-based, emphasizing teamwork and encouraging peer leadership while providing opportunities for members to contribute to the day-to-day operation of their own program through what’s called the work-ordered day. The work-ordered day involves members and staff working side-by-side as colleagues and parallels the typical business hours of the wider community. Work and work-mediated relationships have been proven to be restorative. Clubhouse participation reduces risk factors while increasing protective factors by enhancing social and vocational skill building as well as confidence. The program supports members in gaining access to mainstream employment, education, community-based housing, wellness and health promotion activities, and opportunities for building social relationships.

Putnam Clubhouse operates under the belief that every member has individual strengths they can activate to recover from the effects of mental illness sufficiently to lead a personally satisfying life. Fundamental elements of the Clubhouse Model include the right to membership and meaningful relationships, the need to be needed, choice of when and how much to participate, choice in type of work activities at the Clubhouse, choice in staff selection, and a lifetime right of reentry and access to all Clubhouse programming including employment.

Additional components include evening, weekend, and holiday activities as well as active participation in program decision-making and governance. Peer support and leadership development are an integral part of the Clubhouse. The programming also incorporates a variety of other supports include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the wider community.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Throughout this report we have included quotes from program participants and family members describing personal experiences and perspectives about the Clubhouse's impact on their lives.

PEI ANNUAL REPORTING FORM

Due: August 15, 2019

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 18/19

Agency/Program Name: Rainbow Community Center of Contra Costa County

PEI STRATEGIES:

Please check all strategies that your program employs:

- X** Provide access and linkage to mental health care
 - X** Improve timely access to mental health services for underserved populations
 - X** Use strategies that are non-stigmatizing and non-discriminatory
-

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

During fiscal year 2019, The Rainbow Community Center provided services to members of Contra Costa County's Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community through the implementation of three different projects: Pride and Joy, LGBTQ Youth Support Programming, and Inclusive Schools Coalitions.

Project #1: Pride and Joy – Pride and Joy, an outreach and early intervention project, targets members of Contra Costa County's LGBTQ community. Special emphasis is placed on reaching LGBTQ seniors, people living with HIV, and community members with unrecognized health and behavioral health disorders. Pride and Joy assists our historically underserved community members in finding culturally affirming health and behavioral health support services, and increasing their ability to cope with oppression when they are required to access health and behavioral health services in less affirming settings. Pride and Joy also raises awareness about existing health/behavioral health disparities within the LGBTQ community (e.g. community members' increased rates of depression, anxiety, suicide, substance abuse, and victimization), delivers health promotion messages, and increases LGBTQ community members' knowledge of local and national behavioral health resources.

Tier 1 (Universal) – Rainbow Community Center organized outreach programming through multiple in-person events/groups such as the weekly HIV+ group for self-identified men and monthly HIV+ group for self-identified women, bi-monthly Senior Luncheon and Gender Voice support group,

annual Crab Feed Fundraiser, and Concord Pride. Through our email newsletters alone, Rainbow was able to reach and deliver health promotion messages and raise awareness about behavioral health/health disparities throughout Contra Costa County, in addition to Facebook and Instagram.

Tier 2 (Selected) – Rainbow carried out one-on-one brief-intervention services to the target community in our convening group level services, which are designed to support at-risk LGBTQ community members who are HIV+, low-income, coming-out, transgender, diagnosed with a Serious Mental Illness (SMI), and/or in need of early intervention behavioral health and psycho-education services.

Tier 3 (Indicated) – Rainbow provided one-on-one brief-intervention services (Tier 3/Indicated) to the target community in FY18. Tier 3 services are designed to assist at-risk community members in accessing needed care and treatment.

Senior Programming: Rainbow has identified LGBTQ seniors as a particularly vulnerable population. As such, programming for LGBTQ Seniors includes Tier 1, Tier 2, and Tier 3 components. Services include organizing two congregate meals (Outreach/Tier 1) per month, delivering regular in-person and telephonic Social and Support Groups such as Tai Chi, in collaboration with Meals on Wheels (Tier 2), and offering brief-intervention and screening services through the Friendly Visitor Program with the support of Rainbow’s Clinical Department (Tier 3).

Project #2: LGBTQ Youth Support Programming – Rainbow has identified LGBTQ+ youth as a particularly at-risk population. As such, programming for this group incorporates components from all three tiers with services provided at Rainbow offices and in school and community-based locations throughout the county. Efforts also include continued development of support services designed to work with youth within a family-based context and transgender/gender nonconforming youth. Efforts reached youth via outreach activities, onsite group-level programming, and one-on-one mentoring. An additional youth were reached through school-based outreach (tabling, guest speaking engagements), the psycho-social group, QscOUTs, and behavioral health services.

Onsite programming consisted of ongoing youth groups, such as: Artistic Expressions, Youth Gender Voice, and Queer Open Mic. In some cases, groups centered around LGBTQ+ awareness and/or celebratory months/days: Day of Silence, LGBTQ+ Pride month. These groups were developed through an educational and empowerment lens to promote self and group development. In order to bring youth to these groups, we outreached to local school Gender and Sexuality Alliance/Queer Straight Alliance (GSA/QSA) clubs, managed resource tables, facilitated trainings, and hosted special events, while posting on social media and mobile outreach. We also promoted our youth program through flyers, email newsletter, and monthly calendars to school staff, health/service providers, GSA/QSAs, contacts within our Inclusive Schools Coalition, and community at large.

Collaborative events helped boost our outreach and advocacy. These events included: trainings/guest speaking engagements such as, “LGBTQ+ 101” at College Park High School and Acalanes High School, “Empowering LGBTQ+ YOUTH” at Contra Costa County Office of Education, “Teens Tackle Tobacco” conference, and Gender & Sexuality Alliance Forums (California High School and College Park). In addition to this, we co-hosted an LGBTQ+ inclusive prom in East Contra Costa County with Center for

Special events included: Gender Affirming Makeup Tutorial, Valentine's Day Party, and two LGBTQ+ Pride Events - Justice Prom and Concord Pride. With the planning and execution of weekly, monthly, and weekend special events, we were able to outreach to youth who may not otherwise attend our program. We collaborated with new and current community partners, to promote and provide services to marginalized LGBTQ+ youth. Overall, these youth groups and special events helped promote resiliency, collectivity, and youth leadership. These outreach efforts, youth groups and special events helped promote resiliency, collectivity, and youth leadership.

Project #3: Inclusive Schools – The Inclusive Schools Coalition continued the work of the MHSIA Innovations Project to promote acceptance for LGBTQ+ youth in Contra Costa County schools, families, and faith communities. Rainbow ran the Central/East County Coalition, which focuses on collaborative work with school leaders, staff, and students to expand and solidify a base of action within four of the county's school districts: Mt. Diablo Unified School District, Pittsburg Unified School District/Pittsburg High School, and Acalanes High School District.

The Coalition also contributed to the ongoing development of county-wide collaborative efforts to establish a strong network of schools, faith communities, service providers, parents, and community leaders that will make a commitment to shared values, principles and practices in advancing acceptance of LGBTQ+ youth in Contra Costa County. Target populations included: a) LGBTQ+ students, their peers, and groups of students who were bullied and marginalized due to racial, ethnic, class, sex, gender identity, physical, and emotional differences; b) school boards, school teachers and staff, parents and other adults whose attitudes and behavior are intrinsic to creating an inclusive climate in CCC schools; and c) school and community-based organizations that interface with students and schools on a regular basis in order to create a seamless, no-wrong-door network of supportive services for marginalized students across Contra Costa County.

The Coalition held monthly meetings to plan goals for outreach and advocacy to support LGBTQ+ youth. Efforts have also consisted of reaching out to other faith communities and agencies/organization while supporting local schools, where Rainbow staff and Coalition members attended student club events such as the Gender Sexuality Alliance forums.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

LGBTQ people are often reluctant to access mainstream services due to experiences of feeling unsafe or unwelcomed by other agencies. As a result, many do not access mainstream services, and some feel

compelled to hide their HIV status or LGBTQ identities. These fears mean that LGBTQ people, especially those in the aging older adult population, struggle with greater isolation and other discrimination-related health concerns in comparison to their peers who are not living with HIV or do not identify as LGBTQ. Within Rainbow's social and support programming and clinical services, we provide a welcoming, culturally competent environment and various opportunities to identify the needs of the community members who utilize the services that we offer.

One of our primary methods of identifying the need for behavioral health assessment or treatment is through intake. Rainbow has recently implemented new intake procedures to ensure that all who seek services at Rainbow are assessed in a manner that is trauma-informed and culturally appropriate.

In conjunction with Rainbow's new intake process, staff can identify clients who might benefit from further health assessment or treatment through interaction and conversation. For example, if a participant in youth group brings up serious issues with Youth Outreach Counselors (YOC), the YOC will help make sure they have a warm handoff to our intake coordinator.

Sometimes individuals choose to self-disclose their need for further treatment, which is encouraged by the RCC's dedication to a safe, LGBTQ-affirming environment and through our promotion of health/behavioral health services.

We also participate in various intra-agency case rounds and care team meetings. Rainbow clinicians at Ygnacio Valley High School, Las Lomas High School, Campolindo, Acalanes, Mt. Diablo High School, and Concord High School attend care team meetings where they collaborate with other educators. When LGBTQ youth are discussed, clinicians work to connect them to services at Rainbow, other CBOs, and/or county programs. Within adult services, we participate in multi-disciplinary team meetings for human trafficking and domestic violence (as part of Contra Costa's Zero Tolerance for Domestic Violence Initiative). Lastly, we attend the Children's, Teens', and Young Adult's Reducing Health Disparities Meetings and Contra Costa Health Department AIDS Program's case rounds.

We continue to use our Salesforce database to collect data on consumers, including address, name, birthdate, ethnicity, sexual orientation, gender identity, and the types of agency programs that they attend. We also collect service utilization data on every time the consumers attend a program or service. This data is summarized monthly and submitted with our PEI demands for payment. With our new intake procedures we are tracking the amount of time between initial contact and initial assessment. Counseling charts note the amount of time symptoms were present.

DEMOGRAPHIC DATA: x Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please

include the average length of time between referral and entry into treatment and the methodology used.

Rainbow uses multiple strategies to link participants into behavioral health services. One strategy is to bring resources directly to Rainbow programming. We routinely include speakers from outside agencies in our community programming. For example, during FY18 we had speakers at Senior Lunch to cover various topics, such as: fraud protection, fall prevention, higher care options.

Additionally, to support LGBTQ+ youth, collaborative events helped boost our outreach and advocacy. These events included: trainings/guest speaking engagements such as, "LGBTQ+ 101" at College Park High School, Acalanes High, "Empowering LGBTQ+ YOUth" at Contra Costa County Office of Education "Teens Tackle Tobacco" conference, and Gender & Sexuality Alliance Forums (California High School and College Park). In addition to this, we co-hosted an LGBTQ+ inclusive prom in East Contra Costa County with Center for Human Development.

Special events included: Gender Affirming Makeup Tutorial, Valentine's Day Party, and two LGBTQ+ Pride Events - Justice Prom and Concord Pride. With the planning and execution of weekly, monthly, and weekend special events, we were able to outreach to youth who may not otherwise attend our program. We collaborated with new and current community partners, to promote and provide services to marginalized LGBTQ+ youth. Overall, these youth groups and special events helped promote resiliency, collectivity, reduction of isolation, and youth leadership.

Another strategy we employ is utilizing our Inclusive Schools Coalition and our training program to outreach to other behavioral health and social service agencies. Rainbow provided a number of trainings, including to Antioch High School, Antioch Unified School District, Pittsburg Unified School District, Seneca Family of Agencies' Catalyst Academy, California State University Sacramento, Diablo Valley College, Pinole Middle School, and Strandwood Elementary School. As we increase our partnerships, referrals for services increase as a result.

Rainbow Community Center staff are trained to understand the importance of meeting people where they are at, in an effort to create a safe, welcoming, and friendly space. Having the 3 Tier Service Model is critical to connecting community members. Staff spend considerable time working to link participants to mainstream services and programs. As brokers for care between our participants and other providers, we are often able to educate providers who may be well-meaning but unsure or unfamiliar with how best to serve LGBTQ Seniors and people living with HIV/AIDS. We also help our community members by encouraging them to use social service programs, as well as inviting providers to partner with us and introduce themselves to our participants.

Once a referral is made to Rainbow's clinical program, we use a brief intake screening tool that is completed over the phone. This tool screens for needs of the individual, couple, or family. A clinician then completes the initial assessment and uses this opportunity to build rapport with community members, as well as share information about the variety of services and programs offered at Rainbow and with our community partners. Through use of the intake screening tool and staff's welcoming approach to engaging with clients, we encourage individuals to access services that are beneficial to

their immediate and longer term needs.

As stated previously, Rainbow has recently implemented new intake procedures which tracks the amount of time between initial contact and initial assessment.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Rainbow reflects MHS values of wellness and resilience by providing community members with a safe, inclusive space to build community in a stigma-free environment. Staff are educated on utilizing inclusive and culturally competent language when interacting with the LGBTQ community members. The LGBTQ community often faces discrimination in various aspects of their lives. Providing a safe environment where community members can access services free from fear of this discrimination is integral to the mission of the Rainbow Community Center. Our Community Agreements are designed to ensure that the space is kept welcome to all, and is enforced by all staff and volunteers, and encouragement is given to everyone who enters the space to further enforce these agreements.

In our behavioral health program, we utilize strength-based and trauma informed approaches in all of our interactions with consumers. We believe that our mission to build community and promote well-being is accomplished through providing high quality services while being mindful of the whole person and ways that programming we offer throughout our 3 Tier Service Model may benefit everyone we serve. Through ongoing training and utilization of a team-based approach to the work we do, Rainbow staff provide a safe environment where our clients receive non-judgmental, supportive services that help them feel welcome and accepted.

Our Inclusive Schools Coalition work is focused on creating support networks for LGBTQ youth and providing cultural competency training to other Contra Costa organizations. Through this work, we aim to make behavioral health services for LGBTQ+ people more visible, more accessible, and more culturally competent by providing relevant information, collaboration, and opportunities for networking and connection between providers and consumers alike. For example, during our annual Welcoming Schools & Communities Summit/Rainbow High, we invite several different organizations to run resource tables during the event. As a result we are able to provide appropriate resources, facilitate face-to-face connections, and encourage future collaboration between community members and organizations.

School-based youth programming was implemented through QscOUTs, social-emotional development groups, which were facilitated at El Dorado Middle School, Mt. Diablo High School, Campolindo, Ygnacio Valley High School, Acalanes High School, and Los Lomas High School. The QscOUTs' curriculum provides a safe space for LGBTQ+ students on their campuses and assists youth with identity development, healthy relationships, and team building. In conjunction with QscOUTs, students were provided with one-on-one support from onsite Rainbow interns. This support included behavioral

health assessments, short-term counseling and case management, and linkage and brokerage services. As a result, youth were able to receive help with short-term issues and be linked into higher levels of 94553care when needed.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

“Travis”

“Travis” is an African American, male identified transitional aged youth (25 years old) from Antioch where there are very few LGBTQ+ youth programs. Hoping to find a safe space, to feel less isolated, and become more comfortable with his sexual orientation, he actively searched for a support system and came across the Rainbow Community Center. “Travis” began to attend several youth groups such as Artistic Expressions, Movie Screenings and Queer Open Mic and quickly found Rainbow made him feel “safe in a welcoming, relaxing and respectful environment”, falling “in love with the sense of community that attendees, staff and volunteers bring to” Rainbow. As “Travis” attended more youth programming, he sought support from one of our Youth Outreach Counselors, on how to navigate coming out to his family and close friends. Successfully, “Travis” was accepted with open arms and was given a celebratory coming out party. Through attending our youth groups and one-on-one mentoring with a Youth Outreach Counselor, “Travis” was able to work on social-emotional development, build self-esteem, and set goals. He is continuing with his college education, working, and regularly attends youth groups. This past June 2018, he bravely sang at one of our biggest youth program events, Youth Variety Show, and has shown interest on planning and facilitating a youth group. “Travis” feels that youth program is a critical part of our Center because of the genuine, caring, resourceful and very helpful team. He states, “Rainbow Community Center adds value to people’s lives and brings them together as one.”

“Martin”

“Martin” is a Caucasian identified, transitional aged youth (20 years old), comes from a Mormon family and has struggled with coming out. He was referred to the Rainbow Community Center counseling and youth program by his counselor at Diablo Valley College. “Martin” states that he found our Rainbow Youth Program to be “very warm, open, professional, friendly, accepting and uplifting environment”, finding a sense of community, good friends, and resources. “Martin” also sought counseling at Rainbow which helped him work through negative thoughts and learn more about self-care. As a result, working both with Rainbow Clinical Program and meeting one-on-one a Youth Outreach Counselor, he was able to find a job and is currently being promoted to an Assistant Store Manager. Rainbow Youth and Clinical gave him the space and support to navigate safe social settings as well as gain self-confidence, where other youth and Rainbow staff understand his story. He was able to come out to his Mormon family as a drag queen, feeling more accepted.



MHSA

PREVENTION REPORTING FORM

FISCAL YEAR 18-19

Agency/Program Name: RYSE

PEI STRATEGIES:

Please check all strategies that your program employs:

- Provide access and linkage to mental health care
 - Improve timely access to mental health services for underserved populations
 - Use strategies that are non-stigmatizing and non-discriminatory
-

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

MHSA services provided by RYSE in the past reporting period continue to facilitate access and linkage to mental health care (through a trauma-informed, healing centered approach), improve timely access to mental health services for young people in West County strategies that non-stigmatizing, non-discriminatory, and which actively address stigma and discrimination that creates physical, mental, and emotional harm and burden for young people in West County. We are pleased to report achievement of and meaningful progress towards key activities:

Direct Service

RYSE engaged young people and community members onsite through drop-in and structured programs and events (on-site and/or online) and offsite through trainings and workshops in high schools, continuation schools, partner agency sites and within juvenile hall:

- 242 new members enrolled, for a total of 542 unduplicated members attending during the reporting period.
- RYSE programming continues to be youth-directed safe spaces that encourage both joy and the difficult work of stepping outside comfort zones. From role-playing games to examine emotions via collective storytelling, to vulnerable letter-writing to themselves and creating life maps, to participating in activities from Boal's Theatre of the Oppressed, to using balloons to learn about trauma responses and triggers—RYSE youth are always modeling for us what it means to be courageous community leaders who continue to learn and grow.
- 87 young people completed Education, Career, Let's Get Free or Case Management Plans. RYSE's Hire Up model has engaged 6 reentry clients to-date, with the following report shared by our Career Pathways Specialist that reflects RYSE's capacity to address young people's needs: *"Yesterday in Hire Up we worked on our career life maps understanding what things in our life have brought about the passions of what we want to do in our lives. It was a very open and vulnerable space members shared aspects of their lives that are truly entangled with deep pains but they have now translated those things to be driving forces to see change in their worlds. Every member wanted to do a type of work that aims towards serving their communities, bringing healing to those in need of it, and implementing justice in our society."*
- RYSE disseminated Spanish-language Sanamente (via Each Mind Matters) mental health awareness and access materials to young people and their families through front desk outreach at RYSE, as community members come into the space, as well as during outreach efforts at local schools and parks.
- Tasty Tuesday programming continued to be held weekly, providing healthy cooking and community-building workshops addressing food scarcity. We continue to receive donations from the food bank, however, must navigate the challenge of receiving an excess of sweet/unhealthy food items rather than nutritious options. Throughout the grant period, we continued to utilize the RYSE garden as a source of fresh healthy food, however in July 2019 the garden will be closed during the construction of RYSE Commons. We are actively seeking new partnerships for healthy and fresh food sources.
- On May 31, 2019, we held a community health resource fair titled, 'Rich in Health'. The event focused on promoting social services that were local and accessible for Spanish speaking families. We had 8 community providers attend with services ranging from mental health, access to primary care, sexual health and STI testing, financial literacy, environmental justice information, free dental screenings, legal consultation, and acupuncture/massage therapy demonstrations. One of the purposes of the event was to connect community members with local organizations provide free or low-cost services. We had over 70 community members attend the event.
- The youth-produced [RYSE Pride Video](#) was developed to celebrate queer joy at RYSE (June 2019)
- The youth-produced [Student Voices Video](#) shared the impact of the arts on young people's wellbeing (March 2019)
- Young people developed original poetry and spoken word, performed at over 15 public and/or youth-led events.
- RYSE members produced the [Youthtopia Mixtape](#), pieces were all components of the May 2019 Multimedia Production.
- 146 Member Liberation Impact Surveys were completed (May 2019)
- 84 Program Impact Surveys were completed in throughout Spring season 2019
- 29 Partner Impact surveys were completed (May 2019)

RYSE continues to receive referrals from the Probation Department and hospital-linked TRRS system following acute or lethal injury. RYSE has been working with youth to provide transitional support and reentry services for youth leaving juvenile hall and the Boy's Ranch and has successfully deepened our relationship with the Contra Costa Probation Department.

- 39 new members were referred through Probation or hospital linkages; case management was provided for all participants, building integration and access to RYSE's full model.
- Services provided this month include, but are not limited to: welcome home care packages; support with transportation to and from court; providing information to incarcerated clients family; clothing support; DMV appointments; transportation; grocery shopping; housing assistance; character letters; community service hours support; anger management programming.
- Individual clinical therapy ranged from 2-5 stabilizing counseling sessions, to continuous relationship and monitoring between the therapist and young person over the entire year. A Spanish-speaking therapist joined RYSE in January 2020, and she has since taken on a caseload of 11 young people who require Spanish for themselves or in communication with their parent/guardian. When we are unable to take a referral, we inquire with the referral site and young person about engaging at RYSE in other capacities until an opening is available.
- Hip Hop Heals, a collaborative educational experience for youth committed by Juvenile Court and staff at the Orion Allen Youth Rehabilitation Facility in Contra Costa County, was piloted over this grant period. The project promoted community, healing, social-emotional learning, creativity, intellectual curiosity, and confidence for young people and staff at the facility.

RYSE continues to raise visibility and promote action on gender justice and queer liberation in WCCUSD as integral to youth leadership and to creating safe space for young people of color. By staying committed to serving young people through all their varied experiences, self-discovery, and changing identity awareness and expression, RYSE served youth identifying as LGBTQ, and maintains an environment that prioritizes queer safety and leadership for all members.

- RYSE Alphabet Group programming utilized art for healing and queer expression.
- Let's Talk about Sex discussion space were held, centering queer and trans experiences and including a trauma informed framework makes accurate sexual health information more accessible and relatable.
- Two Let's Talk About Sex Interns were hired and participated in facilitation and sexual health trainings to develop skills in public health and sexual health education. Completion of this internship ended with a Let's Talk about Sex week of workshops led by peer-health interns, as well as with each receiving a Planned Parenthood endorsed Sexual Health Peer Educator Certification.
- All RYSE Staff were involved in a continued Sex Positivity Training to increase awareness and build collective best practices in supporting young people in navigating conversations around sexuality (including homophobia, transphobia, sexism).
- RYSE members and staff performed and participated in the following community events:
 - 2/4/19, Blacker Side of the Rainbow: Black Queer and Trans Identity dinner and discussion- RYSE Center
 - 3/22/19, Full Bloom Queer Youth Performance Event- Aja & Luris Fierro (member) facilitated cultural opening- Oakland, CA
 - 4/19/19, BlaqOUT Conference- UC Santa Cruz, Black Queer & Trans identity conference
 - 5/28/19, Queer Poetry Slam - Part of the 2019 National Queer Arts Festival- RYSE Center- The Queer Cultural Center (Bay Area) hosted its first Queer Poetry "Cash Prize" SLAM at RYSE. Community members, RYSE members, and RYSE Staff performed.
 - 6/21/19 Rhythms and Rainbows: Queer Pride Party- RYSE Center

- 6/2019: Workshop for AMP Gender/Sexuality and Queer & Trans visibility in music industry- RYSE Center
- In March 2019, RYSE members participated in Grassroots Womxn Rising, the first statewide convening bringing together girls and womxn for social change, self-care, and developing leadership skills, and also attended The California Endowment's Queer and Trans Youth Leadership Summit.

Systems Change

- **Kids First Richmond:** In December 2018 a Director was appointed for the Department & Fund. Since then RYSE has been in deep partnership, alongside the Invest in Youth Coalition and the Richmond Kids First Campaign Committee, ensuring that the vision & goals of the Kids First Initiative is enlivened within the implementation and launching of the Department the community and youth oversight board.
- **John Muir Resident Trainings:** RYSE continued our pilot with John Muir Medical Center, participating as a training site for their Family Residency Program. As part of their rotation, the medical residents come to RYSE to learn how to connect, refer, coordinate supports for patients to RYSE, and to gain a better understanding of the ways in which trauma and violence impact young people of color in our communities, and how they can best support and care for our communities in their roles as doctors.
- **Training and Sharing Praxis:** In May, RYSE presented for Resilient Napa - [Resilience, Resistance, and Relationship, the 3 Rs of Systems Change](#). RYSE developed and provided a two-day training to East Bay Parks and Recreation Department staff about trauma informed and healing centered practices for adults working with youth. The training centered around understanding the correlation between climate and environmental justice work and communities most impacted by health inequities, understanding adolescent brain development and short-term/long term impacts of trauma, and learn strategies for coordinating supports for young people navigating trauma that can be applied to their roles. RYSE is participating in Contra Costa Health Services Strategic Planning Process, including supporting the design of stakeholder convenings. RYSE recently joined the Steering Committee of the California Children's Trust, and participating on the Equity, Accountability, and Outcomes Design Team. RYSE was selected to participate on the Statewide All Children Thrive Initiative, convened by Public Health Advocates. The aim of ACT-CA is to support and move cities to develop and implement child-centered, trauma-informed, healing-based policies, investments, and practice. The Sacramento My Brother's Keeper Initiative launched a [Trauma and Healing Learning Series](#) based on RYSE's Series. RYSE presented at the Launch session in May.
 - January 10, 2019 Healing-Centered Organizing for Youth Organize! California Partners
 - January 16, 2019 Contra Costa County Behavioral Health-Community Forum-Focused on Serving the Immigrant Community
 - January 17, 2019 Mental Health Services @ RYSE for Lifelong Medical Care (1 hour)
 - January 31, 2019 Non-Violent Communication and Restorative Practices
 - February 1, 2019 Gender Justice Training
 - February 13-14 Trauma, Healing, and Resilience Training for East Bay Regional Parks District
- **WCCUSD Trainings:** We scheduled a training with the WCCUSD Executive Board to take place in April 2019 to discuss the School-to-Prison Pipeline and the position played by the District in patterns of suspension, expulsion and push-out. The training was cancelled, however, and will be rescheduled for October 2019. RYSE continues to work to connect District administrators with renowned experts in areas of racial trauma and healing with Drs. Ken Hardy and Shawn Ginwright, adolescent brain

development with Dr Joyce Dorado, school to prison pipeline research and policy with Tia Martinez, JD. We plan to continue to hold launch of school-year trainings, are in school-specific conversations across the district about initiatives that support trauma-informed efforts, and continue to offer Listening to Heal as a pathway for building collective capacity to respond to trauma. RYSE is set to conduct new WCCUSD teacher training for the 19-20 school year. This will take place on August 12th and focuses on cultivating Healing-Centered Classrooms.

- **Positive School Climate Resolution:** RYSE continues to build community awareness and promote implementation of the WCCUSD Positive School Climate Resolution, committing to ensuring that positive behavior and restorative practices are embraced, modeled, and reinforced in the District. RYSE began participation in Georgetown's Center for Juvenile Justice Reform 2019 Reducing Racial and Ethnic Disparities working group, which includes the CC County District Attorney office, public defender's office, Office of Reentry and Justice, a school representative and a law enforcement representative, and Probation. During a workshop at Georgetown University the group developed two project ideas: 1) development or enhancement of alternatives to detention and 2) the development of a protocol among police, schools, and juvenile justice officials aimed at reducing arrests of students. Next steps are to hire researchers to evaluate and gather school data that District has about rates of expulsion, suspension and calls to police. This data will be used to make protocol recommendations.
- **Youthtopia: In the Face of Gentrification Multimedia Showcase:** In May 2019, RYSE members produced Youthtopia which premiered at East Bay Center for the Performing Arts and included an interactive audience mapping project of Richmond in the lobby as well as a talk back after each show. Youthtopia featured musical numbers, poetry, and interviews with HERE Action Research Project Interns about systematic workings of gentrification in Richmond and the broader Bay Area.
- **Restorative Justice Diversion Pilot:** In May 2019 RYSE launched a collaborative agreement with the District Attorney's Office to bring restorative justice diversion to Contra Costa County. This is the result of early conversations and coalition-building meetings held over the past 5+ years, as well as ongoing advocacy by young people about the harms of our current system. The program is post-arrest/pre-charge where the young person will be diverted instead of processed through the juvenile legal system. The program will be run by RYSE independent of any law enforcement or systems partner. Staff training in restorative circle-keeping will begin August 29th.
- **RYSE Commons:** RYSE has launched our capital campaign and begun construction to expand into RYSE Commons. RYSE has qualified for and has closed a New Market Tax Credits (NMTC) transaction through the Opportunity Fund, and has been approved for a \$5.7 million Bridge Loan from the Raza Development Fund. As part of our sustainability plan, RYSE has acquired our current building as a free and clear asset. Our building and outdoor properties have a current market value of \$1,350,000. We also recently acquired another property for the RYSE Commons campus free and clear valued at \$465,000. This property will allow RYSE to develop a Health Home for young people of color as a key component of RYSE Commons. A Health Providers Roundtable, youth-participatory action research, and a business/sustainability plan process are each beginning this summer toward the development of this reimagined health system and linkages.

RYSE was also featured on and contributed to the following sites during this reporting period:

- RYSE released a co-authored [SF Chronicle Op Ed](#) about the need for more mental health resources in schools and cited radical inquiry research among students in Richmond schools.
- Following our YPAR publication in the Journal of Family Violence, YPAR Intern Leili Lyman authored an article for the Chronicle of Social Change - [For Youth In My City, Marijuana is the Go-To Treatment for Trauma](#).
- Youth Today: <https://youthtoday.org/2019/03/how-to-help-youth-activists-change-the-world/>
- PACE Funders: [YOUTH CIVIC ENGAGEMENT FOR HEALTH EQUITY & COMMUNITY SAFETY](#)
- KQED: [If Cities Could Dance](#)
- East Bay Times: <https://www.eastbaytimes.com/2019/05/14/contra-costa-explores-an-alternative-to-sending-kids-to-juvenile-hall/>
- Opportunity Fund: [https://www.opportunityfund.org/media/blog/opportunity-fund-finances-\\$11mm-expansion-of-youth-center-in-richmond/](https://www.opportunityfund.org/media/blog/opportunity-fund-finances-$11mm-expansion-of-youth-center-in-richmond/)
- ACES Connection: [Program Offers Young Men and Boys a Safe Space to Heal from ACES and Build Connections](#)
- KPFA: [Trauma and Healing in Communities](#)
- The Alliance for Media Arts & Culture: [Healing through the Arts: LoveTopia](#)
- RYSE continues to engage in advocacy efforts and develop guidance materials and forums for communities to collectively reflect on the opportunities presented by Proposition 64 (2016 marijuana legalization) and to consider their local, regional and statewide application of funds. RYSE co-authored the following report, [Recommendations Roadmap for Prop 64](#)
- RYSE's model has been highlighted Fast Company's World Changing Ideas for [RYSE Commons](#); and our Executive Director, Kimberly Aceves-Iniguez and Associate Director, Kanwarpal Dhaliwal, were recipients of the [Jefferson Award for Public Service](#).

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- *List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

Health and Wellness

A. 70% of RYSE members report benefits of RYSE programs and services that support mental health and wellness. ACHIEVED.

- 93% report that RYSE has helped them pay more attention to their feelings and emotions
- 97% report that RYSE has helped them feel that it is okay and beneficial to be in programs that support mental health
- On a scale from 1-100, RYSE members selected an average rating of 77 that they feel loved at RYSE, and that however they come in, staff love them.

B. 70% of RYSE members report

positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community. ACHIEVED

- 97% report positive relationships with RYSE staff
- 90% report positive peer relationships with peers at RYSE
- 92% report positive or increased sense of self-efficacy and agency

C. 70% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan) ACHIEVED. Results of Spring 2019 ProgramLITs:

- Digital Storytelling: 100% agree or strongly agree that they learned something new in the workshops and will be able to use what they learned.
- College A-Z: 77% agree or strongly agree that they learned something new in the workshops and 74% will be able to use what they learned.
- Education & Career Case Management: 100% agree or strongly agree that their GPA improved and 100% agree or strongly agree that they reached one or more of their education or career related goals.
- Hire Up: 87%-100% agree or strongly agree that they feel more prepared and confident as job applicants along seven key measures.
- Young Men's Group: 90% agree or strongly agree that they have a better understanding of how social conditions of violence affect individual and community health.
- Transition & Reentry: 100% agree or strongly agree that RYSE supports have helped them know more about their rights and choices when navigating public systems.
- RYOT Leadership Skills Training: 87% - 100% agree or strongly agree that they feel more skilled and prepared as leaders across eight key measures.
- RYOT Political Education: 100% agree or strongly agree that they have a better understanding of issues affecting their local and global communities.

D. RYSE members who are identified as needing more intensive MH services will be linked to culturally competent MH services. ACHIEVED, ongoing.

- Among members engaging in RYSE Intervention/Diversion/Reentry and hospital-linked violence intervention, 100% reported an improved sense of emotional and mental health and destigmatization.
- During this time period, we've referred at least 1 person to receive support through Contra Costa Behavioral Health Services. This client was referred to therapy via the R2P2 program. RYSE supported her in therapy for one year. She was in need of more intensive therapy that included being able to be seen in the home several times/week and support with obtaining and maintaining medication for both Post-Traumatic Stress Disorder and Depression. She is also managing chronic pain due to a bullet in her back from having been shot, which is one of the reasons she was needing in-home supports. She continues to utilize those mental health services and is still connected to RYSE, receiving case management.

Some quotes from our Member LIT (May 2019) - "What makes RYSE Special"

- How accepting they are.
- Inclusive, variety of programs, space for everyone
- No other place like RYSE anywhere, it's like a second home, supports and accepts everyone.
- A safe place to learn, grow, and advocate for your community.
- All the programs it offers for the youth
- Everybody gets along even when they don't like each other they still find ways to work with each other, there's a lot of programs to participate in.

- Different people's happiness and backgrounds
- Good community
- I am accepted for who I am, as I am.

Trauma Response and Resiliency

E. 80% of the total number of stakeholders involved in TRRS series will report increased understanding and capacity to practice trauma-informed youth development. ACHIEVED.

- On a Yelp-like scale about RYSE as a partner, partners gave RYSE an average of 4.9 stars out of 5.
- 89% of surveyed partners agreed or strongly agreed that RYSE has supported them in new ways of thinking and doing their work.
- 94% agreed or strongly agreed that RYSE provided a sense of community.

F. At least 40 stakeholders demonstrate shared commitment to trauma-informed policy that promotes the optimal health and wellness of West Contra Costa youth and young adults.

- RYSE has hosted seven trainings for John Muir residents to-date, with initial evaluation results trending at "strongly agree" related to relevance and value.
- We are still planning a Gender Justice series, pushing timeline back to be mindful of planning for activation of RYSE Commons. In preparation for the space, it feels critical to engage in some of the trainings and praxis that RYSE already does to bring partners together in responding to young people.

Inclusive Schools

A. 70% of RYSE members who self-identify as LGBTQQ report positive sense of safety and belonging at RYSE and positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community

- 100% of RYSE members who self-identify as LGBTQQ report positive sense of belonging at RYSE
- 87% of RYSE members who self-identify as LGBTQQ report positive peer relationships at RYSE
- 100% of RYSE members who self-identify as LGBTQQ report positive relationships with staff at RYSE
- 86% of RYSE members who self-identify as LGBTQQ report improved sense of agency and self-efficacy
- 100% of RYSE members who self-identify as LGBTQQ report improved understanding of self and self in relationship to other people, cultures, sexual identities

B. 70% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.

- 92% of RYSE members report a better understanding of people of different cultures
- 91% of RYSE members have a better understanding of LGBTQ identity
- 98% of RYSE members have a better understanding of how different groups in their schools or communities share common challenges

C. 75% of the total number of adult stakeholders involved in the Inclusive Schools Coalition and/or Trainings will report increased understanding of the priorities and needs of LGBTQQ youth and their peers.

- RYSE conducted trainings for Career Health Pathways staff at various WCC schools in preparation for leading summer student internships, as well as for incoming teachers at WCCUSD. The next training is scheduled for August 12, 2019.
- Audience feedback from Youthtopia: in the Face of Gentrification:
 - *"The cast touched subjects I'm not able to speak about a lot on a serious level."*

- *"It's always a learning experience hearing youth in each generation express their fears, concerns/ hopes. I work in the education sector teaching and seeing how students felt just reinforced the motivation I have to teach and care for our kids."*
- *"I'm inspired by the resilience and talent."*

DEMOGRAPHIC DATA: **Not Applicable** *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

- While the total number of youth served during this reporting period is 424, the Race section adds up to more because youth marked both more than one race and the races they identified. Similarly, the Gender Identity and Sexual Orientation sections add up to more because some youth selected multiple responses.
- Part 2 is blank because we collect info on race and ethnicity together and with some differentiated categories than MHSA.
- Part 5 is blank because RYSE does not ask about specific disability on the member application. We noticed that there is no place to document atmospheric trauma and distress our members experience.
- Regarding referrals out for question 9a. We do refer youth to outside services (clinical and non-clinical), however they often report negative or uncomfortable experiences with outside referrals. On occasion, members will inform us that they were unable to make an appointment.
- Regarding Part 7: Item 10 requesting the average duration of untreated mental health issues,

RYSE defines and addresses trauma and distress as historical, structural, and atmospheric, operationalized through racial oppression and dehumanization of young people of color (RYSE Listening Campaign, 2013; Hardy, 2013; Leary, 2005; Van der Kolk, 2015). Therefore, RYSE's work is focused on addressing the conditions and systems that induce and perpetuate distress and atmospheric trauma, cultivating and supporting community building for collective healing and mobilization to address the harmful conditions and their generational impacts, and providing tailored supports and services necessary to provide safety, stabilization, and hope for individual young people and as a community.

We measure impacts related to RYSE's core strategies and prioritization of relationships as prevention and early intervention of mental health issues (reflected in our service workplan). We do not measure duration of untreated mental health issues, as it does not fully reflect, and is dismissive of, the context and magnitude of what young people are experiencing and embodying. It falls short of the rigor and dynamism we employ as a community

mental health and healing organization. That said, we work in persistent proximity with

individual members to listen to, validate, and hold their lived experiences and articulations of distress, as well as

those of resistance and resilience.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

Please see previous reports sharing RYSE's Theory of Liberation and Radical Inquiry.

VALUES:

Reflections on your work: How does your program reflect MHS values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

RYSE centers the experience, priorities and needs of young people we work with, believing that they have the expertise to direct the services needed for their wellbeing. With this orientation, RYSE staff form relationships with systems-involved young people to learn about their short and long term goals, their personal relationships and advocates, their familiarity and comfort navigating systems, and learning how their past experiences have impacted the options available to them and existing barriers. When needs and interests have been identified either by a youth participant or by a staff member; the staff member will work to obtain consent from participants to make a referral. Values guiding our approach include:

1. Youth consent: knowing that participants have endured systems harm and non-consensual decisions profoundly affecting their lives, consent is required for referrals to services within and outside of RYSE.
2. Supported self-advocacy: young people are encouraged and supported to take the lead in connecting to services they need and identifying supports that are relevant for them.
3. Relationship-based: RYSE has done the work to build relationships with partner organizations and in and outside of institutions. In this way, we have a clear idea of what they offer that RYSE cannot offer in-house. If desired by participants, RYSE staff accompany youth to first meetings and/or bring partners into Bridge Meetings with probation for a "warm hand off".
4. Culturally-relevant: young people have shared a need for culturally appropriate and culturally-rooted services with strong youth development competency of providers, gender and sexuality affirming services and care, and active countering of implicit and explicit bias among providers.
5. Accessibility: limitations on travel, especially for youth on probation, are taken into account when referring services within our broadly dispersed and public transportation-limited county. While RYSE works to do all we can to provide and coordinate multi-dimensional supports for the dynamic health needs of young people, we experience firsthand the limitations of health systems in providing quality care for them and their families. For example, there is only one psychiatrist for children's mental health in all of Contra Costa County. RYSE is the only mental health provider that will see young people for clinical supports regardless of insurance status.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

In June, RYSE held RYSE Pride Month activities, which were shared in our [July newsletter](#). The idea of a chosen family was a theme that young people chose to speak about. They reflected on the safe space and healing relationships that RYSE cultivates and the ways that RYSE sees them in all of their identities, the intersections of being Black and Queer in Richmond:

On the importance of chosen family:

“It doesn’t matter what race you are, there are parents that will not accept you. There are people who will not like it and I think that’s the main reason why they do Pride, because there’s nowhere to turn and I feel like the only way is when you’re around people that are in your shoes as well...My chosen family means a lot because most of the people I know are like me, they like girls. There might be a couple of them that’s straight, but they still support me. They still support the other people that’s in our [Queer] family and they mean a lot to me and that’s very important to me.”

On growing up in Richmond, CA

“In my experience, growing up it was very difficult to be myself, to show my true self to my family without them lookin’ at me crazy or with my family feelin’ like I’m not accepted to them and I have to fit their standards of what should be the perfect son and boy. In my family if you cry, you cry. But don’t cry for unnecessary things. Growing up in a Black family or an area like Richmond, not many people were very accepting of the LGBTQ [community] or just being them self, but as I got older, I tend to notice most of my friends that were out and about like being LGBTQ. Everybody was cool with them. And I’m just like, a few minutes ago people didn’t care and now people are cool with it. And it’s a big change, and I’m happy about that I really am. Like I’m happy that people are really accepting people for who they are and love is love no matter what.”

On the importance of chosen family:

“...For me, I have a household of five sisters. I’m the baby of the family so I never had a brother or like another male that was my age to hang out with on a constant basis. ...having a chosen family especially for me, like Marques. Even though we’re not blood related, he is my whole brother. I treat him like he’s my whole brother; He’s the brother that I never had that I always wanted...He’s one of the few straight males that are Black that don’t care...who I am as a person and who he is as a person he just don’t pay close attention to every particular detail”



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PREVENTION & EARLY INTERVENTION
 SEMI-ANNUAL REPORTING FORM

FISCAL YEAR: 2018-2019

Reporting Period: Please Select One

- Semi-Annual Report #1 (July – Dec)
- Semi-Annual Report #2 (Jan – June)

Agency:

**STAND! For Families Free
of Violence**

Project:

9

SERVICE PLAN:

Briefly summarize the Scope of Services as outlined in the Service Work Plan. What did you set out to accomplish?

For the Fiscal Year 2018-2019 we plan to:

1. Deliver the “You Never Win with Violence” presentations to 500 middle and high school youth in Contra Costa County.
2. Deliver informational presentations to 100 school personnel, service providers and parents on the effects and causes of teen dating violence, including bullying and sexual harassment to increase knowledge and awareness of healthy relationships.
3. Provide secondary prevention activities to 200 youth experiencing, or at risk for teen dating violence.
4. Conduct sixteen (16) gender-based support groups that are fifteen (15) weeks long.

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include procedures re: referrals and follow up. Attach case vignettes and any material that documents your work as you see fit.

1. You Never Win with Violence: 1,730 participants served in 70 presentations. **Goal exceeded.**
2. Expect Respect and Promoting Gender Respect Support Groups: 252 participants and 24 groups served. **Goal exceeded.**
3. Twenty-four (24) gender-based support groups that are 10 weeks long each. Goal **Partially achieved.**
4. Adult Allies: 35 teachers and other school personnel trained. Goal **Partially achieved.**
(See attached evaluation report)

OUTCOMES, MEASURES OF SUCCESS, DEMOGRAPHIC DATA:

Please provide quantitative data re: your services.

- For report #1 (half-year report, Jan 15): numbers served year-to-date.
- For report # 2 (year-end report, July 15) please include
 - a) **year-to-date** demographic information for clients served (see demographic form).
 - b) Report on measures of success indicators as defined in Service Work Plan (see separate form)
 - c) Narrative of Outcomes
 - d) (See evaluation attachment A through H)

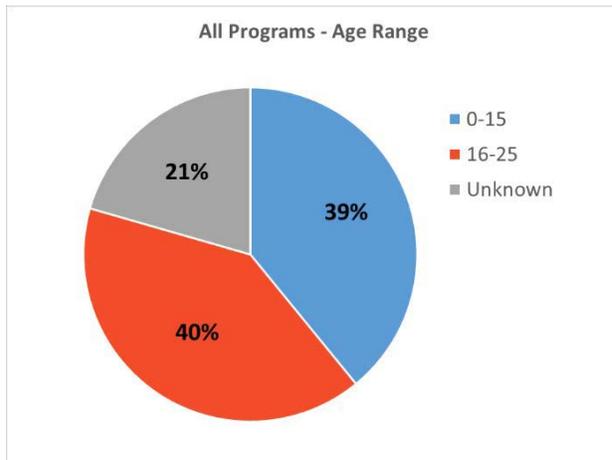
All STAND! Prevention Programs:

Total Clients Served:

We have served a total of **1,903** clients through all our Prevention programs throughout the Fiscal Year.

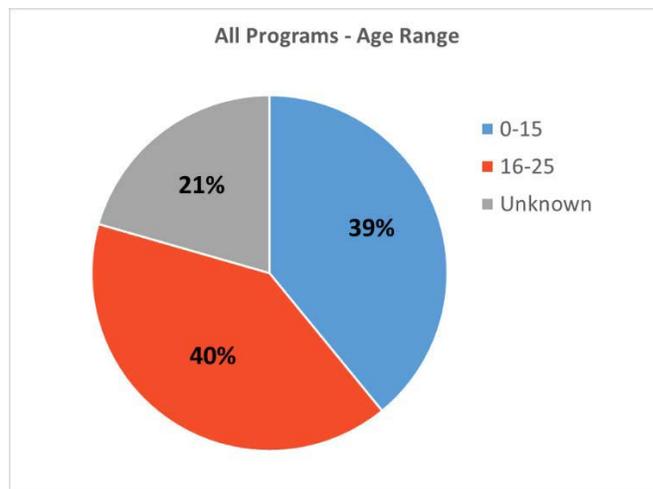
Gender:

Male Identified: 913 clients; Female Identified: 924 clients; Transgender: 9 clients;
 Unknown/Unreported: 57 clients.



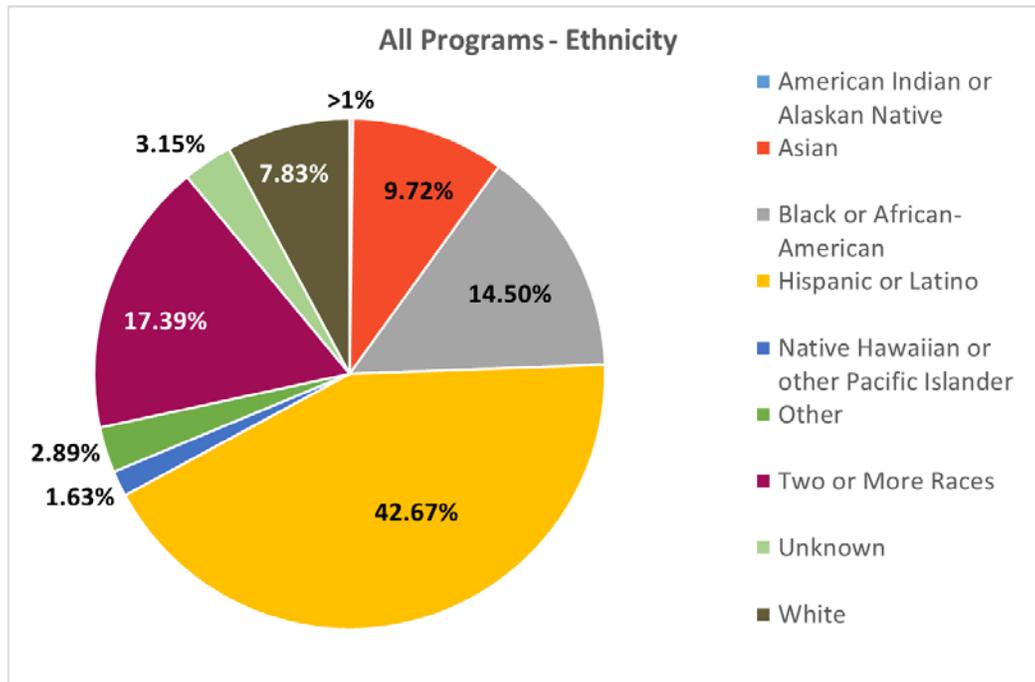
Age:

0-15: 744 participants; 16 – 25: 768 participants; Unknown/Unreported: 391 participants



Ethnicity:

African American/Black: 276 participants; American Indian/Alaska Native: 4 participants; Asian: 185 participants; Native Hawaiian/Pacific Islander: 31 participants; Caucasian/White: 149 participants; Hispanic/Latino: 812 participants; Other: 55 participants; Multi-racial: 331 participants; Unknown/Unreported: 60 participants



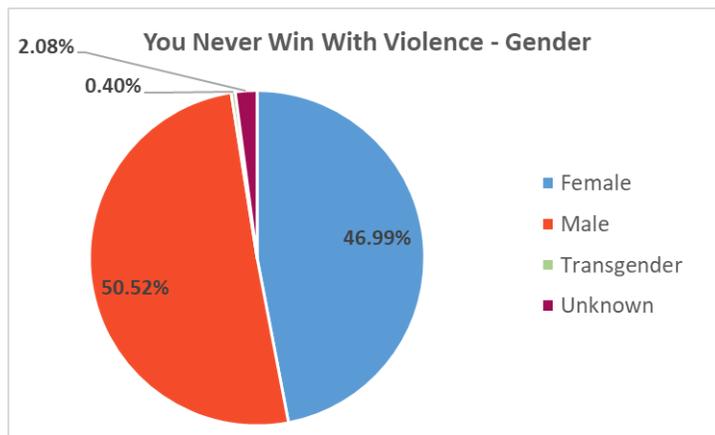
**“You Never Win with Violence” and You Never Win with Sexual harassment combined
Presentations:**

Total Youth Served

We have served a total of 1,730 youth through our YNWWV presentations this Fiscal Year.

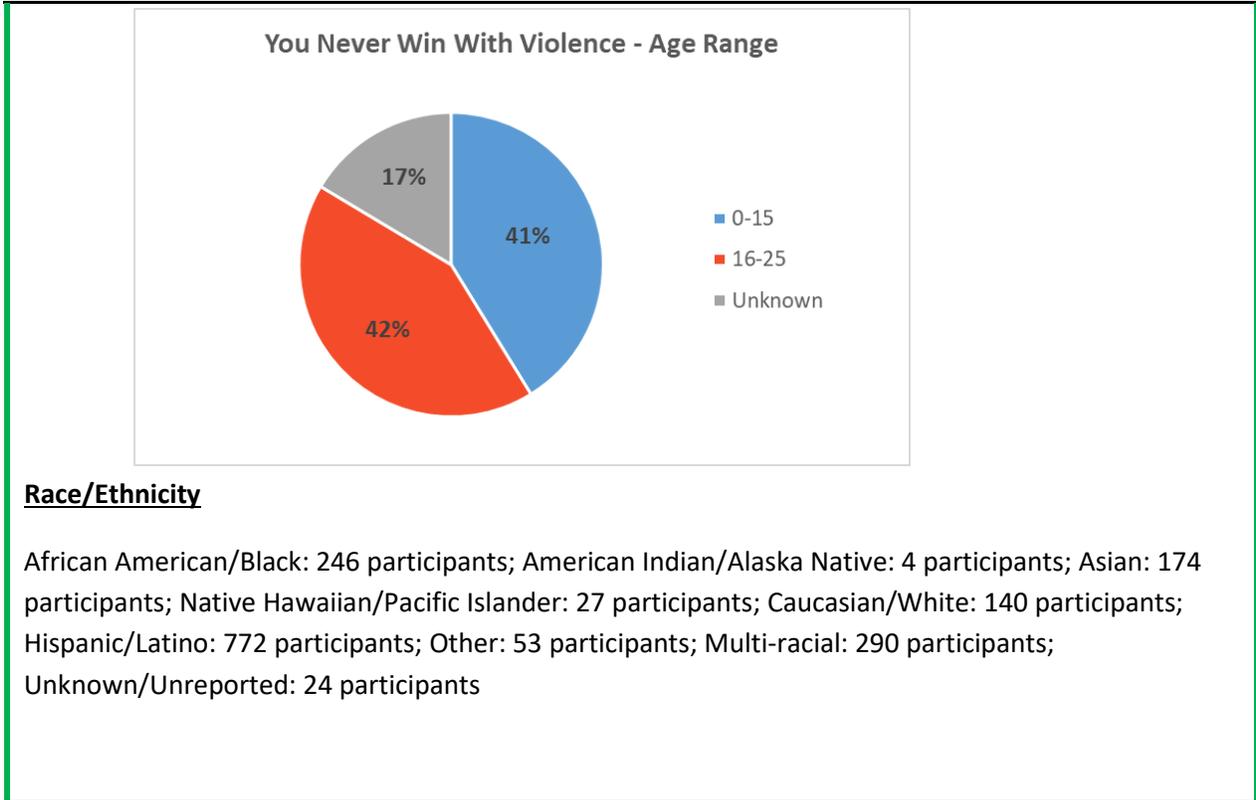
Gender

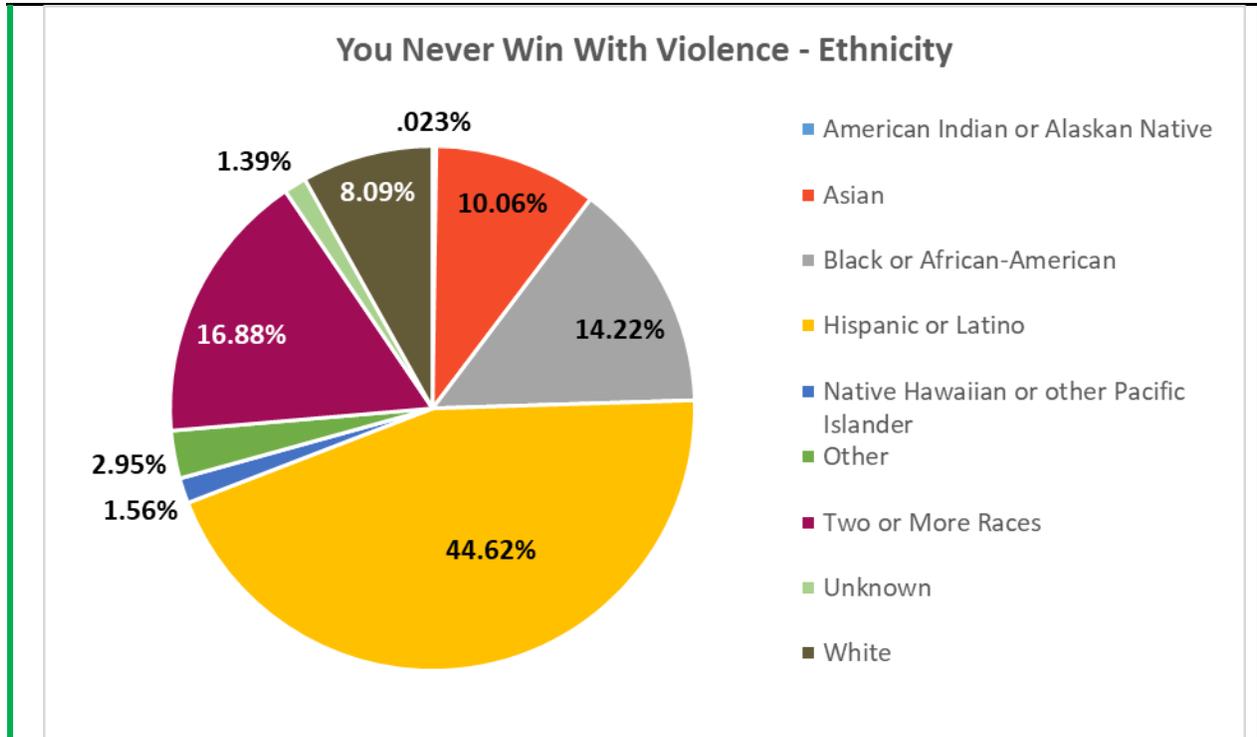
Male Identified: 874 participants; Female Identified: 813 participants; Transgender: 7 participants;
Unknown/Unreported: 36 participants



Ages

0-15: 713 participants; 16-25: 644 participants; Unknown/Unreported: 373 participants





Summary

This year, we served **1,730** students, surpassing our goal of 500 students and resulting in total compliance with this goal. We provided 70 in class workshops throughout West and East Contra Costa County. Our team provided 38 workshops in West County, and 32 workshops in East County. This included reaching most of the Antioch High’s Freshman class for the second year in a row. We provided most of our workshops in East County at Pittsburg High. Since Pittsburg High, unlike our West County partners, does not have a health center, we relied entirely on staff contacts and cooperation to schedule workshop presentations. A select number of staff at Pittsburg High have become great resources and on campus support for our team – letting us provide workshops in their classes, providing referrals and even providing us classroom space to conduct our support groups. Throughout the County, our team was able to provide these services with limited staffing and despite significant delays in the contract process with WCCUSD.

The YNWWV workshops continue to be the most successful source of sign-ups for support groups as well as an entry point to a cluster of services offered at STAND! and at each respective school. By

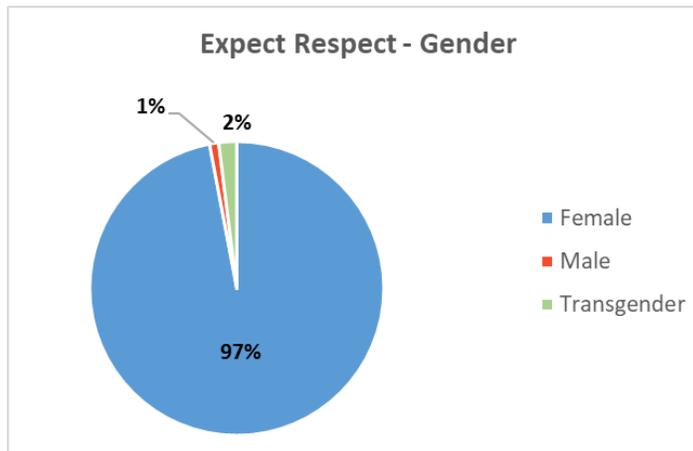
highlighting support groups, crisis line access, and other on-campus services we discretely and safely promoted supportive services. Workshops were also the entry point to accessing intervention services as we had multiple instances where youth asked for advice or reported sexual abuse, sexual harassment, teen dating violence, or domestic violence following a workshop. This year, after a workshop presentation, our prevention staff were approached by a student who thought they might be in an abusive relationship. Our staff were able to meet with her individually in the health center to provide emotional support, safety planning and ultimately assist them to safely leave this unhealthy relationship. Through this interaction and the subsequent follow ups, this youth also enrolled in one of our semester long support groups where they were able to receive continual services, peer support and continue in their journey towards healing.

Expect Respect Total Youth Served

We have served a total of **101** youth through **13** Expect Respect support groups this Fiscal Year.

Gender

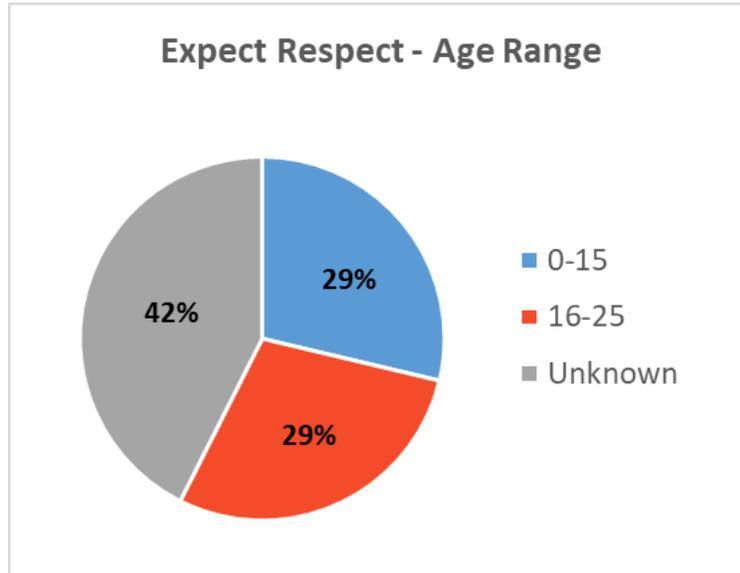
Female Identified: 98 participants; Male Identified: 1 participant; Transgender: 2 participants;
Unknown/Unreported: 0 participants



Ages

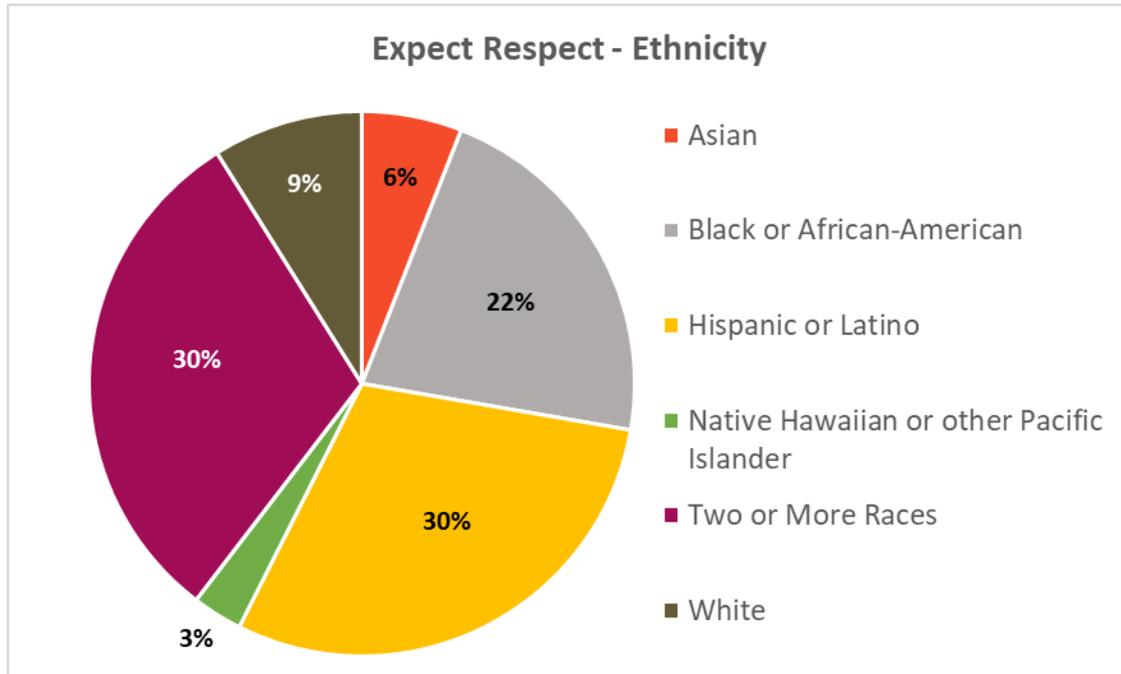
0-15: 29 participants

Unknown/Unreported: 43 participants



Race/Ethnicity

African American/Black: 22 participants; American Indian/Alaska Native: 0 participants; Asian: 6 participants; Native Hawaiian/Pacific Islander: 3 participants; Caucasian/White: 9 participants; Hispanic/Latino: 30 participants; Other: 0 participants; Multiracial: 31 participants; Unknown/Not reported: 0 participants



Summary

Our Expect Respect groups served **101** participants in **13** different support groups during this Fiscal Year. When combined with our Promoting Gender Respect Support groups (**151** participants and **11** support groups), which are geared towards male identifying youth, we surpassed our goal of providing 200 gender-based participants, with a total of **252** group participants and **24** support groups. When focusing solely on Expect Respect, we did provide services to less participants than in previous year primarily because there was a staff vacancy with only one remaining facilitator to serve our female-identifying youth. This staff member is also responsible for co-delivering workshops among other direct service efforts. The combination of WCCUSD contract delays and lack of infrastructure in many east county schools (lacking health centers or no full-service community schools) were also factors that reduced our participant numbers this year.

Despite these challenges, we continued to find that smaller support groups are far more effective than previous years' larger groups, thus creating a more intimate forum for youth to learn and share. Smaller groups (10 participants or less) allowed for more natural rapport building and trust.

This year we also found that STAND!'s consistent presence on campuses throughout the County has helped improve external and peer referrals to our programs more than in previous years. In West County Schools, we have been receiving increasing numbers of referrals to our programs than in

previous years. At De Anza High for example, we had an equal number of students sign up for support groups during our workshop presentations as we had referrals through the health center. These referrals help us provide services to students who might not reach us during our classroom presentations, and signal that health center and school staff have an increased understanding of the services and support that STAND! provides.

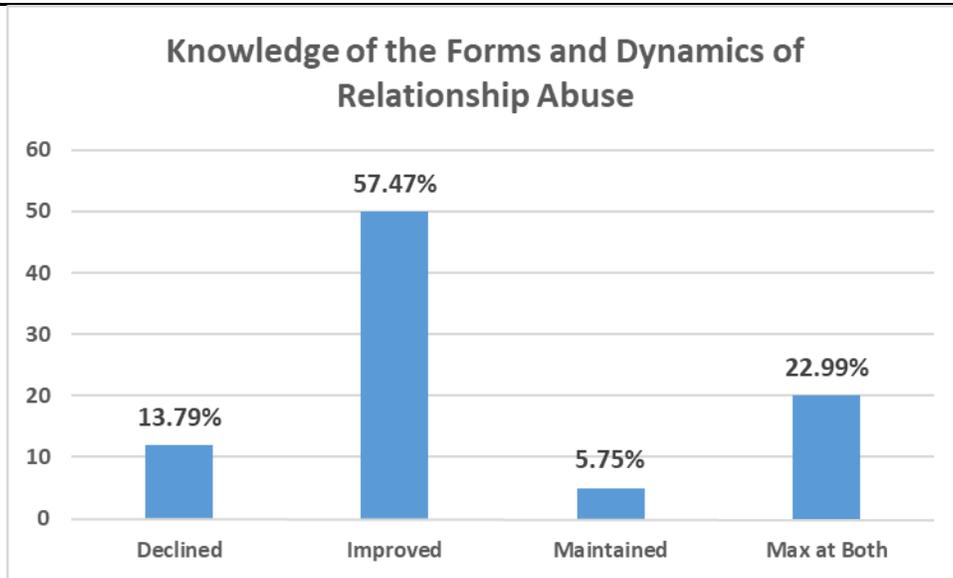
Additionally, more and more students on campus recognize our staff and services and are either self-referring to our group or recommending their friends to our services. In one instance, a student who had seen our workshop presentation two semesters previously was in an unhealthy relationship and in need of support. They were able to access their health center and ask to speak with somebody from STAND! That student was then enrolled in a Expect Respect support group where they were a highly active participant and was provided one on one counseling for emotional support, safety planning, and other supportive services. Ultimately, they successfully and safely left their unhealthy relationship.

We are particularly proud of these developments, however subtle, because they signify the continual integration of our agency and our services into school and student culture. We hope that our continued presence and increased recognition on campuses throughout the County will assist us in reaching more and more students who might otherwise be overlooked if left to the traditional pathways to service.

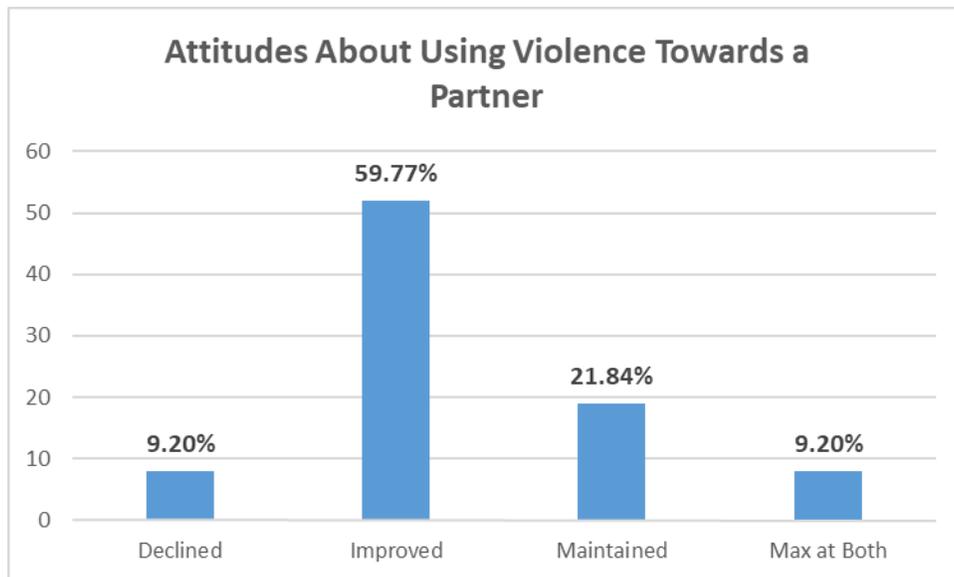
Expect Respect PRE/POST Survey Results

In total, 87 Expect Respect students completed their PRE and POST surveys this Fiscal Year.

Students were surveyed on their general knowledge of the forms and dynamics of abusive relationships. Of the 87 students who completed both surveys **86%** showed improvement or mastery of the subject.



Students were also surveyed on their attitudes about using violence or abuse towards a dating partner. Of the 87 students who completed both surveys **91%** showed improvement or mastery of the subject.



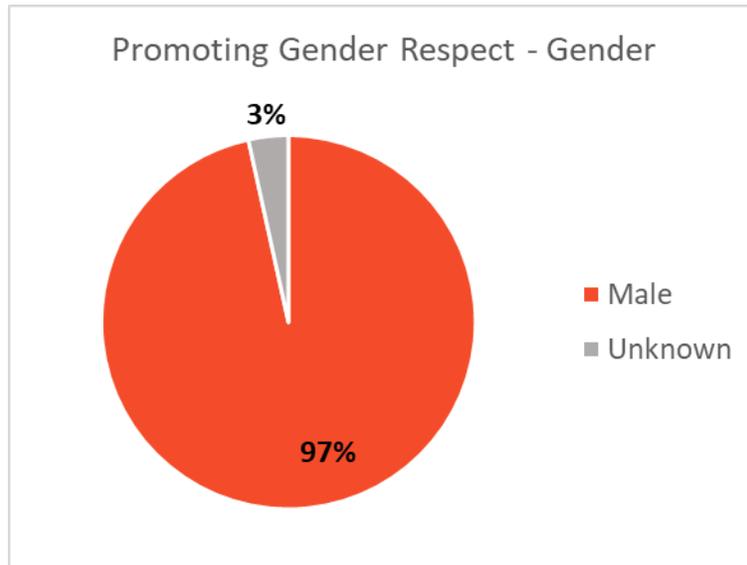
Promoting Gender Respect:

Total Youth Served:

We have served **151** students through **11** Promoting Gender Respect groups this Fiscal Year. **

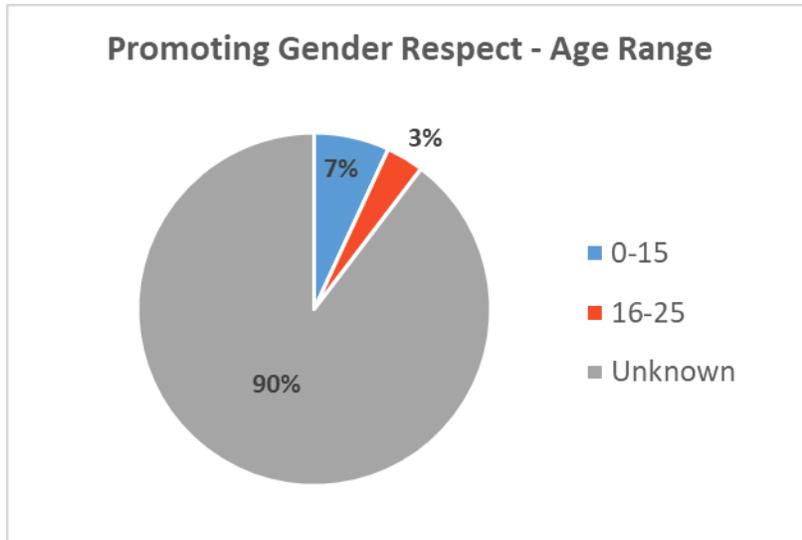
Gender:

Male Identified: 150 participants; Female Identified: 0 participants; Transgender: 0 participants;
Unknown/Unreported: 1 participant.



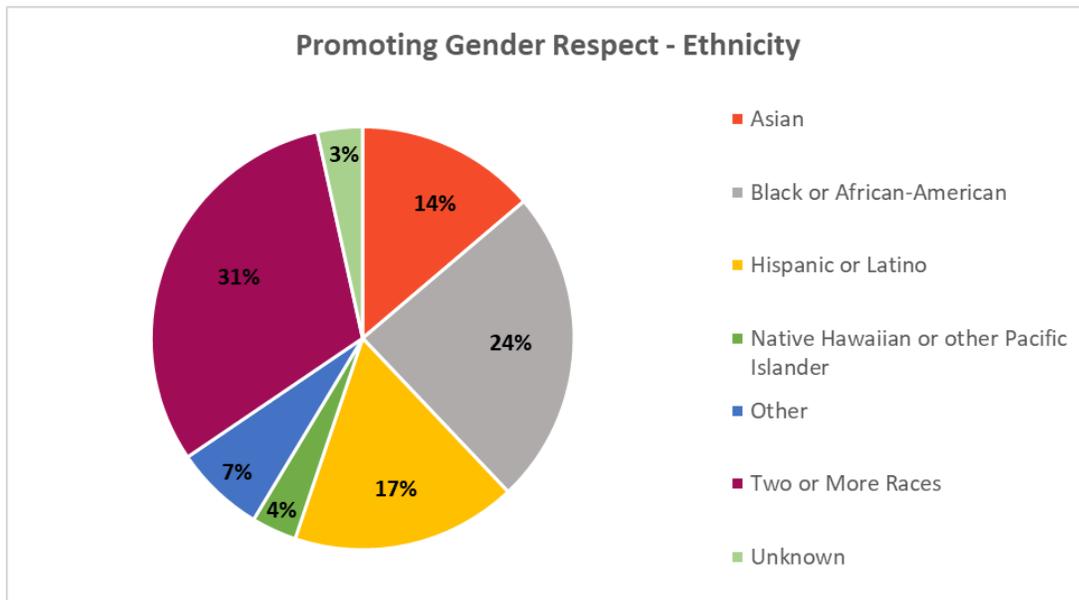
Age:

0 -15: 2 participants; 16 – 25: 1 participant; Unknown/Unreported: **148** participants.



Race/Ethnicity:

African American/Black: 37 participants; American Indian/Alaska Native: 0 participants; Asian: 21 participants; Native Hawaiian/Pacific Islander: 6 participants; Caucasian/White: 0 participants; Hispanic/Latino: 25.5 participants; Other: 10.5 participants; Multiracial: 46.5 participants; Unknown/Not reported: 4.5 participant



Promoting Gender Respect PRE/POST Survey

Promoting Gender Respect PRE/POST		
Adults at my school teach students how to respect each other	14.63%	Improved
Bullying behaviors like name calling, physical fighting, etc. can lead to teen dating violence.	27.50%	Improved
Girls always have the right to say no to any sexual activity.	-1.79%	Decline
I believe I can prevent teen dating violence.	5.26%	Improved
I feel fine telling a boy that it's not ok to hurt girls.	19.05%	Improved
If I heard a boy call his girlfriend a name, I would tell him it isn't cool to do that.	0.00%	No Change
If I saw a girl hit a boy abusively, I would tell an adult.	6.98%	Improved
If I saw a girl yelling at a boy or calling him names, I would try to help him.	2.00%	Improved
If I see a boy being bullied by a girl, I would try to stop her.	15.63%	Improved
If I see a girl being bullied by a boy, I would try to stop him.	1.89%	Improved
I know where I can find help/info on teen dating violence and /or sexual assault.	25.53%	Improved
I learned about healthy relationships in middle of school.	22.86%	Improved
I would speak out if I knew someone was in an unhealthy relationship.	13.33%	Improved
This program will make me a better leader.	10.20%	Improved

Summary

In total, **151** students participated in PGR groups. This total combined with the ER total of **101** group participants, provided gender-based support group services to **252** participants. However only **29** PGR in **3** groups students completed their PRE and POST surveys this Fiscal Year. **

These students were surveyed on their attitudes towards relationship abuse, gender norms, campus culture and more. We are most proud to see significant improvement in student's knowledge of where to seek supportive services, with **25%** of those surveyed showing improvement. Additionally, we can see improvement in bystander intervention with **19%** of students stating that they would "tell a boy that it's not ok to hurt girls". Overall, we saw improvements in all but one category.

**** (Please note that all 252 participants completed the pre/post survey and were entered in the database; however due to technical difficulties with our database, not all participant survey data is available. We note that we captured our YTD and PGR numbers by manually counting our sign-in rosters for group.**

Adult Presentations:

Total Clients Served:

We provided trainings to **35** adults through a total of 17 presentations during the fiscal year. This resulted in partial compliance of 35%.

Gender

Male Identified: 8 participants; Female Identified: 7 participants; Unknown/Unreported: 20 participants.

Ages

0-15: 0 participants; 16-25: 0 participants; 26-59: 16 participants; 60+: 4 participants; Unknown/Unreported: 15 participants

Race/Ethnicity

African American/Black: 4 participants; American Indian/Alaska Native: 0 participants; Asian: 0 participants; Caucasian/White: 8 participants; Hispanic/Latino: 4 participants; Native Hawaiian/Pacific Islander: 0 participants; Other: 2 participants; Multi-racial: 2 participants; Unknown/Unreported: 15 participants

We served a total of **35** adults through a total of **17** trainings and presentations throughout the fiscal year. 15 of those adults were served through our You Never Win with Violence Presentations. During each presentation, the teacher was present in their classroom and was able to participate, contribute and learn about teen dating violence. In many cases, those teachers have become valuable resources on campus – allowing us to use their classroom for group space and referring students to our groups.

Adults were also reached through trainings run at Pittsburg High aimed to teach school staff about trauma informed practices within school environments.

Additionally, staff trainings were offered on various occasions to health center and school staff but did not take place due to lack of staff interest and/or lack of time for presentations. Our pre/post surveys were not completed by school staff during these trainings and presentations.

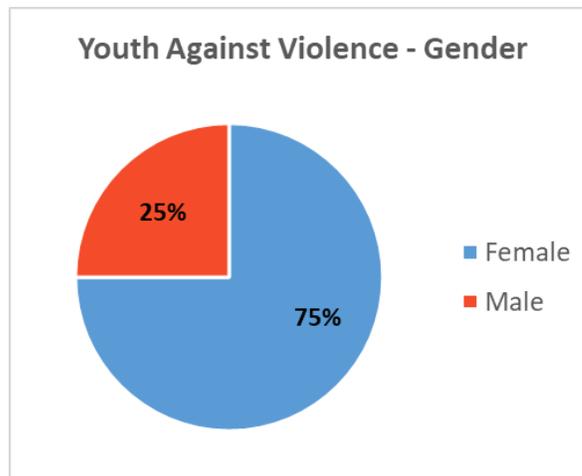
Youth Leadership:

Total Youth Served:

We trained 8 new Youth Against Violence Leaders during the Fiscal Year.

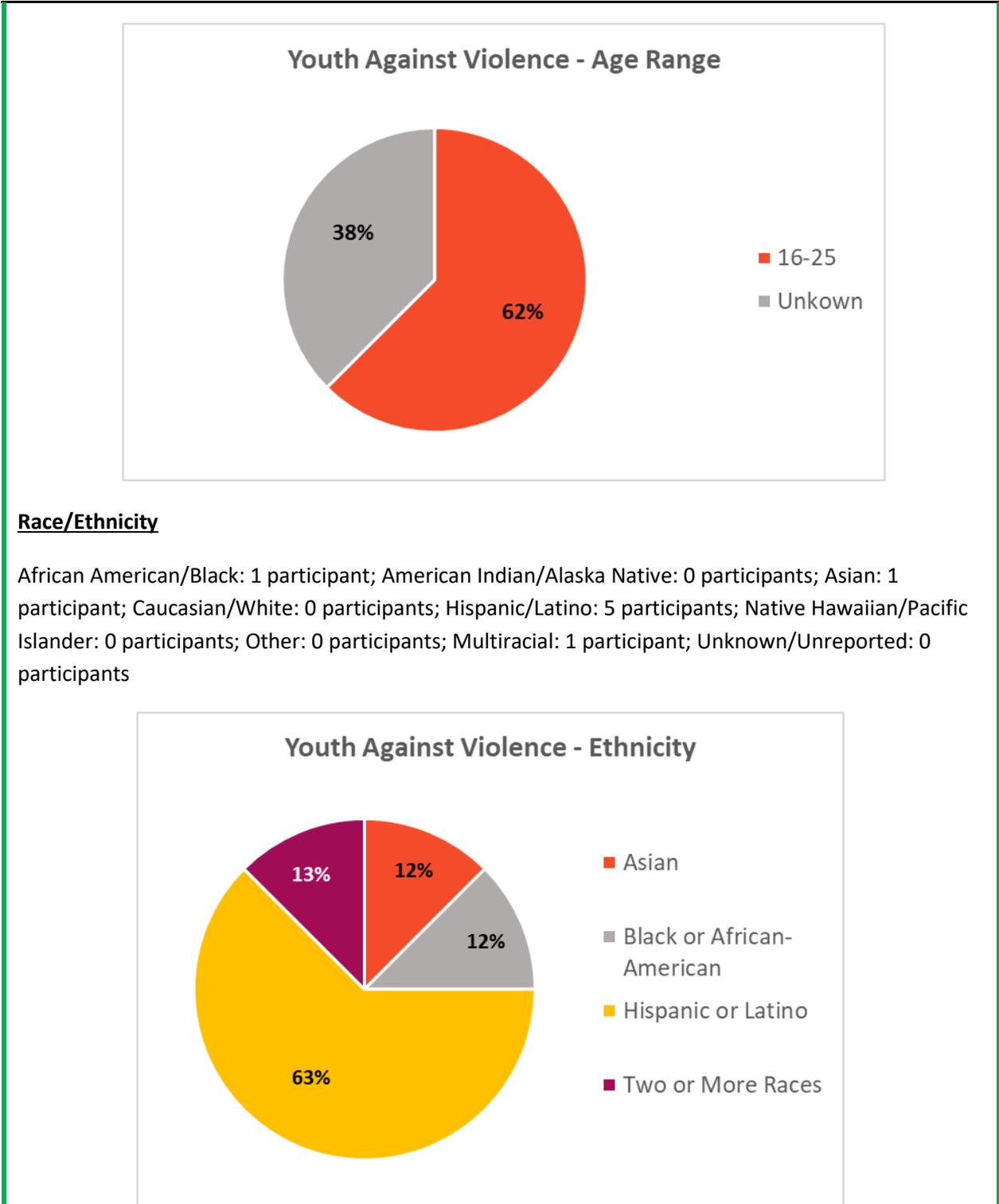
Gender

Male Identified: 2 participants; Female Identified: 6 participants



Ages

0-15: 0 participants; **16-25:** 5 participants; Unknown/Unreported: 3 participants



Summary:

During the summer of 2018, eight new YAV members were trained in varying levels of leadership (peer presenter trainees, peer facilitator trainees, and community mobilizers.) This summer we had two male and six female youth join our youth leadership training program. All eight participated in our in-class support groups. Youth leaders received training on peer support, community organizing, and awareness campaigning. Our youth leaders were able to visit other domestic violence and advocacy organizations throughout Northern California. These included La Casa de Las Madres and the Women's Building in San Francisco, and CALCASA and the California Partnership to End Domestic Violence in Sacramento. Additionally, the youth leaders visited the Contra Costa animal shelter to highlight the intersections of animal abuse and domestic violence. This led to a social media pet adoption campaign. Throughout the school year, we retained two previous youth leaders who joined our eight new leaders in their year-long work. Five of our previous youth leaders graduated high school the previous spring and are currently attending college.

During Teen Dating Violence Awareness Month (TDVAM) in February, our YAV leaders conducted an awareness campaign titled "Happiness over Relationship History. Our youth leaders created personalized wristbands to give away at school on two specific days – February 12th which is nationally recognized as "Orange Day" for teen dating violence awareness and February 14th for Valentine's Day. On both days, our youth leaders not only gave away over 1400 wristbands and accompanying information cards to their peers, but also got them to write down their own definitions of a healthy relationship. In addition, they created "healthy relationship" valentines goodie bags to give away. (See attached pictures). On each campus, our youth leaders reached out to health center staff, teachers, peers, on campus police officers, morning announcements, clubs and more to spread awareness of their campaign and their message. Following up on their on campus outreach, our youth leaders created a short video ([please see link to view](#)) to summarize their campaign and continue sharing their message of "Happiness over Relationship History".



We were also able to bring this campaign to Pittsburg and Antioch High, two schools where we do not have active youth leaders. There, in addition to our youth led campaign, we were able to bring Teen Dating Violence trivia to youth during lunch time outreach activities.

FUTURE PLANNING / ADJUSTMENTS:

*Reflections on your work: How does it measure up to your goals and the needs of the community?
Are you planning any revisions? Lessons learned.*

You Never Win with Violence-

We have exceeded our goal of reaching 500 youth. We reached 1730 youth during this Fiscal Year. The presentations were a crucial opportunity for youth to opt into supportive services. Additionally, these workshops afforded us an opportunity to provide secondary follow up services on site. Such was the case for Antioch High. We plan to continue to offer workshops as an entry point to support groups and other comprehensive services.

Expect Respect

We were able to conduct four groups at Pittsburg High School and have re-engaged our Middle School partners in WCCUSD. By working with East County high schools and with WCCUSD middle schools we have expanded our reach to youth that otherwise might not be acknowledged. Smaller groups (10 or less participants) also proved to be much more manageable. In order to travel to various parts of the county and provide support groups, we will have to reduce the overall goal for the number of participants in anticipation of the effort involved in coordinating services at under-resourced schools.

Gender -based Support Groups-

Promoting Gender Respect (PGR) support groups compliment the Expect Respect support groups, making the total count of 252 participants and 24 groups receiving secondary supportive services. PGR targets boys, whereas the Expect respect targets girls. However, participants of any gender can attend both or either group. We will continue to offer these groups, which are effective in discouraging teen dating violence and sexual harassment.



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Adult Presentations-

We did not meet our goal of adult allies trained this year. We trained 35 school personnel. Our school partner's limited availability for hour-long presentations is a challenge for this goal. However, we did a substantial amount of outreach and individual support to adult allies. Outreach and informal information sharing have long been a successful way to provide adults with tools to help youth at-risk or experiencing Teen Dating Violence. Perhaps these efforts as opposed to formal trainings ought to be our measure of success in the upcoming year.

Youth Leadership-

We trained 8 new youth who volunteered during the school year. These new leaders and our five recurring leaders provided critical youth representation in our programs. This cohort spearheaded our Teen Dating Violence awareness campaign and they met bimonthly to execute their year of volunteerism. Their energy and innovative ideas enhanced the outreach and presentations, giving our activities a youthful presence and credibility with the students.



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PEI ANNUAL REPORTING FORM

PREVENTION REPORTING FORM

FISCAL YEAR: 2018-2019

Agency/Program Name: **Vicente Martinez High School**

Reporting Period (Select One): Semi-Annual Report #1 (July - Dec)

Semi-Annual Report #2 (Jan - June)

PEI STRATEGIES:

Please check all strategies that your program employs:

Provide access and linkage to mental health care

Improve timely access to mental health services for underserved populations

Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

The PEI program at Vicente Martinez High School and Briones School is an integrated mental health focused learning experience for 10th-12th grade at-risk students of all cultural backgrounds. The program is facilitated by MUSD and in partnership with NLC within a unique partnership between Martinez Unified School District (MUSD) and the a 503c3, New Leaf Collaborative (NLC) to assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA) Prevention and Early Intervention Program. Together we provide 10th-12th grade at-risk students 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.

Key services include student activities that support:

1. Individualized learning plans
2. Mindfulness and stress management interventions
3. Team and community building
4. Character, leadership and asset development
5. Place-based learning, service projects that promote hands-on learning, ecological literacy and intergenerational relationships
6. Career-focused preparation and internships
7. 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. PEI services are provided by credentialed teachers and an administrator, qualified office staff, marriage family therapists, a Pupil Personal Services credentialed academic counselor, an internship coordinator, peer mentor, environmental educator and other independently contracted service providers. All students also have access to licensed Mental Health Counselors for individual and group counseling.

All students enrolled in Vicente and Briones have access to the variety of PEI intervention services through in-school choices that meet their individual learning goals. Students sometimes switch between Vicente and Briones schools at different points in the school year. Mental health and social emotional activities and services are offered to all students at both schools and are deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs no matter which school they attend, but demographics and statistics are based upon Vicente total enrollment.

This year the PEI program continued providing students experiential opportunities that fostered a strong sense of positive, personal identity, leadership skills and intergenerational connection to the community and place that they live. These opportunities provided students an alternative to a traditional high school education while they continue to make progress toward earning the necessary credits for an accredited high school diploma. Experiences that enriched the curricula are presented below in the following categories:

- Service Learning
- Team-based Projects
- Career-Focused Internships
- Mental Health Focus
- Leadership Development
- Academic Skills Development
- College and Careers
- Outdoor Appreciation and Field Trips
- Teacher Professional Development
- Outreach



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Service Learning:

Students continue to be involved in short-term, one-day service learning opportunities and team-based, hands-on, service-learning projects that benefit the local community and environment.

Career-Focused Internships:

The internship program continues to be an increasingly important and valuable tool in our efforts to prepare students for rewarding and successful futures as individuals, citizens and community members. To ensure the success of the internships and the growth of the interns, interns learn, present and are evaluated through a series of tiered experiences designed to prepare them for future college and career opportunities. The internship coordinator continues to organize the internships in partnership with community professionals. Academic support is provided by the Vicente teaching staff.

Mental Health Focus:

Students continue to participate in holistic health activities and seminars that support their emotional, social and academic health.

Leadership Development:

Students continue to participate in leadership programs and mentorships that support students needing increased academic or emotional skill development.

Academic Skills Development:

Students continue to receive academic instruction and support from teachers/contracted service providers through integrated, project-based curriculum, specific academic skills instruction and individualized, differentiated instruction.

College and Careers:

Students continue to be exposed to a variety of careers and colleges through guest speakers, introduction to internship seminars and field trips in order to help them prepare for a successful transition into independent adulthood.

Outdoor Appreciation Activities and Field Trips:

Students continue to be exposed to nature and being outdoors in ways that promote a healthy connection to the natural world and encourage students to utilize natural resources to promote environmental and community health. Nature and gardening are also used as a stress management tool and healing agent.

Teacher Professional Development:

Teachers continue to attend professional development opportunities to increase knowledge about supporting at-risk students.



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Outreach:

Vicente Martinez High School continues to advertise the program and to inform the public about the educational opportunities that the school offers for at-risk students and to dispel misconceptions about the school and the population who attend the school. This year Vicente had a waiting list of students wanting to attend due to the focus that is placed on mental and social emotional wellness.

Vicente/Briones staff and outside service providers have worked cooperatively to continue to create opportunities for all students to develop academically, socially, emotionally and mentally through participation in hands-on, place-based learning and experiential projects. Currently, all Vicente teachers and staff are actively engaged in supporting and implementing PEI program services.

In addition, New Leaf Collaborative (NLC) provided two employees working at Vicente/Briones to support the expanding PEI program. They have worked closely with the principal, teachers, counselors and coordinating partners to best fuse the program offerings together.

During the 2018-19 school year a Memorandum of Understanding (MOU) was signed into agreement between MUSD and NLC for PEI services. In short, the two organizations:

- 1) Continue to provide a variety of services to all students;
- 2) Continue to encourage a collaborative culture between New Leaf Collaborative staff and Vicente staff;
- 3) Continue to develop NLC's 501c3 structure to support the implementation of the PEI program and to provide the protocols and agreements necessary to support the differentiation of PEI responsibilities between NLC and MUSD.

Overall Summary of Services:

Throughout the 2018-19 school year the Vicente/Briones staff and New Leaf Collaborative staff organized and hosted over 70 different types of activities and events. Experiences that were found to enrich the curricula are presented below in the following categories: Service Learning, Career-Focused Internships, Mental Health Focus, College and Careers, Career Pathways, Outdoor Appreciation, Academic Support, Student Leadership Development, Teacher Professional Development and Outreach.

Of the 125 students who were enrolled at Vicente over the course of the school year, 97% of the student body or 121 students participated in PEI activities. Students participated in an average of seven different services per individual over the course of the year.

Service Learning:

One of our PEI fundamental values is Service. To that end, staff place great emphasis upon student participation in service learning opportunities. Vicente and Briones require seniors to volunteer for at least 15 hours their final year and many participate in more than that. Students were involved in short-term, one-day service learning opportunities and team-based, hands-on, service-learning projects that benefited the local community and environment. These activities were organized primarily by the New Leaf Collaborative Internship Coordinator and our Mental Health Counselor and were open to all students of Vicente and Briones.

- ***Alameda Food Bank:*** Over the Thanksgiving holiday break, students worked with the Alameda Food Bank to prepare food packages for those in need.
- ***Coastal Clean Up:*** Students attended a beach clean at the local shoreline.
- ***Dia de Los Muertos:*** Students enjoyed volunteering at the Dia de Los Muertos event in downtown Martinez.
- ***Downtown Martinez Clean-up:*** Students volunteered at the annual Downtown City Clean-up Day to remove graffiti, power wash windows and streets, remove trash, weed and prune trees and bushes in the downtown blocks of Martinez. Students reported an increased sense of connection to and pride in their community.
- ***MEF Run:*** Students and staff volunteered at the Martinez Education Foundation Run for Education, which is a fundraiser for Martinez Unified School District schools.
- ***Service-learning guest speakers & presentations:*** Service-learning focused guest speakers shared their experience, passion and expertise with students. Students were positively engaged, asking questions and some of whom committed to participating in various aspects of the speakers' groups.

Career-Focused Internships:

The internship program continued to grow. All students at Vicente and Briones were given the opportunity to apply, interview and participate in these career-focused internships. The New Leaf Collaborative Internship Coordinator and Vicente teachers organized the internships in partnership with community professionals. Internships for the year included:

- ***Culinary Academy:*** Five students participated in a culinary training program hosted and facilitated by Loaves and Fishes. For ten weeks these students went to Loaves and Fishes headquarters in Martinez to learn culinary skills four days a week after school. Training in a state of the art kitchen provided by Loaves and Fishes has inspired some of our students to move forward in this career pathway. Students reported going long hours or entire days without eating in their homes, and since attending the culinary program they've gained skills to make

food on their own. The five students who participated and completed the program are now certified food handlers. All students have been hired in the hospitality industry and two are considering enrollment in Diablo Valley College's culinary certificate program.

- ***Martinez Early Intervention Preschool Program:*** Three students held internships with MEIPP. For the first semester of the school year, twice per week they were classroom aides in special needs classrooms at our district's pre-school program.
- ***Martinez Teen Police Academy:*** Four students participated in an eight week teen police academy sponsored by Martinez Police Department. They learned about the work of a police officer and had real life experiences such as working with a police dog, going on a ride along and many other experiences.
- ***National Park Service Cultural Landscapes & Phenology Internship:*** Students were hired for this internship working with an NPS at the John Muir National Historic Site.
- ***Career and Internship Focused Guest Speakers:*** There were a variety of guest speakers throughout the school year.

Mental Health Focus:

All Vicente, Briones and New Leaf Collaborative staff seek to infuse a social emotional and mental health focus into every aspect of each student's experience. Students participate in holistic health activities and seminars that support their emotional, social and academic health. This school year we had two full time mental health counselors on campus daily. When once students were resistant to participating in mental health counseling, now it is the norm among our students. We also had a peer mentor who was a Briones graduate. She also served as our environmental educator.

- ***Basketball Club:*** One of our mental health counselors worked with small groups of our at-risk boys on the basketball court, mixing mental health counseling with athletics and exercise.
- ***Briones Book Club:*** Our mental health counselor created a book club for our independent study students. The students meet weekly to interact and socialize since independent study school can be isolating.
- ***COPE Family Support Services:*** Mid-year, Vicente contacted with COPE Family Support Services. A clinical case manager was on campus four days per week to provide individual counseling, workshops to augment individual counseling, parent coaching and workshops.
- ***Feet First:*** Thanks to a generous donor, a group of our students participated in Feet First through the local FightKore gym. This program promotes discipline, self-awareness, empathy and self-control while building self-confidence and increasing focus.

- ***Girls' Groups:*** One of our mental health counselors created a Girls Group for each age group: Sophomores, Juniors and Seniors. These groups met weekly to discuss challenges that they were having personally or at school. They also planned some special events to give back to our school community, including a teacher appreciation breakfast and a few spirit days to bring the community together.
- ***Guest Speakers:*** Speakers from Martinez Unified School District presented on their career path and educational experience. Mental Health focused guest speakers included a School Psychologist and Special Needs high school teacher. Various other fields were represented as well.
- ***Lunch & Games Club:*** Before school and at lunch our mental health counselor welcomed students to sit with her and either play board games or get together for lunch. This allowed our students to have group to be a part of and feel a sense of belonging.
- ***MFT Counseling Opportunities:*** Vicente and Briones students have access to individual and group mental health counseling.
- ***Mindful Based Substance Abuse Treatment:*** Our mental health counselor is trained in mindful based substance abuse treatment. Twelve students voluntarily attended this twelve-week group. It was embedded in the school day to draw more students. The group was full, and several other students wished they could have attended. We will be offering this group twice in the coming school year.
- ***NAMI School Workshop:*** Three students attended this workshop to learn how to create a NAMI Club on campus.
- ***Psychology Club:*** Psychology Club met once a week for hour long sessions after school with the mental health counselor. Students created group norms which were reviewed and agreed upon at the beginning of each session. Students were given the opportunity to choose what to learn about along the lines of behavioral health, throughout the year twelve students participated in Psych Club. Topics that were covered in depth included:
 - stigma of mental and behavioral health
 - substance abuse
 - parent child relationships
 - coping strategies

Allowing students to have a say in what they were learning and using teaching tools they were familiar with created a platform for safe sharing of personal experiences with the content they were learning about simultaneously. Often students had valuable moments of clarity in regard to their past or present experiences. Psychology Club students also took field trips to

Sacramento to serve on the Mental Health Advisory Workgroup at the California Department of Education that included meeting both the outgoing and incoming State Superintendent. They

were invited to speak at a variety of organizations who were interested in mental health in schools and/or who wanted to learn more. The club also started a weekly pod cast where they would interview professionals in the field of psychology. They also produced a public service announcement about suicide prevention for the Directing Change contest.

- ***Restorative Practices:*** For the second year in a row, Vicente and Briones contracted with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We began holding restorative circles with students when a wrong needed “righting” and in an effort to remedy challenges on campus instead of turning students away through suspension. Teachers and staff also learned strategies for working with students in the classroom in lieu of sending students to the office.
- ***Sandy Hook Promise:*** Students were trained in the Say Something Program. Students also participated in a variety of Sandy Hook Promise activities that took place throughout the year. The Vicente Psychology Club members were featured in the SAVE Promise Club newsletter.
- ***StrengthsFinder Workshop:*** All Vicente and Briones students and staff completed the Strengths Finder assessment to identify their top five strengths. A Vicente teacher and a certified Strengths Finder facilitator lead eleven workshops through math classes throughout the school year. Students learned about their personal talents and strengths and how to use them in all aspect of their lives. Each participant created and shared a talent map, discussed their strengths with other students and learned how to use their strengths in their personal, academic and professional lives. Seniors included naming their strengths and how they play out in their lives as a part of their senior portfolio and presentations. Staff also engaged in workshops to build professional capacity.
- ***Suicide Prevention:*** A representative from the Contra Costa Crisis Center provided a forty-five minute workshop to all of our students about suicide prevention.
- ***Welcoming Schools Summit:*** Several students attended this summit to learn more about creating an inclusive and accepting school community for LGBTQ students.

Leadership Development:

Many students volunteered for leadership roles in activities and events that were offered.

- ***Get Real Academy:*** A Vicente teacher and counselor took fifteen senior girls to the Get Real Academy. The girls attended various workshops on how to manage their finances, their health, solutions to violence, how to secure a job and insurance.

- **Senior Community Service:** All Vicente and Briones seniors completed a minimum of 15 hours of community service at various events and organizations. Students reported this assignment was pivotal in learning how to work in a professional environment, as well as manage their time.
- **Teens Tackle Tobacco:** Ten Vicente students attended this event that took place at UC Berkeley and was hosted by Alameda County Office of Education. Students participated in conversations about tobacco use, presentations about the effects of drug and tobacco on the body and other workshops.

Academic Development:

Students continued to receive common core centered academic instruction and support from their Vicente and Briones teachers. Strategies used included integrated instruction, project/place-based curriculum, specific skill instruction and individualized and differentiated instruction.

- **Alternative School Setting:** Vicente Martinez High School and Briones School are both alternative school options. Both schools offer individualized, scaffolded and differentiated instruction, small class sizes, engaging activities, project based learning, skills instruction, on-line courses, self-pacing, flexible scheduling and chunking of instructions and assignments.
- **History Club:** Students attended field trips to the Maritime Museum and Rosie the Riveter Museum. These field trips were led by a Vicente teacher who has her master's degree in Museum Studies. Students who attended created presentations for the students who did not attend.
- **Individual Success Plans:** Teachers, the academic counselor and principal facilitated weekly appointments with students. Students created goals for academic skills, attendance and self-care. Their ultimate goals were chunked into small weekly goals and adjusted which the student reviewed every Friday.
- **Multi-Tier System of Support & Response to Intervention:** Vicente staff met weekly to discuss students of concern and academic progress of students. Staff came up with interventions and supports for each individual student as needed based up their challenges and struggles. The principal developed a shared Google Doc where data was provided on each individual student including attendance, credit accrual and social emotional wellness. Teachers and staff could view the document for insights about each student as well as provide their own comments about what was working for the student.

College and Careers:

Students continued to be exposed to a variety of careers and colleges through guest speakers, introduction to internships, seminars and field trips in order to help them successfully transition to young adulthood.

- **College Visits:** Students had the opportunity to visit and tour Diablo Valley College, UC Davis, Cal State East Bay, Mills College and Chabot College. Diablo Valley College staff visited our campus as well to facilitate a FAFSA Workshop, application workshop and information on summer program offerings.
- **Concurrent College Enrollment:** Twelve Vicente students were concurrently enrolled at Diablo Valley College over the course of the school year. Our academic counselor and internship coordinator supported the students who were enrolled by checking in with them weekly. The objective was to provide support for students for them to be able to complete their courses successfully. Discussions took place among students regarding their successes and challenges.
- **FAFSA Workshop:** All seniors received a workshop on how to complete and file the Free Application for Federal Student Aid (FAFSA). Most of our students qualify for some level of free assistance for college and most are unaware of this. Once they realize that funding is available this removes the financial obstacle for our students moving on to college.
- **Internship Coordination:** The coordinator worked one-on-one with students to develop their resumes, job search, interview tips, volunteer hours and career exploration opportunities. Students have the option to explore individual internships or to join group internships. There were dozens of events and activities throughout the year.
- **Resume & Cover Letter Workshop:** In addition to individual appointments with the internship coordinator, students worked in groups to complete their resumes. Support was also given to students to create cover letters for job and internship applications.
- **Senior Portfolios and Exit Interviews:** Each senior was required to complete an extensive career portfolio and prepare a written packet and multi-media presentation that then was subsequently presented at an exit interview in front of staff. The internship coordinator supported students with this process and coordinated the presentations.

Outdoor Appreciation Field Trips:

Students continued to enjoy nature and outdoor activities in ways that promoted a healthy connection to the natural world and encouraged them to utilize natural resources for environmental and community health. Students could see that nature is a stress management tool and healing agent.

- **School Garden:** Students had opportunities to work in our school garden throughout the school year.

Teacher Professional Development:

Teachers continued to participate and lead professional development opportunities to increase their knowledge about how to better support at-risk students.

- ***Brief Intervention: An Approach for Substance Using Adolescents:*** Our administrator was trained in this restorative approach and will be implementing it in the coming school year for students who show up to school under the influence of a substance or who are being impacted by substance use.
- ***Restorative Practices:*** Throughout the year, Vicente and Briones contracted with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We held restorative circles with students when a wrong needed “righting” and in an effort to remedy challenges on campus instead of turning students away through suspension.
- ***StrengthsFinder Workshop:*** All Vicente and Briones students and staff completed the Strengths Finder assessment to identify their top five strengths. Staff worked together to learn how to leverage their talents among their professional peers. A Vicente teacher and a certified Strengths Finder facilitator lead eleven different workshops in math classes throughout the school year. Students learned about their personal talents and strengths and how to use them in all aspect of their lives. Each participant created and shared a talent map, discussed their strengths with other students and learned how to use their strengths in the personal, academic and professional lives.
- ***Training Seminars:*** The Vicente and NLC staff were both trained by the mental health counselor in how to work with at-risk students and conflict management. This was a shared training so there are common responses to students. We also developed universal responses to students around expectations and behaviors which allowed students to know what was expected of them. Teachers and staff were also trained in a variety of child welfare topics, including suicide warning signs and prevention.

Outreach:

Vicente and Briones continued its efforts to promote the program and to inform the public about the PEI opportunities.

- ***Community Events:*** The staff supported the development and student involvement in many community events such as Martinez Run for Education, Earth Day, Dia de Los Muertos, City Clean Up, Kiwanis Club, etc.
- ***Community Organizations:*** The principal and other staff members were invited to present to various groups in our community, such as Kiwanis and Rotary. Vicente hosted the Mental Health Services Act Community Forum. The Vicente-Briones Psychology Club presented to the Martinez Unified School District School Board regarding the mental health services at Vicente-Briones and advocating for services in other schools in the district. Vicente students also presented to the Mental Health Services Act staff, City Council, California Department of Education’s Mental Health Workgroup Meetings that included both the outgoing and incoming State Superintendent.

- ***Mental Wellness Conference:*** Two staff members attended the 2019 California Mental Wellness Conference sponsored by the California Department of Education. They made a presentation entitled: Using Data to Strengthen Your School-Based Mental Health Program.
- ***Model Continuation School Recognition:*** Vicente is a recipient of the Model Continuation High School Recognition through the California Department of Education. The award highlights the mental health focus and other schools have sought guidance from Vicente regarding best practices to support the social emotional growth and development of students.
- ***New Family Orientation:*** The principal meets one-on-one with each family before enrolling a student to orientate the family as to the school program, including the PEI services offered.
- ***Partnerships:*** Staff continued to work in close partnership with National Park Service Park rangers to complete agreed upon partnership goals and items identified in work plan. The Psychology Club worked with Contra Costa Crisis Center to develop a Public Service Announcement regarding their Crisis Line. A Vicente student's art was featured on the Contra Costa Crisis Center poster that was distributed countywide. We continued to work in partnership with Martinez Unified School District personnel and other local organizations to connect to various funding streams to support additional internships and service projects.
- ***Western Association of Schools and Colleges:*** We completed our accreditation process and received another six year term of accreditation. This means that all graduates receive a fully accredited high school diploma.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- ***List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The following are our outcome measures of success from the 2018-19 PEI work plan.

Engagement Focus:

- Increase identification of students that have a greater risk of developing a potentially severe mental illness and those who need additional supportive/protective factors.
- Increase engagement of identified Vicente/Briones students in PEI services.

Engagement Focus Goals:

- At least 70% of enrolling students will receive a) an orientation on program offerings; and b) a self-identified needs assessment targeting risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation.
 - Met. This goal was met at a rate of 95%. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
- At least 85% of identified students will participate in two or more PEI services per quarter that supports their individual learning plan.
 - Met. The average number of PEI activities of those who participated was five.

Short Term Focus:

- Increase timely access and linkage to supportive and mental health service.
- Increase mental health resiliency among Vicente/Briones students.

Short Term Focus Goals:

- At least 85% of students identified as facing risk factors will be referred to supportive services and/or mental health treatment and will participate at least once in referred support service or mental health treatment.
 - Met.
- At least 70% of students participating in two or more services within at least one full semester will report an increase in their Developmental Asset Profile or other risk management tool.
 - Not met. We did not administer the Developmental Asset Profile this year due to shortage in staffing.

Intermediate Focus:

- Increase student ability to overcome social, emotional and academic challenges, by working toward reduction of stigma and discrimination while increasing academic success, vocational awareness relational vitality and the ability to set and achieve other life goals.
- Increase faculty's ability to facilitate agreed upon community practice-based standards of prevention to better ensure an increase of protective factors.

Intermediate Focus Goals:

- At least 70% of students who participate in four or more services and who have had chronic absenteeism will increase their attendance rate by 5% as measured at the end of the school year.
 - Met.

- At least 70% of students who participated in four or more services and who regularly participated in mental health counseling will earn 100% of the expected grade level credits as measured at the end of the school year.
 - Met.

Measurement/Evaluation Tools

1. ACE Assessment
2. Individual Success and Achievement Plan (developed by teacher, internship coordinator and mental health counselor)
3. AERIES (school database) – Attendance, credit accrual and disciplinary data
4. Multi-Tier System of Support Google Spreadsheets
5. Stages of Leadership Character Traits Evaluation Forms
6. Student Work Samples
7. California Healthy Kids Survey
8. Brief Mood Survey

DEMOGRAPHIC DATA: X Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Not applicable, using county form.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

ACE Survey: ACE stands for Adverse Childhood Events. The ACE questionnaire is scored 0-10 based on how many adverse events were experienced before the age of 18. The areas are physical, emotional sexual abuse; physical and emotional neglect; and household dysfunction including mental illness, divorce, incarcerated relative, substance abuse and mental illness.

Brief Mood Survey: Students take this survey before and after counseling sessions to determine if the counseling session eliminated risk factors. Our post counseling session statistics this year include: a 61% decrease in depression, a 65% reduction in anxiety, a 70% reduction in anger and a 100% decrease in suicidality.



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California Healthy Kids Survey: The California Healthy Kids Survey (CHKS) is the largest statewide survey of resiliency, protective factors, risk behaviors and school climate in the nation. Across California the CHKS has led to a better understanding of the relationship between students' health behaviors and academic performance, and is frequently cited by state policymakers and the media as a critical component of school improvement efforts to help guide the development of more effective health, prevention and youth development programs. It provides a means to confidentially obtain data on student knowledge, attitudes and perceptions about the topics it covers. The CHKS, along with its partner surveys, the California School Staff Survey and the California School Parent Survey, is highlighted as a model program in a research document released by the US Department of Education highlighting the research behind the [Obama administration's Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act](#) (pdf). With the CHKS, schools, districts, counties and the state have a standard tool that promotes the collection of uniform data within and across local education agencies that are also comparable to existing state and national survey datasets.

Cognitive Behavioral Therapy: Our counseling program utilizes Cognitive Behavioral Therapy (CBT) and Mindfulness. CBT is utilized in individual sessions and CBT techniques are taught to our psychology club students. At every counseling session, our head counselor utilizes a brief mood survey and evaluation of therapy form to evaluate student progress and therapist effectiveness. Additionally, our head counselor attends a bimonthly CBT supervision and consultation group as well as yearly workshop trainings. Mindfulness is taught at our weekly workshop on Mindfulness and Substance Abuse. Students also learn mindfulness strategies in individual counseling sessions. Every class period starts with a moment of quiet and reflection.

Expected Schoolwide Learner Outcomes: A requirement of the Western Association of Schools and Colleges (WASC) Accreditation process, these are outcomes determined by the school of what we expect students to learn, know and be able to do when they leave our program. Our outcomes closely align with our work around student wellness, connection to others and post-secondary plans.

Multi-Tier System of Support (MTSS): Formerly Response to Intervention (RTI), a Multi-Tier System of Support is a multi-tier approach to the early identification and support of students with learning and behavior needs. This process begins with high-quality instruction and universal screening of all students in the general education classroom. Vicente teachers, staff and administrator and the NLC internship coordinator work together to provide services that all students receive (Tier 1), such as support with service learning, college applications, senior projects, resume-cover letter writing. If there is a student who needs more supports, whether academic, attendance related or behavioral, than what is offered to all students, the team brainstorms other interventions to support the student (Tier 2). If these supports are not effective and more resources are needed for the student, the team determines the needs and implements the more intensive interventions (Tier 3). If there continue to be needs, then other measures are taken, such as a special education assessment, placement change, etc.



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Schoolwide Expectations: As a schoolwide practice, all students have knowledge of the expectations for them relating to behavior, attendance, credit earning and protocols at our school site. This allows students to be able to know exactly what is expected of them. We hold students to a high level of accountability while providing a high level of support for them to achieve these expectations. This puts all students on a “level playing field” in knowing what is expected of them. Many students rise to the occasion when expectations are clear and consequences are outlined and fair and therefore, can be highly successful while rebuilding confidence and self-esteem in the school setting and beyond.

VALUES:

Reflections on your work: How does your program reflect MHA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Our program reflects MHA values of wellness, recovery and resilience. Our whole staff embraces these values for our students, and we strive to ensure our students are held accountable and are supported in these ways in order for them to thrive. We provide access and linkage to mental health care by providing individual and group services during the school day and referrals to outside mental health services for students needing longer term support and services. The students at Vicente and Briones are some of our most underserved and at-risk students in our school district. Thirty-eight percent of students are on free and reduced lunch which means their families are in a low socio-economic status. The teaching staff, mental health counselor, principal and special education teacher meet regularly to discuss the needs of students and to review and analyze data. We practice the Multi-Tier System of Support or Response to Intervention Model in order to provide students with the individualized supports that they need to be successful. While there are interventions built into the regular school day such as small class sizes, explicit expectations and universal responses to students, those who need something more are discussed, and it is determined what they need. As a staff we also utilize restorative practices and restorative conversations among ourselves and our students.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Here is what current students have said about Vicente Martinez High School:

Throughout my academic history I've struggled to thrive or even succeed in a school environment. Every day was a cycle of stress, anxiety, fear, and eventually regret. Even after starting a new year fresh I eventually fell behind. After transferring to Vicente all those problems dissipated. I was finally meeting and surpassing expectations, becoming more involved with extracurricular activities and



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volunteer work, and just in general becoming a better version of myself. Classes were no longer just a chore and I was properly understanding the curriculum. I believe that the experiences I've had at Vicente and the skills that I've learned here have more than properly prepared me for life post-high

school. I am grateful for the opportunities I have been given and, with all of this pushing me forward, I am more than eager to continue my journey through life.

I feel like there are many things about this school that has helped me personally. With that being said, I think that being able to have one on one conversations with teachers is a great way to ask questions. Being at another school where not many teachers really care is sad because they don't pay attention to students as much. Here the teachers ask if "we are ok"? or "How is your day"? This is something you don't see in schools with so many students. I really like how we are still being taught our academics by lectures. We as students also have independence to work freely and be flexible with our work. We can work on our Math independently but still feel comfortable asking our teachers for help. In conclusion this school has helped my mental health in many, many ways which is very important to me. This is why I like this school.

I like Vicente Martinez High School because the small classes have helped my anxiety. The teachers are very welcoming, as well as very helpful. Credits are easy to make up with the teachers' help. Teachers are available to help whenever students need it. If it wasn't for Vicente my grades would still be bad and that goes with my attendance. I love coming to school and talking to the Counselors when I need it. Whenever I leave school I get very sad and can't wait for the next day to get started.

My proposed graduating date is June 2020. Before I went to Vicente Martinez High School, I never liked school. I stopped going to school and I would just stay at home. When I started Vicente I remember being scared, however, I made friends easily and started to catch up on my credits. When I'm in class I feel like I'm being heard and understood. The support the teachers give makes me feel smart, capable and cared for. The thing I like the most is the flexible schedules. I am able to leave school at noon each day. This allows me more time to focus on myself and my goals outside of school.

This school has helped me in many ways. They offer internships and help us apply for jobs. I struggle with school a lot and suffer from anxiety, depression and ADHD. Sometimes these prevent me from working effectively. I would often get overwhelmed and leave class. The teachers here help me to stay motivated and they are very supportive. Not having any homework to bring home each night has helped me majorly. I know at the end of each class that I'm done for the day and I can go home and work on myself and my happiness.

By attending Vicente I've had a much better experience than I have in the past at other schools. The classes are small, and the teachers and counselors are amazing. I actually get up and go to school now. Whereas before while I was attending Alhambra it seemed to make my life worse. The people and energy here at Vicente is much better. I will also get to graduate early if I stay on track. The staff at



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Vicente has also help me to get a job by helping with write my resume and check to see who is hiring. They also offer me many other experiences here that I couldn't get anywhere else.

The things I like about Vicente is I don't have any homework and I can earn my credits faster. This will allow me to start college earlier. Here at Vicente they offer outside activities like kickboxing. I enjoy kickboxing as it is a great way to get rid of stress. The teachers here have helped me with me resume so I could get a job. The teachers are also available to help me whenever I need it. The school also offers Girls Group so we can talk to each other and what is bothering us. This group has helped me a lot and has helped prepare me for the Big World.

Using the brief mood evaluation of therapy form, here are a few comments from students...

- "learning how to deal with negative thoughts"
- "thinking about the pros of being shy"
- "I got helpful tips to help resolve my problems"
- "fighting my anxiety"
- "the fact that I was able to express myself"
- "being able to talk"
- "always a good listener and understands"
- "evaluating my problems"

Innovation Annual Report FY 18-19

Contra Costa Behavioral
Health Services

Mental Health Services Act



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Innovation Introduction

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

New Innovation Regulations went into effect in October 2015. As before, innovative projects accomplish one or more of the following objectives; i) increase access to underserved groups, ii) increase the quality of services, to include better outcomes, iii) promote interagency collaboration, and iv) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. During FYs 2015-16 and 16-17, CCBHS staff and stakeholders reviewed and ensured that all existing and emerging Innovation projects complied with the Innovation Regulations.

Approved Programs

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2018-19:

1) Center for Recovery and Empowerment (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youths with addictions and co-occurring emotional disturbances. The CORE Project will be an intensive outpatient treatment program offering three levels of care; intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and will include individual, group and family therapy, and linkage to community services. The Center for Recovery and Empowerment project began implementation in FY 2018-19.

2) 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 CCBHS. These peer providers are part of the County's Behavioral Health Services integration plans that are currently being implemented. Three Wellness Coaches are paired with two 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. The Coaching to Wellness Project began implementation in FY 2015-16.

3) Cognitive Behavioral Social Skills Training (CBSST). Many consumers spend years residing at County augmented board and care facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project proposes to apply this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project will create a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness will learn and practice skills that will enable them to achieve and consolidate recovery-based skills. The Cognitive Behavioral Social Skills Training project began implementation in FY 2018-19.

4) Overcoming Transportation Barriers. Transportation challenges provide a constant barrier to accessing mental health services. A comprehensive study was completed via the County's community program planning process, and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. These strategies include training consumers to independently navigate public transportation, providing flexible resources to assist with transportation costs, educating consumers regarding schedules, costs and means of various modes of public transportation, and creating a centralized staff response to coordinate efforts and respond to emerging transportation needs. Three Peer Specialists address these needs and provide a means to inform the mental health system of care regarding solutions for improving transportation access to care. The Overcoming Transportation Barriers Project began implementation in FY 2016-17.

5) 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. When fully implemented this project will field three field-based peer support workers to engage older adults who have been identified by their IMPACT clinicians, primary care providers, or Psychiatric Emergency Services as individuals who need additional staff care in order to avoid repeated crises, engage in ongoing mental health treatment, increase their skills in the activities of daily living, and engage appropriate resources and social networks. The Partners in Aging Project began implementation in FY 2016-17.

The allocations for these projects are summarized below:

Project	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 18-19
Coaching to Wellness	County Operated	Countywide	90	474,089
Partners in Aging	County Operated	Countywide	45	181,067
Overcoming Transportation Barriers	County Operated	Countywide	200	241,450
Center for Recovery and Empowerment	County Operated	West	80	600,000
Cognitive Behavioral Social Skills Training	County Operated	Countywide	240	200,000
Administrative Support	County	Countywide	Innovation Support	463,227

Total 655 \$2,159,833

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. Detailed project descriptions will be submitted to the MHSOAC for approval in a separate document. These concepts have been discussed by stakeholders in this year’s community program planning process and are consistent with stakeholder identified priorities.

The Mental Health Services Act states that five percent of MHSA funds will be for Innovation Projects. In order to meet this five percent requirement additional funds will be set aside for the emerging projects listed above.

Innovation (INN) Component Yearly Program Budget Summary for FY 18-19

Projects Implemented			2,159,833
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Total *\$2,159,83*

Appendices

Aggregate Innovation Demographics

In response to the new Innovative Project Regulations issued in July 2015, per California Code of Regulations, Title 9, Section 3580 and 3580.010, Contra Costa County began collecting new outcome indicators for all innovation projects. Starting in July 2016, projects started capturing demographic data, such as age group, race/ethnicity, primary language and sexual orientation. This data defines outreach to all underserved populations for the current fiscal year. Data not included in this report can be found within the innovation annual reports submitted in this document.

Total Served FY 18/19 = 193



Table 1. Age Group		
	# Served	
Child (0-15)	0	
Transition Age Youth (16-25)	0	
Adult (26-59)	3	
Older Adult (60+)	8	
Decline to State	0	

Table 2. Primary Language		
	# Served	
English	8	
Spanish	0	
Other	0	
Decline to State	0	

Table 3. Race		
	# Served	
More than one Race	1	
American Indian/Alaska Native	0	

Asian	0	
Black or African American	0	
White or Caucasian	6	
Hispanic or Latino/A	3	
Native Hawaiian or Other Pacific Islander	0	
Other	1	
Decline to State	0	

Table 4. Ethnicity (If Non-Hispanic or Latino/A)		
	# Served	
African	0	
Asian Indian/South Asian	0	
Cambodian	0	
Chinese	0	
Eastern European	0	
European	5	
Filipino	0	
Japanese	0	
Korean	0	
Middle Eastern	0	
Vietnamese	0	
More than one Ethnicity	0	
Decline to State	1	
Other	0	

Table 5. Ethnicity (If Hispanic or Latino/A)		
	# Served	
Caribbean	0	
Central American	0	
Mexican/Mexican American /Chicano	5	
Puerto Rican	0	
South American	0	
Other	0	

Table 6. Sexual Orientation		
	# Served	
Heterosexual or Strait	11	
Gay or Lesbian	0	
Bisexual	0	
Queer	0	
Questioning or Unsure of Sexual Orientation	0	
Another Sexual Orientation	0	
Decline to State	0	

Table 7. Gender Assigned Sex at Birth		
	# Served	
Male	4	
Female	8	
Decline to State	0	

Table 8. Current Gender Identity		
	# Served	
Man	4	
Woman	8	
Transgender	0	
Genderqueer	0	
Questioning or Unsure of Gender Identity	0	
Another Gender Identity	0	
Decline to State	0	

Table 9. Active Military Status		
	# Served	
Yes	0	
No	9	
Decline to State	0	

Table 10. Veteran Status		
	# Served	
Yes	0	
No	9	
Decline to State	0	

Table 11. Disability Status		
	# Served	
Yes	8	
No	3	
Decline to State	0	

Table 12. Description of Disability Status		
	# Served	
Difficulty Seeing	0	
Difficulty Hearing or Having Speech Understood	0	
Physical/Mobility	8	
Chronic Health Condition	0	
Other	0	

Table 13. Cognitive Disability		
	# Served	
Yes	0	
No	0	

Program Profiles

Center for Recovery and Empowerment.....	B2
Coaching to Wellness	B3
Cognitive Behavioral Social Skills Training in Augmented Board and Cares.....	B4
Overcoming Transportation Barriers.....	B5
Partners in Aging.....	B6

Program: Center for Recovery and Empowerment (CORE)

The Center for Recovery and Empowerment (CORE) program is an intensive outpatient treatment program that contains three levels of care: intensive, transitional, and continuing care. Because recovery is not linear, teens will be able to move between these levels of care depending on their need. These levels of care involve the following criteria: Intensive Care (6 weeks): During the Intensive Care phase of treatment, teens attend the program four days a week and family members attend twice weekly. An individual treatment plan and attendance contract with the teen is developed, teens are drug tested weekly to encourage honesty and accountability, and through involvement in the 12-step principles of recovery and educational presentations, teens are introduced to the recovery process. Teens also attend weekly individual and group sessions facilitated by therapists and counselors. Teens are linked with Young People's 12-step in the community to begin building connections with a sober peer group that will continue to be a support for ongoing recovery. Phone contact is maintained between CORE staff and client on offsite days.

- a. **Target Population:** Adolescents between the ages of 13-19 with substance abuse disorders and co-occurring emotional disturbance will be the targeted group.
- b. **Total MHSA Funding for FY 2018/19:** \$600,000
- c. **MHSA-funded Staff:** 5.0 Full-time 1.0 Part-time equivalents
- d. **Total Number served:** For FY 18/19: 28 individuals
- e. **Outcomes:** Evaluation of the program included pre- and post-enrollment of T-ASI indicators. Other proposed indicators include utilization rate of involuntary psychiatric emergency admissions and/or acute psychiatric admissions. Child and Adolescent Level of Care Utilization System (CALOCUS).

Program: Coaching to Wellness/Performance Improvement Project

The Coaching to Wellness program provided an additional level of support for adult mental health consumers with certain chronic health conditions through intensive peer and nurse support. With components from intensive peer support coupled with leveraging existing resources in the County, the Coaching to Wellness program provided a holistic team approach to providing care to our consumers. The goals of the program were 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.

- f. **Target Population:** Adults aged 18 years and older who were currently receiving psychiatric-only services at a County-operated 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, respiratory, and/or have weight issues; Expressed an interest in the program; and indicated a moderate to high composite score on mental health and medical levels of support needed.
- g. **Total MHSF Funding for FY 2018/19:** \$474,089
- h. **MHSA-funded Staff:** 5.0 Full-time equivalents
- i. **Total Number served:** For FY 18/19: 46 individuals
- j. **Outcomes:** Evaluation of the program included pre- and post-surveys that measured key indicators in areas such as: perceived recovery, functioning, and quality of life. Self-rated health and mental health data is collected by the Wellness Coaches and Nurses at most individual contacts and vitals collected and levels of support assessed by the Wellness Nurses as needed. Satisfaction and achievement on self-identified wellness goals recorded at post-program. Other proposed indicators include primary care and mental health appointment attendance, and utilization rate of involuntary psychiatric emergency admissions and/or acute psychiatric admissions.

Program: Cognitive Behavioral Social Skills Training in Augmented Board and Cares (CBSST)

The CBSST project will involve having a team designed of one Mental Health Clinical Specialist (MHCS) and one Community Support Worker (CSW) whose primary responsibility will be to lead CBSST groups at B& Cs that house CCC consumers. CBSST is a combination of cognitive behavioral therapy (CBT) social skills training (SST) and problem-solving therapy (PST). This differs from traditional CBT because it not only includes the general concepts of CBT, which focus on the relationships between thoughts, but works with improving communication skills through SST and basic problem-solving skills through (PST). This intervention will be new to the public mental health system and currently has only been implemented in private hospitals or universities.

- a. **Target Population:** Adults aged 18 years and older who are currently living in Board and Care Homes and are receiving services at a County-operated Adult clinic; Diagnosed with a serious mental illness.
- b. **Total MHSA Funding for FY 2018/19:** \$200,000
- c. **MHSA-funded Staff:** 2.0 Full-time equivalents
- d. **Total Number served:** For FY 18/19: 27
- e. **Outcomes:** Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7) will be given to all group participants. Additional measuring tools would include the Recovery Assessment Scale (RAS) and the Independent Living Skills Survey (ILSS). Clinic and agency case managers will be asked to fill out the Level of Care Utilization System (LOCUS). 5150s will be tracked for pre/post data and length of hospital stay pre/post data

Program: Overcoming Transportation Barriers

a. **Scope of Services:**

The Overcoming Transportation Barriers program is a systemic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program were to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among consumers. The program targeted consumers throughout the mental health system of care.

b. **Target Population:** Consumers of public mental health services and their families; the general public.

c. **Total MHSF Funding for FY 2018/19:** \$241,450

d. **MHSF Funded Staff:** 2 full-time equivalent staff positions

e. **Number Served:** For FY 18/19: 46 encounters

f. **Outcomes:**

- Increased access to wellness and empowerment knowledge and skills by consumers of mental health services.
- Decreased stigma and discrimination associated with mental illness.
- Increased acceptance and inclusion of mental health consumers in all domains of the community.

Program: Partners in Aging

Partners in Aging is an Innovation Project that was implemented on September 1st, 2016. Partners in Aging adds up to two Community Support Workers, up to 3 Student Interns and 8 hours/week of Psychiatric Services to the IMPACT program. The project is designed to increase the ability of the IMPACT program to reach out to underserved older adult populations through outreach at the Miller Wellness Center and Psychiatric Emergency Services. Through Partners in Aging, IMPACT has provided more comprehensive services, including providing linkage to Behavioral Health, Ambulatory Care, and Alcohol and Other Drugs services. Peer support, rehab, and in-home and in-community coaching will allow the skills learned through psychotherapy to be practiced in the community. Partners in Aging also provided SBIRT (Screening, Brief Intervention and Referral to Treatment) services and referrals to IMPACT consumers who screen positive for alcohol or drug misuse.

- a. **Scope of Services:** Community Support Workers and Student Interns provided linkage, in-home and in-community peer support, and health/mental health coaching to consumers open to or referred to the IMPACT program. In addition, the CSW and Student Intern provided outreach to staff at Psychiatric Emergency Services and Miller Wellness Center. They were available to meet with consumers at PES and MWC that meet the criteria for IMPACT to provide outreach, and linkage to services. The Student Intern also provide brief AOD screening and referrals, as well as conducting intakes, assessments, and providing individual psychotherapy. Additionally, a Geropsychiatrist will be available 8 hours/week to provide consultation, and in-person evaluations of IMPACT clients.
- b. **Target Population:** The target population for the IMPACT Program is adults age 55 years and older who are insured by Medi-Cal, Medi-Cal and MediCare, or are uninsured. The program focused on treating older adults with moderate to severe late-life depression or anxiety and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. Partners in Aging also focused on providing outreach and services to older adults who are experiencing both mental health symptoms and alcohol or drug misuse.
- c. **Total MHSF Funding for FY 2018/19:** \$181,067
- d. **MHSF Funded Staff:** 2 full-time equivalent staff positions
- e. **Number served:** For FY 18/19: 32
- f. **Outcomes:** Reductions in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, and decreased Patient Health Questionnaire (PHQ-9) scores would indicate the effectiveness of this program.

Innovation Project Annual and Final Reports

Center for Recovery and Empowerment.....	C2
Coaching for Wellness.....	C8
Cognitive Behavioral Social Skills Training in Augmented Board & Cares.....	C16
Overcoming Transportation Barriers.....	C24
Partners in Aging.....	C32

INNOVATIVE PROJECT ANNUAL REPORTING FORM

FISCAL YEAR: 18/19

Agency/Project Name: **Center for Recovery and Empowerment**

INNOVATIVE PROJECT TYPE:

*Please check **all** that apply:* PEI – services for individuals at risk of SMI/SED CSS – services for individuals with SMI/SED

SERVICES PROVIDED:

Please describe the services you provided in the past reporting period.

The Center for Recovery and Empowerment (CORE) Project is an intensive outpatient treatment project located in West Contra Costa County offering three levels of care: intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. CORE follows the disease model of addiction describing addiction as a disease associated with biological and neurological sources of origin. CORE provides a multitude of all-day services to youth that include individual therapy, family therapy, group therapy, nursing, including medication management and toxicology screening, social skills training, high school education support, adventure therapy, connection to community recovery services, transportation, and healthy meal and nutrition education.

CORE's admission process consists of first receiving a referral. Referrals come from psychiatrists, social workers, schools or school nurses, probation, Kaiser, John Muir Behavioral Health Center, community-based organizations or they are self-referrals. When a referral is received the Program Supervisor or other dedicated staff member will discuss client's background over the phone. Client and/or family member will be asked to come in for an assessment to meet with all staff located at the project. To be accepted into the project staff is looking for the client to meet an appropriate mental health diagnosis, SUD level of need and willingness/ability of either client OR family to participate in program.

If client meets admission guidelines they will be enrolled into the program and begin onsite treatment. Day program schedule is as follows:

- 1) Transportation provided by van pick-up
- 2) Check-in with teacher for Golden Gate School Program
- 3) Complete Daily Goals Worksheet

C1

- 4) School
- 5) Lunch and social skills integration
- 6) Individual therapy – clients are pulled from milieu twice a week, or as needed throughout the day.
- 7) Group therapy: Moral Reconciliation Therapy - 1xweek, recovery assignments are done in group 5xweek
- 8) Tox screen and individual consultation with nurse to discuss results 1xweek
- 9) Adventure Therapy- ecotherapy, mindfulness and recreational activities for youth after lunch
- 10) Family therapy – Family therapy is conducted 1xweek per client in the late afternoon or evening
- 11) Community recovery meetings – Clients are transported to and from YPAA meetings 2xweek. They attend with Recovery Coach and process meeting afterwards with Recovery Coach and individual sponsors in YPAA
- 12) Sober social events – Clients attend social sober events, weekly, in order to develop and establish a sober peer group. These events are sponsored by YPAA and linkage is provided by Recovery Coach. They include events such as sober dances, parties, bowling, dinners, camping, etc.

LESSONS LEARNED:

Please describe any lessons learned (positive and negative) throughout the implementation of this project. If applicable, how have you used these lessons to change the model?

During the development phase of the project a few challenges were discovered. Innovation projects by design are new and different patterns of service. During the implementation process the project encountered barriers. One of these barriers included finding a location for the project outside of inner-city communities and in an area where youth could be removed from settings where they could be easily triggered to use. This made it difficult because the location needed to be close to the client’s home and allow for easy access to transportation to and from the program and provides “Safe and Sober” environment critical to an intensive recovery program. The location was eventually identified and secured for a building that had access to trails and parks nearby to allow for Adventure Therapy.

Another obstacle that the project faced was during the hiring process. Many positions didn’t meet current County classifications and it was decided to contract out. This ultimately delayed hiring and the opening of the Center. This also influenced decisions on future positions and how to move forward on the process of hiring. The project decided to change some of the staffing pattern to avoid further delay in hiring and promote quicker implementation of opening of the Center.

PROJECT CHANGES: No changes

Please explain whether any changes were made to the Innovative Project during the reporting period and the reasons for the changes, if applicable.

Upon implementation the staffing pattern changed to meet County policy and requirements. The first change consisted of the Psychiatrist and a Registered Nursing position. These positions proved to be very hard to hire and fill. Neither position required enough hours to justify a part time position and with so few hours required recruitment proved to be difficult. After this evaluation it was proposed to replace this with a Psychiatric Nurse Practitioner (PNP). The PNP was eventually hired and supervised by a Psychiatrist over at the West County Children's Clinic. This position is responsible for providing oversight to clients who need vitals taken, meds reviewed or drug tests. An additional position that was converted was the Recovery Coach. This position was changed to a Community Support Worker because of similar job duties specified under the County classification.

Another staffing change during the onset of the project was a position that was contracted out. This position was for a Substance Abuse Counselor. The position was CADAC certified and held a License of a Professional Clinical Counselor. Eventually, the staff member vacated the position and it was converted to a Mental Health Clinical Specialist. The new person who was hired was working towards her CADAC certification and would meet the guidelines specified in the workplan within the coming year. Finally, it was determined that the project needed additional support with administrative functions. This pushed for the project to hire an experienced-level clerk to support this role which included billing set up and chart organization.

Originally, the project outline consisted of three levels in which the clients would be in each level for 12-week periods. As the project enrolled youth, it was determined that this duration was to be six weeks instead. This would allow for movement into the next phase to be quicker. It would also push for the mentorship portion of the project to be rolled out to increase flow between levels.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *What are the learning goals of the project?*
- *Which elements of the project are contributing to outcomes?*
- *List of indicators measured; including results and an explanation as to how often data was collected and analyzed.*

The learning goals of the project are to learn if treating adolescents with substance related and co-occurring mental health conditions in an ASAM compliant intensive outpatient program will 1) result in abstinence or reduced use of substance; 2) reduce symptoms of mental illness; 3) reduce/prevent need for/or return to inpatient mental health/substance dependence treatment; 4) increase academic success.

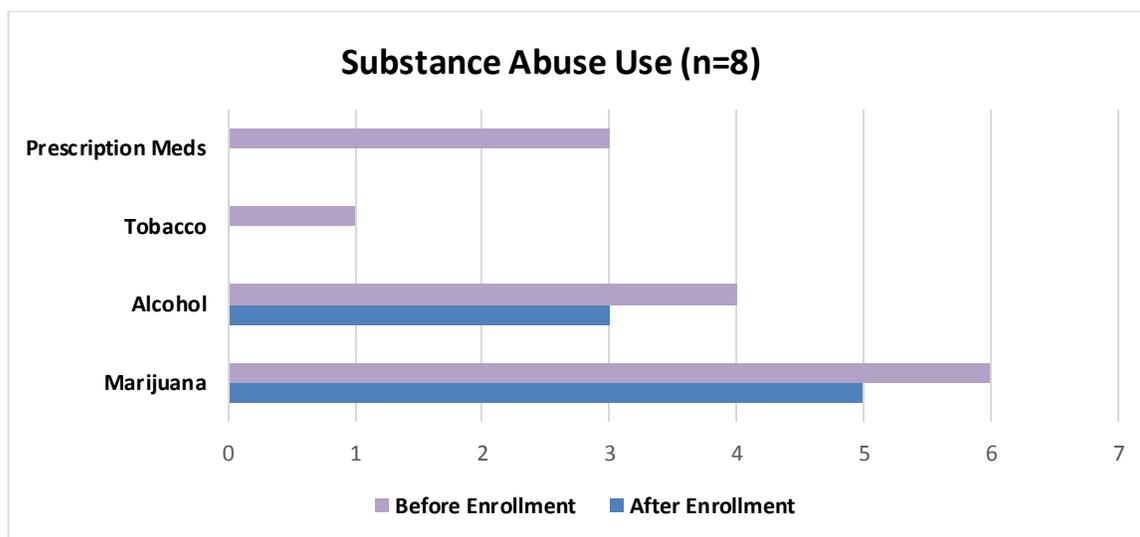
This project used the Teen Addiction Severity Index (T-ASI) to measure many of its outcome goals before enrollment and after discharge. The T-ASI can be defined as a semi-structured interview tool that was developed to fill the need for a reliable, valid, and standardized instrument for a periodic evaluation of adolescent substance abuse. The T-ASI uses a multidimensional approach of assessment as an age-appropriate modification of the Addiction Severity Index. It yields 70 ratings in seven

domains: chemical (substance) use, school status, employment/support status, family relations, peer/social relationships, legal status, and psychiatric status. ⁱ

The project reported that the average age of drug usage started as early as 12.5. Clients show being in SUD treatment type services 5 times before enrollment with a rate of 63 days total.

The project was able to capture some of the primary goals and respond by the following indicators:

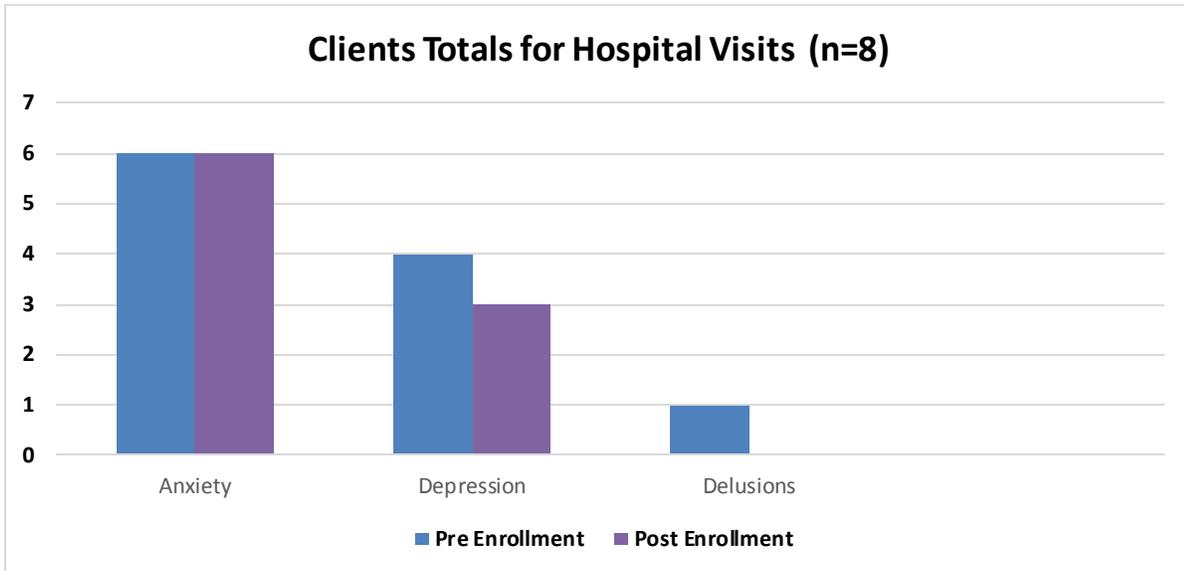
- Reported Drug Usage Impact (pre and post via the Teen Severity Addiction Severity T-ASI Index) Only eight clients completed pre and post data. Both prescription meds and tobacco use show no use after enrollment.



- Reported Mental Health Impact (pre and post via the Teen Severity Addiction Severity T-ASI Index)

This included treatment for any psychological or emotional problems in the hospital for inpatient/outpatient patients. Total visits decreased from 22 to 18 after enrollment.

Table below indicates three clients admitted for anxiety for both pre- and post-enrollment, four pre-enrollment and three post-enrollment for depression, and one pre-enrollment with no post enrollment client for delusions. Admissions decreased overall.



LINKAGE AND FOLLOW-UP: Not applicable

Please explain how participants are linked to mental health and/or support services, including, how the INN program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

CORE provides an extensive intake process when client arrives into the center. Upon intake if the program cannot fit the needs of the client then they will be referred out. Besides residential SUD, CORE refers youth and parents/providers on behalf of youth to the following services:

- WCCAS (West County Child & Adolescent Services) mental health
- WCCAS outpatient SUD
- PES
- Seneca Mobile Response Team
- Kaiser CDRC
- John Muir Behavioral Health
- EBYPAA
- Young People NA
- REACH
- Hanna Boys Center (residential but not primarily SUD)
- Rebekah House (residential but not primarily SUD)
- RYSE
- MISSEY (for CSEC youth)

- Golden Gate Schools/County Office of Ed Alternative Education
- Contra Costa County CFS
- First Hope
- James Morehouse Project
- MH Access Line
- West County Health Center
- Richmond Works Program
- West County High Schools Health Centers
- Monument Crisis Center
- Familias Unidas
- Latina Center

If a client is enrolled in the program and needs additional services specifically in phase two then the client could get referrals to activities such as sports, art, dance, summer jobs and other similar programs. There is no lapse in referral time therefore this is not a measured outcome.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of project participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Youth within the CORE project were asked how the program has changed their life. This was organized through them providing accounts of how they were affected physically, socially, emotionally and academically. Then they were asked how they would feel without the CORE project being available. Responses were given per the following:

Case Vignette 1: 15-year-old LatinX female, who came to the program just days after returning from the streets, where she had been trafficked. History of runaway and a lot of sexual trauma.

Client Statement:

“When I first came to the program, I was very sick and couldn’t stop using. I was using marijuana, vape pens, and popping pills. I was losing a lot of weight and my face was full of acne. All I would do is smoke until I passed out. I lost friends that cared for me because they saw how bad I was doing. Emotionally I experienced a lot of depression and anger issues. My school attendance was really bad, and I would not even show up to classes most of the time. CORE has helped me eat better and stay sober. I am starting to socialize more with people and find good friends. I now communicate better with my family and have raised my grades while achieving more credits for high school. Without CORE I would be lost or even dead. I might even be homeless. I thank CORE for helping me find my higher power.

Case Vignette 2: Male who is 16yrs old. When he came to CORE, he had a severe eating disorder and was hanging out with gang members who were pushing him, daily, to quit program ("Don't be a p***y, no one respects you doing that" etc. He started using at age 12.

Client Statement

“When I first came into the program, I was oppositional about almost everything. I wasn’t open at all to take suggestions from anyone. I was using marijuana, alcohol and pills. Physically I was skinny and unhealthy and at times looked like a zombie. Most of the time I would be with a group of friends and we would use drugs together. I quit the baseball team because of drugs. I could be calm because I was high, but if something was to make me mad, I would completely blow it out of proportion. Academically my attendance was horrible because I would be at the park smoking or drinking. CORE helped me recover physically by helping me maintain my sobriety by checking in with me and taking me out to do activities. I built relationships and bonds with other people who had the same goal to stay sober and who were on the right path. CORE has helped me emotionally by helping me find ways to control myself. I also have gotten my credits for school back up to where they are supposed to be and turned all of my F’s into A’s.”

1. Kaminer, Y., Wagner, E., Plumer, B. & Seifer, R. (1993). Validation of the teen addiction severity index (T-ASI): Preliminary findings. *American Journal on Addictions, 2(3)*, 250-254.

FINAL INNOVATIVE PROJECT REPORTING FORM

FISCAL YEAR: 2018/19

Agency/Project Name: Contra Costa Behavioral Health/Coaching to Wellness

INNOVATIVE PROJECT TYPE:

*Please check **all** that apply:* PEI – services for individuals at risk of SMI/SED services CSS – for individuals with SMI/SED

INNOVATION:

Please provide a brief summary of the priority issue related to mental illness or to an aspect of the mental health system for which this program/project tests the idea of an innovative concept.

This innovation project was instituted based on a widely recognized disassociation between physical and behavioral health treatment being provided concurrently. The approach was to integrate health care by linking the treatment of physical and mental health to improve the quality of services which lead to better health and mental health outcomes. The innovation project was set in place to test if using Peer Wellness Coaches will improve number of clients that participate in health education and/or wellness activities, improve health outcomes, and enhance recovery and resiliency.

Before the onset of the project it was regarded that mental health clients face physical health problems and engage in risky health behaviors more frequently than the general population. People with severe mental illness (SMI) who receive services from the public mental health systems die, on average, at least 25 years earlier than the general population. Prevalence of diabetes, ischemic heart disease, cerebrovascular disease, arthritis and heart failure is three-times higher among SMI Medi-Cal population compared to general Medi-Cal population. It was decided based on this collective information that it was imperative to utilize peer providers, as a potential solution to overcoming the barriers states above.

This innovation intervention offers a potential solution to determine if using peer providers trained in wellness recovery and self-management promotes positive health outcomes, including mental health recovery and resiliency. It was the idea to determine if a patient at risk received support for both physical health and mental health would this improve the patient's overall health and ability to lead a functional and successful life within the community.

PROJECT OVERVIEW:

Please provide an overview of the innovative project.

The Coaching to Wellness project provides an additional level of support for adult mental health consumers who are in need of health care management. Support is provided by a Wellness Team that consists of a Nurse, Mental Health Clinical Specialist and a Community Support Worker. With components from intensive peer support coupled with leveraging existing resources in the County, the Coaching to Wellness project provides a holistic team approach to providing care to consumers. The goals of the project are: 1) Improve client 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.

The Coaching to Wellness project began enrolling clients in December 2015. Clients were originally enrolled that had comorbid mental health and primary care need. As the project expanded so did the criteria for accessing this service and it was eventually opened to all clients in need of healthcare management. In general services provided included:

- Facing Up To Health: a peer-led group intervention guides participants through identifying and understanding their personal wellness resources and helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness
- Wellness Management related activities including referrals and linkages to primary care and other medical appointments such as nutrition, dental, optometry, ultrasounds, as well as community resources for food, clothing, smoking sensation, health coaching, mindful movement, exercising, linking family members to family support, housing, etc.
- Individual nurse, clinician and peer support in the home, field, and office to work on goal setting, attainment, Injections, medi-sets, whole health education development of self-management skills, and addressing barriers to wellness such as isolation and financial limitations.
- Clinic groups that include a diabetes group, food is medicine and pain managements
- Alumni Group: a peer-led group that provides regular check-ins on progress and need for support goals while promoting the achievement of wellness, recovery, and chronic disease self-management skills.

PROJECT CHANGES: No changes

Please explain whether any changes were made to the Innovative Project during the reporting period and the reasons for the changes, if applicable.

Over the course of the entire innovation project period many features changed to adapt to the specific needs of the clients. The team faced many challenges and made changes as needed. During the last fiscal year, the project made some final changes to see if these changes would allow for the project to learn some additional aspects making the services viable and sustainable.

- The Project Recommendation Form that was once only required to be filled out by a Psychiatrist was made available for other potential providers within the clinic to complete.

This would allow for more overall referral to be reached by the team.

- Community Access Tickets Service (CATS) is a service provided that allows for a group to access cultural, recreational and education experiences. The project was able to gain access to these tickets and offer the Coaching to Wellness clients the opportunity to experience positive socialization and community integration opportunities. Clients were recently able to attend baseball games and other theater type events. The event lead to positive outcomes and a greater positive response to the project.
- Post surveys were edited to allow for intimate project feedback. Form was separated out to become its own and be mailed in as a separate document. The team decided this would give clients the necessary privacy that would allow for more return on suggestions.
- The project decided to revisit their outreach efforts within the County. This consisted of presenting the project again to the Primary Care Clinics, Shelters, Detention, and other possible sites that would be able to utilize the service.

OUTCOMES AND PROJECT EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *What is the evaluation methodology?*
- *What are outcomes of the project that focus on what is new or changed compared to established mental health practices?*
- *If applicable, was there any variation in outcomes based on demographics of participants?*
- *List of indicators measured, including how often data was collected and analyzed, as well as how the project evaluation reflects cultural competency and includes stakeholder contribution.*
- *Assessment of any activities or elements of the Innovative Project which contributed to successful outcomes.*

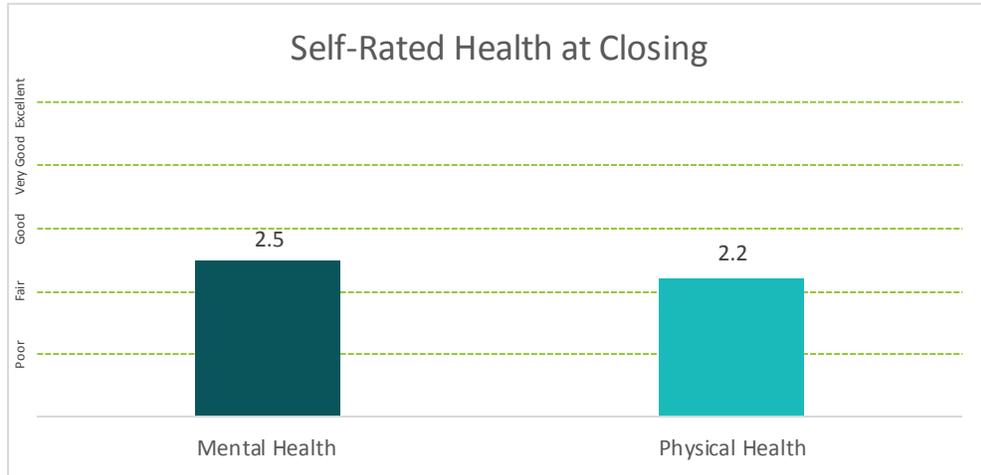
The original learning goals of the project were to learn if and how modifying HARP curriculum and adding peer Wellness Coaches to health integration projects will: 1) improve wellness and health outcomes for consumers; 2) increase primary and mental health care staffs' understanding of mental health "consumer culture" and recovery principles; 3) increase the number of consumers with wellness, recovery, and/or self-management goals; 4) reduce feelings of stigmatization; and 5) enhance recovery. The proposal was written several years before the project was able to be implemented; therefore, the goals were amended by the Coaching to Wellness committee as described in the following.

The Coaching to Wellness pilot has three overarching goals with corresponding indicators:

1. Improve consumer perception of their own wellness and wellbeing.
 - Self-Rated Health and Mental Health (asked at each visit and recorded on Contact Summary Form)

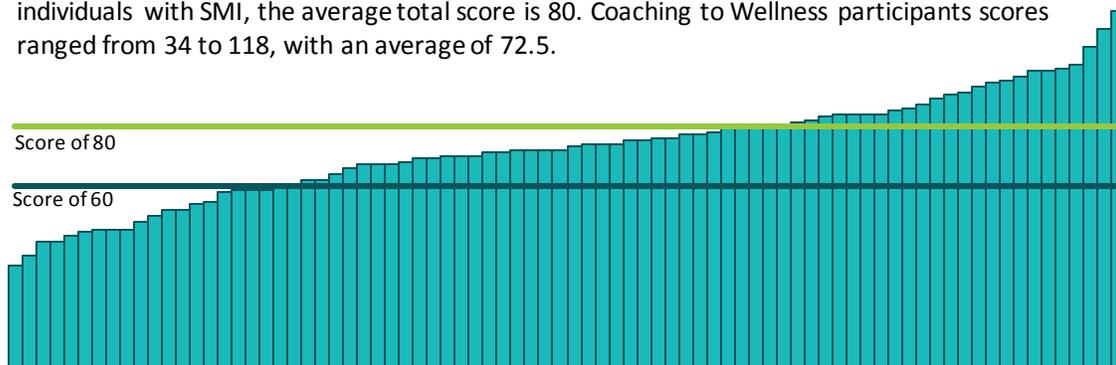
At each individual session, the Wellness Coach and Nurse interviews consumers to ask “In general, would you say your health (5) excellent, (4) very good, (3) good, (2) fair, or (1) poor.” This item is used in the National Health Interview Survey and in a number of studies self-rated health has been found to be an excellent predictor of future health.ⁱ In addition, a similar question is asked regarding mental health, similar to other studies.ⁱⁱ Participants were more likely to rate their mental health more positively than their physical health with the majority rating their physical and mental health as “good”.

- Perceived Recovery (pre and post via the Mental Health Recovery Measure)



Baseline Mental Health Recovery Measure Individual Scores (N=80)

The MHRM assesses the recovery process for individuals with a serious mental illness (SMI). Higher scores indicate higher level in the recovery process (potential range 0-120). Anyone with a score below 60 is considered to be significantly below their peers in the recovery process. Among individuals with SMI, the average total score is 80. Coaching to Wellness participants scores ranged from 34 to 118, with an average of 72.5.



The Mental Health Recovery Measure (MHRM) survey is completed by participants at pre and post and administered by the Wellness Coach. The development of the MHRM involved a grounded theory analysis of qualitative data to develop a model of recovery based upon the experiences of individuals with psychiatric disabilities.ⁱⁱⁱ All items are rated using a 5-point Likert scale that ranges from “strongly disagree” to “strongly agree.” The MHRM contains 30 items across eight conceptual domains. On average, participants score 8 points lower than the average of most individuals with SMI.

- Functioning (pre and post via the Mental Health Recovery Measure)
At baseline, participants scored an average of 8.7 points on the Basic Functioning domain of the MHRM, with scores ranging from 0 to 16. Individuals scoring high in this domain are getting their basic needs met and are not depending on others for help.
- Quality of Life (pre and post via the Mental Health Recovery Measure)
At baseline, participants scored an average of 8.7 points on the Advocacy/Quality of Life domain of the MHRM, with scores ranging from 0 to 16. Individuals scoring high in this domain are making the transition into becoming a role model of recovery; they are becoming confident and comfortable in their journey, so they can share that with others and help them progress along their own path.

2. Increase healthy behaviors and decrease symptoms for consumers.

- Physical Health Vital Signs and Labs (as needed recorded via Nurse Contact and Lab Summary Form)
With consumer permission, the Wellness Nurse measures vital signs including height, weight, BMI, blood pressure, pulse, and waist circumference and recorded on a Contact Summary form. In addition, the Nurse will ask about the number of days and minutes of physical activity engaged in during the week. Labs (e.g., Cholesterol, HgA1C, etc.) are requested as needed; the Wellness Nurse monitors these requests and enters information into a Participant Lab Summary form. There is not enough post data for pre and post analyses. At baseline:
 - BMI: Of 8 participants with measurements, all but one (87.5%) were overweight (BMI \geq 25) or obese (BMI \geq 30).
 - Blood Pressure: Out of 11 participants, 7 (63.6%) have pre-hypertension and hypertension.
 - Pulse: Of 15 participants, 0 have a high pulse rate. The average pulse is 81.5 beats per minute.
 - Cholesterol: Of 5 participants, 0 have borderline high or high total cholesterol; 60.0% have borderline or very high LDL cholesterol; 100.0% have low HDL cholesterol; and 20.0% have mildly high or high triglycerides.
 - HgA1C: Of 5 participants, 60.0 % of scores indicate diabetes.

FUNDING:

Please explain whether and how the project will be sustained after Innovation funding. Include the source of ongoing funding, if applicable, the reason for the decision, and how stakeholders are involved in the decision-making process.

The project has ended as of August 2019. Overall this project had many challenges throughout the innovation funding period. Initially, the project had a very difficult time hiring a full team and this challenge continued throughout the entire innovation period. While staff were hired many positions still couldn't be filled or staff retention continued as a challenge. The project eventually changed the team's design but by that time the project was already in its third year of funding. Another challenge became when a service that replicated the project in many ways called Community Connect begin its implementation. This created overlap and seemed to support the patients for similar reasons.

Also, what demonstrated to be an additional struggle was the referral and intake process. Many clients didn't meet the criteria and as the innovation period developed it was decided to allow more clients to be able to access the service. Unfortunately, by this time the project was already gearing towards the end of the funding period and the change didn't seem to make a huge improvement. It was decided after the multiple staff left the project it was best to shut the project down. This project will not be sustained.

LEARNING GOALS:

Please explain whether the project achieved its intended outcomes or learning goals and a summary of what was learned.

The learning goals established for the project are as follows:

Process-based learning goals:

- Do consumers develop mental health wellness recovery action plans (WRAP)?
 - Do consumers use them regularly and how can we increase their utilization?
- Do consumers develop self-management goals?
 - Do consumers use them regularly and how can we increase their utilization?
- What elements of Facing up to Health are effective?
- What elements of Facing up to Health are not effective?
- Does the use of Peer Wellness Coaches increase the number of referrals made between consumers and community resources?
- By changing the project's criteria does this increase the number of client's utilizing the project.

Outcomes-based learning goals:

- Does interacting with Peer Wellness Coaches improve primary and mental care providers understanding of the consumer culture and recovery principles?
 - Do consumers achieve their wellness goals through this intervention?
 - Do consumers permanently change their health-related behaviors through this intervention?
 - Do consumers achieve their recovery goals through this intervention?
 - Do consumer's Self-Rated Health and Mental Health scores change through this intervention?
 - Do consumers have improved health outcomes?
 - Is this approach replicable in other integration settings?
 - If the project establishes a limited timeframe for utilization of services will this increase the overall number of clients served?

Summary:

Overall, consumer outcomes showed improvement, but low caseload counts stayed steady. In the last fiscal year of the project, new referrals became very challenging. Numbers lowered and aggregate outcome information became limited. Learning goals could not be entirely achieved because of low intake counts. According to reports, approximately 55 clients received outreach in FY18-19. 31 clients received more than 3 services from CTW clinicians/nurses/coaches. Three contact attempts were made to engage clients.

INFORMATION SHARING:

Please describe how the results of this Innovative Project have been shared with stakeholders, and if applicable, beneficial to other mental health systems or counties.

During the innovation funding period all innovation projects are scheduled to discuss updates to the Innovation Committee semi-annually. This committee is apprised of County Staff, stakeholders and members of the community in order to provide feedback, comments or suggestions on any current issues, questions or other applicable information that the project may need to consider. The final report for the project was shared at the innovation committee and discussion around what was learned was reported. Finally, this report will be shared with the Mental Health Services Oversight and Accountability Commission for dissemination through the State by its scheduled submission date.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of project participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

The project was able to collect valuable perspectives from two clients who enrolled during the last fiscal year. Both clients felt that the project had a very positive influence on their life and contributed to many positive outcomes making it easier for them to lead successful lives.

Case #1 - A 63-year-old woman who lives alone in the East Region of Contra Costa County, was diagnosed with heart failure, fatty liver, type 2 diabetes, anxiety, depression with psychotic features, agoraphobia, cognitive disorder, and a panic disorder. Client was isolated at her home with only the once weekly support from her nephew who did not know how or what was going on with her care. With the support of the Coaching to Wellness team and having them meet with the client weekly to help with medication management and teaching she was able to get stable mentally and physically. Additionally, the client also attended the social outings with the wellness coach to learn and use social skills. She now is involved with the choir at the senior living where she resides.

Case #2 - A female woman who lives in the West Region of Contra Costa County, was an avid drinker with mobility issues and a hole in her colon. She stated that she was observing clients using the “Facing up to Health” group part of the Coaching to Wellness project. She noticed a few clients enrolled in the project graduating and many of these clients showed positive changes. This made her decide that she wanted to explore the project further. She said it was the best project she could have enrolled in. She learned how to take better care of herself by making her appointments, seeing a substance abuse counselor and just listening to the overall training given in the class. Since attending the class, she has made substantial improvements. She has been clean and sober for 16 months; she attends college classes to hope to provide peer support and uses the many tools she was given to improve her mental and physical care

¹ Idler, E. L., & Angel, R. J. (1990). Self-rated health and mortality in the NHANES-I epidemiologic follow-up study. *American Journal of Public Health, 80*, 1990, 446-452.

U.S. Bureau of the Census. (1985). *National Health Interview Survey*. Washington DC: U.S. Dept. of Commerce.

Ware, J. E., Nelson, E. C., Sherbourne, C. D., & Stewart, A.L. (1992). Preliminary tests of a 6-item general health survey: A patient application. In A. L. Stewart & J. E. Ware (Eds.), *Measuring functioning and well-being: The Medical Outcomes Study approach* (pp. 291-303). Durham NC: Duke University Press.

¹ Kaiser Family Foundation. (2009). *Survey of healthy San Francisco participants*. Retrieved from <http://healthysanfrancisco.org/wp-content/uploads/Kaiser-Survey-of-HSF-Participants-Aug-2009.pdf>

Peel Public Health. (2015). *Quick stats: Self-rated mental health*. Retrieved from <https://www.peelregion.ca/health/statusdata/pdf/self-rated-a.pdf>

¹ Bullock, W. A. (2009). *The Mental Health Recovery Measure (MHRM): Updated normative data and psychometric properties*. Toledo, OH: University of Toledo, Department of Psychology.

INNOVATIVE PROJECT ANNUAL REPORTING FORM

FISCAL YEAR: 18/19

Agency/Program Name: Contra Costa Behavioral Health/Cognitive Behavioral Social Skills Training in Augmented Board and Cares

INNOVATIVE PROJECT TYPE:

*Please check **all** that apply:* PEI – services for individuals at risk of SMI/SED CSS – services for individuals with SMI/SED

SERVICES PROVIDED:

Please describe the services you provided in the past reporting period.

Cognitive Behavioral Social Skills Training (CBSST) in Augmented Board and Cares can be described as a new emerging practice that consists of a combination of cognitive behavioral therapy (CBT) social skills training (SST) and problem solving therapy (PST) in the County's Board and Care Homes (B&Cs). The project involves a team designed of one Mental Health Clinical Specialist (MHCS) and one Community Support Worker (CSW) whose primary responsibility will be to lead CBSST groups at B&Cs that house CCC consumers.

The project began implementation in late August 2018 and hired its first MHCS. The clinician began acclimation of different countywide B&Cs while shadowing the Housing Specialist and other CBSST groups already established within the Mental Health Clinics. In early September, the clinician was pulled away for 11 weeks of Jury Duty, which added to the lengthy process of implementation. Upon return the clinician was able to provide groups but only as a one-person team. Starting early in January, the clinician identified what B&Cs would be a good fit to start and begin groups. After clear assessment of numerous B&Cs the MHCS found approximately five in different regions of the County that would be appropriate.

The CSW was not brought on till May 2019. This was due to original hire falling through and other lengthy hiring processes that were unable to be prevented. The CSW began shadowing the clinician and helping assist with groups already established. This position is now fully implemented within the project and providing peer counseling in a group setting to clients who live in B&Cs.

The CBSST project is designed to enhance the quality of life for those residing in enhanced B&Cs by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. As of this fiscal year, the project has provided the following services:

- Served six small (6-bed) ARFs (adult residential facilities)

- Served 1 large (70-bed) RCFE (residential center for the elderly)
- Provided CBSST individual and group rehabilitation services to 27 individuals
- Support to board and care operators (psychoeducation, partnering on goals utilizing CBSST framework and skills, consultation re: concerns/consumer needs)
- Collateral with Board and Care Operators

LESSONS LEARNED:

Please describe any lessons learned (positive and negative) throughout the implementation of this project. If applicable, how have you used these lessons to change the model?

The project didn't start implementation until August 2018, and even after the initial start it took until January to start seeing clients. This delay resulted in not having a full reporting period in which to learn if the initial set up of the project is operational. During the current fiscal year, the project staff discovered that partnership with the board and care operators/caregivers was an important component. Building trust was gradual and spending time with them separate from the time with the consumers helped with this and allowed room for growth.

Relationships and rapport building with consumer takes time and during engagement after at least four months trust became more evident and secured. Consistence and regularity during engagement was extremely important. Having the two-person team increased ability to be consistent and groups become regular with high client attendance.

Board and cares where the majority of residents are "plugged in" to activities during the day are not always good candidates for onsite CBSST groups. At least three residents are recommended and provided a level of engagement that felt necessary for group modality. Two homes where this was not the case, did not end up being good fits for the project. At one B&C the group was discontinued due to only one resident being present and able to participate. This client was also not a County consumer.

At another B&C continued CBSST was provided individually to one engaged client. This would sometimes be joined by a second client but on a less regular scale. Transitioning such a client to CBSST work with a case manager more quickly when this occurs is definitely something that should be addressed.

PROJECT CHANGES: No changes

Please explain whether any changes were made to the Innovative Project during the reporting period and the reasons for the changes, if applicable.

The project has experienced some initial changes as it has approached the second module leading up to the end of the fiscal year.

Initially CBSST was only performed in groups but soon after the MHCS discovered that it could be beneficial to run individual therapy with the clients. The project also decided to decrease the time for groups from 150 min to 70 min. This seemed to be a better fit for the population and helped with keeping the group engaged and present.

OUTCOMES AND PROJECT EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *What are the learning goals of the project?*
- *Which elements of the project are contributing to outcomes?*
- *List of indicators measured; including results and an explanation as to how often data was collected and analyzed.*

The goals of the project are to learn the following:

- 1) Will the modality of CBSST have an effect on the consumer's mental stability and growth?
- 2) Will the intervention lead to a higher overall functionality and quality of life?
- 3) Will the intervention reduce 5150 involuntary holds within the Crisis Services Unit?
- 4) Will a consumer have fewer evictions or avoid evictions completely?

In the first stages of this project we explored the use of four surveys to measure impact on participants' symptoms, self-perception and functioning. These include:

- **PHQ-9 (Patient Health Questionnaire)** assessment monitoring presence/severity of depressive symptoms (self-report, self-administer)
- **GAD-7 (Generalized Anxiety Disorder)** assessment monitoring presence/severity of anxiety symptoms (self-report, self-administer)
- **RAS (Recovery Assessment Scale)** assessment measuring aspects of recovery w/ focus on hope and self-determination (self-report)
- **ILSS (Independent Living Skills Survey)** assessment obtaining individual's view of his/her own community adjustment (self-report structured interview)

We adopted the PHQ-9 and GAD-7 to align with the tools utilized within the regional specialty mental health clinics to track symptoms for all clients. Similarly, the use of the ILSS aligns with those clinics' use of this tool to assess functional impairment primarily for individuals with schizophrenia/related diagnoses. Using the RAS aligns with our goal of increasing recovery orientation for project participants. In line with the recovery model this assessment looks beyond "what's wrong" to participants' view of their own capabilities, hopes and sense of self.

We attempted to have participants complete all assessments prior to beginning the program, as well as after completing the program (all 3 modules). We also implemented the PHQ-9/GAD-7/RAS after

completion of the first and second modules. Some participants declined to complete especially at the beginning of our relationship. In many cases, participants did not take each survey at least two times in this reporting period in order to get scores for comparison. Thus, data from this reporting period is not robust.

Strength of these tools: surveys create an opportunity and platform that has a consistent structure, for more in-depth conversation about participants' well-being. The PHQ-9/GAD-7 in particular seemed most helpful as a way to flag any uptick in symptoms. The RAS provides insight into cognitions/beliefs that may be "unhelpful thoughts" that CBSST participants can work on challenging, while also insight into participants' own view of strengths to tap into. The ILSS identifies issues to tackle and because it is an interview format, can allow for space to discuss where participants hope to make changes/build independent skills. These discussions can relate directly to the goal setting work of CBSST

Lessons learned: these surveys especially PHQ-9/GAD-7 may feel intrusive and are better completed when not linked to group sessions. The responses are less likely to be genuine until trust is gained. Completing with an individual 1:1 and reviewing each question out loud, supports comprehension of the questions, increases completion rate and hopefully validity of responses, and also fosters the aforementioned conversations. For the ILSS, the questions provided are at times outdated and do not capture as wide a range of independent living skills as we observe in participants (e.g., education-related activities). These lessons led to development during 2019-2020 of questions to ask as an addendum to the ILSS, as well as plans for proposing a revision of the ILSS to be tested/validated.

Data samples included in this reporting period were minimal due to the small timeline from the inception of the program until end of the fiscal year. Not included in the sample was Concord Hill Home and Monona Care Home.

Table 1. Percentage Change in Average PHQ 9 Scores, January 1, 2019 through June 30, 2020 shows the change in average PHQ 9 scores.

Table 1: Percent Change in Average PHQ 9 Scores, January 1, 2019 through June 30, 2019							
Fiscal Year	Average Score of First Survey of the Year	Range	Average Score of Second Survey of the Year	Range	Average Score of Third Survey of the Year	Range	Percentage Change from enrollment
2018/2019 (n=10)	20	(0 to 20)	19	(0 to 18)	11	(0 to 18)	-45%
Board and Care Homes that were not calculated in the totals were missing surveys due to modules not completed.							
PHQ 9 Score Key: 1-4 Minimal depression, 5-9 Mild depression, 10-14 Moderate depression, 15-19 Moderately severe depression, 20-27 Severe depression							

LINKAGE AND FOLLOW-UP: Not applicable

Please explain how participants are linked to mental health and/or support services, including, how the INN Project follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

All clients that participate in the CBSST group sessions are clients that are connected to the mental health clinics within the County. Many have psychiatrists and/or case managers and have regularly scheduled visits. If a client is not participating in services and needs to be linked the CBSST provider will proceed with joining the client with necessary services toward improving treatment outcomes. This can include the CBSST provider reaching out to clients' assigned clinic and collaborating to engage client with different types of service connections.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of Project participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

SC case vignette: the significance of onsite support

SC is a 27 y.o. (at time of admission) Caucasian female who was a resident of Afu's One Voice, 6-bed female board and care facility in Bay Point. She had moved to Afu's in October 2018, shortly before the CBSST program started engaging with the facility. For sixteen months prior, SC lived at Crestwood "The Pathway" enhanced board and care facility in Pleasant Hill, following multiple psychiatric hospitalizations during a time she lived independently. Since SC was 21, she has had multiple stays at both short and longer term residential psychiatric facilities. Afu's One Voice was the first augmented board and care home placement for her, with the idea that more support at this level of care could better help her stabilize vs. being sent again to an enhanced board and care. SC held the goal from the time of arriving at Afu's One Voice, to return to independent living.

During the engagement/assessment period, SC reported quite severe depression symptoms on the PHQ-9 including thoughts of wanting to die. This writer had a further risk assessment interview and intervention with SC to establish ways she could keep herself safe and manage her symptoms. SC was quite fearful that she would be placed on a 5150 hold, be hospitalized and sent back to a higher level of care and that in this happening, she would lose the opportunity to work toward independent living. Based on the risk assessment this did not occur. Having writer present at the home each week provided additional clinical support to help SC maintain at this level of care. Additionally, writer was able to share observations/concerns with SC's case manager, for a richer clinical picture. The case manager had attempted to get therapy approved for SC as part of the step-down plan, but this had not occurred; with writer's advocacy for more support, therapy was approved.

Writer's own alliance with SC felt strong following this event. SC became a motivated, engaged

C20

participant in CBSST group and set a goal of employment, which she felt would help her be more independent and ready to live on her own again. SC did get a job through vocational services, at which point she was a much less frequent participant in CBSST group based on timing. However, she participated intermittently and continued to demonstrate engagement and apparent pride in her ability to set and work toward her goals.

SC is one of the first program participants to step down from the augmented board and care level of placement following CBSST program engagement. The CBSST team was involved in Dec 2019-Jan 2020 in advocating for SC's readiness to accept an MSHA unit when it came available. SC successfully moved to this unit in March 2020 and as of June 2020 continued to be stable with no PES/crisis encounters.

Johnson Care Home: Developing a Recovery Oriented Milieu

Johnson Care Home exemplifies a small board and care that while providing supportive placement for consumers, did not necessarily emphasize the potential for residents to stabilize, develop independent living skills and the capacity to move on to lower levels of care. When our program began working with Johnson Care Home, there was a core group of residents who had lived there for many years; three of the six had been there for over ten years. They were generally psychiatrically stable with no recent psychiatric hospitalizations, and encounters with specialty mental health were mostly limited to medication management. These gentlemen coexisted well, forming a family-like community. As a group however they spent most of their time isolated at home, watching tv or smoking in the yard. The caregivers wanted to establish an expectation for engagement in activities, but struggled to do this in part based on the longstanding culture in the home. Residents identified goals that would require more engagement with the outside world—finishing an associate's degree, returning to employment, stepping down to independent living—but the biggest barrier first and foremost was that they spent their days inside.

We felt the milieu culture would need to change in order to support engagement in any activities outside the home whether the push came from caregiver expectation or from the residents' personal goals. As we developed relationships and the structure for group, we kept this goal of culture change in mind. Having weekly meetings where residents came together began this shift; even just being in community vs. being in their separate spaces other than meals, was a change. CBSST encouraged them to speak openly about goals, modeling for each other that having hope for change is possible. Practicing skills of learning something new reinforced that things *do* change when we act. The social skills module helped participants practicing positive communication and get comfortable looking to others for support. Some residents turned to each other reflecting on the strength of their long-term relationships—noting this as the first time they talked about this.

We also worked with the owner/operator, supporting her efforts to encourage residents to engage in the program at Recovery Innovations-Antioch (RI). Our group became a baseline activity to help remind residents that they could enjoy/benefit from groups or activities. We also linked what they were working on in CBSST, with how they used the program at RI. Five of the six residents at Johnson Care Home in summer 2019 went to RI at least once, with three continuing consistently.

The group also began focusing more on other activities they could do outside of the home. Participants began to take steps on goals that they had held for a long time. One gentleman with high anxiety around leaving the home, got his driver's license renewed and began repairs on his car—both things he had wanted to do for years. These were short term goals on the way to returning to school and finishing his AA. As a group we planned and held on a picnic at a local regional park. For several individuals this meant overcoming significant anxiety about things like being in unknown cars or in unfamiliar places. This picnic was the culmination of the third module on problem solving. We saw it instill hope in the participants that they could engage in the world in a different way. Generally, the home felt more oriented toward hope and the capacity to achieve goals after completing the three modules of CBSST.

EM case vignette: challenging unhelpful thoughts

EM is a 70 y.o. (at time of admission) Caucasian female living at Family Courtyard, a large residential center for the elderly. At time of assessment in Feb 2019 she identified multiple creative talents; EM is a wonderful and prolific painter usually of natural landscapes which she sometimes does from memory of times spent with her mother in bay area hills. In goal setting for CBSST, EM was clear that she would like to sell her artwork—which came across more as the desire to be recognized as an artist, and having an identity expanding beyond the bounds of Family Courtyard. Another goal that evolved during the course of group was to live together with her boyfriend (another resident) in the Marin headlands.

EM also identified writing as a talent, one that she has used throughout her adult life to manage her mood and stay well. This practice is one that she struggled to maintain as consistently as the painting—and she described writing as more of a chosen tool/coping skill that requires effort to remember and utilize; it can fall by the wayside when she is feeling low.

During the first several months of group EM frequently shared about experiencing depressive symptoms. This was wrapped up with having physical ailments, aches and pains; and resulting thoughts about her age, perceived limitations, and living in a facility that places further limitations upon her.

The cognitive skills module of CBSST reinforced how our thoughts/mood/actions are all related, and EM adopted this as a frame of understanding her depressed mood as related to such thoughts.

However, she continued to struggle with really having alternative ways to frame her experience or potential. Her gorgeous landscape paintings cover the walls of the activity room where we do group, but sitting at those tables she could not think her way out of her current living situation.

Taking *action*, that third part of the cognitive triangle, had a big impact for EM. We planned an outing to a regional park with views of the bay, for a picnic. This was a huge endeavor for participants who are physically frail (three of the five utilize walkers) and very limited mobility. EM herself had trouble with significant knee pain that day making for an uncomfortable van ride. However, she filmed the scenery out the window the whole ride into the park to our picnic site; she was ecstatic to get the fresh air and time away from the daily routine. This trip was significant for EM. She wrote an essay following the excursion and stood up in group to read aloud, which she did with confidence. EM gave us permission to share her essay which is also included here.



CONTRA COSTA MENTAL
HEALTH

1220 Morello Ave, SUITE 100
MARTINEZ, CA 94553-4639
PH: (925) 957-2615 FAX: (925) 957-2624

This experience seemed pivotal to EM. We saw a shift in her focus to be more on making things happen, whether it was taking steps to address issues with social security or supporting her boyfriend as his “manager” while he pursued his own goal of performing publicly as a singer again. With this shift her mood and sense of self-efficacy was also very much improved.

INNOVATIVE PROJECT ANNUAL REPORTING FORM

FISCAL YEAR: 2018/19

Agency/Project Name: Contra Costa Behavioral Health/Overcoming Transportation Barriers

INNOVATIVE PROJECT TYPE:

*Please check **all** that apply:* PEI – services for individuals at risk of SMI/SED CSS – services for individuals with SMI/SED

SERVICES PROVIDED:

Please describe the services you provided in the past reporting period.

The Overcoming Transportation Barrier (OTB) innovation project began implementation in September 2016 and begin providing services by April 2017. This project was established to help clients build self-sufficiency and apply independent travel skills while increasing access to mental health services. Other goals of the project are to try to find solutions that the clients face when reaching limitations when trying to use types of transportation. As of June 30th, 46 clients accessed help from the OTB team for this fiscal year.

Client services received from the OTB team range from peer support, mapping bus routes, links to resources, referrals, and fare information. Application assistance is provided for discount/disabled transit passes, Regional Transit Connection (RTC), Senior Youth Cards and Paratransit. Clients will typically access some of these services by calling the dedicated phone line for transportation assistance where a Commute Navigation Specialist (CNS) will help with assisting the client's needs. During this call clients will receive one-on-one support on how to access services to get to appointments.

The OTB team presented to the Central Adult and Children's Clinics to provide a project overview and continue outreach within treatment provided services. The presentation offers education about what the project entails and how clinical staff can utilize the project's services to ensure appointment adherence. The project plans on presenting to other regions of the County next fiscal year.

The OTB team presented to the Service Provider Individualized Recovery Intensive Training (SPIRIT) class to provide information on the (RTC) Card. The presentation demonstrated a specific outline around the project's goals, target population, staff roles and tasks. SPIRIT students have lived experience in the mental health field and can use this information in future placements in their careers.

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LESSONS LEARNED:

Please describe any lessons learned (positive and negative) throughout the implementation of this project. If applicable, how have you used these lessons to change the model?

The OTB project continues to experience a low volume of calls throughout the year despite numerous outreach efforts. Staff believe this is due to the project not providing direct means of transportation and only putting an emphasis on transportation independence. Although, callers seem appreciative of the additional service provided it doesn't seem to be completely filling the gap for low income households or communities in which public transportation is either vacant or hard to reach. The team finds that there are many other concerns with riding public transportation that callers are still facing, and the hope is that providing more one-on-one peer support might fulfill that need. The team is working towards providing this support for the upcoming fiscal year.

Travel training was initiated during the last fiscal year but provided little to no attendance. The project staff began discussions around hosting a new workshop that would include a training with the possibility of a bike donation. After further deliberation it was decided to postpone training until additional assistance could be provided for clients to attend the training. Staff will address a training for the next fiscal year.

PROJECT CHANGES: No changes

Please explain whether any changes were made to the Innovative Project during the reporting period and the reasons for the changes, if applicable.

The OTB project continues to tackle challenges due to staffing changes. During the end of the last fiscal year the team was impacted by having one CNS leave the project. This put a lot of the project on hold forcing the current CNS to only concentrate on specific immediate needs. It was noted that the hiring process takes a considerable amount of time for these positions. The new CNS started the next fiscal year and began training to cover the East end of the County. The project is working on hiring an additional CSW next fiscal year. This will ensure all regions of the county are covered.

The OTB project started collaborations with another community-based organization to provide flex funding. This funding would cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Flexible funds are client specific and are only intended to cover the client lack of funding and/or when there is no traditional payment mechanism available. Flexible funds are for time-limited services or supports; they are not intended to pay for ongoing expenditures. The flex funding will be implemented fully within the behavioral health clinics within the next couple of months. Processes are still being organized and the project is hoping to start by December 2019.

Wallet cards were constructed after feedback that came directly from the transportation sub-committee. Wallet cards are meant to be a tangible item that clients could use when they are

experiencing high stress situations or need a quick relatable reference point. Suggestions on the cards were specific to coping strategies such as: meditation, deep breathing, riding with friends, prayer, listening to music, journaling, reading, and practicing a hobby. Cards were passed out to every clinic and included with bus vouchers upon request.

OUTCOMES AND PROJECT EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *What are the learning goals of the project?*
- *Which elements of the project are contributing to outcomes?*
- *List of indicators measured; including results and an explanation as to how often data was collected and analyzed.*

The goals of the project are to learn the following:

- 1) Client education on usage of transportation and encouragement of independent living skills in getting to and from services to improve service access
- 2) Client support in navigation of the transportation system through education on how to use public transit, read transit schedules, plan travel routes, and apply for discount passes, promoting more efficient use of transportation resources
- 3) Client application of learned transportation skills to promote productive, meaningful activity, life skills for social engagement, and reduced isolation
- 4) Reducing no-show rates at county-operated clinics by addressing both physical and emotional safety barriers through development of solutions regarding transportation
- 5) Reduction of internal stigma among clients through ongoing peer support from Commute Navigation Specialists

The OTB project started collecting data April 25, 2017. The data collected for the project provided outcomes showing the type of support provided by the OTB team and where the referrals originated. The support varied and provided resources, referrals and other types of educational training around different transportation avenues.

Transportation remains to be an ongoing barrier for clients. Table. 1., below defines results from surveys that were administered in November 2018 that detailed modes of transportation for missed appointments, bus/Bart/paratransit, friends/family, drive self, clinic staff, walk, bike, ride services, and

taxi. Also, the table is a breakdown of transportation modes that respondents identified. These preliminary results from the November 2018 Service Improvement Survey related to transportation are as follows:

- 37% of the responses identified transportation as a problem for missing a behavioral health appointment.

Table 1.

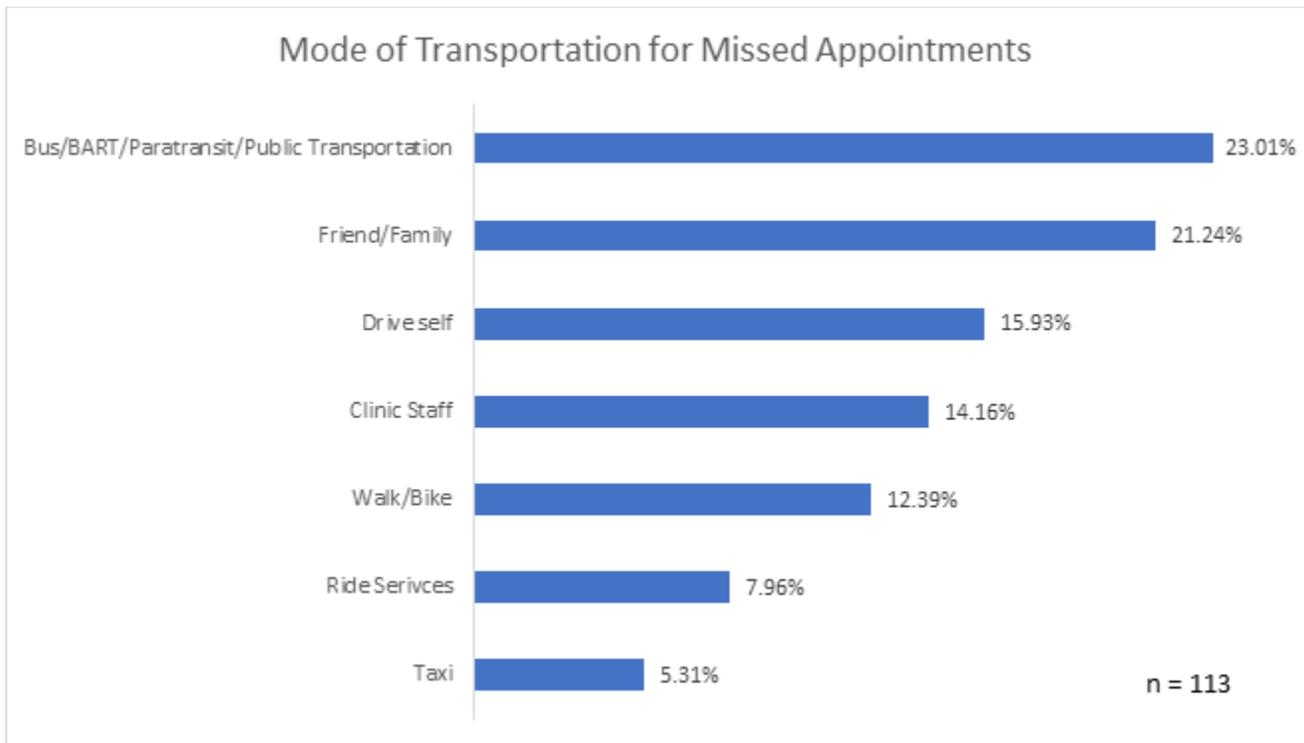


Table 2., below included data for client and staff encounters for the last fiscal year. This table defines the types of services the CNS is providing. Additional types of encounters that were added included

peer support as well as “other” encounters. Other can be explained as contacts that didn’t have a specific outcome. Although, the team made numerous attempts to contact clients they were not always able to provide adequate contact or assistance.

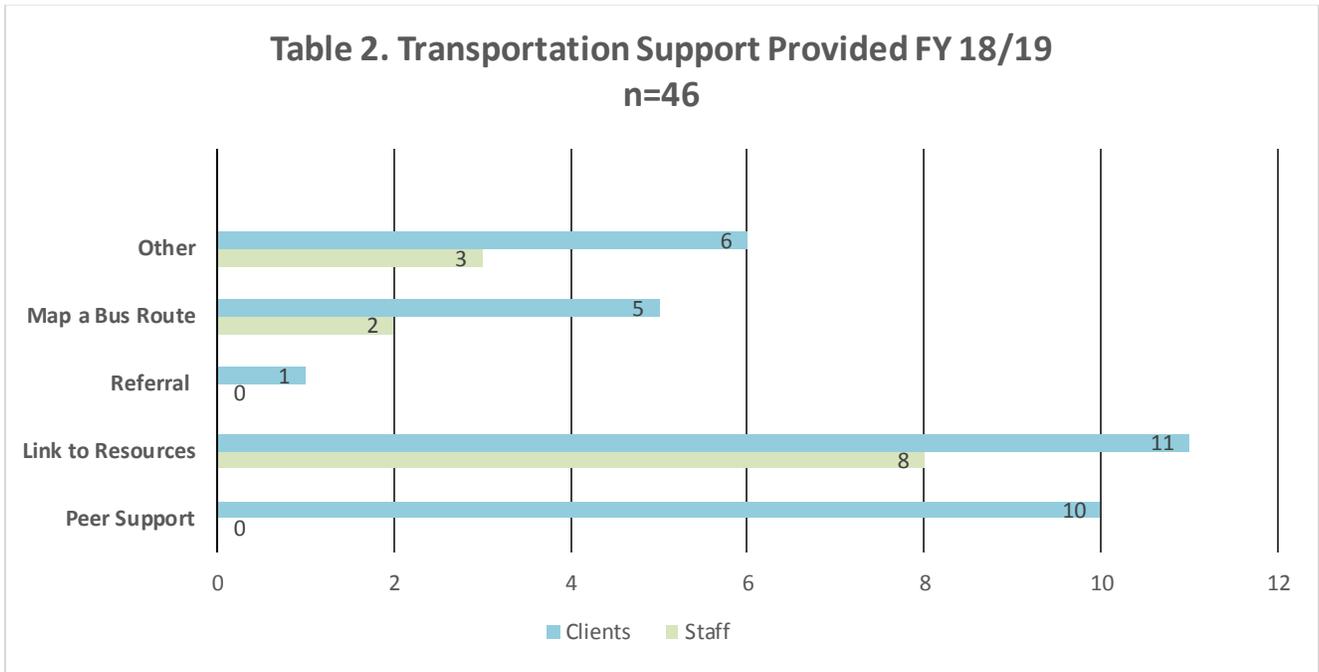


Table 3., below shows total number of calls received by clients and where the referral source originated. Referral source known as “other” describes sources such as family members, friends, word of mouth, presentations or outside therapists.



LINKAGE AND FOLLOW-UP: Not applicable

Please explain how participants are linked to mental health and/or support services, including, how the INN Project follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

In order to provide support services, the Overcoming Transportation Barriers project reached out to various transportation agencies, and service providers located throughout multiple regions within the County. This action established a process to help in providing a connection between these entities and the project's team. During this process improved access to resources and materials became available for clients and the team was better able to provide further support to clients.

The project also has a system in place that allows the project's staff to follow up on all service contacts if an outcome is not reached. Many times, a client may leave a message after hours and the team will log the contact and then make sure to get the information requested to the client. All client contacts are documented, and extensive outreach is pursued.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

The project was able to collect valuable perspectives from clients who called the project for services and for a Focus Group that was held during the Transportation Subcommittee. Both avenues were meant to support the clients with different means of transportation service resources while gaining helpful insight into the client's perspective. Clients commented on different ways in which transportation could be improved and its overall functionality when provided in order to get to and from appointments.

Client Calls:

Caller 1: requested information on how to get a clipper card. The Commute Navigation Specialist was able to assist by providing the information and ended up sending the caller resource information on how to obtain an RTC Clipper Card and bus maps. Client felt services were helpful and would use resources in the future.

Caller 2: Client requested information on the RTC Clipper Card. The Commute Navigation Specialist (CNS) sent over resource information, but client still had a difficult time filling out paperwork. Client was asked to attend the Transportation Subcommittee and get assisted with completing the paperwork. She said the assistance she received from the specialist was very helpful and felt the resources that she received were useful. She recently passed the resource information on to others who are also in need of transportation guidance.

Transportation Subcommittee Focus Group:

The Transportation Subcommittee is composed of behavioral health stakeholders such as consumers of behavioral health services (including both Mental Health and Alcohol and Other Drugs Services), their loved ones, and their providers. It is charged with facilitating community input into the Overcoming Transportation Barriers project.

A focus group was held during the Transportation Subcommittee Meeting to get client feedback. The focus group concentrated on the specific following questions:

- 1) Did you use any of the transportation related resources provided to you during this meeting?
- 2) Did you find presentations/activities helpful?
- 3) Have you used the Overcoming Transportation Barriers services outside of the Transportation Subcommittee?
- 4) What are the biggest transportation barriers in getting to your behavioral health appointments?

Responses to Question 1

- Caught the bus; went to aquarium. Went to Santa Cruz amusement park. Really nice.
- They changed the 9, 18 and other [County Connection] routes; later buses not running.
- Grabbed bus map; went wrong way; map was helpful; showed direction of bus routes; want to know if [County Connection] Route 18 goes to Amtrak.
- Was getting my first Clipper card; roommate encouraged me.

Responses to Question 2

- Sister bought me punch cards to last me until 2020. Takes an hour and a half between buses.
- I find the information very helpful. I come here to stay updated.
- LINK [County Connection paratransit] charges \$5; won't let me ride; want to apply.
- If there is a sidewalk nearby, you're less likely to qualify for paratransit.
- There should be a mental health advocate for transportation.

Responses to Question 3

- Disabled Students Programs and Services at Contra Costa College gave me a free Clipper Card [good to pay fare on any Bay Area transit system].

Responses to Question 4

- Need faster buses, longer times so people can get to work.
- Have difficulty paying fares at the end of the day; transit agency stopped giving transfers.
- At Putnam Clubhouse [mental health community-based organization], members lack knowledge of bus routes, timing of buses. They unknowingly go to bus stops on the wrong side of the street and realize it too late.
- Service available to call for rides to appointments. Can no longer use bus transfers to go the entire loop of the routes.

INNOVATIVE PROJECT ANNUAL REPORTING FORM

FISCAL YEAR: 2018/2019

Agency/Program Name: Partners in Aging

INNOVATIVE PROGRAM TYPE:

Please check all that apply: PEI – services for individuals at risk of SMI/SED CSS – services for individuals with SMI/SED

SERVICES PROVIDED:

Please describe the services you provided in the past reporting period.

During FY 18/19, we had one Community Support Worker (CSW) leave our program on 1/31/19. She had been working with our program since September 2016. We hired a new CSW for Partners in Aging in early June 2019, and a second CSW in late July 2019. We had an Intern throughout the Fiscal Year. Our Intern began in her position in September 2018 and continued with the program through the remainder of the fiscal year.

Our CSWs and Intern served 32 clients this fiscal year. Our CSWs can build rapport and provide multiple linkage and rehab services. They connect with clients in different ways than our clinicians since they are in the community with the clients and can relate to them as a peer. They collaborate with the clinicians and provide a valuable perspective. The CSWs have provided assistance in linking clients to important resources such as In-Home Support Services, Contra Costa Interfaith Housing, legal services, Social Security Administration, housing resources (including linking to Housing Navigators at Care Centers and linking to organizations that assist with rent payments), Monument Crisis Center, food banks and medical appointments. They also provide several reminder calls to improve attendance at appointments, and link clients to their appointments with their IMPACT clinicians. Our CSWs have become quite knowledgeable on support service resources for older adults. The CSW that was hired in June 2019 maintains an online resource binder that is used by all of the Older Adult Mental Health staff. This has been very valuable and useful!

When our original CSW left the Partners in Aging Program in January 2019 we lost the frequent communication that she was having with the CSWs at Psychiatric Emergency Services (PES). We will work to re-establish this connection. We did not receive referrals from PES during this reporting period.

Our Intern served a caseload of approximately 10 IMPACT clients. She completed intakes and provided psychotherapy. She was able to develop rapport with a range of clients and make progress towards therapeutic goals. Prior to terminating with her clients, she provided them with community referrals, and made recommendations for the next Intern regarding next steps for treatment, or discharge from IMPACT.

LESSONS LEARNED:

Please describe any lessons learned (positive and negative) throughout the implementation of this project. If applicable, how have you used these lessons to change the model?

Throughout FY 18/19 we have steadily received an increase in the number of clients referred to our IMPACT clinicians in all 3 regions of the county. Primary Care Providers now make referrals through the Universal Behavioral Health Referral. Most referrals for clients who are 55 and above are routed to IMPACT. We are

continuing to work to find ways to manage the large number of referrals. Due to their large caseloads IMPACT clinicians usually see their clients once every 2 to 3 weeks. Our CSWs can assist by checking in with clients in between their sessions with their IMPACT clinicians. They provide peer support, coaching, and mental health rehabilitation. We are continuing to explore ways that our CSWs can assist with managing the large number of referrals.

Barriers continue to exist related to developing a collaborative relationship with PES. We have not received referrals from PES during this reporting period. We will continue to work to strengthen this relationship through outreach. PES serves a high volume of clients in a very quick short-term model; thus, it can be challenging to initiate the referral to IMPACT and PIA under the time constraints of their services. We will continue to work to develop these relationships. As stated above, during this Fiscal Year there was a period when we did not have a CSW for Partners in Aging. We need to work to rebuild the collaborative relationship with the CSWs at PES.

We continue to see the incredible benefits of the collaborative relationship between our CSW, Intern and IMPACT clinicians. Our CSW can provide a different perspective on client functioning based on her experiences with clients in the community. This has had a positive impact on client functioning, progress towards treatment goals, and maintaining client safety.

PROJECT CHANGES: No changes

Please explain whether any changes were made to the Innovative Project during the reporting period and the reasons for the changes, if applicable.

There was one significant change to the project in FY 18/19. We expanded the project to include 2 CSWs instead of one. We began the hiring process for this second CSW during FY 18/19, and this second CSW began working in July 2019.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *What are the learning goals of the project?*
- *Which elements of the project are contributing to outcomes?*
- *List of indicators measured; including results and an explanation as to how often data was collected and analyzed.*

The goals of the project are to learn the following:

6) Do older adults access IMPACT services with the assistance of peer support workers?

Yes. Our CSWs successfully provided services to approximately 25 IMPACT clients to improve their access to IMPACT services during FY 18/19.

7) Do older adults engage in SBIRT?

All patients seen at the health centers engage in SBIRT evaluation.

8) Do older adults develop life skills with the assistance of peer support workers?

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Yes, our Partners in Aging clients have developed numerous life skills with the assistance of our CSWs, including obtaining free phones and learning to utilize these phones, ensuring that medical needs are met, being able to utilize transportation resources, working towards financial independence, learning ways to manage clutter and increasing comfort with asking for help from others when needs arise. Our CSWs, in conjunction with the IMPACT clinicians, have been able to empower clients to engage in new activities and activities that they thought were no longer possible for them, and have been able to increase independence.

- Do clients use them regularly and how can we increase utilization?

Yes, they are using these skills regularly, and our CSW can continue to encourage clients, and provide reminders and support.

9) Do clients develop self-management goals?

Yes, our Partners in Aging clients have been able to identify and carry out self-management goals with the assistance of our CSWs and IMPACT clinicians. For example, clients have been utilizing sleep hygiene tools, are learning to set reminders to eat at regular intervals and also learning the benefits of creating a schedule. CSWs have also been coaching clients in decluttering their homes and organizing paperwork. In addition, clients have been assisted in setting up myccLink profiles to improve communication with their medical providers through their smartphones.

- Do clients use them regularly and how can we increase their utilization?

Yes, some clients use these skills regularly, including going for walks. We can encourage them, remind them and provide support.

10) Does the use of peer support workers increase the number of linkages made between clients and community resources?

Yes, prior to the implementation of Partners in Aging, IMPACT clients were not being linked to community resources. Referrals were provided, but it was up to the clients to obtain transportation and follow through on these referrals. Our PIA CSW has greatly expanded the scope of the IMPACT Program, and the ability to provide linkage.

11) Does the 60-day recidivism rate of older adults being readmitted to PES decrease?

Yes, our client that was referred from PES in March 2017 has not returned to PES. She was linked to psychotherapy through an IMPACT clinician and participated from June 2017 to June 2018. A review of ccLink indicate that she continues to participate in Health Coaching services.

12) Does social isolation decrease?

Yes, we have observed that social isolation decreases through the support of Partners in Aging. We

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began utilizing the PEARLS (Program to Encourage Active and Rewarding LiveS) Questionnaire in approximately August 2017 with Partners in Aging clients. The PEARLS Questionnaire includes the Patient Health Questionnaire-9 (PHQ-9), and also includes questions on general health, social activities, physical activities and pleasant activities. This questionnaire was developed by researchers at the University of Washington to be used in their community-based, evidence-based treatment program designed to reduce depression in physically impaired and socially isolated people. We have requested a report that will demonstrate the differences in scores from the initial PEARLS assessment to the subsequent assessments. We are actively working with the Business Intelligence Team to complete this report.

13) Does quality of life increase?

Yes, we have observed increases in quality of life, including clients feeling more able to engage in activities, and increase the range of activities that are available to them. For example, clients have increased their ability to use transportation independently through coaching and peer support. This greatly increases their ability to engage in social, medical and self-management activities. In addition, we have assisted one client with signing up for classes at a local community college.

14) Do older adults have improved depression scores?

Yes, over the 17/18 fiscal year on average 75.8% of IMPACT clients experienced an improvement in depressive symptoms based on their PHQ-9 scores, and 51.6% of these clients experienced a significant improvement (5 points or more). We are currently in the process of requesting a new report to evaluate the PHQ-9 scores over time. When IMPACT started using the Ambulatory Medicine documentation tools, and the Federally Qualified Health Center model of billing in November 2017, they gradually stopped using a PHQ-9 tracker since this data was entered in ccLink.

We are also in the process of separating out the clients who have received Partners in Aging services to determine if their depression scores show a different pattern than the general trends shown for all IMPACT clients. The PEARLS report referenced above will help to address this question.

The indicators that we have used to assess our learning goals include, PHQ-9 scores, chart review to determine numbers of PES visits, Monthly Service Summaries, and qualitative interviews with our staff. The PHQ-9 are administered frequently by the IMPACT clinicians. The PEARLS has been administered with new Partners in Aging clients beginning in August 2017. The plan is to administer the PEARLS every 6 months, or at closing. The outcomes that we are observing appear to be related to the combined efforts of our CSW, Intern, and IMPACT clinicians. Our CSW has expanded our ability as a program to provide linkage and rehab support, increase the independence of our clients by linking them to resources, and increase their ability to learn and utilize new life skills and self-management tools.

LINKAGE AND FOLLOW-UP: Not applicable

Please explain how participants are linked to mental health and/or support services, including, how the INN program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants are linked to mental health and/or support services by the Partners in Aging CSWs. In addition, the CSWs follow up with consumers by phone, email the IMPACT clinicians, and remain in contact with the referral resources they are linking the consumer to in order to ensure successful engagement of services. Housing applications and brochures, transportation resources, assistance with trips to the DMV, assistance with maintenance of benefits, linkage with Community College classes, Senior Center activities, Meals on Wheels information and Contra Costa Continuum of Services are just a few examples of what resources our CSWs provide as far as linkage and follow up. The CSWs continue to establish relationships with outside agencies that will benefit the older adult population we serve. They have attended various meetings and trainings to gather additional resources, including a Forum on Suicide Prevention, training on 211 resources, the Transportation Subcommittee Meeting, Aging and Older Adult Committee and the Social Inclusion Meeting to continue to learn about new resources.

The average length of time between referral and entry to treatment during FY 18/19 is approximately 4.25 days. Most clients were linked with new referrals within 1 day.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

We have chosen two case vignettes that demonstrate the successful outcomes of the Partners in Aging Innovation Project. Assistance of the Partners in Aging Project has led to improvements in quality of life, independence, and mental health.

One is a 62-year-old Caucasian male diagnosed with Major Depressive Disorder, Recurrent, Moderate, Generalized Anxiety Disorder, Osteoarthritis, Congestive Heart Failure, Morbid Obesity and a recurrent Wound Infection. He has been receiving brief, short-term therapy through the IMPACT Program and support services through the Partners in Aging Project. Our CSW was able to assist this client through coaching and peer support to achieve the ability to use public transportation independently. He is now able to take himself to medical appointments 3 days a week. He also now goes to the store to get food and to the bank on his own. In addition, he has improved significantly in his ability to advocate for his needs with his medical providers.

Another Partners in Aging client is a 60-year-old Afghani-American female diagnosed with Post-Traumatic Stress Disorder, Back Pain, Insomnia, Hyperlipidemia, and a history of a traumatic brain injury. With the help of our clinician and CSW she has started her road towards financial independence, increasing her feelings of self-worth and self-esteem. This client expressed feeling depressed by depending on her son's family and not being able to provide anything for herself. With CSW support, client has begun the process of obtaining an income, and improving her mental health.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021
Subject: Update on COVID -19

RECOMMENDATION(S):

CONSIDER update on COVID 19; and PROVIDE direction to staff.

1. Health Department - Anna Roth, Director and Dr. Farnitano, Health Officer

FISCAL IMPACT:

Administrative Reports with no specific fiscal impact.

BACKGROUND:

The Health Services Department has established a website dedicated to COVID-19, including daily updates. The site is located at: <https://www.coronavirus.cchealth.org/>

-
- APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Monica Nino

By: , Deputy

cc:



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: REVIEW AND DETERMINE IMPLEMENTATION OPTIONS FOR FEDERAL AND STATE ALLOCATIONS OF THE US TREASURY EMERGENCY RENTAL ASSISTANCE PROGRAM

RECOMMENDATION(S):

DETERMINE one of three state options Contra Costa County will select to implement the Emergency Rental Assistance Program in support of County residents; and

AUTHORIZE the County Administrator, or designee, to complete an Expression of Interest Form indicating which option the Board of Supervisors has chosen for implementation of Emergency Rental Assistance Program funds and remit to the California Department of Housing and Community Development no later than February 12, 2021; and

PROVIDE additional direction to staff as needed.

FISCAL IMPACT:

\$71,207,493; \$34,296,331 from a Federal direct allocation to the County and \$36,911,162 from a State subrecipient allocation to the County. Both sources funded by the Consolidated Appropriations Act of 2021 (H.R. 133). CFDA No. 21.023

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Timothy Ewell, (925) 655-2043

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

By: , Deputy

cc:

BACKGROUND:

On December 27, 2020, the federal Consolidated Appropriations Act of 2021, a \$900 billion COVID-19 relief bill, was signed into law and \$25 billion was allocated to the U.S. Treasury for the Emergency Rental Assistance Program (ERAP) to assist households that are unable to pay rent or utilities due to the COVID-19 pandemic. California is slated to receive a total of \$2.6 billion of the Federal ERAP funds. Of this portion, certain cities and counties within the State with populations over 200,000 were able to apply for a direct allocation of ERAP funds from the U.S. Treasury. Contra Costa County made application for its share of these funds on January 6, 2021 and received \$34,296,331 million on January 20, 2021.

For the remainder of funds not allocated to cities and counties with populations over 200,000, the State Legislature developed a programmatic framework that eases administrative burden and most efficiently deploys these resources to those most in need statewide. On January 28, 2021 the State Senate and State Assembly passed the COVID-19 Tenant Relief Act (SB 91), which extends eviction protections through June 30, 2021 and creates a mechanism to deploy the state allocation of Federal ERAP funds to assist struggling tenants and landlords impacted by COVID-19. The State framework developed under SB 91 also builds upon the Federal eligibility requirements by further prioritizing the distribution of funds to certain impacted populations. A summary of major Federal and State eligibility requirements are outlined below:

Federal Eligibility Requirements:

- Funds must be used to support eligible households up to 80% Area Medium Income (AMI), with a priority for those up to 50% AMI with funding focused to ensure rental arrears are addressed to stabilize households and prevent evictions.
- 90% of funds must be used to provide financial assistance, including back and forward rent and utility payments and other housing expenses.
- Payments should be made directly to landlords or utility companies on behalf of renters; if a landlord refuses to accept the rental assistance the assistance may be provided directly to the tenant.
- The US Treasury is required to recapture excess funds not obligated by September 30, 2021 and will re-obligate them to jurisdictions that have meet obligation targets.
- Programs must be established to avoid duplication of federal rental assistance benefits to households.

State Eligibility Requirements (over and above Federal Requirements):

- The rental assistance program will provide eligible landlords with immediate relief through the payment of 80 % of their tenants' rental arrears accumulated since April 1, 2020 through March 31, 2021. Landlords, in turn, agree to accept this payment as payment in full of any unpaid rent for that period.
- In cases where a landlord chooses not to participate, an eligible tenant may apply to the program on behalf of their landlord for 25% of their arrears that they must then use to pay the landlord. The program also allows for prospective payments of 25% of monthly rent.
- Funds not expended by August 1, 2021 will be recaptured and reallocated within the State to ensure no state funds are returned to the U.S. Treasury.

The combination of proscribed Federal and State eligibility criteria leaves little discretion to Boards of Supervisors or City Councils to tailor ERAP funded rental assistance programs to specific, local needs. In fact, the State is conditioning receipt of state block grant allocations to eligible cities and counties on adoption of the State's Rental Assistance Program (the "Conforming Program"), which follows the Federal and State eligibility criteria highlighted above. Local jurisdictions can further prioritize within the Federal and State criteria above, but must implement at least the Federal and State criteria. By way of example, the following are areas that can be further prioritized in a local implementation scenario:

- Prioritization by deeper income targeting (i.e. 30% AMI and below);
- Prioritization by rent-burden;
- Prioritization by qualified census tracts;
- Prioritization by property size (i.e. small landlords vs. large landlords);
- Other related factors that the State deems to be consistent with prioritizing populations with demonstrated need;

State Options for Eligible Cities and Counties:

Following the passage of SB 91, the State has developed three implementation options for eligible cities and counties to benefit from additional ERAP block grant funding from the State.

Option A: *Participate in the State's Conforming Program and direct its federal allocation through the State Program.* In this scenario, the County provides the State with the County's Federal direct ERAP allocation and the State, along with its contractor network, runs the State Conforming ERAP program on behalf of the County;

Option B: *Conform to the State's Conforming Program, self-administer its federal allocation and receive a block grant allocation (based on population size) from the State's Conforming Program.* In this scenario, the County received additional ERAP funds as a block grant from the State and runs the State Conforming Program on behalf of the State. The County must spend its State ERAP block grant amount (\$36 million) by August 1, 2021, or it will be recaptured by the State and reallocated to another County; or

Option C: *Choose not to conform to the State's Conforming Program rules, self-administer its federal allocation, acknowledge that the state will serve its population via the State's Conforming Program, and accepts responsibility for duplication of benefits checks between the two programs.* Under this scenario, the State runs the State Conforming Program within the County and the County runs a second, locally developed program within the County.

Current CDBG Funded Rental Assistance Program Separate

It is important to note that the ERAP funding and implementation options outlined above are separate and aside from the CDBG funded Rental Assistance Program discussed by the Board on November 17, 2020. At that time, the Board provided direction and authorization to staff to significantly expand the existing CDBG-funded rental assistance program utilizing \$3,200,000 of CDBG-CV3 funds.

Regardless of which choice the County makes with respect to implementing ERAP, the CDBG funded rental assistance program will continue, although it will be important to share information between the

two efforts to ensure they leverage and complement each other as well as avoid duplication of efforts.

Today's action requests that the Board choose one of the three options required by the State for implementation of the Emergency Rental Assistance Program. The State requires completion of an Expression of Interest Form by February 12, 2021. To assist in today's discussion, staff has assembled Pros and Cons related to each Option outlined above, which is included as Attachment A for reference.

CONSEQUENCE OF NEGATIVE ACTION:

The County will not have determined an option for implementation of the Emergency Rental Assistance Program by the mandated deadline of February 12, 2021.

ATTACHMENTS

Attachment A - Implementation Options for Federal and State Allocations of the Emergency Rental Assistance Program

ATTACHMENT A

IMPLEMENTATION OPTIONS FOR FEDERAL AND STATE ALLOCATIONS OF THE EMERGENCY RENTAL ASSISTANCE PROGRAM

Option A: *Participate in the State's Conforming Program and direct its federal allocation through the State Program.* Directs \$70,693,048 to the State for benefit of Contra Costa residents; County retains \$514,445 for local community engagement and program outreach

Summary: In this scenario, the County provides the State with the County's Federal direct ERAP allocation and the State, along with its contractor network, runs the State Conforming ERAP program on behalf of the County;

- Pros:
1. Pools County allocation with State allocation
 2. Single point of contact for impacted residents across the State
 3. Streamlines reporting/compliance requirements
 4. Creation of statewide dataset and reduces potential of duplication of efforts/claims
 5. More efficient distribution of funds to ensure compliance with Federal requirement to obligate 65% of funds by September 30, 2021
 6. County keeps 1.5% of its Federal allocation, approximately \$514,445, for local community engagement and program outreach
 7. State to include County and local partners in County specific outreach campaign

- Cons:
1. State requirements stricter than Federal direct allocation
 2. No opportunity for local policy input on eligibility criteria
 3. Less ability to assist with case-by-case issues/solve problems
 4. No ability for County to ensure performance of State or its contractors

Option B: *Conform to the State's Conforming Program, self-administer its federal allocation and receive a block grant allocation (based on population size) from the State's Conforming Program.* Directs full \$71,207,493 to County for benefit of Contra Costa residents

Summary: In this scenario, the County received additional ERAP funds as a block grant from the State and runs the State Conforming Program on behalf of the State. The County must spend its State ERAP block grant amount (\$36 million) by August 1, 2021, or it will be recaptured by the State and reallocated to another County.

- Pros:
1. Pools County allocation with State allocation.
 2. County has ability to directly control implementation of Federal and State programs
 3. County has the ability to build upon Federal and State eligibility and priority requirements
 4. Potential for more inclusion of local community-based organizations

- Cons:
1. County does not have the existing infrastructure or non-profit to administrator this size of program.
 2. County operated program not as streamlined as State program in Option A
 3. More customer confusion to access benefits due to competing outreach efforts
 4. Redirection of scarce County resources to stand up massive program in short amount of time
 5. Not clear whether County and community-based organizations have capacity to scale program in short timeframe
 6. County must spend State allocation by August 1, 2021 or have it redirected outside of Contra Costa County

Option C: Choose not to conform to the State's Conforming Program rules, self-administer its federal allocation, acknowledge that the state will serve its population via the State's Conforming Program, and accepts responsibility for duplication of benefits checks between the two programs. County retains \$34,296,331 Federal share and State directs \$36,911,162 for benefit of Contra Costa residents.

Summary: Under this scenario, the State runs the State Conforming Program within the County and the County runs a second, locally developed program within the County.

- Pros:
1. Allows most control over implementation of the Federal allocation only
 2. Allows local control to build upon the eligibility criteria for the Federal allocation only
 3. Potential for more inclusion of local community-based organizations

- Cons:
1. Builds two separate, standalone programs to meet one service need resulting in duplication of costs
 2. Most confusion to impacted residents accessing benefits
 3. Redirection of scarce County resources to stand up massive program in short amount of time
 4. Not clear whether County and community-based organizations have capacity to scale program in short timeframe
 5. County responsible for ensuring non-duplication of benefits
 6. County responsible for compliance with Federal requirement to obligate 65% of funds by September 30, 2021



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: Approve improvement plans for the installation of an edge drain along Charbray Street, Danville area.

RECOMMENDATION(S):

APPROVE improvement plans for the installation of an edge drain along Charbray Street, as recommended by the Public Works Director, Danville area.

FISCAL IMPACT:

The project is estimated to cost \$20,800 and will be funded 100% by Local Road Funds.

BACKGROUND:

The purpose of this project is to address the recurrent ponding along a section of Charbray Street in the Danville area.

Residents within the Alamo Creek subdivision notified the Public Works Department of ponding and algae growth concerns along a section of Charbray Street, at its intersection with Massara Street. The Public Works Department implemented temporary measures, such as sandbags, warning signs, and periodic sweeping to address the ponding and algae. For a more permanent solution, the Public Works Department is planning to install 30 linear feet of edge drain along Charbray Street to capture any groundwater that may be seeping upward through the pavement, causing the ponding.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Caroline Tom, 925
313-7007

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

By: , Deputy

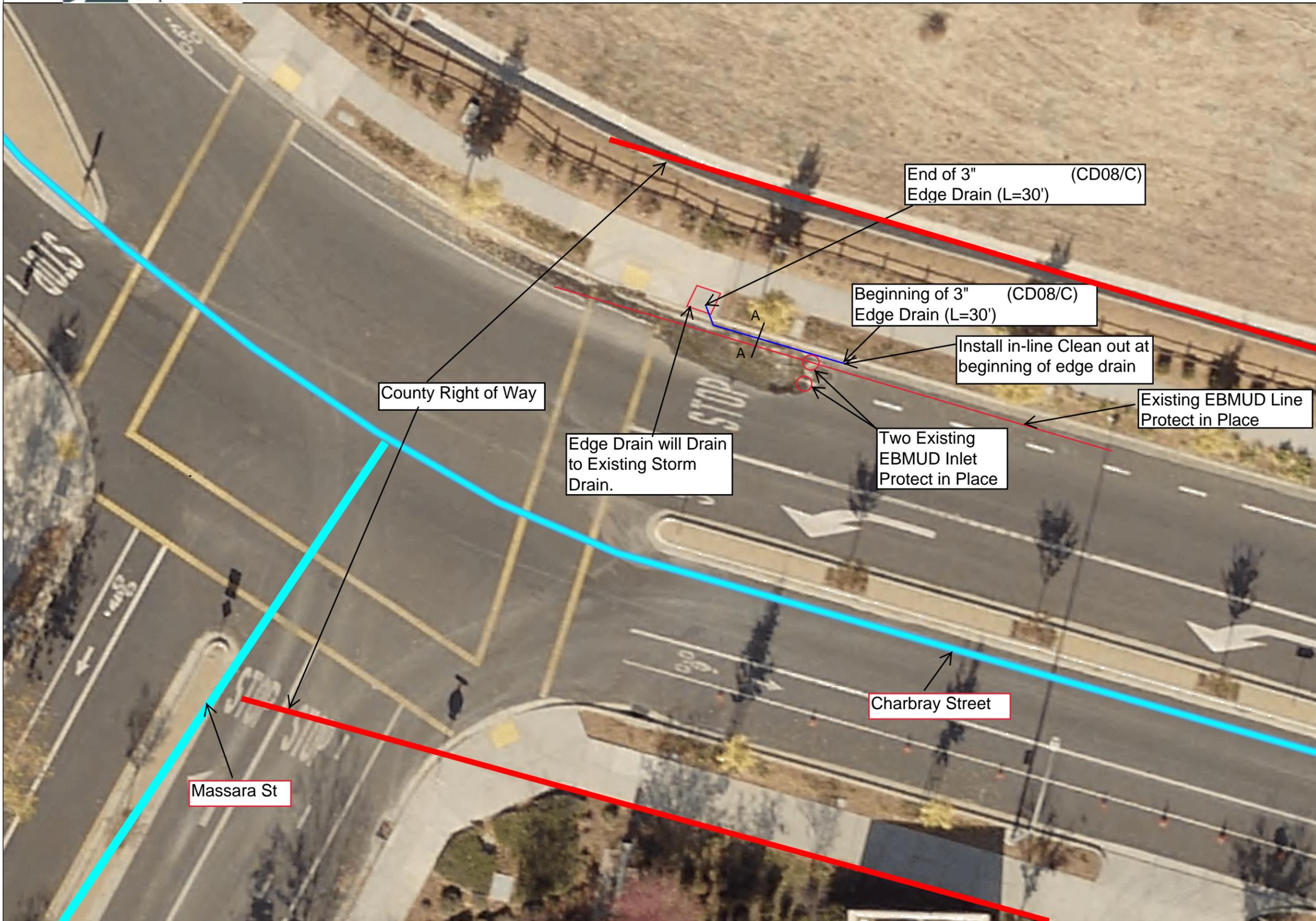
cc:

CONSEQUENCE OF NEGATIVE ACTION:

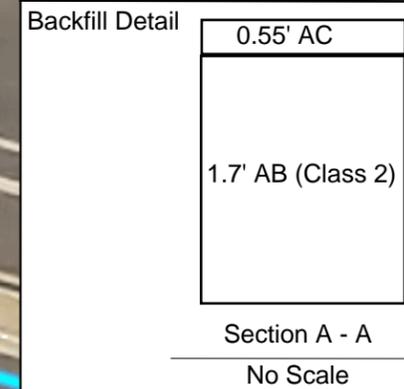
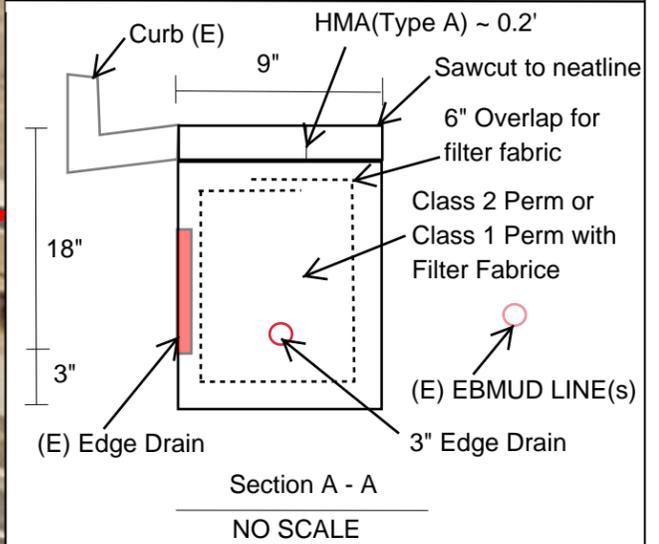
The edge drain installation will not have design immunity.

ATTACHMENTS

Charbray Drainage



- Note:
1. See CD08 for edge drain and in-line clean out details
 2. Clean out box shall be traffic rated
 3. Construction area signs shall be placed in accordance with California Manual on Traffic Control for construction and maintenance work zone or as direct by Engineer.



WGS_1984_Web_Mercator_Auxiliary_Sphere



Notes:

[Empty box for notes]

This map is a user generated static output from PWWMAPS. Data that appears on this map may not be accurate or current.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: Prohibit parking at all times on a portion of Pacifica Avenue (Road No. 5094B), Bay Point area.

RECOMMENDATION(S):

ADOPT Traffic Resolution No. 2021/5002 to prohibit stopping, standing, or parking at all times on the south side of Pacifica Avenue (Road No. 5094B), beginning at a point 15 feet east of the eastern curbline prolongation of Canal Drive (Road No. 5185E) and extending easterly a distance of 36 feet, as recommended by the Public Works Director, Bay Point area. (District V)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The Principal of Riverview Middle School requested parking be prohibited for a segment of roadway on the west side of the school's parking lot driveway on Pacifica Avenue to improve visibility for motorists exiting the parking lot driveway. Traffic Engineering staff responded by researching collision history and conducting a site visit soon afterwards. Although reported collisions did not present themselves recently, the exceptionally wide driveway and its skew to Pacifica Avenue presented some unique safety concerns. Therefore, prohibiting parking for a small segment of Pacifica Avenue adjacent to the driveway should improve sight lines and stopping distance for all road users at this location.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Monish Sen,
925.313.2187

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

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Parking will remain unrestricted at this location.

ATTACHMENTS

Traffic Reso. 2021/5002

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA

Adopted this Traffic Resolution on February 9, 2021 by the following vote:

AYES:

NOES:

ABSENT:

TRAFFIC RESOLUTION NO. 2021/5002

ABSTAIN:

Supervisory District V

SUBJECT: Prohibit stopping, standing, or parking of vehicles at all times on a portion of Pacifica Avenue (Road No. 5094B), Bay Point area.

The Contra Costa Board of Supervisors RESOLVES that:

Based on recommendations by the County Public Works Department's Transportation Engineering Division, and pursuant to County Ordinance Code Sections 46-2.002 - 46-2.012, the following traffic regulation is established:

Pursuant to Section 22507 and Section 21458 of the California Vehicle Code, stopping, standing, or parking is hereby declared to be prohibited at all times on the south side of Pacifica Avenue (Road No. 5094B), beginning at point 15 feet east of the eastern curblin prolongation of Canal Drive (Road No. 5185E) and extending easterly a distance of 36 feet, Bay Point area.

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

ATTESTED: _____
Monica Nino, Clerk of the Board of Supervisors and County Administrator

MS:sr

Orig. Dept: Public Works (Traffic)
Contact: Monish Sen, 313-2187

By _____, Deputy

cc: California Highway Patrol
Sheriff Department

TRAFFIC RESOLUTION NO. 2021/5002



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: Notice of Completion for the Three Creeks Parkway Restoration Project, Brentwood area.

RECOMMENDATION(S):

ADOPT Resolution No. 2021/53 accepting as complete the contracted work performed by Granite Rock Company for the Three Creeks Parkway Restoration Project, as recommended by the Chief Engineer, Brentwood area. County Project No. 7562-6D8490 (District III)

FISCAL IMPACT:

The construction contract and associated fees of this Project were funded by Drainage Area (DA) 130 funds. Approximately \$2,000,000 is expected to be reimbursed by American Rivers, the District’s project partner, through a funding agreement approved by the Board on January 21, 2020.

BACKGROUND:

The Chief Engineer reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of January 22, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

The contractor will not be paid and acceptance notification will not be recorded.

-
- APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Kevin Emigh
925-313-2233

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

By: , Deputy

cc:

ATTACHMENTS

Resolution No.
2021/53

Recorded at the request of: Clerk of the Board

Return To: Public Works Department, Design/Construction Division

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:	<input type="checkbox"/>
NO:	<input type="checkbox"/>
ABSENT:	<input type="checkbox"/>
ABSTAIN:	<input type="checkbox"/>
RECUSE:	<input type="checkbox"/>

Resolution No. 2021/53

The Board of Supervisors RESOLVES that:

Owner (sole): Contra Costa County Flood Control and Water Conservation District, 255 Glacier Drive, Martinez, CA 94553

Nature of Stated Owner: fee and/or easement

Project No.: 7562-6D8490

Project Name: Three Creeks Parkway Restoration Project

Date of Work Completion: January 22, 2021

Description: Contra Costa County Flood Control and Water Conservation District on March 10, 2020 contracted with Granite Rock Company, for the work generally consisting of excavating creek channel banks, stockpiling soil on adjacent parcel, installing steel soldier pile and lagging wall, installing rock slope protection, installing pedestrian bridge abutments, installing irrigation system, hardscaping, and installing or modifying appurtenances needed to widen Marsh Creek flood control channel, all in accordance with the plans, drawings, special provisions and/or specifications prepared by or for the Chief Engineer and in accordance with the accepted bid proposal. The project was located in the Brentwood area, with Western Surety Company, as surety, for work to be performed on the grounds of the District; and The Chief Engineer reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of January 22, 2021.

Identification of real property: Brentwood area at: Marsh Creek between Dainty Avenue and the Union Pacific Railroad tracks.

Fees: none

Legal References: none

Comments: none

Contact: Kevin Emigh 925-313-2233

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

ATTESTED: February 9, 2021

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

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: Approving the Road Improvement Agreement, for development plan permit DP14-03041, North Richmond area.

RECOMMENDATION(S):

ADOPT Resolution No. 2021/46 approving the Road Improvement Agreement for development plan permit DP14-03041, for a project being developed by IPT Richmond DC III LLC, North Richmond area. (District 1)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Pittsburg Avenue frontage improvements are required by the conditions of approval for this development. By entering into this agreement and providing improvement security, the developer is allowed to obtain building permits for the development.

CONSEQUENCE OF NEGATIVE ACTION:

The Road Improvement Agreement will not be approved, and the developer will be required to construct all road improvements prior to obtaining building permits.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Randolph Sanders (925)
313-2111

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Randolph Sanders- Engineering Services, Deborah Preciado - Engineering Services, Francisco Avila- DCD, Cinda Tovar- Design & Construction, IPT Richmond DC III LLC, Argonaut Insurance Company, T-12/09/2022

ATTACHMENTS

Resolution No. 2021/46

Road Improvement Agreement & Improvement
Bond

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2021/46

IN THE MATTER OF: Approving the Road Improvement Agreement, for development plan permit DP14-03041, for a project being developed by IPT Richmond DC III LLC, North Richmond area. (District I)

WHEREAS, these improvements are located along Pittsburg Avenue at Richmond Parkway.

The following document was presented for Board approval for development plan permit DP14-03041 property located in the North Richmond area, Supervisorial District I.

A Road Improvement Agreement with IPT Richmond DC III LLC, principal, whereby said principal agrees to complete all improvements, as required in said Road Improvement Agreement, within 2 year(s) from the date of said agreement. Improvements generally consist of traffic signal work, installation of street lights, pavement widening, sidewalks, and bioretention basins.

Said document was accompanied by security to guarantee the completion of road improvements, as required by Title 10 of the County Ordinance Code, as follows:

1. Cash Bond

Performance Amount: \$8,600.00

Auditor's Deposit Permit No. DP #822207 Date: January 22, 2021

Submitted by: IPT Richmond DC III LLC

2. Surety Bond

Bond Company: Argonaut Insurance Company

Bond Number and Date: SUR0064991 December 7, 2020

Performance Amount: \$851,400.00

Labor & Materials Amount: \$430,000.00

Principal: IPT Richmond DC III LLC

All deposit permits are on file with the Public Works Department.

NOW, THEREFORE, BE IT RESOLVED that said Road Improvement Agreement is APPROVED.

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

Contact: Randolph Sanders (925) 313-2111

ATTESTED: February 9, 2021

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Randolph Sanders- Engineering Services, Deborah Preciado - Engineering Services, Francisco Avila- DCD, Cinda Tovar- Design & Construction, IPT Richmond DC III LLC, Argonaut Insurance Company, T-12/09/2022

ROAD IMPROVEMENT AGREEMENT

Developer: IPT Richmond DC III LLC

Effective Date: Date approved by BOS

Development: DP14-3041 (500 Pittsburg Ave)

Completion Period: 2 years

Road: Pittsburg Avenue (0565N) / Richmond Parkway (0572B)

IPT Richmond DC III LLC, a Delaware limited liability company
By: BTC II Holdco LLC, a Delaware limited liability company, its sole member
By: Build-To-Core Industrial Partnership II LP, a Delaware limited partnership, its man
By: IPT BTC II GP LLC, a Delaware limited liability company, its general partner
By: IPT Real Estate Holdco LLC, a Delaware limited liability company, its sole member
By: BCI IV Portfolio Real Estate Holdco LLC, a Delaware limited liability company, its
sole member
By: BCI IV Operating Partnership LP, a Delaware limited partnership, its sole member
By: BCI IV Industrial REIT IV Inc., a Maryland corporation, its general partner

THESE SIGNATURES ATTEST TO THE PARTIES' AGREEMENT HERETO:

CONTRA COSTA COUNTY
Brian M. Balbas, Public Works Director

DEVELOPER

By: _____

(signature) Peter Vanderburg
(print name & title) Managing Director of Development

RECOMMENDED FOR APPROVAL

By: Engineering Services Division

(signature) Chris Sanford
(print name & title) SVP of Development

FORM APPROVED: Victor J. Westman, County Counsel

(NOTE: All signatures to be acknowledged. If Subdivider is incorporated, signatures must conform with the designated representative groups pursuant to Corporations Code S313.)

1. PARTIES & DATE. Effective on the above date, the County of Contra Costa, California, hereinafter called "County," and the above-mentioned Developer, mutually promise and agree as follows concerning this development:

2. IMPROVEMENTS. Developer agrees to install certain road improvements (both public and private), drainage improvements, signs, street lights, fire hydrants, landscaping, and such other improvements (including appurtenant equipment) as required in the improvement plans for this development as reviewed and on file with the Contra Costa County Public Works Department and in conformance with the Contra Costa County Ordinance Code (including future amendments thereto).

Developer shall complete said work and improvements (hereinafter called "work") within the above completion period from date hereof in a good workmanlike manner, in accordance with accepted construction practices and in a manner equal or superior to the requirements of the County Ordinance Code and rulings made thereunder; and where there is a conflict between the improvement plans and the County Ordinance Code, the stricter requirements shall govern.

3. IMPROVEMENT SECURITY. Upon executing this Agreement, the Developer shall, pursuant to the County Ordinance Code, provide as security to the County:

A. For Performance and Guarantee: \$ 8,600.00 cash, plus additional security, in the amount of \$ 851,400.00 which together total one hundred percent (100%) of the estimated cost of the work. Such additional security is presented in the form of:

- Cash, certified check or cashiers check.
Acceptable corporate surety bond.
Acceptable irrevocable letter of credit.

With this security, the Developer guarantees performance under this Agreement and maintenance of the work for one year after its completion and acceptance against any defective workmanship or materials or any unsatisfactory performance.

B. For Payment: Security in the amount of \$ 430,000.00, which is fifty percent (50%) of the estimated cost of the work. Such security is presented in the form of:

- Cash, certified check, or cashier's check
Acceptable corporate surety bond.
Acceptable irrevocable letter of credit.

With this security, the Developer guarantees payment to the contractor, to his subcontractors, and to persons renting equipment or furnishing labor or materials to them or to the Developer. Upon acceptance of the work as complete by the Board of Supervisors and upon request of the Developer, the amount securities may be reduced in accordance with S94-4.406 and S94-4.408 of the Ordinance Code.

4. GUARANTEE AND WARRANTY OF WORK. Developer guarantees that said work shall be free from defects in material or workmanship and shall perform satisfactorily for a period of one-year from and after the Board of Supervisors accepts the work as complete in accordance with Article 96-4.6, "Acceptance," of the Ordinance Code. Developer agrees to correct, repair, or replace, at his expense, any defects in said work.

The guarantee period does not apply to road improvements for private roads which are not to be accepted into the County road system.

5. PLANT ESTABLISHMENT WORK. Developer agrees to perform establishment work for landscaping installed under this agreement. Said plant establishment work shall consist of adequately watering plants, replacing unsuitable plants, doing weed, rodent and other pest control and other work determined by the Public Works Department to be necessary to insure establishment of plants. Said plant establishment work shall be performed for a period of one-year from and after the Board of Supervisors accepts the work as complete.

6. IMPROVEMENT PLAN WARRANTY. Developer warrants the improvement plans for the work are adequate to accomplish the work as promised in Section 2 and as required by the Conditions of Approval for the development. If, at any time before the Board of Supervisors accepts the work as complete or during the one-year guarantee period, said improvement plans prove to be inadequate in any respect, Developer shall make whatever changes are necessary to accomplish the work as promised.

7. NO WAIVER BY COUNTY. Inspection of the work and/or materials, or approval of work and/or materials or statement by any officer, agent or employee of the County indicating the work or any part thereof complies with the requirements of this Agreement, or acceptance of the whole or any part of said work and/or materials, or payments, therefor, or any combination or all of these acts, shall not relieve the Developer of his obligation to fulfill this agreement as prescribed; nor shall the County be thereby be stopped from bringing any action for damages arising from the failure to comply with any of the terms and conditions hereof.

8. INDEMNITY: Developer shall hold harmless and indemnify the indemnitees from the liabilities as defined in this section:

A. The indemnities benefitted and protected by this promise are the County, and its special district, elective and appointive boards, commissions, officers, agents, and employees.

B. The liabilities protected against are any liability or claim for damage of any kind allegedly suffered, incurred or threatened because of actions defined below, and including personal injury, death, property damage, inverse condemnation, or any combination of these, and regardless of whether or not such liability, claim or damage was unforeseeable at any time before the County reviewed said improvement plans or accepted the work as complete, and including the defense of any suit(s), action(s), or other proceeding(s) concerning said liabilities and claims.

C. The actions causing liability are any act or omission (negligent or non-negligent) in connection with the matters covered by this Agreement and attributable to the Developer, contractor, subcontractor, or any officer, agent, or employee of one or more of them;

D. Non-Conditions: The promise and agreement in this section are not conditioned or dependent on whether or not any Indemnitee has prepared, supplied, or approved any plan(s) or specification(s) in connection with this work, or has insurance or other indemnification covering any of these matters, or that the alleged damage resulted partly from any negligent or willful misconduct of any Indemnity.

9. COSTS: Developer shall pay when due, all the costs of the work, including inspections thereof and relocating existing utilities required thereby.

10. NON-PERFORMANCE AND COSTS: If Developer fails to complete the work within the time specified in this Agreement, and subsequent extensions, or fails to maintain the work, the County may proceed to complete and/or maintain the work by contract or otherwise, and Developer agrees to pay all costs and charges incurred by the County (including, but not limited to: engineering, inspection, surveys, contract, overhead, etc.) immediately upon demand.

Developer hereby consents to entry on the development property by the County and its forces, including contractors, in the event the County proceeds to complete and/or maintain the work.

Once action is taken by County to complete or maintain the work, Developer agrees to pay all costs incurred by the County, even if Developer subsequently completes the work.

Should County sue to compel performance under this Agreement or to recover costs incurred in completing or maintaining the work, Developer agrees to pay all attorney's fees, and all other expenses of litigation incurred by County in connection therewith, even if Developer subsequently proceeds to complete the work.

11. INCORPORATION/ANNEXATION. If, before the Board of Supervisors accepts the work as complete, the development is included in territory incorporated as a city or is annexed to an existing city, the County's rights under this agreement and/or any deposit, bond, or letter of credit securing said rights shall be transferred to the new or annexing city. Such city shall have all the rights of a third party beneficiary against Developer, who shall fulfill all the terms of this agreement as though Developer had contracted with the city originally.

12. CONSIDERATION. In consideration hereof:
(Check applicable section(s))

- County shall allow Developer to obtain building permits for said development, assuming it fully complies with other applicable regulations.
- County agrees to accept the road(s) into the County-maintained road system, after the improvements are complete.
- Other (requires County Counsel approval _____)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

On December 28, 2020 before me, Teresa D. Lewis, Notary Public
(insert name and title of the officer)

personally appeared Peter Vanderburg,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

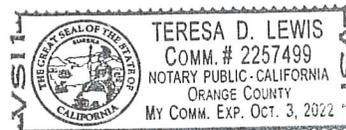
On December 28, 2020 before me, Teresa D. Lewis, Notary Public
(insert name and title of the officer)

personally appeared Chris Sanford,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



Bond No.: SUR0064991

Development: DP14-3041

**IMPROVEMENT SECURITY BOND
FOR ROAD IMPROVEMENT AGREEMENT
(Performance, Guarantee, and Payment)
(California Government Code §§ 66499 - 66499.10)**

1. **RECITAL OF ROAD IMPROVEMENT AGREEMENT:** The Developer (Principal) has executed a Road Improvement Agreement with the County to install and pay for street, drainage and other improvements on, or along Pittsburg Ave/ Richmond Parkway to complete said work within the time specified for completion in the Road Improvement Agreement, all in accordance with State and local laws and rulings.

2. **OBLIGATION:** IPT Richmond DC III LLC, as Principal and Argonaut Insurance Company, a corporation organized under the laws of the State of Illinois, and authorized to transact surety business in California, as Surety, hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns to the County of Contra Costa, California to pay as follows:
 - A. **Performance:** Eight hundred fifty one thousand and four hundred 00/100 Dollars (\$ 851,400.00) for itself or any city assignee under the above County Road Improvement Agreement, plus
 - B. **Payment:** four hundred thirty thousand and 00/100 Dollars (\$ 430,000.00) to secure the claims to which reference is made in Title 15 §§ et seq. of the Civil Code of the State of California.

3. **CONDITION:**
 - A. The Condition of this obligation as to Section (2.A.) above is such that if the above bonded Principal, or principal's heirs, executors, administrators, successors or assigns, shall in all things stand to and abide by and well and truly keep and perform the covenants, conditions and provisions in the said agreement and any alteration thereof made as therein provided on it or its part, to be kept and performed at the time and in the manner therein specified and in all respects according to their true intent and meaning and shall indemnify and save harmless the County of Contra Costa or city assignee, its officers, agents and employees, as therein stipulated, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.

As part of the obligation secured hereby and in addition to the face amount specified therefore, there shall be included reasonable costs, expenses and fees, including reasonable attorney's fees, incurred by the County of Contra Costa or city assignee, in successfully enforcing such obligation, all to be taxed as costs and included in any judgement rendered.

- B. The condition of this obligation, as to Section (2.B.) above, is such that said Principal and the undersigned as corporate surety are held firmly bound unto the County of Contra Costa and all contractors, subcontractors, laborers, material men and other persons employed in the performance of the aforesaid agreement and referred to in the aforesaid Civil Code, for materials furnished, labor of any kind, or for amounts due under the Unemployment Insurance Act with respect to such work or labor and that said undersigned surety will pay the same in an amount not exceeding the amount herein above set forth and also, in case suit is brought upon this bond, will pay, in addition to the fact amount thereof, reasonable costs, expenses and fees, including reasonable attorney's fees, incurred by the County of Contra Costa or city assignee, in successfully enforcing such obligation, to be awarded and fixed by the court, all to be taxed as costs and to be included in the judgement therein rendered.

It is hereby expressly stipulated and agreed that this bond shall inure to the benefit of any and all persons, companies and corporations entitled to file claims under Title 15 (commencing with Section 3082 of Part 4 of Division 3) of the Civil Code of the State of California, so as to give a right of action to them or their assigns in any suit brought upon this bond.

Should the work under the conditions of this bond be fully performed, then this obligation shall become null and void; otherwise it shall be and remain in full force and effect.

- C. No alteration of said Road Improvement Agreement or any plan or specification of said work agreed to by the Principal and the County shall relieve the Surety from liability on this bond and consent is hereby given to make such alteration without further notice to or consent by the Surety and the Surety hereby waives the provisions of California Civil Code Section 2819 and holds itself bound without regard to and independently of any action against Principal whenever taken.

4. **SIGNED AND SEALED:**

The undersigned executed this document on December 7, 2020

PRINCIPAL:

See attached signature page
Address: _____
City: _____
By: _____
Print Name: _____
Title: _____

SURETY:

Argonaut Insurance Company
Address: P.O. Box 469011
City: San Antonio, TX 78246
By: 
Print Name: Sheila J. Montoya
Title: Attorney-in-Fact

IPT Richmond DC III LLC, a Delaware limited liability company
By: BTC II Holdco LLC, a Delaware limited liability company, its sole member
By: Build-To-Core Industrial Partnership II LP, a Delaware limited partnership, its manager
By: IPT BTC II GP LLC, a Delaware limited liability company, its general partner
By: IPT Real Estate Holdco LLC, a Delaware limited liability company, its sole member
By: BCI IV Portfolio Real Estate Holdco LLC, a Delaware limited liability company, its sole member
By: BCI IV Operating Partnership LP, a Delaware limited partnership, its sole member
By: BCI IV Industrial REIT IV Inc., a Maryland corporation, its general partner

By: 
Name: Peter Vanderburg
Title: Managing Director of Development

SEE CALIFORNIA
ACKNOWLEDGMENT
DATE 12/08/ INITL PV
2020

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

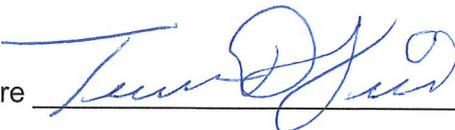
State of California
County of Orange)

On December 8, 2020 before me, Teresa D. Lewis , Notary Public
(insert name and title of the officer)

personally appeared Peter Vanderburg,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606

United States Postal Service: P.O. Box 469011, San Antonio, TX 78246

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sheila J. Montoya, Angela R. Yanofsky, Shaleen R. Lovitt, John Browning, Justin Tomlin, Thomas McCoy Jr., Kelli E. Housworth, Susan J. Lattarulo

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

\$85,000,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017.



Argonaut Insurance Company

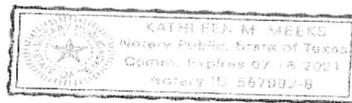
by: _____

Joshua C. Betz , Senior Vice President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 8th day of May, 2017 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.



(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 7th day of December, 2020.



James Bluzard , Vice President-Surety

THIS DOCUMENT IS NOT VALID UNLESS THE WORDS ARGO POWER OF ATTORNEY ARE IN BLUE. IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (210) 321 - 8400.



Contra
Costa
County

To: Board of Supervisors
From: Keith Freitas, Airports Director
Date: February 9, 2021

Subject: Security Upgrade Project at Buchanan Field Airport, Concord. (District IV)

RECOMMENDATION(S):

1. DETERMINE that the construction of security upgrades at Buchanan Field Airport (the Project) is a California Environmental Quality Act (CEQA), Class 2 Categorical Exemption, pursuant to Article 19, Section 15302(b) of the CEQA guidelines.
2. APPROVE the plans and specifications prepared by Kimley Horn and Associates for the Project.
3. APPROVE the bid documents for the Project.
4. AUTHORIZE the Public Works Director, or designee, to solicit bids to be received on or about April 6, 2021, and issue bid addenda, as needed for clarification of the bid documents, provided any changes made do not significantly increase the construction cost estimate.
5. DIRECT the Clerk of the Board to publish, at least 14 calendar days before the bid opening date, the Notice to Contractors in accordance with Public Contract Code Section 22037, inviting bids.
6. DIRECT the Public Works Director, or designee, to send notices by email or fax and by U.S. Mail to the construction trade journals specified in the Public Contract Code Section 22036 at least 15 Calendar days before the bid opening.
7. DIRECT the Director of Department of Conservation and Development to file a Notice of Exemption with the County Clerk.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Russell Milburn (925)
681-4200

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

By: , Deputy

cc:

8.

RECOMMENDATION(S): (CONTD)

AUTHORIZE the Public Works Director, or designee to arrange for payment of a \$25 fee to the Department of Conservation and Development for processing, and a \$50 fee to the County Clerk for filing the Notice of Exemption.

FISCAL IMPACT:

Construction of the security upgrades has no negative impact on the General Fund. The estimated construction cost is \$2,600,000, all of which is expected to be funded by the Federal Aviation Administration (FAA) through an Airport Improvement Program design and construction grant award. Any additional costs will be funded by the California Department of Transportation (up to \$150,000) and the Airport Enterprise Fund.

BACKGROUND:

The security upgrades include replacing approximately 21,000 linear feet of fencing around the perimeter of the operations area of the airport (i.e., the area where aircraft movement takes place), replacing and adding security cameras, replacing, and adding security lighting, and upgrades to the access control systems of the gates. The upgrades will result in Buchanan Field complying with the security standards promulgated by the FAA and the Transportation Security Administration (TSA). The plans and specifications for the security upgrades, which were prepared by Kimley Horn and Associates and are dated February 8, 2021, are available from the County Public Works Department upon request.

Environmental review was performed, and the project categorically exempt from the review requirements of the California Environmental Quality Act (CEQA) in accordance with section 15302(b). The notice of exemption will be filed with the Contra Costa County Clerk upon Board approval.

On June 16, 2020, the Board approved an application to the FAA for supplemental grant funds for the design and construction of the security upgrades. On November 3, 2020, the Board approved the contract with Kimley Horn for the design portion of the Project. The design is complete, and the Public Works Airports Division is ready to advertise for the construction portion of the Project.

CONSEQUENCE OF NEGATIVE ACTION:

Delay in approving the design plans and bid documents could result in the County missing the final grant application deadline related to the Federal funding for the project. This could result in the County not being able to upgrade the security measures at Buchanan Field to current FAA and TSA standards.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Claims

RECOMMENDATION(S):

DENY claims filed by Doctor’s Medical Center Modesto, Maisaa Eissa-Asaad, Farmers Insurance Exchange #5010070319-1, Saul Lerma, Marlon Mayberry, Van Nguyen, Kira Janai Secrease, Kellie M. Smith, State Farm Mutual Insurance #05-12X9-37W, Salvador Valle, Andrea Wood, and Isaiah Glaze. DENY amended claim filed by Rodric Petrece Stanley Jr.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Doctor’s Medical Center Modesto: Medical treatment reimbursement dispute in the amount of \$27,485.83
Maisaa Eissa-Asaad: Medical malpractice claim in the amount of \$250,000.
Farmers Insurance Exchange: Property claim for vehicle damage in the amount of \$10,471.12
Saul Lerma: Property claim for lost shoes in the amount of \$40.
Marlon Mayberry: Personal injury claim for injuries sustained from bus accident in the amount of \$1,000,000.
Van Nguyen:

-
- APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Scott Selby
925.335.1400

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Property claim for vehicle damage in the amount of \$7,800.

Kira Janai Secrease: Property claim for money allegedly lost during booking in the amount of \$700.

Kellie M. Smith: Employment discrimination and retaliation claim in the amount of \$100,000.

State Farm Mutual Insurance: Subrogation claim for vehicle damage to insured in the amount of \$1,580.79

Salvador Valle: Personal injury claim for use of force during arrest in an amount in excess of \$10,000.

Andrea Wood: Personal injury claim for false imprisonment in the amount of \$2,000,000.

Isaiah Glaze: Amended personal injury claim for inmate medical treatment in an undisclosed amount.

Rodric Petrece Stanley Jr.: Amended personal injury claim for inmate medical treatment in an undisclosed amount.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Results of the 2020 Counties Care Holiday Food Fight

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Tia Wilborn
925-655-2044

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

By: , Deputy

cc:

ATTACHMENTS

Resolution
2021/59

*The Board of Supervisors of
Contra Costa County, California*

In the matter of:

Resolution No. 2021/59

WHEREAS, Contra Costa County departments and employees again demonstrated just how much public servants care and rose to the annual challenge to raise funds for the Food Bank of Contra Costa and Solano during the 2020 holiday season; and

WHEREAS, this 17th Annual Counties Care Challenge has been an important part of the Food Bank of Contra Costa and Solano's holiday fundraising program; and

WHEREAS, in the 2020 drive Contra Costa County employees raised **\$67,315.41** bringing their cumulative total raised in 17 years to over **\$1.5 million**; and

WHEREAS, because departments and team leaders entered the annual competition with enthusiasm despite any personal or departmental challenges and stress, we salute the following stellar standouts in their leagues;

MINI DEPARTMENTS: AGRICULTURE, Stephanna Hidalgo, Roxann Crosby, Team Leaders;
SMALL DEPARTMENTS: County Counsel, Michielle Maurer, Wanda McAdoo, Team Leaders;
MIDSIZED DEPARTMENTS: Conservation and Development, Team Leaders too many to name;
LARGE DEPARTMENTS: Employment and Human Services, Team Leaders too many to name;
SUPERVISORS': District III, Diane Burgis, Supervisor and Lea Castleberry, Teresa Gerringer, Team Leaders; and

WHEREAS, all County departments and team leaders showed special ingenuity and energy by raising copious funds and earning kudos as determined by Food Fight organizers, including;

GAYLE B. UILKEMA GOOD EGG: Chief Lewis Broschard, Contra Costa County Fire Protection District
ADDITIONAL RECOGNITION:

KRISTIE HIRSCHENBERGER HEART AND SOUL: Pauline Fentener Van Vlissingen, Auditor-Controller

WHEREAS, the combined efforts of employees of Contra Costa and Solano counties netted the Food Bank of Contra Costa and Solano a grand total of **\$115,787.39** in 2020 providing close to **230,000 meals** to approximately 180,000 "food-insecure" residents of both counties; and

WHEREAS, this annual effort has now raised over **\$2 MILLION** for the Food Bank since beginning in 2004.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County hereby applauds all of the tireless department team leaders and congratulates all participating Contra Costa County departments, department heads, and employees for their inspiring efforts on behalf of their community and those in need; and **BE IT FURTHER RESOLVED** that the Board of Supervisors of Contra Costa County thanks all County employees and residents who participated in the 2020 Counties Care Holiday Food Fight and urges all citizens of Contra Costa County and their communities to recognize and match the generosity and public spirit of County employees by giving generously to the Food Bank of Contra Costa and Solano regularly and often, through all of the Food Bank's programs.

DIANE BURGIS

Chair, District III Supervisor

JOHN GIOIA

District I Supervisor

CANDACE ANDERSEN

District II Supervisor

KAREN MITCHOFF

District IV Supervisor

FEDERAL D. GLOVER

District V Supervisor

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

ATTESTED: February 9, 2021

Monica Nino, County Administrator

By: _____, Deputy



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: February 9, 2021
Subject: February 11, 2021 as 211 Day

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Lea Castleberry
925-252-4500

By: , Deputy

cc:

ATTACHMENTS

Resolution
2021/54

*The Board of Supervisors of
Contra Costa County, California*

In the matter of:

Resolution No. 2021/54

Recognizing February 11, 2021 as National 211 Day

WHEREAS, 211 is a vital service leveraged by millions of people across North America, and February 11, 2021 is National 211 Day; and
WHEREAS, the nonprofit Contra Costa Crisis Center runs the 211 call center for Contra Costa County, answering calls 24 hours a day, 7 days a week; and
WHEREAS, every day people contact 211 to access free and confidential crisis and suicide prevention counseling, and referrals for disaster assistance, food, health care and insurance assistance, stable housing and utilities payment assistance, employment services, veteran services, and childcare and family services; and
WHEREAS, trained counselors at 211 listen, identify underlying problems and connect people in need with resources and services in their community that improve their lives; and
WHEREAS, the Contra Costa Crisis Center continues to respond to thousands of calls each month from those in need and participates in multiple coalitions, task force groups and alliances to respond to the Coronavirus pandemic; and
WHEREAS, 211 makes the social services network more efficient by ensuring people in need are connected to agencies that can help them; and
WHEREAS, 211 Contra Costa has engaged a small group of volunteers to create a campaign to generate greater public awareness about the resources offered through the 211 call center; and
WHEREAS, the staff and partners of County agencies, Contra Costa County cities and local nonprofits are being encouraged to share social media messages and images to increase awareness about the 211 call center.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of Contra Costa County does hereby support the Contra Costa Crisis Center's efforts to broaden awareness about the vital services provided through its 211 call center, and encourages residents to utilize the free, confidential services to seek support for themselves and loved ones.

DIANE BURGIS

Chair, District III Supervisor

JOHN GIOIA

District I Supervisor

CANDACE ANDERSEN

District II Supervisor

KAREN MITCHOFF

District IV Supervisor

FEDERAL D. GLOVER

District V Supervisor

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

ATTESTED: February 9, 2021

Monica Nino, County Administrator

By: _____, Deputy



**Contra
Costa
County**

To: Board of Supervisors
From: Ann Elliott, Interim Human Resources Director
Date: February 9, 2021

Subject: Adopt Ordinance No. 2021-02 Amending the County Ordinance Code

RECOMMENDATION(S):

ADOPT Ordinance No. 2021-02 amending the County Ordinance Code to exclude from the merit system the classification of Senior Financial Counsel-Exempt.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The classification of Senior Financial Counsel-Exempt is a longstanding single-position classification in the County Counsel’s Office. When section 33-5.410 was last amended, this classification was incorrectly omitted from the ordinance. The classification has not been eliminated, and this ordinance would correct that omission. This classification is distinguished by its responsibility for providing financial and related administrative and policy assistance to the County Counsel, as well as conducting the most difficult and complex county tax and financial litigation. It has responsibility for legal tax and financial advice and service to multiple County departments. This position also supervises subordinate attorneys who perform legal services in tax and financial areas.

-
- APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Lisa Driscoll, County Finance Director

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

By: , Deputy

cc: Eric Suitos, Sylvia Wong Tam

CONSEQUENCE OF NEGATIVE ACTION:

The County ordinance will incorrectly omit the classification of Sr. Financial Counsel-Exempt from ordinance listing the classifications exempt from the merit system.

ATTACHMENTS

Ordinance No. 2021-02

ORDINANCE NO. 2021-02

(Exclude from the Merit System the classification of Senior Financial Counsel-Exempt)

The Contra Costa County Board of Supervisors ordains as follows (omitting the parenthetical footnotes from the official text of the enacted or amended provisions of the County Ordinance Code):

SECTION I: Section 33-5.410 of the County Ordinance Code excludes from the merit system the classification of Senior Financial Counsel-Exempt, and is amended to read as follows:

33-5.410 County Counsel

- (a) Assistant county counsels-exempt are excluded and are appointed by the county counsel.
- (b) Chief assistant county counsel-exempt is excluded and is appointed by the county counsel.
- (c) Deputy county counsels-exempt are excluded and are appointed by the county counsel.
- (d) Senior financial counsel-exempt is excluded and is appointed by the county counsel.
(Ords. 2021-02 § I, 2013-03 § I; 99-14 § I, 98-18 § 1.)

SECTION II: EFFECTIVE DATE. This ordinance becomes effective 30 days after passage, and within 15 days of passage shall be published once with the names of the supervisors voting for and against it in the _____, a newspaper published in the County.

PASSED ON _____ by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST: MONICA NINO, Clerk of the
Board of Supervisors and County Administrator

By: _____
Deputy

Board Chair

H:/sr financial counsel-exempt ord

[SEAL]

ORDINANCE NO. 2021-02

ORDINANCE NO. 2021-02



Contra
Costa
County

To: Board of Supervisors
From: Karen Mitchoff, District IV Supervisor
Date: February 9, 2021

Subject: Reappoint Hannah Brown to District IV Seat on the Contra Costa Commission for Women and Girls

RECOMMENDATION(S):

Reappoint the following individual to the District IV seat on the Contra Costa Commission for Women and Girls to a four-year term expiring on February 28, 2025:

Hannah Brown

Pleasant Hill

FISCAL IMPACT:

none

BACKGROUND:

The Contra Costa Commission for Women identifies major economic, educational and social concerns of women in Contra Costa County, to reach and inform all women on a variety of issues.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Colleen Awad,
925-521-7100

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

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Candace Andersen, District II Supervisor
Date: February 9, 2021

Subject: Appointment to the Contra Costa County Aviation Advisory Committee

RECOMMENDATION(S):

REAPPOINT the following person to the District II seat on the Contra Costa County Aviation Advisory Committee for a three-year term with an expiration date of February 28, 2024, as recommended by Supervisor Candace Andersen:

Roger Bass
Walnut Creek, CA 94595

FISCAL IMPACT:

NONE

BACKGROUND:

The Aviation Advisory Committee (AAC) was established by the Board of Supervisors to provide advice and recommendations to the Board of Supervisors on the aviation issues related to the economic viability and security of airports in Contra Costa County. The AAC is mandated to cooperate with local, state, and national aviation interests for the safe and orderly operation of airports; advance and promote the interests of aviation; and protect the general welfare of the people living and working near the airport and the County in general. The AAC may initiate discussions, observations, or investigations and may hear comments on airport and aviation matters from the public or other agencies in order to formulate recommendations to the Board. In conjunction with all of the above, the Aviation Advisory Committee provides a forum for the Director of Airports regarding policy matters at and around the airport.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jill Ray,
925-957-8860

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

By: , Deputy

cc: District 2 Supervisor, Maddy Book, AAC, Appointee

BACKGROUND: (CONT'D)

The AAC is composed of 11 members who must be County residents: one appointed by each Supervisor; one from and nominated to the Board by the City of Concord; one from and nominated to the Board by the City of Pleasant Hill; one from and nominated to the Board by Diablo Valley College; one from and nominated to the Board by the Contra Costa County Airports Business Association; and two at large to represent the general community, to be nominated to the Internal Operations Committee by the Aviation Advisory Committee. At least one of the above shall be a member of the Airport Land Use Commission.

Terms for AAC seats are three years ending each February 28th.

Supervisor Andersen is pleased with Roger Bass' work on the AAC and would like him to continue for another term.

CONSEQUENCE OF NEGATIVE ACTION:

NONE



Contra
Costa
County

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: Economic Opportunity Council Appointments

RECOMMENDATION(S):

APPOINT Brendan Foley to Private/Non-Profit Seat No. 2 and Desire Medlen to Low-Income Seat No. 3 on the Economic Opportunity Council (EOC) as recommended by the Employment and Human Services Director.

FISCAL IMPACT:

There is no fiscal impact.

BACKGROUND:

This board order is to appoint Brendan Foley to the Private/Non-Profit Seat No. 2 on the EOC with a term ending June 30, 2023 and appoint Desire Medlen to the Low-Income Seat No. 3 on the EOC with a term ending June 30, 2023. The appointments were approved and recommended by the EOC January 14, 2021.

The EOC is a tripartite advisory board to the Contra Costa County Board of Supervisors and Employment and Human Services Department, Community Services Bureau for County administration of the Community Services Block Grant.

CONSEQUENCE OF NEGATIVE ACTION:

With membership, the EOC may not be able to conduct routine business.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Elaine Burres
608-4960

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

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Federal D. Glover, District V Supervisor
Date: February 9, 2021

Subject: ACCEPT the Resignation of Tess Snook O'Riva from the Arts & Culture Commission of Contra Costa County (AC5)

RECOMMENDATION(S):

ACCEPT the resignation of Tess Snook O'Riva, DECLARE vacant the District V Seat on the Arts & Culture Commission of Contra Costa County (AC5) and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Federal D. Glover.

FISCAL IMPACT:

None.

BACKGROUND:

The Arts and Culture Commission of Contra Costa County was established to advise the Board of Supervisors on matters related to promoting arts and culture as a vital aspect of community engagement. The Arts and Culture Commission is dedicated to advancing the arts in a way that promotes communication, education, appreciation and collaboration throughout Contra Costa County so that we may grow creatively as a community that preserves and celebrates our diverse cultural expression.

CONSEQUENCE OF NEGATIVE ACTION:

The seat would remain vacant.

CHILDREN'S IMPACT STATEMENT:

None.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Vincent Manuel (925)
608-4200

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

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Karen Mitchoff, District IV Supervisor
Date: February 9, 2021

Subject: Accept Resignation of Mujdah Rahim from the Family and Children's Trust Committee

RECOMMENDATION(S):

ACCEPT the resignation of Mujdah Rahim, DECLARE a vacancy for the District IV seat on the Family and Children's Trust Committee, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Karen Mitchoff.

FISCAL IMPACT:

none

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Colleen Awad,
9255217100

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

By: , Deputy

cc:

BACKGROUND:

The Family and Children's Trust Committee conducts a bi-annual needs assessment on family and children's services in Contra Costa County. They also recommend the establishment of program priorities to the Employment and Human Services Director and the Board of Supervisors and coordinate with the Employment and Human Services Director monitoring of contracts which are funded by AB 1733, AB 2994 or the Ann Adler Family & Children's Trust Fund. They also recommend awards of family and children's services contracts pursuant to AB 1733, AB 2994, Ann Adler Family & Children's Trust Fund, Community-Based Family Resource Funds, and Childcare Affordability funds.

Ms. Mujdah Rahim was originally appointed on July 9, 2019 and was reappointed on September 17, 2019 to a term ending September 30, 2021. On January 5, 2021 Ms. Mujdah submitted her letter of resignation.

CONSEQUENCE OF NEGATIVE ACTION:

The vacancy will not be recognized and the seat will not be filled with an eligible representative.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Medical Staff Appointments and Reappointments – January, 2021

RECOMMENDATION(S):

APPROVE the medical staff appointments and reappointments, additional privileges, advancements, and voluntary resignations as recommend by the Medical Staff Executive Committee, at their January 25, 2021 meeting, and by the Health Services Director.

FISCAL IMPACT:

There is no fiscal impact for this action.

BACKGROUND:

The Joint Commission on Accreditation of Healthcare Organizations has requested that evidence of Board of Supervisors approval for each Medical Staff member will be placed in his or her Credentials File. The above recommendations for appointment/reappointment were reviewed by the Credentials Committee and approved by the Medical Executive Committee.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Contra Costa Regional Medical and Contra Costa Health Centers' medical staff would not be appropriately credentialed and not be in compliance with the Joint Commission.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jaspreet Benepal,
925-370-5101

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

By: , Deputy

cc: James Ham, Marcy Wilhelm

ATTACHMENTS

January 2021

List

Core Privileges

Anna M. Roth, R.N., M.S., M.P.H.
 Health Services Director

Samir B. Shah, M.D., F.A.C.S.
 Chief Executive Officer
 Contra Costa Regional Medical Center
 and Health Centers
 & Chief Medical Officer
 Contra Costa Health Services



Contra Costa Regional
 Medical Center
 & Health Centers
 2500 Alhambra Avenue
 Martinez, California 94553-3156
 Ph 925-370-5000

A. New Medical Staff Members

Deshpande, Durga, MD	Pediatrics
Mishra, Vikash, MD	Emergency Medicine
Trope, Alexander, MD	Psychiatry/Psychology

B. Application for Staff Affiliation

None

C. 1st year Residents

None

D. Travis Residents-Family Medicine

None

E. Request for Additional Privileges

None

Department

Requesting

F. Advance to Non-Provisional

Grelli, Kimberly, MD	Pediatrics
Wu, Katherine, MD	Pediatrics

G. Biennial Reappointments

Bernett, Jorge, MD	Internal Medicine	C
Borenstein, Yehonatan, MD	Psychiatry/Psychology	C
Burns, Deirdre, MD	Pediatrics	A
Cavallaro, Grace, MD	OB/GYN	A
Dolezal, Kevin, MD	Emergency Medicine	A
Espinoza, Alex, MD	Pediatrics	C
Gee, Lance, MD	DFAM	A
Ghuri, Imtiaz, MD	Pediatrics	A
Gorodetsky, Alexander, MD	Psychiatry/Psychology	C
Hajyan, Karine, DO	OB/GYN	A
Hernandez, Estela, MD	Emergency Medicine	A
Krepostin, Vladimir, DO	Anesthesia	A
Kwok, Paul, DO	Anesthesia	A
Mandhani, Nandita, MD	Pediatrics	A
Peterson, William, MD	Emergency Medicine	A
Price, Michael, MD	Diagnostic Imaging	C
Rasool Vali, Zulfikar MD	Psychiatry/Psychology	A
Saadi, Jeffrey, MD	Anesthesia	A
Sharma, Vinod, MD	Psychiatry/Psychology	A
Wang, Lisa, MD	Psychiatry/Psychology	A
White, Matthew, MD	Psychiatry/Psychology	A
Wildfire, Gila, MD	DFAM	A
Wille, Mark, MD	Internal Medicine	A
Wu, Monte, MD	Internal Medicine	C

H. Biennial Renewal of Privileges

Howard, Phyllis, NP	DFAM	AFF
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I. Teleradiologist (VRAD) Reappointments

Conley, Diane, MD	Diagnostic Imaging
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Greenberg, Harvey, MD
Klein, Jerome, MD

Diagnostic Imaging
Diagnostic Imaging

J. Voluntary Resignations

Asuncion, Gloria, MD
Baker, Megan, MD
Barger, Joseph, MD
Maurer, Toby, MD
Nicholas, Constantine, MD
Sekhon, Manveen, MD
Vahabzadeh, Arshya, MD
Yaretskiy, Arkadiy, MD

Pathology
Psychiatry/Psychology
Emergency Medicine
Internal Medicine
Surgery
DFAM
Psychiatry/Psychology
Psychiatry/Psychology

K. Voluntary Teleradiologist Resignations

None

L. Attachments

Addiction Medicine Core Privileges
Anesthesia Core Privileges
Family and Adult Medicine Core Privileges
Hospital Medicine Core Privileges
OB/GYN General Core Privileges
OB/GYN Subspecialty Core Privileges
Pediatrics Core Privileges

ADDICTION MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective:

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the “*Requested*” box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

QUALIFICATIONS FOR ADDICTION MEDICINE PRIVILEGES

Initial Applicants: To be eligible to apply for privileges in Addiction Medicine, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in relevant specialty (e.g. internal medicine, family medicine, pediatrics, psychiatry, emergency medicine, surgery, preventive medicine, or obstetrics and gynecology)

AND

2. Documentation of current subspecialty certification or board eligibility leading to subspecialty certification (with achievement of certification within the required time frame set forth by the Board) in Addiction Medicine by the American Board of Preventive Medicine, or department-approved equivalent training and experience

AND

3. Documentation of provision of inpatient, outpatient, or consultative services, reflective of the scope of privileges requested, for at least 15 patients within the past 24 months, or successful completion of subspecialty fellowship within the past 24 months. Please provide a clinical activity log.

Renewal of Privileges: To be eligible to renew privileges in Addiction Medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required

AND

2. Current documented competence and an adequate volume of experience: 15 cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Addiction Medicine

□ Requested:

Admit, evaluate, diagnose, treat, and provide consultation to adult patients with alcohol or other substance use disorders. Includes performance of history and physical exam. Treatment modalities include inpatient detoxification, inpatient management of overdoses and maintenance pharmacotherapy (e.g. suboxone, etc.). May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) – for initial applicants

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients with Addiction Medicine related disorders in the care of whom the applicant significantly participated.
2. FPPE/proctoring has to be representative of the provider's scope of practice.
3. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
4. Completed FPPE forms must be submitted to the Credentialing Office.
5. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
6. **For low volume providers: please see separate FPPE/proctoring guidelines.**
7. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

DFAM

Department Chair Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval **Date** _____

Temporary Privileges **Date** _____

Medical Executive Committee Approval **Date** _____

Board of Supervisors Approval **Date** _____

DFAM ADDICTION MEDICINE CLINICAL PRIVILEGES

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.
Effective:

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the “*Requested*” box for each privilege requested. Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

QUALIFICATIONS FOR ANESTHESIOLOGY

Initial Applicants: To be eligible to apply for privileges in anesthesiology, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in anesthesiology.

AND

2. Documentation of current Board certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Anesthesiology by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology.

AND

3. Documentation of current ACLS certification.

AND

4. Documentation of required current experience: 200 cases of anesthesia performed in the hospital, reflective of the scope of privileges requested, within the past 24 months; or documented successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in anesthesiology, the applicant must meet the following criteria:

1. Documentation of current competence and adequate volume of experience. 200 cases of anesthesia performed in the hospital with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

AND

2. Documentation of Maintenance of Certification or On-Going Continuous Certification

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core Privileges: Anesthesiology— Adolescent (≥ 14 years of age) and Adult Patients

Requested: Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adolescent and adult patients. Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, gynecological, and diagnostic procedures. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE TREATMENT/PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Adolescent (≥ 14 years of age) and Adult Anesthesiology

- Performance of history and physical exam
- Assessment of, consultation for, and preparation of patients for anesthesia
- Clinical management and teaching of cardiac and pulmonary resuscitation
- Diagnosis and treatment of acute pain.
- Evaluation of respiratory function and application of respiratory therapy
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)
- Anesthesiological management of critically ill patients
- Monitoring and maintenance of normal physiology during the perioperative period
- Relief and prevention of pain during and following surgical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
- Supervision and evaluation of performance of medical and paramedical personnel involved in perioperative care

ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Core privileges: Obstetric Anesthesia

- Requested:** Care is directed toward comprehensive anesthetic management, perioperative care, and pain management of women during pregnancy and the puerperium period. Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to adult and adolescent female patients. Provide anesthesia services at all appropriate locations in the hospital (e.g. intensive care setting, emergency room, radiology, etc.).
- The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills as determined by the department chair.

CORE TREATMENT/PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Obstetric Anesthesia

- Performance of history and physical exam
- Provision of all types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient-controlled epidural analgesia)
- Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage
- Consultation and management for pregnant patients requiring non-obstetric surgery
- Provision of general anesthesia for cesarean delivery
- Performance of image-guided procedures (i.e. use of ultrasound to locate anatomical structures such as nerves, arteries, veins, etc.)

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. At least 6 chart reviews (retrospective proctoring) of pre-op, intra-op, and post-op assessments [of these 6 charts, at least 3 (three) need to be ASA III or greater]. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 (three) procedures that are representative of procedures regularly performed by anesthesiologists performing adolescent and adult anesthesia.
3. If obstetric anesthesia privileges have been requested/granted, initial FPPE must include additional concurrent proctoring (direct observation) of at least 3 (three) obstetrical cases. FPPE/proctoring must be representative of the provider's scope of practice.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

CONTRA COSTA REGIONAL MEDICAL CENTER

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name:
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____ / ____ / ____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the *“Requested”* box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

QUALIFICATIONS FOR ADULT MEDICINE

Initial applicants: To be eligible to apply for privileges in Ambulatory Care Adult Medicine, the

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine **or** Internal Medicine.

AND

2. Documentation of current certification or Board eligibility (with achievement of certification within 3 years) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians, **or** Internal Medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

AND

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 500 patient visits as the attending physician during the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges: To be eligible to renew privileges in Ambulatory Care Adult Medicine, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification or Osteopathic Continuous Certification

AND

2. Current documented competence and an adequate volume of experience (500 patient visits as the attending physician) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core privileges: Ambulatory Care Adult Medicine

- Requested** Evaluate, diagnose, treat, and provide consultation to patients \geq 14 years old, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs and medical management of chronic pain. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Ambulatory Care Adult Medicine

- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Incision and drainage of Bartholin duct cysts, including Word Catheter insertion
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Medication induced pregnancy termination at less than 10 weeks
- Microscopic diagnosis of urine and vaginal smears
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of PAP Smear
- Performance of simple skin excision and biopsy
- Peripheral nerve blocks

3/17

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Removal of IUD
- Subcutaneous, Intradermal and Intramuscular Injections
- Suturing of uncomplicated lacerations, including in perineal and vaginal area
- Toenail trephination and removal

Special Non-Core Privileges (See Specific Criteria)
 Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privileges

Paracentesis

Criteria for Initial Request and Renewal:

1. Successful completion of an ACGME–or AOA–accredited residency which included training in paracentesis, or completion of a hands-on training in paracentesis under the supervision of a qualified physician preceptor
- AND**
2. Documented current competence and evidence of the performance of at least 2 paracentesis procedures or department-approved in-service in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Family Medicine or Internal Medicine which included training in IUD Insertion, **or**

4/17

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Non-core privileges: Suction Endometrial biopsy (EMB)

Requested

Criteria for Initial Request and Renewal:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor. Documented experience of 5 endometrial biopsies.

Facilitating Medical Groups

Criteria for Initial Request – 12 Hours of training in Group Facilitation.

Criteria for Renewal – Experience facilitating 2 groups.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Acupuncture

Criteria for Initial Request and Renewal

200 Hours CME or 10 years of experience and 10 cases in last 2 years.

Non-core privileges: HIV/AIDS care

Requested

Requirement: requirements of AB 2168 (see attached) must be met.

FAMILY MEDICINE PEDIATRICS AND INPATIENT NEWBORN MEDICAL

6/17

DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

CARE

QUALIFICATIONS FOR FAMILY MEDICINE PEDIATRICS

Initial applicants: To be eligible to apply for privileges in Family Medicine Pediatrics, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine

AND

2. ***Required current experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 300 pediatric visits in the past 4 years, or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in family medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required

AND

2. Demonstrated current competence and evidence of the provision of care to at least 300 pediatric visits in the past 48 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Family Medicine Pediatrics

Requested

Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth to Age 14 years old. This includes routine uncomplicated newborn care in the hospital (i.e. L&D, nursery, postpartum, etc.), assessment of physical, emotional and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. The core privileges include the procedures listed below and such other procedures that are extensions of the same techniques as determined by the Family and Adult Medicine Department Chair.

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Pediatrics

- Bladder catheterization
- Cryotherapy
- Frenulotomy
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Microscopic diagnosis of urine and vaginal smears
- Performance of history and physical exam
- Performance of simple skin biopsy or excision
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of non-penetrating foreign bodies from the eye, nose and ear
- Routine care of newborns in the hospital (i.e. L&D, nursery, postpartum, etc.)
- Subcutaneous, intradermal, and intramuscular injections
- Toenail trephination and removal
- Wound care and suture of uncomplicated lacerations

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Special Non-Core Privileges (See Specific Criteria Below)

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privileges

Routine Care of Newborn with Minimal to Moderate Complications in the Nursery* – Including but not limited to the admission and care of the late preterm infant 34 – 36 weeks gestation without significant complications, low birthweight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact. This includes attendance at deliveries with mild to moderate risk factors if NRP certification is maintained every 2 years.

*This privilege will be approved with the agreement of the Chair of Pediatrics _____.

Requested

Initial and Renewal Criteria:

1. Must meet the Family Medicine Pediatrics criteria

AND

2. Documentation of this level of care to 10 patients in the past 24 months.

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

FAMILY MEDICINE INPATIENT OBSTETRICS

QUALIFICATIONS FOR FAMILY MEDICINE INPATIENT OBSTETRICS

Initial applicants: To be eligible to apply for privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Documented successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine
AND
2. Documentation of at least two months of obstetrical rotation during family medicine residency, with 40 patients delivered
AND
3. ***Required current experience:*** Documented current competence and evidence of the performance of at least 10 deliveries in the past 24 months, or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in Family Medicine Inpatient Obstetrics, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required
AND
2. Documented current competence and evidence of the performance of at least 10 deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes.

Core privileges: Family Medicine Inpatient Obstetrics

Requested

Admit, evaluate, and manage female patients with normal term pregnancy, with an expectation of noncomplicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation). The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Obstetrics

- Amniotomy
- Augmentation of labor
- Episiotomy
- External and internal fetal monitoring
- Induction of labor with consultation and Pitocin® management
- Initial management of postpartum hemorrhage
- Management of postpartum care
- Management of uncomplicated labor
- Manual removal of placenta, postdelivery
- Normal spontaneous vaginal delivery of a term vertex presentation
- Performance of history and physical exam
- Repair of 1st and 2nd degree vaginal laceration
- Repair of episiotomy, including lacerations/extensions - more extensive with consultation
- Repair of other lacerations including cervical, 3rd and 4th degree with consultation
- Surgical assisting at C-section
- Vacuum-assisted delivery with consultation

QUALIFICATIONS FOR FAMILY MEDICINE - PRENATAL CARE

Initial applicants: To be eligible to apply for privileges in Family Medicine Prenatal Care, the applicant must meet the following criteria:

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine

AND

2. Documentation of prenatal care training during family medicine residency, with 200 prenatal care visits.

AND

3. ***Required current experience:*** Documented current competence and evidence of 200 prenatal care visits within the past 4 years or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in family medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required

AND

2. Completion of 8 Units AAFP/AMA/ACOG approved CME in prenatal care within the last 2 years, **OR** attendance at one DFAM prenatal care update

Core Privileges: Family Medicine Prenatal Care

Requested

Evaluate, diagnose, and treat adolescent and adult female patients who are pregnant, intending to become pregnant or post pregnancy. Assess, stabilize, determine the disposition, and participate in the care of pregnant patients in the ambulatory setting.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Family Medicine Prenatal Care

- Performance of history and physical exam
- Appropriate screening examination including Pap Smear

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Microscopic diagnosis of urine and vaginal smears
- **Standard Prenatal Care:** This includes patients with the following medical conditions: BMI less than 60, Chronic Hypertension with Blood Pressure less than 150/100 without medication, Gestational Diabetes controlled with Diet or oral medication, Advanced maternal age, History of pre-eclampsia at over 37 weeks, History of C-section, Substance abuse with or without Medication Assisted Treatment, Cholestasis of Pregnancy with Bile Acids less than 40, size versus dates discrepancy with Estimated Fetal Weight greater than 10%, Urinary Tract Infection, Anemia with Hemoglobin over 8, and vaginitis.
- **Advanced Prenatal Care: with consultation only** for management of patients with more severe pregnancy complications and chronic medical problems such as: Chronic Hypertension on medications, Gestational Diabetes on insulin, pregestational diabetes, History of 3 or more spontaneous abortions at less than 13 weeks, pregnancy loss over 13 weeks, history of intrauterine fetal demise, history of cervical incompetence, History of preterm delivery less than 37 weeks, di/di twins, BMI over 60, Syphilis, Chronic Hepatitis B, History of Preeclampsia in 2 pregnancies or prior to 37 weeks, History of hypothyroid, shortened cervix (<2.5cm), IUGR, persistent placenta previa, anemia with hemoglobin less than 8 and fibroid or other uterine anomalies.

Special Non-Core Privileges (See Specific Criteria)
 Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Non-Core Privileges

Basic First and Second Trimester Ultrasound for dating, location, and viability of pregnancy.

Requested

Initial Criteria: Training in Residency or an Ultrasound course, and at least 20 cases of experience. Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: at least 8 cases in the past 24 months.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Manual Uterine Aspiration

Requested

Initial Criteria: Training during or following Residency, and at least 50 cases of experience.

Current competency: at least 6 cases in the past 24 months.

Renewal Criteria: At least 6 cases in the past 24 months.

Third trimester OB ultrasound for placental location, viability, presentation, amniotic fluid assessment, estimated fetal weight, cervical length

Requested

Initial Criteria: Training in residency or an Ultrasound course, and at least 20 cases of experience. Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: At least 8 cases in the past 24 months.

Antepartum Fetal Heart Rate Monitoring

Requested

Initial Criteria: Training in residency and at least 30 cases of experience.

Current competency: at least 8 cases in the past 24 months.

Renewal Criteria: At least 8 cases in the past 24 months.

Advanced Prenatal Care

Requested

Initial Criteria: Completion of OB Fellowship or OB Department approved experience equivalent to OB Fellowship, and at least 300 prenatal visits in the past 24 months.

Renewal Criteria: At least 300 prenatal visits in the past 24 months.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider's scope of practice.

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DEPARTMENT OF FAMILY AND ADULT MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

3. FPPE/Proctoring is also required for at least one (1) procedure/case of Paracentesis, IUD Insertion and Endometrial Biopsy.
4. If the provider does in and outpatient work, he/she needs to be proctored in both.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

DFAM Chair Signature: _____ **Date:** _____

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Additional

Department Chair Signature: _____ **Date:** _____
(Peds, OB/Gyn, etc. if appropriate)

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date: _____
Temporary Privileges	Date: _____
Medical Executive Committee Approval	Date: _____
Board of Supervisors Approval	Date: _____

CONTRA COSTA REGIONAL MEDICAL CENTER

HOSPITAL MEDICINE ("HOSPITALIST") CLINICAL PRIVILEGES

Name:
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____/____/____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the "*Requested*" box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

QUALIFICATIONS FOR HOSPITAL MEDICINE

Initial applicants: To be eligible to apply for privileges in Hospital Medicine, the applicant must

HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Family Medicine or Internal medicine

AND

2. Documentation of current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Family Medicine by the American Board of Family Medicine or Family Practice and Osteopathic Manipulative Treatment by the American Osteopathic Board of Family Physicians

or

Documentation of current certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to certification in Internal Medicine by the American Board of Internal Medicine or by the American Osteopathic Board of Internal Medicine.

AND

3. ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 100 inpatients as the attending physician during the past 24 months, or successful completion of an ACGME–or AOA–accredited residency within the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges: To be eligible to renew privileges in Hospital Medicine, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Continuous Certification is required.

AND

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

2. Current documented competence and an adequate volume of experience (100 inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Core privileges: Hospital medicine - Inpatient

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (≥ 14 y/o) and adult patients with common and complex illnesses, diseases and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, alcohol or other substance use disorders, reproductive, and genitourinary systems. May provide care to patients in the intensive care setting. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultative call services.
The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine - Inpatient

- Arthrocentesis and Joint injection

HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Assistance at surgery
- Breast cyst aspiration
- Continuous renal replacement therapy
- Drawing of arterial blood
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Interpretation of EKGs at bedside
- Intraosseous line placement
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Monitoring of patient undergoing chemotherapy under the direction of oncology
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Suprapubic bladder aspiration or catheter replacement
- Suturing of uncomplicated lacerations
- Wound care

Core privileges: Hospital medicine – Ambulatory

PLEASE NOTE: THIS APPLIES ONLY TO OUTPATIENT HOSPITAL FOLLOW-UP CLINICS AND SHORT NOTICE/URGENT CARE CLINICS FOR PATIENTS ≥ 14 Y/O. IF YOU WISH TO REQUEST REGULAR PRIMARY CARE OUTPATIENT PRIVILEGES YOU MUST USE THE DFAM (DEPARTMENT OF FAMILY AND ADULT MEDICINE) FORM

- Requested** Admit, evaluate, diagnose, treat, and provide consultation to adolescent (≥ 14 y/o) and adult patients, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, reproductive, and genitourinary systems. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hospital Medicine – Ambulatory (ONLY HOSPITAL FOLLOW-UP AND SHORT NOTICE/URGENT CARE CLINCS, PATIENTS ≥ 14 Y/O)

- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules
- Incision and drainage of abscesses
- Management of burns, superficial and partial thickness
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Paracentesis
- Performance of history and physical exam
- Performance of local anesthetic techniques
- Performance of PAP Smear
- Performance of simple skin biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Subcutaneous, Intradermal and Intramuscular Injections
- Suturing of uncomplicated lacerations
- Toenail trephination and removal

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Special Non-Core Privileges (See Specific Criteria)
 Non-core privileges are requested individually in addition to requesting the core. Everyone requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-core privilege: Lumbar Puncture

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine which included training in lumbar puncture, or completion of a hands-on training in lumbar puncture under the supervision of a qualified physician preceptor.
- AND**
2. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5 lumbar punctures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Thoracentesis

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in thoracentesis, or completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

AND

2. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures, or completion of training or department-approved in-service in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 5 thoracentesis procedures or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Central Venous Catheters, Arterial Lines and Placement of Temporary Hemodialysis Line

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME- or AOA- accredited postgraduate training program in Internal Medicine or Family Medicine which included training in insertion and management of central venous catheters, arterial lines, and placement of temporary hemodialysis lines, or completion of a hands-on training in insertion and management of central venous catheters under the supervision of a qualified physician preceptor

AND

2. Documented current competence and evidence of the insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines in the past 24 months, or completion of training or completion of training, or department-approved in-service in the past 24 months. Please provide clinical activity/procedure log.

Renewal of privileges:

1. Documented current competence and evidence of the insertion and management of at least 5 central venous catheters, arterial lines, or temporary hemodialysis lines or completion of training, or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

Non-core privileges: EKG Interpretation (official)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited postgraduate training program in Internal Medicine or Family Medicine, or documentation of EKG interpretation skills by successful completion of EKG exams, such as the American Board of Internal Medicine EKG exam or equivalent

AND

2. Documented current competence and evidence of accurate interpretation of at least 200 EKGs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of accurate interpretation of at least 200 EKGs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Exercise Testing—Treadmill

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that included a minimum of four weeks, or the department-approved equivalent of training in the supervision and interpretation of exercise testing, and evidence that the training included participation in at least 50 exercise procedures

AND

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

2. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 25 exercise tests in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Ventilator Management, including Endotracheal Intubation and Tracheostomy Management

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for ventilator management

AND

2. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the management of at least 5 mechanical ventilator cases in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Non-core privileges: Elective Cardioversion

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for elective cardioversion, or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 elective cardioversions in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Documented current competence and evidence of the management of at least 5 elective cardioversions in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Thoracostomy and Thoracic Vent/ Chest Tube Placement

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for thoracostomy and thoracic vent/ chest tube placement, or department-approved extra training and experience

AND

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

2. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

3. Documented current competence and evidence of the management of at least 5 cases of thoracostomy and thoracic vent/chest tube placement, in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Point of Care Ultrasound (POCUS)

Requested

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Initial Request for Point of Care Ultrasound (POCUS):

1. Documentation of successful completion of an ACGME– accredited postgraduate training program in Internal Medicine or Family Medicine that included formal hands on ultrasound instruction and experience

OR

Documentation demonstrating satisfactory completion of twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME)

AND

Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 24 months

AND/OR

Invasive Procedures: Provide documentation of having performed 5 cases of procedural/ invasive ultrasound (can be any combination of procedures) within the last 24 months.

AND/OR

Non-Invasive Procedures: Provide documentation of having performed 5 cases of each type of

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

non-invasive ultrasound for which privileges are requested within the last 24 months.

Please provide clinical activity/procedure log. Any complications/ poor outcomes should be delineated and accompanied by an explanation.

Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purposes of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

Renewal of Privileges: To be eligible to renew privileges in Point of Care Ultrasound, the applicant must meet the following criteria:

1. Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the past 24 months and provide documentation upon request.
AND/OR
2. Invasive Procedures: Perform 10 cases total of procedural/ invasive ultrasound (can be any combination of procedures) within the past 24 months and provide documentation upon request.
AND/OR
3. Non-Invasive Procedures: Perform 20 cases total of non-invasive ultrasound within the past 24 months and provide documentation upon request.

Non-core privileges: LIMITED Bronchoscopy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for bronchoscopy (limited), or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of bronchoscopy (limited), in the past 24 months, or completion of training in the past 24

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

4. Documented current competence and evidence of the management of at least 5 cases of bronchoscopy (limited), in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: FNA/Core needle biopsy

Requested

Criteria for Initial Request:

1. Documentation of successful completion of an ACGME– or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that provided the necessary cognitive and technical skills for FNA/Core needle biopsy or department-approved extra training and experience

AND

2. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

5. Documented current competence and evidence of the management of at least 5 cases of FNA/Core needle biopsy in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: Insertion and Management of Pulmonary Artery Catheters (PAC)

Requested

Criteria for Initial Request:

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine that included training in pulmonary artery catheter placement, or completion of a hands-on CME course

AND

2. Documented current competence and evidence of the performance (as the primary operator) of at least 5 PACs during the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance (as the primary operator) of at least 5 PACs in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privilege: Temporary pacemaker placement

Requested

Criteria for Initial Request:

1. Successful completion of an accredited ACGME or AOA accredited postgraduate training program in Internal Medicine or Family Medicine which included training in temporary pacemaker placement, or completion of a hands-on training in temporary pacemaker placement under the supervision of a qualified physician preceptor

AND

2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

2. Demonstrated current competence and evidence of the performance of at least 5 temporary pacemaker placements in the past 24 months based on results of ongoing

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

professional practice evaluation and outcomes.

Non-core privileges: Pericardiocentesis

Requested

Criteria for Initial Request:

1. Successful completion of an ACGME–or AOA– accredited postgraduate training program in Internal Medicine or Family Medicine which included training in pericardiocentesis, or completion of a hands-on training in pericardiocentesis under the supervision of a qualified physician preceptor

AND

2. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved in-service in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Demonstrated current competence and evidence of the performance of at least 3 pericardiocentesis procedures or department-approved in-service in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Non-core privileges: HIV/AIDS care

Requested

Requirement: requirements of AB 2168 (see attached) must be met.

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA–accredited postgraduate training program in Family Medicine or Internal Medicine which included training in IUD Insertion, **or** completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Non-core privileges: Suction Endometrial biopsy (EMB)

Requested

Criteria for Initial Request and Renewal:

Successful completion of an ACGME–or AOA–accredited postgraduate training program in Internal Medicine or Family Medicine which included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified physician preceptor. Documented experience of 5 endometrial biopsies.

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

Non-core privileges: Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) in the past 24 months.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
 4. If the provider does in and outpatient work, he/she needs to be proctored in both.
 5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
 6. Completed FPPE forms must be submitted to the Credentialing Office.
 7. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
 8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
 9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

medical staff bylaws or related documents.

Signed _____ Date _____

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ Date: _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval Date: _____

Temporary Privileges Date: _____

Medical Executive Committee Approval Date: _____

Board of Supervisors Approval Date: _____

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HOSPITAL MEDICINE CLINICAL PRIVILEGES

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective:

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the “*Requested*” box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY

Initial Applicants: To be eligible to apply for privileges in obstetrics and gynecology (OB/GYN), the applicant must meet the following criteria:

EITHER

Pathway A:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN

AND

2. Documentation of current Board Certification or Board Eligibility in OB/GYN (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Obstetrics and Gynecology (ABOG), or the American Osteopathic Board of Obstetrics and Gynecology (AOBOG).

OR

Pathway B:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in Family Medicine

AND

2. OB fellowship, or Department approved experience equivalent to OB fellowship

AND

3. Documentation of Board Certification or Board Eligibility in Family Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP)

AND

(The following are required for both pathways; this applies to OB/GYN trained as well as Family Medicine trained providers.)

1. Documented Recent Experience (Within the past 24 months):
 - For Inpatient obstetrics privileges: at least 60 deliveries including at least 10 C-sections.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- For Ambulatory Obstetrics at least 300 perinatal visits.
- For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
- For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Please provide clinical activity/procedure log.

OR

2. Successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months.

Renewal of Privileges: To be eligible to renew privileges in OB/GYN, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.
2. Documented Recent Experience (Within the past 24 months):
 - For Inpatient Obstetrics privileges, at least 60 deliveries including at least 10 C-sections.
 - For Ambulatory Obstetrics at least 300 visits.
 - For Surgical/Inpatient GYN privileges the performance of at least 30 gynecological surgical procedures including at least 6 major abdominal cases.
 - For Ambulatory GYN at least 300 GYN clinic visits, reflective of the scope of privileges requested.

Core Privileges: Obstetrics

Requested: Ambulatory Obstetrics

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients who are pregnant, including major medical diseases that are complicating factors in pregnancy, and general primary care for women who are pregnant, may become pregnant, or postpartum.

Requested: Inpatient Obstetrics

Evaluate, diagnose, admit, treat, and provide consultation to adolescent and adult female patients who are pregnant, intending to become pregnant, or post pregnancy, including major

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

medical diseases that are complicating factors in pregnancy. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST OBSTETRICS

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Obstetrics (General)

- Advanced Prenatal Care (Patients with more severe pregnancy complications and chronic medical problems such as: CHTN on meds, GDM/DM II on insulin or with HbA1c > 6.5, 3 or more SABs < 13 weeks, pregnancy loss > 13 weeks including IUFD and cervical insufficiency, h/o preterm birth < 37 weeks, Di/di twins, +RPR, HBsAg+, BMI > 60, H/o PreE in 2 pregnancies or prior to 37 weeks, hypothyroidism, shortened cervix < 2.5 cm, IUGR, Persistent placenta previa, anemia Hb < 8, significant fibroids/uterine anomalies, or more complicated conditions with MFM consultation (see MFM section)
- Ambulatory postpartum care including treatment of breastfeeding complications and postpartum depression.
- Amniotomy, placement of internal fetal (FSE), insertion of intrauterine pressure catheter, amnioinfusion
- Cervical Cerclage
- Cesarean hysterectomy and incidental bladder repair during cesarean section
- Cesarean section and cesarean section with tubal sterilization
- Contraception prescription and management
- External version of fetal malpresentation
- First trimester surgical abortions and uterine evacuation for abnormal pregnancy
- Immediate care of the newborn including resuscitation and initial admission orders
- Induction and augmentation of labor
- Interpretation of fetal heart rate monitoring

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Intrapartum pudendal and para-cervical blocks
- Management of complicated pregnancies, inclusive of such conditions as preeclampsia with severe features, third-trimester bleeding, intrauterine growth restriction, premature labor/PPROM, fetal demise and placental abnormalities.
- Management of early pregnancy complications including medication management of spontaneous abortion, and identification and medical treatment of ectopic pregnancy
- Manual removal of placenta and postpartum uterine curettage
- Medication abortion
- Obstetric ultrasound including fetal position, number, placental location, biometry and cervical length
- Operative vaginal delivery, including the use of obstetric vacuum extractor and/or forceps
- Performance of history and physical exam
- Performance of multifetal deliveries
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Planned breech vaginal birth of a singleton pregnancy
- Postpartum tubal sterilization including incidental umbilical hernia repair without mesh
- Repair of cervical lacerations
- Repair of first and second-degree perineal and vaginal lacerations
- Repair of third and fourth-degree perineal lacerations
- Routine management of antepartum, intrapartum and postpartum inpatients including common pregnancy complications
- Second trimester abortion and uterine evacuation for abnormal pregnancy
- Standard Prenatal Care (low risk patients and those with: BMI ≤ 60 , CHTN with BP < 150/100 no meds, GDM on diet or orals HbA1c < 6.5, AMA, H/o PreE ≥ 37 wks, Hx of 1-3 cesarean sections, substance use including buprenorphine, cholestasis of pregnancy, size/dates discrepancies with EFW > 10%, anemia Hb > 8) Provide care of patients with advanced prenatal conditions with consultation from an advanced prenatal provider.
- Treatment of medical and surgical complications in pregnancy
- Treatment of medical and surgical conditions incidental to pregnancy
- Vaginal birth including vaginal birth after cesarean section

Core Privileges: Gynecology

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Requested: Ambulatory Gynecology

Evaluate, diagnose, treat, and provide consultation necessary to treat female patients of all ages presenting with disorders of the female reproductive system, genitourinary system and breasts. Provide incidental general primary care for women.

Requested: Inpatient and Surgical Gynecology

Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to treat female patients of all ages presenting with injuries and disorders of the female reproductive system, the genitourinary system, and non-surgical disorders of the breasts. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST GYNECOLOGY

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Gynecology (General)

- Abdominal hysterectomy and myomectomy
- Aspiration of breast masses
- Care of gynecologic conditions including abnormal uterine bleeding, infertility, contraception, endometriosis, chronic pelvic pain, ovarian cysts, urinary incontinence, and pelvic infections
- Cervical cone
- Colpocleisis
- Colposcopy and cervical biopsy
- Cystoscopy as part of a gynecological procedure

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

- Diagnostic laparoscopy, laparoscopic salpingectomy, and salpingostomy
- Diagnostic and therapeutic dilation and curettage
- Diagnostic hysteroscopy
- Endometrial ablation
- Gynecologic procedures including endometrial biopsy, placement of Ward catheter, marsupialization of a Bartholin's gland cyst, hymenectomy and removal or drainage of other vulvar and vaginal cysts.
- Incidental appendectomy
- Incidental bladder repair
- Incidental umbilical hernia repair
- Incision and drainage of pelvic abscesses
- Laparoscopic hysterectomy, myomectomy and laparoscopic assisted vaginal hysterectomy
- Laparoscopy and laparotomy for adnexal surgery, including ovarian cystectomy, oophorectomy, and ablation or excision of endometriosis
- LEEP
- Limited gynecologic ultrasound and saline sonohystogram,
- Limited gynecologic ultrasound, saline sonohystogram,
- Operation for treatment of urinary stress incontinence with vaginal approach, retropubic urethral suspension, and sling procedure
- Operative hysteroscopy including excision of polyps, leiomyomas, and metroplasty
- Performance of history and physical exam
- Place catheter for hysterosalpingogram
- Placement and removal of IUD
- Placement and removal of progestin implant (company certification of training required)
- Treatment with chemotherapy of ectopic pregnancy and gestational trophoblastic disease
- Tuboplasty and other infertility surgery (not microsurgical)
- Uterosacral vaginal vault fixation, paravaginal repair
- Uterovaginal, vesicovaginal, rectovaginal, and other fistula repair
- Vaginal hysterectomy
- Vulvar biopsy
- Vulvectomy, simple

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Special Non-Core Privileges (See Specific Criteria)
Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privileges: Use of Laser

Use of Laser

Criteria for Initial Request:

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8-10 hour continuing medical education course that included training in laser principles. An applicant for this privilege should spend time after the basic training course in a clinical setting with an experienced operator, acting as a preceptor, who has been granted laser privileges. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

course and also present documentation as to the content of that course.

AND

2. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Non-Core Privileges: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

Inpatient (OB/GYN):

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider's scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.

Outpatient (OB/GYN)

3. Chart review ("retrospective proctoring") of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring must be representative of the provider's scope of practice.
4. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider's scope of practice.
5. **Providers who do inpatient and outpatient work need to be proctored in both.**
6. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested "non-core" privileges.
7. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
8. Completed FPPE forms must be submitted to the Credentialing Office.
9. It is the applicant's ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
10. **For low volume providers: please see separate FPPE/proctoring guidelines.**

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

11. For more detailed information, please see separate FPPE/proctoring guidelines.

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ **Date** _____

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ **Date:** _____

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____

**OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES
SUBSPECIALTIES**

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.
Effective:

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the *“Requested”* box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core Privileges: Gynecologic Oncology

QUALIFICATIONS FOR GYNECOLOGIC ONCOLOGY

Initial Applicants: To be eligible to apply for privileges in gynecologic oncology, the applicant must meet the following criteria:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in gynecologic oncology.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in gynecologic oncology by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. ***Required current experience:*** At least 30 gynecologic oncology procedures, reflective of the scope of privileges requested within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in gynecologic oncology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (30 gynecologic oncology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

- Requested:*** Evaluate, diagnose, admit, treat, and provide consultation and surgical and therapeutic treatment to female patients with gynecologic cancer and complications, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital.

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST – GYNECOLOGIC ONCOLOGY

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Gynecologic Oncology

- Complicated adnexal surgery as for endometriosis or after pelvic infection
- Evaluation procedures (cystoscopies, laparoscopies, colposcopies and loop excisions, sigmoidoscopies, breast mass fine-needle aspirations, and needle biopsies)
- Hysterectomy (vaginal, abdominal, radical, laparoscopic assisted)
- Incision and drainage of abdominal or perineal abscesses
- Insertion of intracavity radiation application
- Lymph node dissections (inguinal, femoral, pelvic, para-aortic)
- Management of operative and postoperative complications
- Microsurgery
- Myocutaneous flaps, skin grafting
- Omentectomies
- Pelvic exenteration (anterior, posterior, total)
- Performance of history and physical exam
- Reconstruction procedures, including development of neovagina (split-thickness skin grafts, pedicle grafts, and myocutaneous grafts) and development of a new pelvic floor (omental pedicle grafts and transposition of muscle grafts)
- Salpingo-oophorectomies
- Surgery of the gastrointestinal tract and upper abdomen, including placements of feeding jejunostomy/gastrostomy, resections and reanastomosis of small bowel, bypass procedures of small bowel, mucous fistula formations of small bowel, ileostomies, repair of fistulas, resection and reanastomosis of large bowel (including low-anterior resection and

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES - SUBSPECIALTIES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

reanastomosis), bypass procedures of the large bowel, mucous fistula formations of large bowel, colostomies, splenectomies, and liver biopsies

- Surgery of the urinary tract: cystectomy (partial, total), repairs of vesicovaginal fistulas (primary, secondary), cystotomy, ureteroneocystostomies with and without bladder flaps or psoas fixation, end-to-end ureteral reanastomoses, transuretero-ureterostomies, small-bowel interpositions, cutaneous ureterostomies, repairs of intraoperative injuries to the ureter, and conduits developed from the ileum and colon
- Treatment of malignant disease with chemotherapy
- Treatment of malignant disease with chemotherapy, including gestational trophoblastic disease
- Vaginectomy (simple, radical)
- Vulvectomy (skinning, simple, partial, radical)



Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core Privileges: Maternal-Fetal Medicine

QUALIFICATIONS FOR MATERNAL-FETAL MEDICINE

Initial Applicants: To be eligible to apply for privileges in maternal-fetal medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in maternal and fetal medicine or equivalent experience

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in maternal -fetal medicine by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. Provision of care to at least 50 patients, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in maternal–fetal medicine, the applicant must meet the following criteria:

Current documented competence and an adequate volume of experience (50 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested: Ambulatory Maternal Fetal Medicine

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease in the outpatient clinic setting

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

Requested: Inpatient Maternal Fetal Medicine Consultation

Provide consultation to inpatient adolescent and adult female patients with medical and surgical complications of pregnancy, such as maternal cardiac, pulmonary, and metabolic complications, connective tissue disorders, and fetal malformations, conditions, or disease. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and needing consultative call services at any location in the hospital. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST / MATERNAL - FETAL MEDICINE

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Maternal Fetal Medicine

- Abdominal Cerclage
- Amnioreduction
- Cephalocentesis
- Cesarean hysterectomy
- Chorionic villi sampling
- Complicated cesarean delivery including large fibroids, abnormal placental implantation, multiple prior surgeries, and uterine anomalies
- Delivery of pregnancies with mono, mono twins or multiple gestation with triplets or higher order
- Genetic amniocentesis
- Interoperative support to obstetrician as requested, including operative first assist
- Intrauterine fetal therapy (thoracentesis, paracentesis, administration of medications, placement of thoracic shunt, and placement of urinary catheter)
- In-utero fetal transfusion
- MFM Prenatal care (pregnant patients with the highest risk pregnancy and chronic

OBSTETRICS AND GYNECOLOGY CLINICAL PRIVILEGES - SUBSPECIALTIES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

medical conditions. Examples include chronic kidney disease, chronic pulmonary disease, cirrhosis, coagulation disorders, H/o PE or DVT. History of PE or DVT, Congenital heart disease, coronary artery disease, CHF or cardiomyopathy, Lupus/Sjogren's, CAD, APL syndrome, RA, multiple sclerosis, seizure disorder, sickle cell disease, thalassemia, mono/mono and mono/di twins, Triplets or higher multiples, DM type 1, isoimmunization, HIV, Hyperthyroidism, Placenta accrete, ITP with plt< 100K, documented fetal structural anomalies, IUGR with EFW < 3% at < 37 weeks)

- Percutaneous umbilical blood sampling
- Performance of history and physical exam
- Planned breech delivery (spontaneous, assisted, application of forceps)
- Standard and advanced prenatal care
- Ultrasound examination, including first-, second-, and third-trimester targeted anatomic fetal evaluation and cardiac evaluation, including color Doppler, Doppler velocimetry (fetal umbilical artery, fetal middle cerebral artery, and maternal uterine artery), cervical and placental evaluation, and 3-D and 4-D ultrasound

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core Privileges: Female Pelvic Medicine and Reconstructive Surgery

QUALIFICATIONS FOR FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (UROGYNECOLOGY)

Initial Applicants: To be eligible to apply for privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG-approved fellowship in female pelvic medicine and reconstructive surgery/urogynecology, or AOA–approved fellowship in female pelvic medicine and reconstructive surgery or approved equivalent experience.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in female pelvic medicine and reconstructive surgery by the ABOG, or AOA CSQ in female pelvic medicine/reconstructive surgery.

AND

3. Documentation of at least 40 female pelvic medicine and reconstructive surgical procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in female pelvic medicine and reconstructive surgery, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (at least 40 female pelvic medicine and reconstructive surgical procedures with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Requested:** Evaluate, diagnose, admit, treat, provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the genitourinary system. Includes diagnosis and management of genitourinary and rectovaginal fistulae, urethral diverticula, injuries to the genitourinary tract, congenital anomalies, infectious and noninfectious irritative conditions of the lower urinary tract and pelvic floor, and the management of genitourinary complications of spinal cord injuries. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions regarding emergency and consultative call services at any location in the hospital. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURES/TREATMENT LIST – FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Female Pelvic Medicine and Reconstructive Surgery

- Abdominal (closure or repair of enterocele, transabdominal sacrocolpopexy, paravaginal repair)
- Anal incontinence procedures
 - Augmentation cystoplasty, supravescical diversion, sacral nerve stimulator implantation, and bladder denervation
 - Bowel resection
 - Colostomy
- Continence procedures for genuine stress incontinence
- Continence procedures for overflow incontinence due to anatomic obstruction following continence surgery
 - Continent vesicotomy or supravescical diversion
 - Cutting of one or more suspending sutures

Name: _____

Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Dynamic (stimulated muscle transposition)
 - Long-needle procedures (e.g., Pereyra, Raz, Stamey, Gittes, Muzsnai)
 - Muscle transposition
 - Other surgical procedures for treating urinary incontinence
 - Pelvic floor dysfunction and genital prolapse procedures
 - Performance and interpretation of diagnostic tests for urinary incontinence and lower urinary tract dysfunction, fecal incontinence, and pelvic organ prolapse
 - Performance of history and physical exam
 - Periurethral bulk injections (e.g., polytef, collagen, fat)
 - Placement of an artificial urinary sphincter
 - Retropubic urethrolisis with or without repeat bladder neck suspension
 - Retropubic urethropex (e.g., Marshall-Marchetti-Krantz, Burch, and paravaginal defect repair)
 - Retrorectal repair
 - Revision, removal, or release of a suburethral sling
 - Sling procedures (e.g., fascia lata, rectus fascia, heterologous materials, vaginal wall)
 - Sphincteroplasty
 - Urethral closure and suprapubic cystotomy
 - Vaginal (transvaginal hysterectomy with or without colporrhaphy, anterior and posterior colporrhaphy and perineorrhaphy, paravaginal repair, Manchester operation, enterocele repair, vagina vault suspension, colpocleisis, retrorectal levator plasty and postanal repair)
 - Vaginal urethropexy (e.g., bladder neck placation, vaginal paravaginal defect repair)
-

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Core Privileges: Reproductive Endocrinology

QUALIFICATIONS FOR REPRODUCTIVE ENDOCRINOLOGY

Initial Applicants: To be eligible to apply for privileges in reproductive endocrinology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited residency in OB/GYN, plus an ABOG– or AOA–approved fellowship in reproductive endocrinology.

AND

2. Documentation of current subspecialty certification or board eligible (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in reproductive endocrinology by the ABOG or a completion of a certificate of special qualifications by the American Osteopathic Board of Obstetrics and Gynecology.

AND

3. Documented experience of at least 50 reproductive endocrinology procedures, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 24 months. Please provide clinical activity/procedure log.

Renewal of Privileges: To be eligible to renew privileges in reproductive endocrinology, the applicant must meet the following criteria:

1. Current documented competence and an adequate volume of experience (at least 50 reproductive endocrinology procedures) with acceptable results, reflective of the scope of privileges requested, within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

- Requested:** Evaluate, diagnose, admit, treat, and provide inpatient or outpatient consultation to adolescent and adult patients with problems of fertility. Assess, stabilize, determine the disposition, and participate in the care of patients with emergent conditions and provide consultative call services at any location in the hospital.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Reproductive Endocrinology

- Clinic consultation for conditions including primary and secondary infertility, PCOs, endometriosis, congenital endocrine disorders, reproductive endocrine pathology and genetic abnormalities impacting fertility.
- Diagnostic and therapeutic techniques, including hysterosalpingography, sonohysterography, tubal canalization, and endoscopy (laparoscopy and hysteroscopy)
- Fertility restoration, including laparoscopy and laparotomy techniques used to reverse sterilization
- Infertility surgery, including all techniques used for reconstruction of uterine anomalies, myomectomies, resection of uterine synechiae, cervical cerclage, tuboplasty, resection of pelvic adhesions, ovarian cystectomies, staging and treating endometriosis, including pre- and postoperative medical adjunctive therapy
- Intrauterine insemination
- Performance of history and physical exam
- Surgical treatment of ambiguous genitalia, including construction of unambiguous, functional female external genitalia and vagina (e.g., vaginoplasty, clitoral reduction, exteriorization of the vagina, feminizing genitoplasty, and techniques for prophylactic gonadectomy)
- Surgical treatment of developmental disorders, including all techniques used for neovaginal construction (dilation and surgical methods), correction of imperforate hymen, removal of vaginal and uterine septae, and correction of müllerian abnormalities

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Special Non-Core Privileges (See Specific Criteria)
 Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privileges: Use of Laser

Use of Laser

Criteria for Initial Request:

1. Successful completion of an approved residency in a specialty or subspecialty that included training in laser principles or completion of an approved 8-10 hour continuing medical education course that included training in laser principles. An applicant for this privilege should spend time after the basic training course in a clinical setting with an experienced operator, acting as a preceptor, who has been granted laser privileges. Practitioner agrees to limit practice to only the specific laser types for which he or she has provided documentation of training and experience. The applicant must supply a certificate documenting that he or she attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

AND

2. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 10 procedures within the past 24 months, based on results of ongoing professional practice evaluation and outcomes.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Non-Core Privileges: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

1. **For low volume providers (gynecologic oncology, maternal-fetal medicine, female pelvic medicine and reconstructive surgery, reproductive endocrinology):** please see separate FPPE/proctoring guidelines.
2. **For more detailed information,** please see separate FPPE/proctoring guidelines.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ **Date** ____

Name: _____

Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ Date: _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval Date _____

Temporary Privileges Date _____

Medical Executive Committee Approval Date _____

Board of Supervisors Approval Date _____

PEDIATRIC CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective:

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the “*Requested*” box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

QUALIFICATIONS FOR PEDIATRICS

Initial Applicants: To be eligible to apply for privileges in pediatrics, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics.

AND

2. Current certification, or Board eligibility leading to certification in pediatrics, by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics. Board certification must be achieved within 7 years (ABP) or 6 years (AOBP) from graduation from a pediatric residency.

AND

3. Documentation of required current experience:
Provision of care, reflective of the scope of privileges requested, for at least 100 newborns (if working in the level II nursery/postpartum/perinatal), and/or 500 outpatients (if working in the ambulatory setting), within the past 24 months or successful completion of an ACGME– or AOA–accredited residency within the past 24 months. Please provide a clinical activity/procedure log.

***For inpatient work, a valid NRP, and PALS or APLS certification is required.**

Renewal of Privileges: To be eligible to renew privileges in pediatrics, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification (ABMS) or OCC (Osteopathic Continuous Certification) is required.

AND

2. Current documented competence and an adequate volume of experience (100 newborns in level II nursery and/or 500 pediatric outpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months, based on results of Ongoing Professional Practice Evaluation (OPPE) and outcomes.

***For inpatient work, a valid NRP, and PALS or APLS certification is required.**

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

Core Privileges: Pediatrics— Ambulatory Care

Requested: Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Assess, stabilize, and determine the disposition of patients with emergent conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the pediatrics department chair.

CORE TREATMENT/PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the pediatrics department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Pediatrics— Ambulatory Care

- Performance of history and physical exam
- Bladder catheterization
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of burns, superficial and partial thickness
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Placement of IV lines
- Placement of intraosseous lines
- Care of simple fractures and dislocations
- Removal of non-penetrating foreign bodies from the eye, nose, or ear
- Subcutaneous, intradermal, and intramuscular injections
- Wound care and suture of uncomplicated lacerations
- Frenulotomy
- Removal of cerumen

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

- Cryotherapy (e.g. removal of warts)

Core Privileges: Pediatrics— Hospital

(Level II Nursery/Postpartum/Emergency Room)

- Requested:** Admit, evaluate, diagnose, treat and determine disposition of newborn patients (birth to 30 days of age) in the level II nursery and/or postpartum. This includes providing comprehensive care to critically ill newborns in the level II nursery. Assess, stabilize, and determine the disposition of patients with emergent conditions in the emergency room and other areas of the hospital from birth to 21 years of age.
- The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills as determined by the department chair.

CORE TREATMENT/PROCEDURE LIST

This is not intended to be an all-encompassing list of treatments. It defines the types of activities/procedures/privileges that most practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request and then initial and date.

Pediatrics— Hospital

- Performance of history and physical exam
- Attendance at delivery to assume care of normal and sick newborns
- Arterial puncture
- Bladder catheterization
- Endotracheal intubation, including administration of medication for rapid sequence intubation
- Management of pain/agitation e.g. intubated patients, patients with neonatal abstinence syndrome, etc. (administration of opioids, benzodiazepines)
- Incision and drainage of abscesses

PEDIATRIC CLINICAL PRIVILEGES

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- Local anesthetic techniques
- Lumbar puncture
- Performance of simple skin biopsy or excision
- Placement of IV lines
- Placement of intraosseous lines
- Subcutaneous, intradermal, and intramuscular injections
- Umbilical artery and vein catheterization
- Wound care and suture of uncomplicated lacerations
- Frenulotomy

Special Non-Core Privileges (See Specific Criteria Below)

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privilege: Thoracentesis

Requested

Initial Applicants: To be eligible to apply for the Thoracentesis non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in thoracentesis or documentation of completion of a hands-on training in thoracentesis under the supervision of a qualified physician preceptor.
- AND**
2. Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months (please provide a clinical activity/procedure log) or documentation of completion of relevant training/in-service in the past 24 months.

Renewal of Privileges To be eligible to renew the Thoracentesis privilege, the applicant must

PEDIATRIC CLINICAL PRIVILEGES

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

meet the following criteria:

Documented current competence and evidence of the performance of at least 1 thoracentesis procedure in the past 24 months, *or* documentation of completion of relevant training/in-service in the past 24 months.

Non-Core Privilege: Evaluation and Treatment of Victims of Sexual Abuse

Requested

Initial Applicants: To be eligible to apply for the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME– or AOA–accredited residency in pediatrics, which included this training, or completion of fellowship training in Child Abuse Pediatrics, or documented completion of a recognized relevant course or training under the supervision of a qualified provider

AND

2. Documented current competence and evidence of evaluation and treatment of at least 2 sexual abuse cases in the past 24 months (please provide a clinical activity/procedure log) *or* documented completion of relevant training/in-service in the past 24 months.

Renewal of Privilege: To be eligible to renew the Evaluation and Treatment of Victims of Sexual Abuse non-core privilege, the applicant must meet the following criteria:

Documented current competence and evidence of attendance at evaluation and treatment of at least 2 sexual abuse cases in the past 24 months *or* documented completion of relevant training/in-service in the past 24 months.

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

Non-Core Privilege: Insertion and Removal of IUD

Requested

Criteria for Initial Request:

Successful completion of an ACGME–or AOA– accredited postgraduate training program in Pediatrics which included training in IUD Insertion, or completion of a hands-on training under the supervision of a qualified physician preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 5 successful IUD insertions.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Name: _____
Effective from _____ / _____ / _____ to _____ / _____ / _____ (for MSO staff use only)

**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

Inpatient

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 hospitalized patients. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least three (3) procedures (procedures must be representative of what is usually performed on the unit). FPPE/proctoring must be representative of the provider’s scope of practice.

Outpatient

3. Chart review (“retrospective proctoring”) of at least 3 charts from 3 different clinic days (totaling a minimum of 9 charts). FPPE/proctoring must be representative of the provider’s scope of practice.
4. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested “non-core” privileges.
5. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ **Date** _____

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-

9 | 10

PEDIATRIC CLINICAL PRIVILEGES

Name: _____
Effective from ____ / ____ / ____ to ____ / ____ / ____ (for MSO staff use only)

named applicant and:

- Recommend All Requested Privileges**
 Recommend Privileges with the Following Conditions/Modifications:
 Do Not Recommend the Following Requested Privileges:

Privilege	Condition/Modification/Explanation

Notes:

Department Chair Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval **Date:** _____

Temporary Privileges **Date:** _____

Medical Executive Committee Approval **Date:** _____

Board of Supervisors Approval **Date:** _____



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: ACEEO Member Nominations

RECOMMENDATION(S):

APPOINT Allwyn Brown to the Advisory Council on Equal Employment Opportunity Community Seat #1 with the term expiration date of November 30, 2023 as recommended by the Hiring Outreach and Oversight Committee.

FISCAL IMPACT:

None

BACKGROUND:

For many years, the IOC served as the reviewing committee for ACEEO nominations; however, the mission of the ACEEO is more consistent with the Board's Hiring Outreach and Oversight Committee, which is now designated as the reviewing committee for ACEEO nominations to the following seats:

Community 1, 2, 3, & 4
Education (vacant)

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

**VOTE OF
SUPERVISORS**

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

ATTESTED: February 9, 2021

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

Contact: (925)
335-1455

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Business

Labor Involved in Training (vacant)

Veterans

Disabled

Union Seats 1 & 2 (vacant)

Management Seats 1 & 2 (vacant)

The regular process for the above seats is that the Affirmative Action Officer would recruit for membership, the ACEEO or a subcommittee thereof would screen/interview applications or candidates, and then forward its nominations to the Hiring Outreach and Oversight Committee (formerly IOC) for consideration and possible recommendation to the BOS.

CONSEQUENCE OF NEGATIVE ACTION:

The seat will remain vacant.

CHILDREN'S IMPACT STATEMENT:

None

ATTACHMENTS

Allwyn Brown Application

Application Form

Profile

Allwyn

First Name

Brown

Last Name

Middle Initial

[Redacted]

Home Address

Suite or Apt

Danville

City

CA

State

94506

Postal Code

[Redacted]

Primary Phone

[Redacted]

Email Address

Which supervisorial district do you live in?

District 2

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

[Redacted]

Degree Type / Course of Study / Major

Bachelor of Arts, Human Resource Management

Degree Awarded?

Yes No

College/ University B

Name of College Attended

[Redacted]

Degree Type / Course of Study / Major

Master of Science, Human Resource Management

Degree Awarded?

Yes No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

Yes No

Board and Interest

Which Boards would you like to apply for?

Equal Employment Opportunity Advisory Council: Submitted

Merit Board: Submitted

Contra Costa County Employees Retirement Association (CCCERA): Submitted

Seat Name

Community Representative

Have you ever attended a meeting of the advisory board for which you are applying?

Yes No

If you have attended, how many meetings have you attended?

Please explain why you would like to serve on this particular board, committee, or commission.

My interest is to add perspective to the County's implementation/execution of its Equal Employment Opportunity and Contracting programs.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

Yes No

List any volunteer or community experience, including any advisory boards on which you have served.

My professional public service career centered on service to the public. I also experienced frequent and ongoing opportunities to interact with various volunteer government boards and commissions.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

I retired after 36 years of public service at all levels of responsibility - front line through chief executive, where I had a role with a range of employee transactions and contracting decisions. My undergrad and graduate degrees are focused on a courses of study that encompass the foundations of fairness and equity in employment transactions.

Upload a Resume

Conflict of Interest and Certification

Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?

Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relations?

Yes No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

I Agree



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Position Adjustment Resolution No. 25684 to Reallocate Salary of Sr Financial Counsel-Exempt in County Counsel

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 25684 to reallocate the classification of Sr. Financial Counsel-Exempt (2ED3) (unrepresented) from five step salary level B8E-2315 (\$13,527.72-\$16,443.03) to six step salary level B8E-2385 (\$14,715.52-\$18,781.15), and reclassify position and incumbent employee #70241 (Position #5766) at the new step 5, in the County Counsel's Department.

FISCAL IMPACT:

Upon approval, the cost of reallocating the specific classification is approximately \$6,300 this fiscal year and has an annual impact of approximately \$15,000.

BACKGROUND:

The recommended salary reallocation will align the classification of Sr Financial Counsel-Exempt with that of the Assistant County Counsel-Exempt classification. The reallocation is recommended to increase the likelihood of retaining a highly trained attorney/manager.

CONSEQUENCE OF NEGATIVE ACTION:

The County may lose the services of highly trained executive attorney/manager in the County Counsel's Department if this action is not approved.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Lisa Driscoll, County Finance
Director (925) 335-1023

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

By: , Deputy

cc: Sharon Anderson, County Counsel

ATTACHMENTS

Personnel Resolution No
25684

POSITION ADJUSTMENT REQUEST

NO. 25684
DATE 1/21/2021

Department County Counsel Department No./
Budget Unit No. 0017 Org No. 1700 Agency No. 17

Action Requested: Reallocate the classification of Sr. Financial Counsel-Exempt (2ED3) (unrepresented) from five step salary level B8E-2315 (\$13,527.72-\$16,443.03) to six step salary level B8E-2385 (\$14,715.52-\$18,781.15),and reclassify position and incumbent employee #70241 (Position #5766) at the New Step 5.

Proposed Effective Date: 3/11/2021

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$15,000.00 Net County Cost \$15,000.00
Total this FY \$6,300.00 N.C.C. this FY 6,300.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Departmental Charge Outs

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Lisa Driscoll, County Finance Director

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Lisa Driscoll, County Finance Director

1/21/21

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 1/22/21

Reallocate the classification of Sr. Financial Counsel-Exempt (2ED3) (unrepresented) from five step salary level B8E-2315 (\$13,527.72-\$16,443.03) to six step salary level B8E-2385 (\$14,715.52-\$17,886.80),and reclassify position and incumbent employee #70241 (Position #5766) at the New Step 5.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

3/11/2021(Date)

Elizabeth Loud

1/22/2021

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

1/22/2021

Approve Recommendation of Director of Human Resources

Disapprove Recommendation of Director of Human Resources

Other: _____

Lisa Driscoll

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

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

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



**Contra
Costa
County**

To: Board of Supervisors
From: Esa Ehmen-Krause, County Probation Officer
Date: February 9, 2021

Subject: Add two Planner and Evaluator Positions in the Probation Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 25688 to add two (2) Planner and Evaluator Level A (VCXC) (represented) positions at a salary plan and grade ZB2 1099 (\$4,023.70 - \$5,827.52) in the Probation Department.

FISCAL IMPACT:

Upon approval, this request has an annual cost of approximately \$199,380, which includes \$38,405 in pension costs. One position is 100% funded by Juvenile Justice Crime Prevention Act (JJCPA) revenue and the second position is 100% funded by California Community Corrections Performance Incentives Act (SB678) revenue.

BACKGROUND:

Upon a review of the Probation Department's current staffing levels within the Office of Reentry and Justice (ORJ) it was determined the Department does not currently have the appropriate level of staffing to accomplish the desired level of analytical review of data and evaluation of work product for Adult and Juvenile services. It is the desire of the Department to assign one of Planner and Evaluator position to

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jeff Waters
925-957-5386

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

By: , Deputy

cc: Sylvia Wong Tam, Jeff Waters

BACKGROUND: (CONT'D)

each service division to conduct the desired level of review and support. Additionally, these employees will support the development and on-going function of a new Probation Department case management system. Once a functional case management system is developed and operational the Department will have the ability to mine data in a more timely and efficient manner.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, there will be insufficient administrative support for the Department's goal of providing more timely production of data for the community access, development and continued operational support of a Probation case management system and providing analytical review of Probation functions.

ATTACHMENTS

P300 25688

POSITION ADJUSTMENT REQUEST

NO. 25688
DATE 1/28/2020

Department Probation Department No./ Budget Unit No. 0308 Org No. 3022 Agency No. 30
Action Requested: ADOPT Position Adjustment Resolution No. 25688 to add two (2) Planner and Evaluator Level A (VCXC) (represented) positions at a salary plan and grade ZB2 1099 (\$4,023.70 - \$5,827.52) in the Probation Department.

Proposed Effective Date: 2/10/2020

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: _____

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$199,380.00 Net County Cost \$0.00
Total this FY \$83,075.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT JJCPA & SB678 State Revenue

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Danielle Fokkema

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Melissa Crockett for Paul Reyes

1/28/21

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 2/1/2021

Add two (2) Planner and Evaluator Level A (VCXC) (represented) positions at a salary plan and grade ZB2 1099 (\$4,023.70 - \$5,827.52).

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.

_____(Date)

Amber Lytle

02/01/2021

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

2/4/2021

Approve Recommendation of Director of Human Resources

Disapprove Recommendation of Director of Human Resources

Other: _____

Paul Reyes

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 2/4/2021

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



Contra
Costa
County

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: ADOPT Resolution No. 2021/58 directing Human Resources Department to adjust salary ranges of WEX and Title V trainee classifications

RECOMMENDATION(S):

Adopt Resolution No. 2021/58 directing the Human Resources Department to reallocate the salary on the salary schedules for WEX Trainee (XSK2) (unrepresented) and Title V Trainee (XSK1) (unrepresented) classifications to be in line with the adjusted wage reimbursements for Contra Costa Works (CCWORKS) Subsidized Employment Program participants approved by the Board of Supervisors on June 2, 2020.

FISCAL IMPACT:

Upon approval, the cost of this action will be absorbed by the Department who utilize these classifications.

BACKGROUND:

On June 2, 2020, the Board of Supervisors approved the Employment and Human Services Department to reimburse employers participating in the Contra Costa Works (CCWORKS) Subsidized Employment Program no less than \$14.00 per hour but not to exceed \$20.00 per hour for those CalWORKs participants work sited during the period July 1, 2020 through June 30, 2021. The WEX and Title V Trainee classifications salary schedules consist of two (2) salary steps. In order to remain in line with the new wage reimbursement amounts, the salary schedules will be reallocated to reflect the new range with step 1 being set at \$14.00 per hour with \$1.00 incremental steps up to final step of \$20.00.

- APPROVE OTHER
- RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Michelle Fregoso,
925-608-5025

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

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Without approval, the CCWORKS program participants will have fewer employment opportunities, continue reliance on public benefits, and will not receive a comparable wage to those workers performing the same or like duties at the worksite.

ATTACHMENTS

Resolution 2021/58

Attachment A

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2021/58

IN THE MATTER OF: Directing the Human Resources Department to reallocate the salary on the salary schedules of certain job classifications to be in line with adjusted wage reimbursements for Contra Costa Works (CCWORKS) Subsidized Employment Program participants approved by the Board of Supervisors on June 2, 2020.

WHEREAS, The Board of Supervisors approved a wage reimbursement for CCWORKS participants to be \$14.00 through \$20.00 per hour effective July 1, 2020 through June 30, 2021 and WHEREAS: in order to remain in line with the approved wage reimbursement range, the following classifications salary schedule will be reallocated to the following: WEX Trainee (XSK2) Salary Step 1 \$14.00 Salary Step 2 \$15.00 Salary Step 3 \$16.00 Salary Step 4 \$17.00 Salary Step 5 \$18.00 Salary Step 6 \$19.00 Salary Step 7 \$20.00 Title V Trainee (XSK1) Salary Step 1 \$14.00 Salary Step 2 \$15.00 Salary Step 3 \$16.00 Salary Step 4 \$17.00 Salary Step 5 \$18.00 Salary Step 6 \$19.00 Salary Step 7 \$20.00

NOW, THEREFORE, BE IT RESOLVED the Human Resources Department is authorized to reallocate the salary and maintain the salary ranges to be in step with the June 6, 2020 Board Order.

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

ATTESTED: February 9, 2021

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

Contact: Michelle Fregoso, 925-608-5025

By: , Deputy

cc:

ATTACHMENT A: Salary Schedule for WEX and Title V Trainee Classifications

WEX Trainee (XSK2)

Salary Step 1	\$14.00
Salary Step 2	\$15.00
Salary Step 3	\$16.00
Salary Step 4	\$17.00
Salary Step 5	\$18.00
Salary Step 6	\$19.00
Salary Step 7	\$20.00

Title V Trainee (XSK1)

Salary Step 1	\$14.00
Salary Step 2	\$15.00
Salary Step 3	\$16.00
Salary Step 4	\$17.00
Salary Step 5	\$18.00
Salary Step 6	\$19.00
Salary Step 7	\$20.00



Contra
Costa
County

To: Board of Supervisors
From: Sharon L. Anderson, County Counsel
Date: February 9, 2021

Subject: Position Adjustment to add one Legal Assistant and cancel one Civil Litigation Secretary

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 25690 to add one full-time Legal Assistant (2Y7B) (represented) at salary plan and grade ZB5 1337 (salary range \$4943.40 - \$6,008.73) and cancel one vacant full-time Civil Litigation Secretary (J3TH) (represented) position number 10339 at salary plan and grade 3R5 1253 (salary range \$4,548.88- \$5,529.20) in the Office of the County Counsel.

FISCAL IMPACT:

The annual cost of this action will total \$4,734, including \$1,278 of pension costs. The cost will be funded 100% by the General Liability Insurance Internal Service Fund.

BACKGROUND:

In August 2018, the Tort and Civil Rights Litigation Division lost a 20+ year veteran Civil Litigation Secretary to an internal promotion in the General Law Division. Since then, this position has remained unfilled. After exploring different models to properly support the division staffed with six attorneys, it became clear that an additional Legal Assistant is needed to assist attorneys with document intensive cases that require extensive review and preparation. Furthermore, an additional Legal Assistant position will allow the attorneys more time to concentrate on attorney tasks.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Wand McAdoo 925
655-2211

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

By: , Deputy

cc: Wanda McAdoo, Sylvia Wong Tam

CONSEQUENCE OF NEGATIVE ACTION:

Foreseeable, potential consequences of a decision not to approve this request may be department inefficiencies, such as missed deadlines, work deferment and disruption in the provision of legal support services; as well as diminished work quality and job satisfaction, both for attorneys and the support staff.

ATTACHMENTS

P300_ 25690

Union Notification _Local 21

Union Notification _Local 2700

POSITION ADJUSTMENT REQUEST

NO. 25690
DATE 2/9/2021

Department Office of the County Counsel Department No./
Budget Unit No. 0030 Org No. 1735 Agency No. 17

Action Requested: ADOPT Position Adjustment Resolution No. 25690 to ADD one (1) full-time Legal Assistant (2Y7B) (represented) position at salary level ZB5 1337 (\$4,943.40-6,008.73) and cancel one (1) full-time Civil Litigation Secretary (J3TH) (represented) position No. 10339 at salary level 3R5 1253 (\$4,548.88-5529.20) in the Office of the County Counsel.

Proposed Effective Date: 2/9/2021

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$4,734.24 Net County Cost \$0.00
Total this FY \$1,775.34 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% General Liability Internal Service Fund

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sharon L. Anderson

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Laura Strobel

1/29/21

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 1/29/2021

Add one full-time Legal Assistant (2Y7B) (represented) and cancel one vacant full-time Civil Litigation Secretary (J3TH) (represented) position number 10339 in the Office of the County Counsel.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

Alexandra Austin

1/29/2021

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

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

Adjustment is APPROVED DISAPPROVED

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY

**CONTRA
COSTA
COUNTY**



**Human Resources
Department**

Human Resources Department
651 Pine Street, 2nd Floor
Martinez, CA 94553-1292
FAX: (925) 335-1797

Date: _____

To: _____

From: _____

Subject: Union Notification

Please be advised that the Human Resources Department intends to:

NOTES:

If you have any questions or require additional information, please contact your designated Labor Analyst by the date specified. Absent such notice, the Human Resources Department will consider this matter finalized.

**CONTRA
COSTA
COUNTY**



**Human Resources
Department**

Human Resources Department
651 Pine Street, 2nd Floor
Martinez, CA 94553-1292
FAX: (925) 335-1797

Date: _____

To: _____

From: _____

Subject: Union Notification

Please be advised that the Human Resources Department intends to:

NOTES:

If you have any questions or require additional information, please contact your designated Labor Analyst by the date specified. Absent such notice, the Human Resources Department will consider this matter finalized.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Increase the hours of one (1) Labor Relations Analyst II from 32/40 to 40/40

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 25687 to increase the hours of a vacant Labor Relations Analyst II (ADSJ) (unrepresented) position #13165 from 32/40 to 40/40 in the County Administrator's Office.

FISCAL IMPACT:

Upon approval, this action will have an annual cost increase of approximately \$28,755 This amount includes retirement costs which are estimated to be \$5,658. Funding for this increase will come from the General Fund.

BACKGROUND:

Labor Relations is responsible for facilitating equitable and effective labor-management relations by representing and balancing the interests of its employees, managers, and governing bodies encouraging the employee organizations and County management to work as partners and continuously improve the negotiation processes that are critical to the County's success.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: David Sanford, Labor Relations
Manager (925) 655-2070

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

By: , Deputy

cc: Ann Elliott, Acting Director of Human Resources, David Sanford, Labor Relations Manager

BACKGROUND: (CONT'D)

Analysts are expected to provide labor relations advice to operating departments and participate in complex contract negotiations, contract administration, grievance handling, the arbitration process and many other duties. Based on the workload for this position, a 40/40 schedule is needed to complete the duties required.

CONSEQUENCE OF NEGATIVE ACTION:

If unapproved, Labor Relations would be unable to fully address the business needs required of them.

ATTACHMENTS

P300 25687

POSITION ADJUSTMENT REQUEST

NO. 25687
DATE 1/27/21

Department County Administrator Department No./
Budget Unit No. 0003 Org No. 1220 Agency No. 03
Action Requested: Increase the hours of Labor Relations Analyst II (ADSJ), position #13165 from 32/40 to 40/40
Proposed Effective Date: 2/1/21

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$28,755.00 Net County Cost \$28,755.00
Total this FY \$14,378.00 N.C.C. this FY \$14,378.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT General Fund

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Lisa Driscoll

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Shkidt for Julie Enea

1/27/21

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 1/29/2021

Exempt from Human Resources review under delegated authority.

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

Elizabeth Loud

1/29/2021

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: Approve as recommended by the Department.

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

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

Adjustment is APPROVED DISAPPROVED

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



**Contra
Costa
County**

To: Board of Supervisors
From: Melinda Self, Child Support Services Director
Date: February 9, 2021

Subject: Add One Child Suppt Mgr and One Network Admin II and Cancel One Child Suppt Asst Sup One Child Suppt Spec I and One Child Suppt Asst

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 25681 to add one (1) Child Support Services Manager (9CDA) (unrepresented) full-time position at salary plan and grade BA5 1798 (\$9,027 - \$10,972), add one (1) Network Administrator II (LNSB) (represented) full-time position at salary plan and grade ZA5 1797 (\$7,718 - \$9,381), and cancel one (1) vacant Child Support Assistant Supervisor (JJHJ) (represented) position #3756 in salary plan and grade K65 1483 (\$5,712 - \$6,943), cancel one (1) vacant Child Support Assistant (J9VA) (represented) position #3733 in salary plan and grade 3RX 1033 (\$3,649 - \$4,659), cancel one (1) vacant Child Support Specialist I (SMWF) (represented) position #17826 in salary plan and grade QV5 1116 (\$3,971 - \$4,826) in the Department of Child Support Services (DCSS).

FISCAL IMPACT:

This transaction will result in an approximate salary increase of \$55,053 annually. The Department of Child Support Services is fully funded by 66% Federal and 34% State grant funds. There is zero cost to the County General Fund.

BACKGROUND:

The Department of Child Support Services (DCSS) cancelled 17 positions

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Sarah Bunnell,
925-313-4433

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc: Sylvia Wong-Tam

BACKGROUND: (CONT'D)

with the FY20/21 budget. Due to attrition the department has three (3) vacant positions: one (1) Child Support Assistant Supervisor, one (1) Child Support Assistant, and one (1) Child Support Specialist I position. With the cancellation of these positions, DCSS lost 50% of the management team and 50% of the technology support. To efficiently run the department, an operation manager and a network administrator is needed. Currently, there is one (1) Child Support Services Manager to manage all of the operations with more than 14 Child Support Supervisors and 102 Child Support Specialists and Child Support Assistants. DCSS has two (2) employees assigned to the Systems Support Team to assist with State and County systems, all staff issues, and technology equipment management. Therefore, DCSS requests to cancel one (1) Child Support Assistant Supervisor position, one (1) Child Support Assistant position, one (1) Child Support Specialist I position and add one (1) Child Support Service Manager position and one (1) Network Administrator II position to manage and support DCSS.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the department will lack management and systems support. Both roles are critical to the daily functions of DCSS.

ATTACHMENTS

AIR 44382 P300 25681 - Add 1 CSS Manager & 1 Network Administrator II

POSITION ADJUSTMENT REQUEST

NO. 25681
DATE 1/15/2021

Department Dept of Child Support Services Department No./
Budget Unit No. 0249 Org No. 1780 Agency No. A40

Action Requested: Delete one (1) Child Spprt Asst Supervisor (JJHJ), pos # 3756, Delete one (1) Child Support Assistant (J9VA), pos # 3733, Delete one (1) Child Support Specialist I (SMWF), pos # 17826, Add one (1) Child Support Svcs Manager (9CDA) and Add one (1) Network Administrator II (LNSB).

Proposed Effective Date: 2/2/2021

Classification Questionnaire attached: Yes No / Cost is within Department's budget: Yes No

Total One-Time Costs (non-salary) associated with request: 0

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$55,053.00 Net County Cost \$0.00
Total this FY \$15,415.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT Fully funded by Federal/State grants; zero cost to CGF

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Sarah Bunnell

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Dennis Bozanich

1/20/2021

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 1/20/2021

Delete one (1) Child Spprt Asst Supervisor (JJHJ), pos # 3756, Delete one (1) Child Support Assistant (J9VA), pos # 3733, Delete one (1) Child Support Specialist I (SMWF), pos # 17826, Add one (1) Child Support Svcs Manager (9CDA) and Add one (1) Network Administrator II (LNSB).

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: Day following Board Action.
 _____(Date)

Alan Aguirre, Human Resources Analyst

01/20/2021

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE _____

- Approve Recommendation of Director of Human Resources
- Disapprove Recommendation of Director of Human Resources
- Other: _____

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED DISAPPROVED

David J. Twa, Clerk of the Board of Supervisors
and County Administrator

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date 1/20/2021

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Agreement #28-935 with West Contra Costa Unified School District

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Agreement #28-935, with West Contra Costa Unified School District, an educational institution, to pay County an amount not to exceed \$35,000 for the provision of mental health services and school climate support to low-income children and youth attending Helms Middle School, for the period from July 1, 2020 through June 30, 2023.

FISCAL IMPACT:

Approval of this agreement will result in a total payment to the County not to exceed \$35,000 from West Contra Costa Unified School District. No County match is required.

BACKGROUND:

Under this agreement, Contra Costa Health Services (CCHS), Public Health Clinic Services, School-Based Health Program (SBC) will continue to provide mental health services and climate support to low-income children, and youth at Helms Middle School with fiscal support from West Contra Costa Unified School District. These services were previously provided under Agreement #28-343. Expected program outcomes include an increase in the number of healthy children within the District. Approval of Agreement #28-935 will allow the County to receive funds for mental health services and school climate support through June 30, 2023, including the County's agreement to indemnify the District.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Daniel Peddycord,
925-313-6712

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc: F Carroll, M Wilhelm

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the agency will not pay the County for providing mental health services and school climate support to low-income youth and children attending Helms Middle School.

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcomes: (1) Children Ready for and Succeeding in School and (5) Communities that are Safe and Provide a High Quality of Life for Children and Families.



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: Health Insurance Counseling and Advocacy Program (HICAP) Funding, Amendment 1

RECOMMENDATION(S):

ACCEPT Resolution No. 2021/51 to approve and authorize the Employment and Human Services Director, or designee, to execute a contract amendment with the California Department of Aging to increase the payment limit by \$5,637 to a total contract amount of \$320,189 for HICAP services, for the period July 1, 2020 through June 30, 2021.

FISCAL IMPACT:

County to receive \$ \$320,189 (including Amendment 1 amount of \$5,637) from California Department of Aging. (66% State, 34% Federal)

BACKGROUND:

The Employment and Human Services Department (EHSD), Area Agency on Aging (AAA) provides Health Insurance Counseling and Advocacy Program (HICAP) services to Medicare beneficiaries including: 1) Medicare beneficiaries by virtue of a disability; 2) those persons imminent of Medicare eligibility as defined by Welfare and Institutions Code (W&I) sections 9541 (a) and (c) (2); and 3) to the public at large for HICAP community education services under W&I code sections 9541 (c)(1), (4), (5) and (6). This contract amendment is to increase funding for those services.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: elaine Burre
608-4960

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

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Without funding, EHSD would be unable to provide HICAP services to seniors and disabled adults receiving or eligible for Medicare benefits in Contra Costa County.

ATTACHMENTS

Resolution 2021/51

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2021/51

InThe Matter Of: Health Insurance Counseling and Advocacy Program (HICAP) Funding, Amendment 1

WHEREAS: the Employment and Human Services Department Area Agency on Aging provides health Insurance Counseling and Advocacy Program services for Contra Costa County residents, and **WHEREAS:** HICAP eligible residents include Medicare beneficiaries by virtue of a disability and those persons imminent of Medicare eligibility as defined by Welfare and Institutions (W&I) Code sections 9541 (a) and (c)(2) and to the public at large for HICAP community education services under W&I Code sections 9541 (c) (1), (4), (5), and (6), and **WHEREAS:** the County receives State and Federal funding for HICAP services, and **WHEREAS:** this contract amendment resolution is an increase in the contract funding by \$5,637 for a total contract amount of \$320,189 (Agreement HI-2021-07),

Now, Therefore, Be It Resolved: the Contra Costa County Board of Supervisors approves and authorizes the Employment and Human Services Director, or designee, to execute a contract amendment with the California Department of Aging to increase the payment limit by \$5,637 to a total contract amount of \$320,189 for HICAP services for the period July 1, 2020 through June 30, 2021.

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

Contact: elaine Burres 608-4960

ATTESTED: February 9, 2021

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

By: , Deputy

cc:



**Contra
Costa
County**

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: California Department of Education State Preschool Program, Amendment 2

RECOMMENDATION(S):

ADOPT Resolution No. 2021/50 to approve and authorize the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to increase the payment limit by \$6,475 to a new payment limit of \$11,099,255 for State Preschool services with no change in term of July 1, 2020 through June 30, 2021.

FISCAL IMPACT:

California Department of Education payment limit increased by \$6,475 to a total contract payment limit of \$11,099,255. (100% State) (No County match) The State agreement number is CSPP 0052-02; the county agreement number is 39-908-33.

BACKGROUND:

The Contra Costa County Local Individualized Subsidy Child Care Plan was approved by the board on July 10, 2018 (c.115) and approved by the California Department of Education on May 8, 2019. The California Department of Education notified the Department on August 11, 2020 of the 2020-2021 funding amendment of the California State Preschool program services. The County receives funds from the California Department of Education to provide state preschool services to program

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: C. Youngblood, (925)
608-4964

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

By: , Deputy

cc: Theodore Trinh, Nelly Ige, Teresita Foster, Nasim Eghlima

BACKGROUND: (CONT'D)

eligible County residents. The program is operated by the Employment and Human Services Department, Community Services Bureau. The board approved the 2020-2021 revenue agreement on June 23, 2020 (c.31). The board approved an amendment to include the terms and conditions of the Contra Costa County Local Individualized Subsidized Child Care Plan and to increase maximum rate per child day of enrollment from \$49.85 to \$50.67 on October 13, 2020 (c.21). This board order is to provide additional funds for the program and to change the minimum Child Days of Enrollment from 218,922 to 219,050.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, County will not receive funding to operate childcare programs.

CHILDREN'S IMPACT STATEMENT:

This board order supports three of the community outcomes established in the Children's Report Card: 1) "Children Ready for and Succeeding in School"; 3) "Families that are Economically Self-sufficient"; and, 4) "Families that are Safe, Stable, and Nurturing" by offering comprehensive services, including high quality early childhood education, nutrition, and health services to low-income children throughout Contra Costa County.

ATTACHMENTS

Resolution 2021/50

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2021/50

In The Matter Of: California Department of Education Preschool Program, Amendment 1.

WHEREAS: the County receives funds from California Department of Education to provide state preschool services, and **WHEREAS:** the program is operated by the Employment and Human Services Department (EHSD), Community Services Bureau (CSB), and **WHEREAS:** this board order resolution will approve the amendment to include the terms and conditions of the County Local Individualized Subsidized Child Care Plan and increase maximum rate per child day of enrollment from \$49.85 to \$50.67, and **WHEREAS:** in order to fund a higher reimbursement rate, EHSD CSB, along with others participating in the Local Individualized Subsidized Child Care Plan, agreed to reduce the existing CSPP contract by decreasing the payment limit, and **WHEREAS:** the Contra Costa County EHSD payment limit is decreased by \$26,125 to a new amount of \$11,092,780.

Now, Therefore, Be It Resolved: The Contra Costa County Board of Supervisors approve and authorize the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to decrease the payment limit by \$26,125 to a new payment limit of \$11,092,780 for State Preschool services with no change in term of July 1, 2020 through June 30, 2021.

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

Contact: C. Youngblood, (925) 608-4964

ATTESTED: February 9, 2021

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

By: , Deputy

cc: Theodore Trinh, Nelly Ige, Teresita Foster, Nasim Eghlima



Contra
Costa
County

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: 2020-21 California Department of Education General Childcare & Development Revenue Contract Amendment 2

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to increase the payment limit by \$4,799 to a new payment limit of \$3,860,745 for general childcare and development program services with no change to term of July 1, 2020 through June 30, 2021.

FISCAL IMPACT:

County is to receive up to \$3,860,745, with 34.7% (\$1,341,522) coming from Federal funding and 65.3% (\$2,519,223) from State funding. No County match is required. The State contract number is CCTR 0025-02; County contract number is 39-801-52. (CFDA Nos. 93.596, 93.575).

BACKGROUND:

The California Department of Education notified the Department on December 16, 2020 of the 2020-2021 funding amendment of the General Childcare and Development program services. The County receives funds from the California Department of Education to provide general childcare services to program eligible County residents. The program is operated by the Employment and

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: C. Youngblood, (925) 608-4964

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

By: , Deputy

cc: Theodore Trinh, Nelly Ige, Teresita Foster, Nasim Eghlima

BACKGROUND: (CONT'D)

Human Services Department, Community Services Bureau. The board approved the original 2020-2021 revenue agreement on June 23, 2020 (c.33). Subsequently, there was an administrative amendment to add language reflective of the Contra Costa County Pilot Plan which did not require board approval. This board order is to accept additional funds from the state and to change the Child Days of Enrollment from 77,835 to 77,932. Approval of this board order will allow the continued provision of these childcare services.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, County will not receive funding to operate the Childcare and Development Program.

CHILDREN'S IMPACT STATEMENT:

The Department of Education General Childcare & Development funding supports three of the community outcomes established in the Children's Report Card: 1) "Children Ready for and Succeeding in School"; 3) "Families that are Economically Self-sufficient"; and, 4) "Families that are Safe, Stable, and Nurturing" by offering comprehensive services, including high quality early childhood education, nutrition, and health services to low-income children throughout Contra Costa County.



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: February 9, 2021

Subject: State of California Office of Traffic Safety Grant

RECOMMENDATION(S):

ADOPT Resolution No. 2021/57 authorizing the Sheriff-Coroner, or designee, to apply for and accept a grant from the California Office of Traffic Safety in an initial amount of \$120,000 for the Sheriff's Forensic Services Unit to purchase forensic products and supplies needed to develop and validate new toxicology confirmation methods beginning October 1, 2021 to the end of the grant period.

FISCAL IMPACT:

Initial revenue of \$120,000, 100% State funds.

BACKGROUND:

The Contra Costa County, Office of the Sheriff, Forensic Services Division (FSD) operates an ISO 17025 ANAB Accredited Crime Laboratory able to provide County-wide Forensic Toxicological testing services. The FSD's Toxicology Unit is responsible for the analysis of blood and urine evidence for driving under the influence of drugs (DUID) cases. The Office of Traffic Safety (OTS) grant funds are needed to ensure efficient processing and analysis of DUID-related offenses. The OTS Grant funds will be used to purchase consumables for currently validated LC-MS/MS methods and consumables needed to develop and validate new confirmation

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Chrystine Robbins
925-655-0008

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND: (CONT'D)

methods. The funding of consumables will support the FSD in providing comprehensive information on driving under the influence of drugs (DUID) cases eliminating the need to send evidence for outside testing. Expansion of testing capabilities will allow the FSD to meet current and future DUID guidelines for the drug assays as required by NHTSA and the National Safety Council. Combining multiple analytes into a single confirmation will also result in a decreased overall turnaround time.

CONSEQUENCE OF NEGATIVE ACTION:

Without the expansion of comprehensive confirmation methods, many requests for analysis will be sent to an accredited outside laboratory. Any analysis performed by an outside laboratory creates an increased burden and cost to Contra Costa County law enforcement agencies and the District Attorney's Office if the case is prosecuted.

ATTACHMENTS

Resolution 2021/57

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2021/57

IN THE MATTER OF: Applying for and Accepting a grant from the California Office of Traffic Safety.

WHEREAS the County of Contra Costa is seeking funds available through the State of California Office of Traffic Safety.

NOW, THEREFORE IT BE RESOLVED that the Board of Supervisors: Authorizes the Sheriff-Coroner, Undersheriff or the Sheriff's Commander, Management Services, to execute for and on behalf of the County of Contra Costa, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining State financial assistance including grant modifications and extensions provided by the State of California Office of Traffic Safety Grant .

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

Contact: Chrystine Robbins 925-655-0008

ATTESTED: February 9, 2021

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: February 9, 2021

Subject: Board of State & Community Corrections Grant

RECOMMENDATION(S):

ADOPT Resolution No. 2021/62 authorizing the Sheriff-Coroner, or designee, to apply and accept the Board of State & Community Corrections, FY 2021-2022 Coronavirus Emergency Supplemental Funding (CESF) Program Grant in an initial amount of \$1,547,649.38 to fund approaches that prevent, prepare for, and respond to the COVID-19 with a focus on meeting CESF re-entry related needs at the three primacy jail facilities of Contra Costa County Office of the Sheriff.

FISCAL IMPACT:

\$1,547,649.38, 100% State funds, 20% pass through to non-governmental community-based organization(s).

BACKGROUND:

Contra Costa County Office of the Sheriff has an aggressive infection control plan in place to minimize the spread of Coronavirus within the three detention facilities; however, the two main facilities were designated long before the current pandemic. There are several areas that can be addressed to better control viral spread long term. The project includes improvements to the intake area, staff workstations

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- APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Chrystine Robbins
925-655-0008

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND: (CONT'D)

on the inmate housing units, and viral barriers in the highly used inmate telephone areas. These upgrades will allow for improved social distancing and minimize the opportunity for Coronavirus to spread. The project also includes work with a non-governmental community-based organization(s) to have a warm hand off with post incarcerated individuals and a Coronavirus prevention kit upon release from the detention facilities.

Contra Costa County Office of the Sheriff is the Lead Public Agency (LPA) to serve as the coordinator for all grant activities. The proposed projects for this grant are; enhancement of staff workstations on modules to allow for physical distancing or viral barrier between inmates and staff; clean air system for West County Detention Facility, personal protection equipment (PPE) exit kits, plexiglass phone separation barriers in each housing unit that is a highly used area for all inmates, antimicrobial mattresses, and re-entry into the community with means to help prevent Coronavirus.

This grant is a 10-month period commencing March 31, 2021 and ending January 31, 2022.

CONSEQUENCE OF NEGATIVE ACTION:

A decision not to pursue grant funding would require the County to cover the costs of this project from the General Fund or to eliminate the project.



Contra
Costa
County

To: Board of Supervisors
From: Kathy Gallagher, Employment & Human Services Director
Date: February 9, 2021

Subject: 2020-21 California Department of Education Alternative Payment Childcare Services Revenue Contract Amendment 3

RECOMMENDATION(S):

ADOPT Resolution No. 2021/49 to approve and authorize the Employment and Human Services Department Director, or designee, to execute a contract amendment with California Department of Education to increase the payment limit by \$619,450 to a new payment limit of \$5,907,194 for alternative payment childcare programs operated by the County with no change in term of July 1, 2020 through June 30, 2021.

FISCAL IMPACT:

This agreement is funded by the California Department of Education and no County match is required. The State funding number is CAPP 0010-03; the County number is 29-212-40.

This agreement is 26% funded by State and 74% funded by Federal dollars passed through the State Department of Education.

[CFDA #93.596 and #93.575]

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: C. Youngblood, (925) 608-4964

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

By: , Deputy

cc: Nelly Ige, Angela Winn, Haydee Ilan, Nasim Eghlima, Theodore Trinh

BACKGROUND:

The Department was notified by the California Department of Education on June 2, 2020 of the County's 2020-21 allocation for the Alternative Payment childcare services program. The Alternative Payment childcare services program provides funding for program eligible families to receive services. Priority is given to families who interface with Child Protective Services, families with children at-risk of abuse and neglect, low-income families, and families with children who have special needs. The County Board of Supervisors approved agreement on June 23, 2020 (C.29). The first amendment added language to reflect Contra Costa County Pilot Plan with no changes on payment or term limit and therefore not requiring board approval. The Board approved a second amendment to accept additional funds on November 3, 2020 (C.43). This board resolution is to accept additional funds from the State.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, County will not receive funding to operate this childcare program.

CHILDREN'S IMPACT STATEMENT:

The Employment and Human Services Department Community Services Bureau supports three of Contra Costa County's community outcomes - Outcome 1: "Children Ready for and Succeeding in School," Outcome 3: "Families that are Economically Self-sufficient," and, Outcome 4: "Families that are Safe, Stable, and Nurturing." These outcomes are achieved by offering comprehensive services, including high quality early childhood education, nutrition, and health services to low-income children throughout Contra Costa County.

ATTACHMENTS

Resolution 2021/49

THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA
and for Special Districts, Agencies and Authorities Governed by the Board

Adopted this Resolution on 02/09/2021 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2021/49

In The Matter Of: 2020-21 California Department of Education Alternative Payment Childcare Services Revenue Contract Amendment 2

Whereas, the Alternative Payment childcare services program provides funding for program eligible families to receive services, and **WHEREAS**, priority is given to families who interface with Child Protective Services, families with children at-risk of abuse and neglect, low-income families, and families with children who have special needs, and **WHEREAS**, this board resolution is to accept additional funds from the State.

Now, Therefore, Be It Resolved: The Contra Costa County Board of Supervisors approve and authorize the Employment and Human Services Department Director, or designee, to execute a contract amendment with the California Department of Education to increase the total amount by \$1,621,933 to an amount not to exceed \$5,287,744 to provide alternative payment childcare programs for the period July 1, 2020 through June 30, 2021.

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

Contact: C. Youngblood, (925) 608-4964

ATTESTED: February 9, 2021

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

By: , Deputy

cc: Nelly Ige, Angela Winn, Haydee Ilan, Nasim Eghlima, Theodore Trinh



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: Contract with Odyssey Power Corporation, a California Corporation, Countywide.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Odyssey Power Corporation in an amount not to exceed \$1,000,000, to provide on-call generator maintenance and repair services at various County sites and facilities, for the period March 1, 2021 through February 29, 2024, Countywide.

FISCAL IMPACT:

Facilities Maintenance Budget. (100% General Fund)

BACKGROUND:

Public Works Facilities Services is responsible for maintenance and repairs of all County properties. Work done under this contract will consist of scheduled routine maintenance and repairs as needed to assure County generators are functioning as designed.

Originally bid on BidSync #2010-435, Odyssey Power Corporation, was one of two lowest, responsive and responsible vendors awarded for this work. The contract will have a term of three (3) years with the option of two (2) one-year extensions and will be used as needed, with no minimum amount that has to be spent.

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Kevin Lachapelle, (925) 313-7082

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Government Code Section 25358 authorizes the County to contract for maintenance and upkeep of County facilities. Facilities Services is requesting a contract with Odyssey Power Corporation, to be approved for a period covering three years.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, generator maintenance and repair services with Odyssey Power will not occur.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Amendment #76-577-8 with Hobbs Investments, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract Amendment Agreement #76-577-8 with Hobbs Investments, Inc., a corporation, effective December 1, 2020, to amend Contract #76-577-5 to increase the payment limit by \$90,000 from \$350,000 to a new payment limit of \$440,000, with no change in the original term of February 1, 2020 through January 31, 2021.

FISCAL IMPACT:

Approval of this amendment will result in additional expenditures of up to \$90,000 and will be funded by 80% Hospital Enterprise Fund I (\$72,000) and 20% Federal COVID-19 Emergency funding (\$18,000).

BACKGROUND:

On March 10, 2020, the Board of Supervisors approved Contract #76-577-5 with Hobbs Investments, Inc. for the provision of courier services including specimens, film and other items used for health services at Contra Costa Regional Medical Center (CCRMC) and Health Centers for the period from February 1, 2020 through January 31, 2021. On July 28, 2020, the Board of Supervisors approved Contract Amendment Agreement #76-577-6 to add an additional pick-up location, with no increase in the payment limit and no change in the original term of the contract.

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jaspreet Benepal,
925-370-5101

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

By: , Deputy

cc: Alaina Floyd, marcy.wilham

BACKGROUND: (CONT'D)

Approval of Contract Amendment Agreement #76-577-8 will allow the contractor to provide additional courier services due to an increase in requested courier services because of the COVID-19 pandemic, through January 31, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, CCRMC and Health Centers will not have access to the contractor's courier services needed for transportation of specimens, film and other items at CCRMC and Health Centers for both regular services and COVID-19 related services.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #76-726 with Jessica C. Standish, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-726 with Jessica C. Standish, M.D., an individual, in an amount not to exceed \$600,000, to provide medical care services at the adult and juvenile detention facilities in Contra Costa County (CCC), for the period from February 1, 2021 through January 31, 2023.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$600,000 over a 2 year period and will be funded 100% by Hospital Enterprise Fund I.

BACKGROUND:

Due to the limited number of specialty providers available within the community of Contra Costa County, the Department relies on contracts to provide necessary specialty health services at its detention facilities.

Under new Contract #76-726, the contractor will provide medical care services at adult and juvenile detention facilities in Contra Costa County, for the period February 1, 2021 through January 31, 2023.

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Samir Shah, M.D.
925-370-5525

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

By: , Deputy

cc: Alaina Floyd, marcy.wilham

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the County will not be able to provide medical care at the County's juvenile and adult detention facilities.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #74-402-13 with Aspiranet

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-402-13 with Aspiranet, a non-profit corporation, in an amount not to exceed \$140,234, to provide Therapeutic Behavioral Services (TBS) for children and youth up to 21 years of age with high-risk behavior for the period from January 1, 2021 through June 30, 2021, which includes a six-month automatic extension through December 31, 2021, in an amount not to exceed \$140,234.

FISCAL IMPACT:

Approval of this contract will result in budgeted annual expenditures of up to \$280,468 and will be funded by 50% Federal Medi-Cal (\$140,234) and 50% Mental Health Realignment (\$140,234) revenues.

BACKGROUND:

The Behavioral Health Services Department has been contracting with Aspiranet, since July 2010 to provide TBS services to children and youth. This contract meets the social needs of County's population by providing mental health services to adolescents with emotional and behavioral problems to improve school performance, reduce unsafe behavioral practices, and reduce the need for out-of-home placements. Expected program outcomes include an increase in positive social and emotional development as measured by the Child and Adolescent Functional Assessment Scale (CAFAS).

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Suzanne Tavano, PhD.,
925-957-5212

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

By: , Deputy

cc: E Suisala , M Wilhelm

BACKGROUND: (CONT'D)

On July 9, 2019, the Board of Supervisors approved Novation Contract #74-402-9 with Aspiranet to provide TBS for children and young adults up to 21 years of age with high-risk behavior who have been placed in group homes in Stanislaus County and to clients residing in facilities in Contra Costa County, for the period from July 1, 2019 through June 30, 2020, which included a six-month automatic extension through December 31, 2020. On March 10, 2020, the Board of Supervisors approved Amendment Agreement #74-402-10, to increase the contract payment limit by \$7,285 to a new contract payment limit of \$280,469. On April 28, 2020, the Board of Supervisors approved Amendment Agreement #74-402-11, to modify the rate schedule for the period April 1, 2020 through June 30, 2020, due to COVID-19. On July 28, 2020, the Board of Supervisors approved Amendment Agreement #74-402-12 to modify the rate schedule for the period July 1, 2020 through December 31, 2020, due to COVID-19.

Approval of Novation Contract #74-402-13 will allow the contractor to continue providing TBS services through June 30, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, clients requiring TBS services will not have access to the contractor's services, which may result in a reduction in the levels of service to the community.

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcomes: (1) Children Ready for and Succeeding in School and (4) Families that are Safe, Stable and Nurturing.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #74-399-15 with Hope Solutions

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-399-15 with Hope Solutions, a non-profit corporation, in an amount not to exceed \$182,831, to provide community based mental health services for Seriously Emotionally Disturbed (SED) children and youth ages 0-21, for the period from January 1, 2021 through June 30, 2021, which includes a six-month automatic extension through December 31, 2021, in an amount not to exceed \$182,831.

FISCAL IMPACT:

Approval of this contract will result in budgeted annual expenditures of up to \$365,662 and will be funded by 50% Federal Medi-Cal (\$182,831) and 50% Mental Health Realignment (\$182,831) revenues.

BACKGROUND:

Behavioral Health Services Department has been contracting with Hope Solutions, since September 2010 for their expertise in providing community based mental health services for SED children and youth. This contract meets the social needs of County's population by providing mental health services to adolescents with emotional and behavioral problems to improve school performance, reduce unsafe behavioral practices, and reduce the need for out-of-home placements. Expected program outcomes include an

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Suzanne Tavano, Ph.D.,
925-957-5212

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

By: , Deputy

cc: E Suisala , M Wilhelm

BACKGROUND: (CONT'D)

increase in positive social and emotional development as measured by the Child and Adolescent Functional Assessment Scale (CAFAS).

On August 6, 2019, the Board of Supervisors approved Novation Contract #74-399-11, with Hope Solutions, for the provision of community based mental health services for SED children and youth ages 0-21, for the period from July 1, 2019 through June 30, 2020, which included a six-month automatic extension through December 31, 2020. On March 10, 2020, the Board of Supervisors approved Amendment Agreement #74-399-12, to increase the contract payment limit by \$7,680 to a new contract payment limit of \$295,662. On April 28, 2020, the Board of Supervisors approved Amendment Agreement #74-399-13, to modify the rate schedule for the period April 1, 2020 through June 30, 2020, due to COVID-19. On July 28, 2020, the Board of Supervisors approved Amendment Agreement #74-399-14 to modify the rate schedule for the period July 1, 2020 through December 31, 2020, due to COVID-19.

Approval of Contract #74-399-15 will allow the contractor to continue providing services through June 30, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, emotionally disturbed youth will have reduced access to the mental health services provided by this contractor, including individual, group and family therapy; case management; and crisis intervention services.

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcomes: (1) Children Ready for and Succeeding in School; (4) Families that are Safe, Stable and Nurturing; and (5) Communities that are Safe and Provide a High Quality of Life for Children and Families.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #77-321 with Yosemite Pathology Medical Group, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-321 with Yosemite Pathology Medical Group, Inc., a corporation, in an amount not to exceed \$525,000, to provide pathology laboratory services for Contra Costa Health Plan (CCHP) members, for the period February 1, 2021 through January 31, 2024.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$525,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II.

BACKGROUND:

CCHP has an obligation to provide certain specialized health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the County. This contractor has been a part of the CCHP Provider Network for several years, formerly under a memorandum of understanding (MOU) with CCHP, and was required to convert to a County contract.

Under Contract #77-321 Contractor will provide pathology laboratory testing services for CCHP members for the period February 1, 2021 through January 31, 2024.

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Sharron Mackey,
925-313-6104

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

By: , Deputy

cc: K Cyr, M Wilhelm

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized health care services will not be provided.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #27-745-8 with Suraj M. Cherry, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-745-8 with Suraj M. Cherry, M.D., an individual, in an amount not to exceed \$600,000, to provide ophthalmology services to Contra Costa Health Plan (CCHP) members for the period from March 1, 2021 through February 29, 2024.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$600,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II.

BACKGROUND:

CCHP has an obligation to provide certain specialized health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the County. This contractor has been a provider of ophthalmology services in the CCHP Provider Network since March 1, 2008.

On February 12, 2019, the Board of Supervisors approved Contract #27-745-7 with Suraj M. Cherry, M.D., to provide ophthalmology services for CCHP members, for the period from March 1, 2019 through February 28, 2021.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Sharron Mackey,
925-313-6104

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

By: , Deputy

cc: K Cyr, M Wilhelm

BACKGROUND: (CONT'D)

Approval of Contract #27-745-8 will allow the contractor to continue providing ophthalmology services for CCHP members through February 29, 2024.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized health care services for CCHP members under the terms of their Individual and Group Health Plan membership contract with the County will not be provided.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #27-743-7 with Herculean Babies Pediatrics

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-743-7 with Herculean Babies Pediatrics, a corporation, in an amount not to exceed \$1,200,000 to provide pediatric primary care services to Contra Costa Health Plan (CCHP) members, for the period from March 1, 2021 through February 29, 2024.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$1,200,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II.

BACKGROUND:

CCHP has an obligation to provide certain specialized health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the County. This contractor has been in the CCHP Provider Network since March 1, 2008.

On February 26, 2019, the Board of Supervisors approved Contract #27-743-6 with Herculean Babies Pediatrics, to provide pediatric primary care services to CCHP members, for the period from March 1, 2019 through February 28, 2021.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Sharron Mackey,
925-313-6104

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

By: , Deputy

cc: K Cyr, M Wilhelm

BACKGROUND: (CONT'D)

Approval of Contract #27-743-7 will allow this contractor to continue providing pediatric primary care services through February 29, 2024.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, CCHP members will not have access to pediatric primary care physician services from this contractor.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Purchase Order with AGFA Healthcare Corporation

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the County, a purchase order with AGFA Healthcare Corporation, in an amount not to exceed \$253,696 to renew hardware and software support and maintenance services, for the period from April 1, 2021 through March 31, 2022.

FISCAL IMPACT:

Approval of this purchase order will result in annual expenditures of up to \$253,696 and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:

The County Health Services Department uses the AGFA Gold Service for necessary support and maintenance of the cardiology and diagnostic imaging departments' electronic imaging systems at Contra Costa Regional Medical Center (CCRMC) and Health Centers. This is an annual renewal for hardware and software support and maintenance use by CCRMC and the Health Centers for AGFA IMPAX system for all diagnostic and cardiology images since 2011. The system provides high quality imaging for patients and continuous image availability to the caregivers. Without this support services renewal, CCRMC and Health Centers will no longer receive critical software updates or vendor support in the event of a system failure.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Patrick Wilson,
925-335-8700

By: , Deputy

cc: Alan Ly, Marcy Wilhelm

BACKGROUND: (CONT'D)

AGFA's Service Maintenance Agreement Terms and Conditions provide that the County will indemnify and defend the contractor for losses arising from the County's sole negligence or willful misconduct in the performance of the agreement.

CONSEQUENCE OF NEGATIVE ACTION:

If this renewal is not approved, image availability will be limited, or not available and patient care would be severely jeopardized in the event of a system failure.



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: February 9, 2021

Subject: Contract between County and Association for Energy Affordability to Support a Contra Costa Home-Based Asthma Program

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Conservation and Development Director, or designee, to execute, on behalf of the County, a contract with the Association for Energy Affordability, Inc., a non-profit organization, in an amount not to exceed \$202,148 to provide home assessments and project management to assist the County with implementing a comprehensive home-based asthma program for the period January 4, 2021 through May 15,2023.

FISCAL IMPACT:

There will be no impact to the General Fund. All costs for this project are covered through grants from the Sierra Health Foundation and Bay Area Air Quality Management District (BAAQMD).

BACKGROUND:

Through a technical assistance grant provided by Green and Healthy Homes Initiative (GHHI), a nonprofit corporation, Contra Costa Health Services (CCHS), the County Department of Conservation and Development (DCD), Marin Clean Energy (MCE), the County’s Community Choice Aggregator, and Association for Energy Affordability, Inc. (AEA), a nonprofit corporation, developed a Business Plan for a Green and Healthy Homes Program (also referred to as the “Contra Costa Asthma Initiative”) to implement a comprehensive home-based asthma program.

- APPROVE OTHER
- RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Demian Hardman, (925) 674-7826

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

By: , Deputy

cc:

BACKGROUND: (CONT'D)

In coordination with the technical assistance team, in March 2020, CCHS submitted a funding proposal to the Bay Area Air Quality Management District (BAAQMD) to support the implementation of the Business Plan and was awarded \$100,000 to implement the program. A grant agreement was executed between the County and BAAQMD on March 31, 2020.

In April 2020, the County Board of Supervisors authorized CCHS to submit a grant application to the Sierra Health Foundation for the Public Health Division and Contra Costa Health Plan to provide asthma home visiting services, which aligned with the Contra Costa Asthma Initiative Business Plan. In July 2020, CCHS was awarded a \$527,558 grant with the State of California Department of Health Care Services and Sierra Health Foundation to implement and administer a Asthma Mitigation Project (or “Contra Costa Asthma Initiative”) for the period of August 1, 2020 through May 15, 2023. On October 13, 2020, the County Board of Supervisors approved a grant agreement between the County and the Sierra Health Foundation to implement and administer the Contra Costa Initiative.

The BAAQMD and Sierra Health Foundation agreements with the County allocate funding to AEA to implement the Contra Costa Asthma Initiative project. The contract would allow AEA to provide, among other things, project management for homes selected in coordination with CCHS for enrollment in home improvement upgrades related to energy efficiency, building electrification, weatherization, and other such improvements known to improve indoor air quality and reduce asthma.

The proposed effective date of this contract will provide for some cost reimbursement for eligible work completed by AEA staff, in accordance with the contract requirements. The work completed under this contract will also ensure that the County meets its obligations under the grant agreements between BAAQMD and Sierra Health Foundation.

CONSEQUENCE OF NEGATIVE ACTION:

The County would not be able to meet its grant obligations from the Sierra Health Foundation and BAAQMD to implement the Contra Costa Asthma Initiative.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #74-037-30 with Contra Costa ARC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-037-30 with Contra Costa ARC, a non-profit corporation, in an amount not to exceed \$133,076, to provide mental health services to recipients of the CalWORKs Program and their children, including individual, group and family collateral counseling, case management, and medication management services to reduce barriers to employment, for the period from January 1, 2021 through June 30, 2021, which includes a six-month automatic extension through December 31, 2021, in an amount not to exceed \$133,076.

FISCAL IMPACT:

Approval of this contract will result in annual budgeted expenditures of up to \$266,152 and will be funded 100% by Substance Abuse Mental Health Works revenues.

BACKGROUND:

The Behavioral Health Services Department has been contracting with Contra Costa ARC, since January 2000 to provide mental health services to recipients of the CalWORKs Program and their children. This contract meets the social needs of the County's population by providing mental health services to adolescents with emotional and behavioral problems to improve school performance, reduce unsafe

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Suzanne Tavano, Ph.D,
925-957-5212

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

By: , Deputy

cc: E SUISALA , M WILHELM

BACKGROUND: (CONT'D)

behavioral practices, and reduce the need for out-of-home placements. Expected program outcome is increased number of CalWORKs participants ready to return to the labor force and earn income after they and their families receive mental health services under this contract.

On July 24, 2019, the Board of Supervisors approved Contract #74-037-28 with Contra Costa ARC for the provision of mental health services to recipients of the CalWORKs Program and their children, including individual, group and family collateral counseling, case management, and medication management services to reduce barriers to employment for the period from July 1, 2019 through June 30, 2020 which included a six-month automatic extension through December 31, 2020. On May 26, 2020, the Board of Supervisors approved Amendment Agreement #74-037-29, to increase the contract payment limit by \$76,152 to a new payment limit of \$266,152.

Approval of Contract #74-037-30 allows this contractor to continue providing services through June 30, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, CalWORKs recipients will not have sufficient access to the children's mental health services as needed.

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcome: (1) Children Ready for and Succeeding in School



**Contra
Costa
County**

To: Contra Costa County Fire Protection District Board of Directors
From: Lewis T. Broschard III, Chief, Contra Costa Fire Protection District
Date: February 9, 2021

Subject: Fire Inspection Records Management Laserfische Integration

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Fire Chief, or designee, to execute a hosted software services agreement with Vision33 Inc. for Laserfische integration and platform services for the period February 9, 2021, through March 10, 2023, in an amount not to exceed \$18,000.

FISCAL IMPACT:

The District budgeted for the implementation, hosting, and support of a new fire inspection records management system in the current fiscal year and will continue to recommend appropriate budgetary appropriations for this project. The cost of this service agreement will fall under the \$607,000 payment limit already approved for the Vision33 contract.

BACKGROUND:

On March, 10, 2020, the Contra Costa County Fire Protection District Board of Directors approved a contract with Vision33, Inc. to implement, host, and support a new fire inspection records management system. During the implementation process, the District decided to amend the contract to replace an interface with the County's LIS (Land Information System), with a

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Chris Bachman, Assistant Fire Chief/Fire Marshal, 925-941-3300

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

By: , Deputy

cc:

BACKGROUND: (CONT'D)

interface to provide integration between the fire inspection records management system and Laserfische. Vision33 requires a Saltbox Platform subscription to support the Laserfische connection.

The Saltbox Platform Services Agreement obligates the District to indemnify, defend, and hold Vision33 harmless against any third party claim that (i) District data, or any use of District data infringes or misappropriates such third party's intellectual property rights; or (ii) based on District's or any Authorized User's use of the Saltbox Platform Services in a manner not authorized by the Agreement.



**Contra
Costa
County**

To: Board of Supervisors
From: Ann Elliott, Interim Human Resources Director
Date: February 9, 2021

Subject: Contract Extension of Consulting Services with Segal Consulting for the County’s Health and Welfare Benefit programs

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Human Resources Director, or designee, to execute a contract amendment with Segal Consulting including modified indemnification language, to extend the term for one year through February 28, 2022 and increase the payment limit by \$120,000 to a new total payment limit of \$520,000 .

FISCAL IMPACT:

The cost of this contract is fully funded through the Benefits Administration Fee which is charged to the Departments.

BACKGROUND:

Segal Consulting provides the following Health and Welfare consulting services: 1) strategic review of all current health and welfare benefit programs including advice on industry best practices, trends and developments and benchmarking; 2) Benefits education and training to staff and committees as required by the County; 3) Technical review of all the County's employee benefits communications; 4) Negotiation of all annual vendor and insurance carrier renewals; 5) Actuarial services including budget projections; 6) Employee contribution strategies, Medicare Part

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- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Ann Elliott (925)
655-2176

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

By: , Deputy

cc:

BACKGROUND: (CONT'D)

D attestation, and reserve projections for self-funded plans; 7) Compliance assistance; 8) Employee benefits communications assistance; 9) Assistance with preparation of materials for labor negotiations; 10) Vendor management, including coordination of periodic meetings and resolution of service issues; 11) Negotiation and evaluation of Health Plan performance guarantees; 12) RFP preparation and evaluation of responses for all health and welfare benefit plans; 13) Attendance at meetings, presentations, negotiation sessions and formal presentations to the County Board of Supervisors; and 14) Monitoring utilization data.

Two one-year renewal periods have been negotiated. Under the contract extension, Segal's competitive pricing is locked in for an additional two years.

CONSEQUENCE OF NEGATIVE ACTION:

If this extension is not approved, the County will be not be able to access the expertise and support of Segal Consulting to assist the County in providing the most appropriate benefits to employees and maintain compliance with all applicable legal requirements.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #23-706 with La Clinica De La Raza, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #23-706 with La Clinica De La Raza, Inc., a corporation, in an amount not to exceed \$780,280, to provide COVID-19 outreach, mobile testing and vaccine administration for residents of Contra Costa County, for the period from January 1, 2021 through December 31, 2021.

FISCAL IMPACT:

Approval of this contract will result in expenditures of up to \$780,280 and will be funded by Federal and State COVID-19 emergency funds.

BACKGROUND:

On March 10, 2020, the Board of Supervisors requested that the Governor proclaim a State of Emergency in Contra Costa County (Gov. Code Section 8625) due to COVID-19. The Health Department must use all available preventative measures to combat the spread of COVID-19 which includes outreach, testing and vaccine administration. The Department must enter into contracts for these services and competitive bidding requirements are suspended to the extent necessary to address the effects of COVID-19.

This contract seeks to establish a relationship

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Anna Roth,
925-957-2670

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

By: , Deputy

cc: Marcy Wilhelm

BACKGROUND: (CONT'D)

between Contra Costa County Health Services Department and La Clinica De La Raza that will enable COVID-19 mobile testing and vaccine administration (budget maximum of \$662,121) as well as outreach program support (budget maximum of \$118,159) to provide services to underserved and/or uninsured Contra Costa County community members.

Under new Contract #23-706, the contractor will provide COVID-19 outreach services, testing and vaccine administration at its Mobile Testing Tents located in Concord, Oakley and Pittsburg; and follow-up services for patients who test positive for COVID-19, for the period January 1, 2021 through December 31, 2021.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the County will not have access to this contractor's COVID-19 outreach, testing, and vaccine administration services which would reduce the spread of COVID-19 in vulnerable communities.

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcomes: (2) Children and Youth Healthy and Preparing for Productive Adulthood; (4) Families that are Safe, Stable and Nurturing; and (5) Communities that are Safe and Provide a High Quality of Life for Children and Families.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Contract #26-657-11 with Amarjit Dosanjh, M.D., a Medical Corporation (dba Muir Plastic Surgery)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #26-657-11 with Amarjit Dosanjh, M.D., a Medical Corporation (dba Muir Plastic Surgery), in an amount not to exceed \$2,500,000, to provide plastic and hand surgery services at Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers, for the period from February 1, 2021 through January 31, 2024.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$2,500,000 over a 3 year period and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:

Due to the limited number of specialty providers available within the community, CCRMC and Contra Costa Health Centers relies on contracts to provide necessary specialty health services to its patients. CCRMC has contracted with Dr. Dosanjh for plastic and hand surgery services since 2009.

On April 24, 2018, the Board of Supervisors approved Contract #26-657-9 Amarjit Dosanjh, M.D., a Medical Corporation (dba Muir Plastic Surgery) to provide plastic and hand surgery services including

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Samir Shah, M.D.,
925-370-5525

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

By: , Deputy

cc: Marcy Wilhelm

BACKGROUND: (CONT'D)

consultation, training, on-call coverage and medical and/or surgical procedures services at CCRMC and Contra Costa Health Centers for the period February 1, 2018 through January 31, 2021. On January 5, 2021, the Board of Supervisors approved Amendment Agreement #26-657-10 with Amarjit Dosanjh, M.D., a Medical Corporation (dba Muir Plastic Surgery) to increase the payment limit by \$160,000 to a new total of \$950,000 due to a higher volume of clinic, consultation and surgery services.

Approval of Contract #26-657-11 will allow this contractor to continue providing plastic and hand surgery services through January 31, 2024.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, patients requiring plastic and hand surgery services at CCRMC and Contra Costa Health Centers will not have access to this contractor's services.



**Contra
Costa
County**

To: Board of Supervisors
From: Sharon L. Anderson, County Counsel
Date: February 9, 2021

Subject: APPROVAL of Contract Amendment for Specialized Professional Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Counsel, or her designee, to execute, on behalf of Contra Costa County, a contract amendment for specialized professional services with Oppenheimer Investigations Group, LLP ("OIG").

FISCAL IMPACT:

Services will be billed at hourly rates between \$300-\$480 per hour and will be charged to the County Departments which utilize the services.

BACKGROUND:

County Departments require on-going legal assistance conducting workplace investigations, preparing for anticipated litigation, and providing legal advice. OIG has specialized expertise in the area of employment law and litigation. They County entered into a contract with The Law Offices of Amy Oppenheimer on February 15, 2019, for legal assistance to the County in its workplace investigations. The law firm has changed its name to Oppenheimer Investigations Group, LLP. OIG has also increased its rates from 2019. This contract amendment will recognize the name change as well as the increased hourly rates. The County will continue to receive OIG's public sector rates.

CONSEQUENCE OF NEGATIVE ACTION:

The County will be unable to obtain the firm's services.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Janice Amenta
925-655-2286

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

By: , Deputy

cc:

ATTACHMENTS

Contract
Amendment
Rate Sheet

**AMENDMENT TO CONTRACT FOR LEGAL SERVICES
BETWEEN CONTRA COSTA COUNTY AND
OPPENHEIMER INVESTIGATIONS GROUP, LLP
[INDEPENDENT PERSONNEL INVESTIGATIONS]**

Effective January 1, 2021, the County of Contra Costa ("Agency") and the law firm of Oppenheimer Investigations Group, LLP ("Attorney") (collectively, the "Parties"), mutually agree as follows:

- I. Amendment: The Contract for Legal Services, entered into by the Parties on February 15, 2019, is amended as follows:

Paragraph 1.

Parties and Effective Date.

Substitute "Oppenheimer Investigations Group, LLP" for "Law Offices of Amy Oppenheimer."

Paragraph 4.

Compensation:

4. Compensation. In consideration of Attorney's provision of services, Agency shall pay Attorney's reasonable costs, as follows:

- a. For legal services:

Attorney's 2021 Public Sector Rate, attached hereto as Exhibit A.

- II. Effect: Except for this amendment, the Contract of February 15, 2019, remains in full force and effect.

CONTRA COSTA COUNTY

OPPENHEIMER
INVESTIGATIONS GROUP, LLP

By: _____

By: _____

Mary Ann McNett Mason
Chief Assistant County Counsel

Amy Oppenheimer
Managing Partner
Taxpayer Identification No: 94-
3293346

FORM APPROVED

Sharon L. Anderson, County Counsel

APPROVED FOR PAYMENT FROM:
ORG: 1351
ACCT: 2310

By: _____

Janice Amenta
Deputy County Counsel

By: _____

County Administrator's Office



2021 Rates

Attorney	Private Sector Rate	Public Sector/ Non-Profit Rate
Amy Oppenheimer, Managing Partner	\$540/hour	\$480/hour
Tina Ro-Connolly, Partner Vida Thomas, Partner Julie Matlof Kennedy, Of Counsel	\$480/hour	\$420/hour
Alezah Trigueros, Partner Anna Gehriger, Of Counsel Ilona Turner, Of Counsel Sandy Fu, Of Counsel Zaneta Seidel, Partner	\$420/hour	\$360/hour
Ashlyn Clark, Attorney Garrett Smith, Attorney Kim DaSilva, Attorney Madeline Buitelaar, Attorney Renee Jansen, Of Counsel Karen Carrera, Of Counsel	\$360/hour	\$300/hour
Ann Spivack, Investigator/Writer	\$300/hour	\$240/hour
Writers/Editors	\$180/hour	\$180/hour
Interns	\$120/hour	\$120/hour

***The rate for supervision/substantive report review, regardless of attorney, is \$480/hour for the private sector and \$420/hour for the public sector/non-profits.**



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Authorize Purchase Order with Groupware Technology, Inc. and a third-party Lease agreement with Key Government Finance, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Health Services Director, a purchase order with Groupware Technology, Inc., and a third-party lease agreement with Key Government Finance, Inc., in an amount not to exceed \$6,161,920, for the lease purchase of network hardware equipment, software, maintenance and support the term March 1, 2021 through February 28, 2026.

FISCAL IMPACT:

Approval of this purchase will result in expenditures of up to \$6,161,910 (inclusive of principal and zero interest) over a five-year period (\$1,232,382 annually) and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:

Health Services Department is requesting to purchase network hardware and software to maintain network, security, storage, and back-up for CCLink electronic health records (EHR) for the data centers at the Concord and Pittsburg sites. The Purchasing Division has arranged a lease purchase contract with Key Government Finance, Inc (financing partner of Cisco Systems, Inc.) with zero interest rate for this financing schedule for five-year term. Annual lease payments will be in an amount not to exceed \$1,232,382. The purchase for new, replacement and upgrade hardware is part of the normal system maintenance and on-going Information Technology support requirements.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Patrick Wilson,
925-335-8700

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

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Failure to purchase these systems may result in reduced capacity, system failure, or risk of a security breach, which can directly impact the Health Services Epic Electronic Health Record (EHR).



**Contra
Costa
County**

To: Board of Supervisors
 From: Brian M. Balbas, Public Works Director/Chief Engineer
 Date: February 9, 2021

Subject: APPROVE and AUTHORIZE Amendment No. 1 to the Contract with Sure Fire Protection Company Incorporated, to extend On-Call Fire Sprinkler Services.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Sure Fire Protection Company Incorporated, to extend the term from February 28, 2021 to February 28, 2022, to provide on-call fire sprinkler services to County facilities, with no change to the payment limit of \$800,000, Countywide.

FISCAL IMPACT:

Facilities Maintenance Budget. (100% General Fund)

BACKGROUND:

Public Works Facilities Services is responsible for maintaining, repairing and certifying fire sprinkler systems at various County facilities to assure County systems are in compliance. Sure Fire Protection Company Incorporated provides fire sprinkler inspections, repairs, testing and certifications.

The contract with Sure Fire Protection Company Incorporated is due to expire February 28, 2021. The Public Works Department is requesting authorization to extend this contract to February 28, 2022, to assure there are fire sprinkler services available while conducting a formal solicitation for new on-call fire sprinkler services contracts.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Kevin Lachapelle, (925)
313-7082

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, fire sprinkler services with Sure Fire Protection Company Incorporated, will be discontinued.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: APPROVE and AUTHORIZE Amendment No. 3 to the Contract with Dream Ride Engineering, Inc., to extend On-Call Elevator Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Dream Ride Engineering, Inc., to increase rates under the contract and extend the term from January 31, 2021 to January 31, 2022, to provide on-call elevator maintenance and repair services for various County facilities, with no change to the payment limit of \$170,000, Countywide.

FISCAL IMPACT:

Facilities Maintenance Budget. (100% General Fund)

BACKGROUND:

Public Works Facilities Services is responsible for maintaining the elevators at all County facilities. Dream Ride Engineering, Inc., provides elevator maintenance and repairs. Public Works requires persons specially trained, experienced and competent in elevator services, as well as compliance with standards, policies, procedures and regulations to perform these services. This contract services 2 elevators (total), one elevator located at 4639 Pacheco Boulevard, Pacheco and one elevator located 300 Ilene Street, Martinez.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Kevin Lachapelle, (925)
313-7082

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc:

BACKGROUND: (CONT'D)

The contract with Dream Ride Engineering, Inc., is due to expire January 31, 2021. The Public Works Department is requesting authorization to extend this contract to January 31, 2022. Additionally, Dream Ride Engineering, Inc., is requesting a rate increase according to the Hourly Rate Increase provision, in the contract. Per the contract, the rate increase will not result in an increase in the contract limit.

Government Code Section 25358 authorizes the County to contract for maintenance and upkeep of County facilities.

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, elevator maintenance and repair services with Dream Ride Engineering, Inc., will be discontinued.



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: February 9, 2021

Subject: APPROVE and AUTHORIZE payment to Architectural Resources Group and Schaf Photo for services provided in connection to the Oak Park Properties Project.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to make a payment in an amount not to exceed \$3,000 to Architectural Resources Group (ARG) for mileage, reproduction, and photography consultant mark-up costs related to preparation of a Historic American Building Survey Report for the former Pleasant Hill library.

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to make a payment in an amount not to exceed \$6,000 to Schaf Photo (Schafer) for photographic services related to the preparation of a Historic American Building Survey Report for the former Pleasant Hill library.

FISCAL IMPACT:

100% General Fund. (0928-W0113B) The costs incurred by the County will be paid from the County's General Fund. The General Fund will be reimbursed from proceeds realized from the 2020 sale of 1750 Oak Park Boulevard to Davidon Homes.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jewel Lopez, 925. 957-2485

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

By: , Deputy

cc:

BACKGROUND:

In the fall of 2020, the County completed the sale of its 5-acre property located at 1750 Oak Park Boulevard (Property) to Davidon Homes for approximately \$13.8 million. The Property was the site of the former Pleasant Hill library. In advance of the sale of the Property, the County secured land-use approval for a 34-unit residential project with seven accessory dwelling units from the City of Pleasant Hill. The land use approvals included the preparation of an Environmental Impact Report (EIR) pursuant to the California Environmental Quality Act (CEQA). Among the determinations of the EIR was that the implementation of the project would result in a substantial adverse change of a historical resource – the former Pleasant Hill library.

To mitigate the impact, the EIR included Mitigation Measure MM CUL-1a which required the County to prepare a Historical American Building Survey (HABS) Report recording the building through photographs, drawings, and written description prior to its demolition. The Pleasant Hill City Council included the requirements in the Mitigation Monitoring and Reporting Program as part of its May 11, 2020, approval of the project and certification of the EIR.

The HABS Report was prepared over the summer and fall of 2020. ARG was retained by County's contractor Bates Stringer, LLC, to prepare the HABS Report. Schafer was retained to document the building through photos that were included in the HABS Report. Currently, the contract with Bates Stringer, LLC, does not permit the County to pay for ARG's mileage, reproduction, and photography consultant mark-up costs and Schafer's services. The recommended actions will permit the consultants to be reimbursed for their costs and services.

CONSEQUENCE OF NEGATIVE ACTION:

The County will not be able to pay ARG and Schafer for costs and services already rendered for the HABS Report.



Contra
Costa
County

To: Board of Supervisors
From: FINANCE COMMITTEE
Date: February 9, 2021

Subject: 2020 ANNUAL REPORT OF THE FINANCE COMMITTEE

RECOMMENDATION(S):

RECEIVE the 2020 Annual Report submitted by the Finance Committee.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

On June 18, 2002, the Board of Supervisors adopted Resolution No. 2002/377, which requires that each regular and ongoing board, commission, or committee shall annually report to the Board of Supervisors on its activities, accomplishments, membership attendance, required training/certification (if any), and proposed work plan or objectives for the following year.

This report fulfills this requirement for the Finance Committee.

All Finance Committee reports from 2009 onward and attachments can be found on the County website at <http://ca-contracostacounty.civicplus.com/index.aspx?NID=2286>.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Lisa Driscoll, County Finance
Director (925) 335-1023

, County Administrator and Clerk of the Board of Supervisors

By: , Deputy

cc: Robert Campbell, Auditor-Controller

BACKGROUND: (CONT'D)

Due to the COVID-19 pandemic the Finance Committee met only two times in 2020, and received reports and/or made recommendations to the Board of Supervisors concerning issues related to:

- Regular Capital Facility Updates and Specific Building Projects; and
- Single Audit for the Fiscal Year ending June 30, 2019.

At year end, the Finance Committee had pending referrals on:

- Continuing to implement and evaluate the Real Estate Asset Management Plan (RAMP); and
- Developing options for additional funding sources to comply with Municipal Regional Permit 2.0 (Storm water).

Additionally, the Board of Supervisors created an Ad Hoc Committee of Supervisors Mitchoff and Gioia to work on development of an expenditure plan prior to a sales tax ballot measure being listed. The measure (Measure X) was successful.



Contra
Costa
County

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: February 9, 2021

Subject: Substantial Amendment to the County's FY 2019/20 ESG Annual Action Plan: Allocation of ESG-CV2 funds

RECOMMENDATION(S):

1. APPROVE a Substantial Amendment to the County's FY 2019/20 Emergency Solutions Grant (ESG) Annual Action Plan to add \$9,283,441 in Emergency Solutions Grant-Coronavirus 2 (ESG-CV2) funds under the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 to the following:
 - a. \$3,713,377 to the County's Health, Housing, and Homeless (H3) Division of the Health Services Department to support the County's Hotel/Motel Emergency Shelter Program.
 - b. \$4,641,720 to the County's H3 Division of the Health Services Department to support a Rapid Rehousing Program servicing those who are sheltered in a County Hotel/Motel Emergency Shelter.
 - c. \$232,086 to County's H3 Division of the Health Services Department to support the County's Homelessness Management and Information System.
 - d. \$696,258 to the County's Department and Conservation and Development for general program administration.
2. AUTHORIZE the DCD Director, or designee, to execute the program certifications and applications (SF-424's) for transmittal to the U.S. Department of Housing and Urban Development (HUD); and
3. AUTHORIZE the DCD Director, or designee, to execute ESG-CV2 program/project agreements with the service providers in the amounts and for the services described in this Substantial Amendment.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Gabriel Lemus,
925-674-7882

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

By: , Deputy

cc:

FISCAL IMPACT:

There is no General Fund impact. All funds are provided to Contra Costa County on a formula basis through the U.S. Department of Housing and Urban Development.

CATALOG OF FEDERAL DOMESTIC ASSISTANCE:

ESG Program - 14.231

BACKGROUND:

On June 9, 2020, the U.S. Department of Housing and Urban Development (HUD) announced and allocated an additional \$2.96 billion in CARES Act funding to eligible ESG grantees. Contra Costa County, as an ESG grantee, was awarded an additional \$9,283,441 in ESG-Coronavirus funds, known as ESG-CV2. As with the first allocation of ESG-CV funds, these funds must be utilized for activities to assist those who are experiencing homelessness but the funds must also prevent, prepare for, and/or respond to the coronavirus and its impacts. There are six eligible components/activities that ESG Program funds can be utilized for, which are: 1) Emergency Shelter Services/Operations; 2) Street Outreach; 3) Rapid Rehousing; 4) Homelessness Prevention; 5) Data Collection; and 6) Administration.

Given that the ESG Program funds are to primarily benefit those who are experiencing homelessness, County staff recommended that the distribution of funds to eligible components/activities be recommended by the County's Council on Homelessness (CoH), the Board appointed advisory committee on homelessness matters, with those recommendations to be considered by the Board of Supervisors. A working group of CoH members along with County staff met during the months of September and October 2020 to prepare recommendations for the CoH to consider. On November 5, 2020, County staff presented recommendations to the CoH and the CoH approved the ESG-CV2 funds in the following manner:

ESG-CV2 Recommendations:

-Hotel/Motel Emergency Shelter Program: Congregate shelters for the homeless, where many people shelter together in one space, present a risk for quick spread of the coronavirus. The Health, Housing, and Homelessness Division (H3) of Contra Costa County's Health Services Department is the lead agency in coordinating and managing the effort of operating non-congregate emergency shelters through the County's Hotel/Motel Emergency Shelter Program. Staff is recommending ESG-CV2 funds to H3 to support the County's Hotel/Motel Emergency Shelter Program. The ESG-CV2 funds would be used by H3 to support operations in one or multiple hotel/motel sites to ensure as many persons experiencing homelessness are placed in emergency shelter and are not further displaced into literal homelessness, and that the County can continue to manage the spread of the coronavirus by placing those individuals into safe temporary shelter at hotels/motels. (Recommended Amount: \$3,713,377)

-Rapid Rehousing Program: In conjunction with the Hotel/Motel Emergency Shelter Program, the County H3 Division will implement a rapid rehousing program to provide rapid exits to permanent housing for individuals and families currently in the County's Hotel/Motel Emergency Shelter Program. As part of this program H3 will subcontract with a qualified service provider to help assess individuals/families and to assist with placing them in permanent housing units. (Recommended Amount: \$4,641,720)

-Homeless Management Information System (HMIS): Every ESG-CV program is required by HUD to input client information/data in the County's Continuum of Care's HMIS reporting system. The County's H3 Division within the County Health Services Department is the HMIS Lead Agency for the Contra Costa County Continuum of Care. The ESG-CV regulations allow for the HMIS Lead Agency to utilize ESG-CV funds to upgrade or improve the current HMIS capabilities and to pay for staff operating the HMIS system to collect and report better data about the impact of coronavirus across the County. This will allow H3 staff to collect data that is necessary to coordinate and report on activities to prevent, prepare for, and respond to coronavirus among individuals and families experiencing homelessness, at risk of homelessness, and receiving homeless assistance. (Recommend Amount: \$232,086)

-Administration: County staff will take on additional responsibility in managing these new programs to ensure that federal requirements are met and funds are being utilized in the manner necessary to address impacts of COVID-19. (Recommended Amount: \$696,258)

As with the ESG-CV1 funds, the ESG-CV2 funds have an expenditure deadline of September 30, 2022; however, it is anticipated that the funds will be fully expended by June 30, 2022 or much earlier.

CONSEQUENCE OF NEGATIVE ACTION:

If the Substantial Amendment to the FY 2019/20 ESG Action Plan is not approved, it would delay or jeopardize the County receiving ESG-CV2 funds to specifically address some of the negative impacts from COVID-19 experienced by many residents and households throughout the County that are experiencing homelessness.

CHILDREN'S IMPACT STATEMENT:

The ESG-CV Program funds and recommendations support one or more of the following children's outcomes:

- (1) Children Ready for and Succeeding in School;
- (2) Children and Youth Healthy and Preparing for Productive Adulthood;
- (3) Families that are Economically Self Sufficient;
- (4) Families that are Safe, Stable and Nurturing; and
- (5) Communities that are Safe and Provide a High Quality of Life for Children and Families.



**Contra
Costa
County**

To: Board of Supervisors
From: John Kopchik, Director, Conservation & Development Department
Date: February 9, 2021

Subject: Recommendations for State Emergency Solutions Grant-Coronavirus (State ESG-CV) Program Funds

RECOMMENDATION(S):

1. APPROVE recommendations to allocate State of California Emergency Solutions Grant-Coronavirus 1 (State ESG-CV1) funds to the following:
 - a. \$804,500 to the County's Health, Housing, and Homelessness (H3) Division of the Health Services Department to support the County's Hotel/Motel Emergency Shelter Program.
 - b. \$204,500 to the County H3 Division of the Health Services Department to support the County's Homelessness Management and Information System (HMIS).
 - c. \$56,100 to the County's Department and Conservation and Development for general program administration.

2. APPROVE recommendations to allocate State of California Emergency Solutions Grant-Coronavirus 2 (State ESG-CV2) funds to the following:
 - a. Up to \$4,838,700 to County's (H3) Division of the Health Services Department to support the County's Hotel/Motel Emergency Shelter Program.
 - b. Up to \$161,300 to the County's Department and Conservation and Development for general program administration.

3. AUTHORIZE the DCD Director, or designee, to execute State ESG-CV program agreements with the recommended service providers.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Gabriel Lemus,
925-674-7882

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

By: , Deputy

cc:

FISCAL IMPACT:

No General Fund impact. All funds are provided to the County on a formula basis through the State of California. The State ESG-CV funds are allocated to the State by the U.S. Department of Housing and Urban Development, and then distributed to eligible local Administrative Entities. Contra Costa County is an eligible Administrative Entity. The State ESG-CV1 formula allocation to the County is confirmed as \$1,065,100; however, the amount of \$5 million of the State ESG-CV2 funds is currently an estimated amount that was provided by the State to the County.

BACKGROUND:

The State of California Department of Housing and Community Development (HCD) allocates State Emergency Solutions Grant (ESG) funds to Continuum of Care (CoC) geographic areas. The CoC is a program through which the U.S. Department of Housing and Urban Development strives to end homelessness. The County's Health, Housing and Homeless Services manages the CoC for Contra Costa. The County Department of Conservation and Development (DCD) is the approved Administrative Entity for the State ESG funds and is required to collaborate with the CoC. The ESG Program provides funds to activities that (1) engage homeless individuals and families who are living on the street, (2) improve the number and quality of emergency shelters for homeless individuals and families, (3) help operate shelters, (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, (6) prevent families/individuals from becoming homeless, and (7) reporting and management of client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness.

As part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that was passed by Congress and signed by the President on March 27, 2020, HCD received an additional amount of ESG-Coronavirus (ESG-CV) funds from the U.S. Department of Housing and Urban Development (HUD) to allocate to the various Administrative Entities to distribute in their respective CoC geographic areas. In addition to the range of regular ESG eligible activities, the ESG-CV funds must also prevent, prepare for, and/or respond to the coronavirus and its impacts.

On July 14, 2020, the Board of Supervisors approved Resolution 2020/193 to apply and receive State ESG-CV1 funds and on November 17, 2020, the Board of Supervisors approved Resolution 2020/297 to apply and receive State ESG-CV2 funds. At those respective times it was indicated that service providers were not yet selected and that the allocations to service providers would be recommended at a later date for the Board's consideration. Below are the recommendations that have been discussed and presented to the County's Council on Homelessness, the Board appointed advisory committee on matters of homelessness in the County.

State ESG-CV1 Recommendations:

-Hotel/Motel Emergency Shelter Program: Congregate shelters for the homeless, where many people shelter together in one space, present a risk for quick spread of the coronavirus. The Health, Housing, and Homelessness Division (H3) of Contra Costa County's Health Services Department is the lead agency in coordinating and managing the effort of operating non-congregate emergency shelters through the County's Hotel/Motel Emergency Shelter Program. Staff is recommending State ESG-CV1 funds to H3 to support the County's Hotel/Motel Emergency Shelter Program. The State ESG-CV1 funds would be used by H3 to support operations in one or multiple hotel/motel sites to ensure as many persons experiencing homelessness are placed in emergency shelter and are not further displaced into literal homelessness, and that the County can continue to manage the spread of the coronavirus by placing those individuals into safe temporary shelter at hotels/motels. (Recommended Amount: \$804,500)

-Homeless Management Information System (HMIS): Every ESG-CV program is required by HUD to input client information/data in the County's Continuum of Care's HMIS reporting system. The County's H3 Division within the County Health Services Department is the HMIS Lead Agency for the

Contra Costa County Continuum of Care. The ESG-CV regulations allow for the HMIS Lead Agency to utilize ESG-CV funds to upgrade or improve the current HMIS capabilities and to pay for staff operating the HMIS system to collect and report better data about the impact of coronavirus across the County. This will allow H3 staff to collect data that is necessary to coordinate and report on activities to prevent, prepare for, and respond to coronavirus among individuals and families experiencing homelessness, at risk of homelessness, and receiving homeless assistance. (Recommend Amount: \$204,500)

-Administration: County staff will take on additional responsibility in managing these new programs to ensure that federal requirements are met and funds are being utilized in the manner necessary to address impacts of COVID-19. (Recommended Amount: \$56,100)

State ESG-CV2 Recommendations:

-Hotel/Motel Emergency Shelter Program: Congregate shelters for the homeless, where many people shelter together in one space, present a risk for quick spread of the coronavirus. The Health, Housing, and Homelessness Division (H3) of Contra Costa County's Health Services Department is the lead agency in coordinating and managing the effort of operating non-congregate emergency shelters through the County's Hotel/Motel Emergency Shelter Program. Staff is recommending State ESG-CV1 funds to H3 to support the County's Hotel/Motel Emergency Shelter Program. The State ESG-CV2 funds would be used by H3 to support operations in one or multiple hotel/motel sites to ensure as many persons experiencing homelessness are placed in emergency shelter and are not further displaced into literal homelessness, and that the County can continue to manage the spread of the coronavirus by placing those individuals into safe temporary shelter at hotels/motels. (Recommended Amount: \$4,838,700)

-Administration: County staff will take on additional responsibility in managing these new programs to ensure that federal requirements are met and funds are being utilized in the manner necessary to address impacts of COVID-19. (Recommended Amount: \$161,300)

Both the State ESG-CV1 funds and State ESG-CV2 funds have an expenditure deadline of September 30, 2022; however, it is anticipated that the funds will be fully expended by June 30, 2022 or much earlier.

CONSEQUENCE OF NEGATIVE ACTION:

If the recommendations are not approved, it would delay getting the funds to the necessary services to specifically address some of the negative impacts from COVID-19 experienced by many residents and households throughout the County that are experiencing homelessness.

CHILDREN'S IMPACT STATEMENT:

Programs and activities funded with State ESG-CV support one or more of the following children's outcomes:

- (1) Children Ready for and Succeeding in School;
- (2) Children and Youth Healthy and Preparing for Productive Adulthood;
- (3) Families that are Economically Self Sufficient;
- (4) Families that are Safe, Stable and Nurturing; and
- (5) Communities that are Safe and Provide a High Quality of Life for Children and Families



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: February 9, 2021

Subject: 2020 Annual Report for the Bethel Island MAC

RECOMMENDATION(S):

ACCEPT the 2020 Annual Report for the Bethel Island Municipal Advisory Council, as recommended by Supervisor Diane Burgis.

FISCAL IMPACT:

None.

BACKGROUND:

On June 18, 2002, the Board of Supervisors adopted Resolution No. 2002/377, which requires that each regular and ongoing board, commission, or committee shall annually report to the Board of Supervisors on its activities, accomplishments, membership attendance, required training/certification (if any), and proposed work plan or objectives for the following year, on the second Tuesday of December.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: Lea
Castleberry

By: , Deputy

cc:

ATTACHMENTS

Bethel Island MAC 2020 Annual
Report

**Bethel Island
Municipal Advisory Council**



Phil Kammerer, Chair

**Supervisor Diane Burgis,
District III**

Lea Castleberry, Deputy Chief of Staff
3361 Walnut Blvd., Ste 140
Brentwood, CA 94513
(925) 252-4500
Lea.Castleberry@bos.cccounty.us

*The Bethel Island Municipal Advisory Council serves as an advisory body to the
Contra Costa County Board of Supervisors and the County Planning Agency.*

2020 Annual Report to the Board of Supervisors

Prepared by:
Office of Supervisor Diane Burgis, Lea Castleberry

Submitted by:
Phillip Kammerer, Chairperson

Activities and Accomplishments

The primary goals of the Bethel Island MAC in 2020 were to increase community awareness and participation at the monthly MAC meetings and to represent the community's interests, concerns and voice for the Board of Supervisors.

Although some annual events were cancelled due to Covid-19, the MAC's activities and efforts have resulted in improvements and changes in 2020:

- A successful Community Clean-Up Day was held September 12, 2020. Mount Diablo Resource Recovery donated dumpster bins and staff time for the event and Bethel Island Municipal Improvement District provided the location and staff resources to make the event run smoothly. The community cleanup was free of charge to all rate paying Bethel Island residents.
- Continuing to work on projects for the community with the PG&E Mitigation Funds.
- Continuing to promote and expand the Heart Safe Communities program.
- Continuing to work with the Sheriff's Department, East Contra Costa Fire Protection District and California Highway Patrol on safety concerns within the Bethel Island community.
- Participating in the quarterly East County Community Disaster Committee.

The MAC receives monthly reports from the following agencies:

- California Highway Patrol – Officer Donnie Thomas
- Contra Costa Sheriff's Department – Lt. Mark Johnson

Bethel Island MAC
2020 Annual Report and 2021 Work Plan

- East Contra Costa Fire Protection District – Battalion Chief, Ross Macumber and Director Stephen Smith
- Office of Supervisor Diane Burgis – Lea Castleberry, Deputy Chief of Staff

The MAC has become a place where Bethel Island residents can receive updated information on services provided by Contra Costa County and/or other local agencies such as public health, safety, welfare, public works and planning.

2020 Membership

Chair, Phil Kammerer
Vice Chair, Belinda Bittner
Councilmember, Pam Allen
Councilmember, Rob Brunham
Councilmember Mark Whitlock

Attendance in 2020

January – Rob Brunham
February – No Absences
March – Phil Kammerer
April – No Absences
May – Pam Allen and Rob Brunham
June – No Absences
July – No Absences
August – Rob Brunham
September – No Absences
October – Meeting Cancelled
November – No Absences
December – Meeting Cancelled

MAC Work Plan and Objectives for 2021

The Bethel Island MAC priorities for 2021 will continue to provide the community with the opportunity to communicate with the various County Departments.

We will work to schedule pertinent and informative speak presentations at the monthly meetings.

We will continue to work on items including:

1. Reflective Address Signs
2. Code Enforcement Priorities
3. Outreach to the local mobile home parks
4. Heart Safe Communities Program
5. Transportation Outreach
6. Public Safety Outreach
7. Repairs to Utility Poles

The Bethel Island MAC is scheduled to meet on the 2nd Tuesday of the month at 6:00p.m. at the Bethel Island Municipal Improvement District Office located at 3085 Stone Road or virtually due to Covid-19.



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: February 9, 2021

Subject: 2020 Annual Report for the Discovery Bay P-6 CAC

RECOMMENDATION(S):

ACCEPT the 2020 Annual Report for the Discovery Bay P-6 Citizen Advisory Committee, as recommended by Supervisor Diane Burgis.

FISCAL IMPACT:

None.

BACKGROUND:

On June 18, 2002, the Board of Supervisors adopted Resolution No. 2002/377, which requires that each regular and ongoing board, commission, or committee shall annually report to the Board of Supervisors on its activities, accomplishments, membership attendance, required training/certification (if any), and proposed work plan or objectives for the following year, on the second Tuesday of December.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Lea Castleberry
925-252-4500

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

By: , Deputy

cc:

ATTACHMENTS

Discovery Bay P-6 CAC 2020 Annual
Report

Discovery Bay P-6 Zone Citizen Advisory Committee



Richard Kane, Chair

Supervisor Diane Burgis
District III

Lea Castleberry, Deputy Chief of Staff
3361 Walnut Blvd., Ste 140
Brentwood, CA 94513
(925) 252-4500
Lea.Castleberry@bos.cccounty.us

*The Discovery Bay Citizen Advisory Committee serves as an advisory body to the
Contra Costa County Board of Supervisors and the County Planning Agency.*

2020 Annual Report to the Board of Supervisors

Prepared by:
Office of Supervisor Diane Burgis, Lea Castleberry

Submitted by:
Richard Kane, Chairperson

Activities and Accomplishments

The primary goal of the Discovery Bay P-6 Zone Citizen Advisory Committee (DB P-6 CAC) in 2020 was to continue to be the connection between the residents of Discovery Bay with the County regarding Sheriff's services.

During 2020 the Discovery Bay P-6 Zone CAC activities and efforts included:

- Discussed the Discovery Bay P-6 Zone Expenditure Plans and the Current Fund Balance.
- The committee requested and the Sheriff approved funding for 24 License Plate Readers at all entrances of Discovery Bay.
- The Discovery Bay P-6 Zone CAC members continued to work with the Sheriff's Office and Crime Specialist regarding benefits for the Discovery Bay community.
- The committee continued to serve as an outlet for residents to discuss concerns regarding public safety in the community.
- The committee approved changing the meeting dates from quarterly to twice a year (January and June) and revisit in 2022.

Members in 2020

- Chair Richard Kane
- Vice Chair Joseph Selby
- Committee member Bob Mankin
- VACANT SEAT
- VACANT SEAT

Attendance in 2020

January – All members present

April – Meeting Cancelled

July – All members present

October – All members present

Discovery Bay P-6 Zone Citizen Advisory Committee Objectives for 2021

The Discovery Bay P-6 Zone Citizen Advisory Committee’s priorities for 2021 will continue to be to provide the Discovery Bay community with the opportunity to communicate with the Sheriff’s Department.

We will continue to work on:

- 1.) Work with the Sheriff’s Department to make public safety a priority in the community.
- 2.) Serve as an outlet for residents to discuss concerns regarding public safety in the community.
- 3.) Work to increase programs to educate youth regarding public safety and expand youth programs in the community.

The Discovery Bay P-6 Zone CAC is currently scheduled to meet in January and June on the 2nd Wednesday of the month at 6:00 located at the Discovery Bay Community Center at 1601 Discovery Bay Blvd. in Discovery Bay or via Zoom.



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: February 9, 2021

Subject: 2020 Annual Report for the Knightsen TAC

RECOMMENDATION(S):

ACCEPT the 2020 Annual Report for the Knightsen Town Advisory Council, as recommended by Supervisor Diane Burgis.

FISCAL IMPACT:

None.

BACKGROUND:

On June 18, 2002, the Board of Supervisors adopted Resolution No. 2002/377, which requires that each regular and ongoing board, commission, or committee shall annually report to the Board of Supervisors on its activities, accomplishments, membership attendance, required training/certification (if any), and proposed work plan or objectives for the following year, on the second Tuesday of December.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Lea Castleberry
925-252-4500

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

By: , Deputy

cc:

ATTACHMENTS

Knightsen TAC 2020 Annual Report
10-28-20 KTAC Wetlands Letter to
BOS



*The Knightsen Town Advisory Council serves as an advisory body to the
Contra Costa County Board of Supervisors and the County Planning Agency.*

2020 Annual Report to the Board of Supervisors

Prepared by:
Office of Supervisor Diane Burgis, Lea Castleberry

Submitted by:
Kim Carone, Chairperson

Activities and Accomplishments

The primary goals of the Knightsen TAC in 2020 were to increase community awareness and participation at the monthly TAC meetings and to represent the community's interests, concerns and voice to the Board of Supervisors.

The TAC received informative presentations and provided thoughtful feedback on matters that impact the Knightsen community and look forward to receiving additional updates in 2021:

- Jan: Steve Ohmstede, Knightsen Ambassador for East Contra Costa County Fire Protection District regarding the District's Local Revenue Measure Feasibility Project.
- Aug: Abby Fateman, East Contra Costa County Habitat Conservancy and Mitch Avalon, County Public Works regarding the proposed Knightsen Wetlands Restoration Project.

The TAC's activities and efforts have resulted in improvements and changes in 2020:

- A successful Community Clean-Up Day was held October 17, 2020. The Mount Diablo Resource and Recovery donated dumpster bins and staff time for the event. The community cleanup was free of charge to all rate paying residents of Knightsen.
- Downtown Knightsen Beautification Project which includes solar lighting for community welcome sign and portable landscaping.
- Continuing to work with the Sheriff's Department, East Contra Costa Fire Protection District and California Highway Patrol on safety concerns within the Knightsen community.

Knightsen TAC
2020 Annual Report and 2021 Work Plan

- The Knightsen TAC sent a letter to the Board of Supervisors on October 28, 2020 sharing the public comment received as it pertains to the proposed Knightsen Wetlands Restoration Project. (Letter enclosed)

The TAC receives monthly reports from the following agencies:

- California Highway Patrol – Officer Donnie Thomas
- Contra Costa Sheriff’s Department – Lt. Mark Johnson
- East Contra Costa Fire Protection District – Battalion Chief Ross Macumber and Director Stephen Smith
- Knightsen Community Services District
- Office of Supervisor Diane Burgis – Lea Castleberry, Deputy Chief of Staff

The TAC has become a place where Knightsen residents can receive updated information on services provided by Contra Costa County and/or other local agencies such as public health, safety, welfare, public works and planning.

2020 Membership

Chair, Kim Carone
Vice Chair, Andrew Steudle
Councilmember, Debbie Allsup
Councilmember, Maria Jehs
Councilmember, Karen Reyna

Attendance in 2020

January – All Members Present
February – All Members Present
March – Meeting Cancelled
April – All Members Present
May – All Members Present
June – All Members Present
July – All Members Present
August – All Members Present
September – All Members Present
October – All Members Present
November – Meeting Cancelled
December – Meeting Cancelled

TAC Work Plan and Objectives for 2021

The Knightsen TAC priorities for 2021 will be to increase community awareness and participation at the monthly TAC meetings and to represent the community's interests, concerns and voice to the Board of Supervisors.

We will continue to work on items including:

1. Code Enforcement Priorities
2. Transportation Outreach
3. Public Safety Outreach
4. Downtown Beautification
5. Knightsen Community Events

The Knightsen TAC is scheduled to meet on the 3rd Tuesday of the month at 7:30p.m. at the Knightsen Farm Bureau located at 3020 Second Street in Knightsen or virtually due to Covid-19.

Kim Carone, Chair
Andrew Steudle, Vice Chair
Debbie Allsup, Councilmember
Maria Jehs, Councilmember
Karen Reyna, Councilmember



Knightsen Town Advisory Council

*The Knightsen Town Advisory Council serves as an advisory body to the
Contra Costa County Board of Supervisors.*

October 28, 2020

Contra Costa County Board of Supervisors
c/o Clerk of the Board
1025 Escobar Street, 1st Floor
Martinez, CA 94553

RE: Proposed Knightsen Wetlands Restoration Project

Honorable Board of Supervisors,

At the August 18, 2020 Knightsen Town Advisory Council ("KTAC") meeting, the board received a presentation by Abby Fateman from the East Contra Costa County Habitat Conservancy on a proposed project within the Knightsen community called the Knightsen Wetlands Restoration Project ("Project"). After the presentation concluded, the board requested this item return for the September meeting to deliberate if a position should be taken by KTAC on the proposed project.

At the September 15, 2020 meeting, Lea Castleberry from the Office of Supervisor Diane Burgis opened the item and recapped the presentation of August 18, 2020. She explained how the Project being considered was still in the concept phase and not a defined project, and that as Ms. Fateman stated; that there are still many studies, data development and investigations that need to take place before a final project is proposed. She also noted that the community will have the opportunity to review the studies and provide input before the Project is fully developed. Ms. Castleberry also relayed the concerns that Supervisor Burgis had with our board taking a position on the Project while the project development was on-going and not currently defined.

We then opened our meeting to Public Comment where we received comments and concerns from both residents and attendees at the meeting regarding the Project. The identity of those individuals who spoke during Public Comment and whether they are residents or not, along with, their comments are noted below:

(continued)

Roger Cuddle – lives on Byron Highway, feels that the Irrigation District caused the flooding and that there is no flooding problem right now. He is requesting more research and facts regarding flooding. - Resident

Mark Whitlock – The board should not vote on a project that is still being defined. – Non-Knightsen Resident

Gil Sommerhalder – Property should be kept as farmland. - Resident

Paul Kunkel – Feel that waiting until a project is defined will make it impossible to oppose and asks that a vote be taken to oppose the Project- Resident

Mr. Galloway – Has lived in Knightsen since 1956 and sees no benefit to the people. - Resident

James Dean – What is the purpose of the project; seems like more negatives than positives. - Resident

Anne Marie – No support for this project; no benefit to the community and serious risks. - Resident

Al Bello – Lived in Knightsen for 82 years and nothing but falsified documents. - Resident

Sandra Maxfield – Resident for 20 years and a Hydrologist by profession. She believes that the design influence is negative since the information is false and does not see good judgement being used in science. - Resident

Dave Burnell – Oppose Wetlands; because he lives across from the project location and is opposed because he believes he will be adversely affected by it; it is too risky and is worried about septic tanks and wells. - Resident

Ms. Bollinger – Lives on Delta Road and wishes to stop the project before it goes farther, believes there is not enough information and too many risks. Also feels that KTAC should listen to residents who do not support the project. - Resident

Mike Slocum – wants people's voices heard. - Resident

Carolyn Steen – Agrees with previous comments. Lives on Eagle Lane. Concerns – traffic, road impacts, parking, septic and well concerns and impacts to flood insurance. - Resident

Marabelle Ortum- Lives on Delta next to the Project and is opposed to the project; wants her voice heard and the project to end. She just learned about the project today and is very concerned. - Resident

Evelyn – Against project. Nature not water. - Resident

Lloyd Galloway – Is Mr. Nunn involved in this project? - Resident

Our board made the motion to follow the Supervisor's recommendation and not take a position on this proposed project, but to send a letter to the Board of Supervisors sharing the above public comments regarding the Project with the Board.

Office of Supervisor Diane Burgis
3361 Walnut Blvd., Ste 140
Brentwood, CA 94513
(925) 252-4500

Thank you for accepting our letter and reviewing the comments from those who took the time to address our board.

Sincerely,



Kim Carone, Chair

Office of Supervisor Diane Burgis
3361 Walnut Blvd., Ste 140
Brentwood, CA 94513
(925) 252-4500



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Payment for Services Provided by Sharjo, Inc. (dba Service Master Restoration Services)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, to pay \$241,865 to Sharjo, Inc. (dba Service Master Restoration Services), a corporation, for providing emergency restoration services to resolve emergency events requiring immediate assistance at Contra Costa Regional Medical Center (CCRMC) and Health Centers, for the months September 1, 2020 through November 30, 2020.

FISCAL IMPACT:

Approval of this payment for services will result in an expenditure of \$241,865 and will be funded 100% by Hospital Enterprise Fund I revenues.

BACKGROUND:

On November 12, 2019, the Board of Supervisors approved Contract #76-624-1 (as amended by Amendment Agreement #76-624-3) with Sharjo, Inc. (dba Service Master Restoration Services) to provide emergency restoration services to resolve emergency events requiring immediate assistance as determined by the Facilities Administration staff at CCRMC and Health Centers for the period December 1, 2019 through November 30, 2020.

The contractor met the contract payment limit of \$3,700,000 and due to a COVID-19 surge, services needed to increase immediately. Due to COVID-19, County has been using contractor seven days per week

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jaspreet Benepal,
925-370-5101

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

By: , Deputy

cc: Leslie Walker, M Wilhelm

BACKGROUND: (CONT'D)

to perform deep cleaning at CCRMC and Health Centers, and County will continue to use contractor's services until the pandemic is over.

The contractor is entitled to payment for the reasonable value of its services under the equitable relief theory of quantum meruit. That theory provides that where a contractor has been asked to provide services without a valid contract, and the contractor does so to the benefit of the County, the contractor is entitled to recover the reasonable value of those services. The contractor has provided services at the request of the county after the original contract payment limit had been reached. The Department cannot pay contractor for services rendered that exceed the contract limits. As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed \$241,865 to Sharjo, Inc. (dba Service Master Restoration Services) for services provided for COVID-19 emergency events occurring September 1, 2020 through November 30, 2020.

CONSEQUENCE OF NEGATIVE ACTION:

If this payment for services is not approved, the contractor will not be paid for services already rendered in good faith.

CHILDREN'S IMPACT STATEMENT:

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: February 9, 2021

Subject: Unpaid Student Training Agreement #26-608-5 with Touro University California

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Unpaid Student Training Agreement #26-608-5 with Touro University California, an educational institution, to provide supervised field instruction at Contra Costa Regional Medical Center and Contra Costa Health Centers for medical residency students, for the period from April 1, 2021 through March 31, 2026.

FISCAL IMPACT:

This is a nonfinancial agreement.

BACKGROUND:

The purpose of this agreement is to provide Touro University California residency students with the opportunity to integrate academic knowledge with applied skills at progressively higher levels of performance and responsibility. Supervised fieldwork experience for students is considered to be an integral part of both educational and professional preparation. The Health Services Department can provide the requisite field education, while at the same time, benefiting from the students' services to patients. The County has been contracting with Touro University California for these mutually beneficial services since 2007.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Jaspreet Benephal,
925-370-5101

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

By: , Deputy

cc: Alaina Floyd, marcy.wilham

BACKGROUND: (CONT'D)

Approval of Unpaid Student Training Agreement #26-608-5 with Touro University California will allow their students to receive supervised fieldwork instruction experience at Contra Costa Regional Medical Center and Health Centers through March 31, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the students will not receive supervised fieldwork instruction experience at Contra Costa Regional Medical Center and Contra Costa Health Centers.

ATTACHMENTS

Touro University

UNPAID STUDENT TRAINING AGREEMENT

Number 26-608-5

1. Contract Identification.

Department: Health Services

Subject: Unpaid student training agreement with Department, sponsored by Contractor

2. Parties. The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: TOURO UNIVERSITY CALIFORNIA

Capacity: Educational Institution

Address: 1310 Club Drive, Mare Island, Vallejo, California 94592

3. Term. The effective date of this Agreement is April 1, 2021, and it terminates March 31, 2026, unless sooner terminated as provided herein.

4. Termination. This Agreement may be terminated by either party, at its sole discretion, upon seven-day advance written notice thereof to the other, or canceled immediately by written mutual consent, subject to termination conditions (if any) set forth in the Program Plan attached hereto and incorporated herein by reference.

5. Program. By this Agreement, County agrees to permit unpaid student training of persons ("Participants") sponsored by Contractor under the following conditions:

a. Services provided under this Agreement are volunteer services, and Participants obtain no employment rights with, or employment benefits from, the County, by virtue of this Agreement or service hereunder. Each Participant agrees to the foregoing and must execute the Unpaid Student Training Participation Agreement form attached hereto, and incorporated herein by this reference.

b. Contract terms and conditions are expressed in the Program Plan attached hereto and incorporated herein by reference.

6. Independent Contractor Status. This Agreement is by and between two independent contractors and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association.

7. Indemnification. Contractor shall defend, indemnify, save and hold harmless County and its officers and employees from any and all claims, costs and liability for any damages, sickness, death or injury to person or property, including without limitation all consequential damages, from any cause whatsoever arising directly or indirectly from or connected with the operation or services provided hereunder by Contractor, its agents, servants, employees, subcontractors, students, or Participants as described herein, save and except claims or litigation arising through the sole negligence or sole willful misconduct of County or its officers or employees.

8. Legal Authority. This Agreement is entered into under and subject to the following legal authority: California Government Code § 26227.

9. Signatures. These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

CONTRACTOR

By _____
Designee

By _____

Recommended by Department

(Designate official capacity)

By _____
Designee

(Form approved by County Counsel)

PROGRAM PLAN

Number 26-608-5

1. **Purpose of the Program.** Touro University California, (hereinafter referred to as “Contractor”) conducts a pharmacy rotation training program for its participating students, in cooperation with County’s Department. The Contractor desires to have its pharmacy rotation students enrolled in this program to receive clinical field experience and instruction from the County, and the County is willing to provide such clinical experience and instruction under the terms and conditions hereinafter set forth. Therefore, the parties will undertake a program whereby such instruction and experience will be provided in accordance with this Agreement (Program), mutually agreed to by the parties.

2. **Contractor’s Obligations.** Contractor shall:
 - a. Designate participant students for participation in the Program conducted pursuant to this Agreement (Participants)
 - b. Suggest dates for the clinical field experience, and cooperate with County’s Department in establishing assignment schedules consisting of specific dates for the placement of a specific number of Participants with the County for training;
 - c. Assign for clinical field experience, only those Participants who are considered adequate by mutual written agreement of the parties hereto;
 - d. Make all necessary arrangements so that each Participant will:
 - (1) Have completed all the necessary courses required by the Contractor as preparation for said clinical field experience;
 - (2) Execute the County’s Unpaid Student Training Participant Agreement (attached as Exhibit A) upon referral to the training Program;
 - (3) Arrange for their own transportation to and from the Health Services Department, and for maintenance and housing during field instruction;
 - (4) Channel educational problems to the appropriate instructor(s) in Contractor’s school;
 - (5) Promptly report any illnesses and absences from duty; *and*
 - (6) Comply with regulations and standards of conduct governing professional personnel in the County Health Services Department.
 - e. Agree to have each Participant furnish to County, upon request, such evidence as Contractor may require showing that the Participant assigned for training is physically, psychologically and/or medically fit. If Contractor needs to provide any confidential medical information regarding Participant, County will have Participant sign a release for such information and forward the release to Contractor; *and*
 - f. Provide County with evidence that the Contractor has in full force and effect, during the term of this Agreement, general liability insurance for Participants designated for participation pursuant to this Agreement with coverage of at least Five Hundred Thousand Dollars (\$500,000) for the activities of the Participants pursuant to this Agreement.

Initials: _____
Contractor County Dept.

PROGRAM PLAN

Number 26-608-5

g. Contractor will retain ultimate responsibility for the education of its students. The Contractor's representative for this Agreement will be a faculty member appointed and assigned by the Contractor, as liaison to the County.

3. **County's Obligations.** County shall:

- a. Comply with all State statutes and regulations applicable to the training of Participants enrolled in the Program;
- b. Accept for clinical field experience those Participants assigned by the Contractor for such a period and in such numbers as may be mutually agreed in writing;
- c. Provide the Participants with learning experiences needed to meet the objectives of the training Program, which will be mutually agreed to by the parties in accordance with this Agreement;
- d. Have the right to terminate the participation of any Participant in the clinical field experience for failure to follow the instructions of County, or for any other lawful reason. In the event of such termination, County shall give prompt written notice to the Contractor; *and*
- e. Comply with applicable state and federal workplace safety laws and regulations. In the event a Participant is exposed to an infectious or environmental hazard or other occupational injury (i.e. needle stick) while at the County, the County, upon notice of such incident from the student, will provide such emergency care as is provided to its employees or students, where applicable.

4. **Joint Obligations.** County and Contractor shall jointly:

- a. Plan the student-training Program, including course content and Participant assignment schedule, so as to provide a sound and effective educational Program;
- b. Review the Program at the end of each training period in order to evaluate progress and recommend changes for the next consecutive training period; *and*
- c. Plan for periodic review of this Agreement.

5. **Participants' Obligations.** Contractor shall ensure that its Participants:

- a. Execute the County's Unpaid Student Training Participant Agreement (attached as Exhibit A hereto) upon referral to the training Program;
- b. Abide by County policies and regulations;
- c. Conduct themselves in an appropriate professional manner consistent with responsibility;
- d. Observe and respect patient's rights, privacy, and dignity; *and*
- e. Comply with applicable County, State, and Federal regulations respecting disclosure of patients' health information and access to, and removal of, medical records and/or information contained therein.

Initials: _____
Contractor County Dept.

PROGRAM PLAN

Number 26-608-5

6. Contractor, County and Participant Agreement. Participants are not entitled to reimbursement by County for expenses associated with the use of personal vehicles while engaged in the training Program covered by this Agreement. Participants are not entitled to any compensation from County during their participation in Contractor's training Program. Participants may receive course credit from Contractor for their participation in the training Program covered by this Agreement.

Initials: _____
Contractor County Dept.
1015

UNPAID STUDENT TRAINING PARTICIPANT AGREEMENT

The County of Contra Costa ("County") and the Participant named below agree as follows:

- 1. Participant will engage in training for a County department pursuant to a contract between the County and a contractor sponsoring the Participant, hereinafter the "Training Program."
- 2. Participant agrees that in connection with Training Program, Participant is a volunteer, and will obtain no employment rights or employment benefits from the County and waives any claim to any employment rights or employment benefits from the County based upon Participant's training services, whether or not authorized under such contract. Participant is not entitled to any monetary compensation or expense reimbursement from County for participation in Training Program; Participant acknowledges that his/her participation in the Training Program is for his/her personal benefit and solely for educational purposes, and that he/she may receive course credit from the educational institution at which he/she is enrolled.
- 3. Participant further agrees that he/she has read and understands the Unpaid Student Training Agreement (identified in paragraph 8, below) between the County and Participant's sponsoring contractor.
- 4. County or Participant may terminate this agreement upon three day's notice, or without prior notice by mutual consent or for cause. Otherwise this agreement terminates upon termination of the Contract between the County and Participant's sponsoring contractor.
- 5. The term of this agreement commences on the date that it is executed by both the County and Participant and terminates on the date that Participant completes his/her assigned placement in the Health Services Department under the contract between the County and the Contractor identified in Paragraph 8 below. The County or Participant may terminate this agreement upon three day's written notice, or without prior notice by mutual consent or for cause.
- 6. Neither the County nor any agent, officer, servant, or employee of the County shall undertake or incur any liability or other responsibility respecting the quantity, quality, kind, or value of the training of Participant and no warranty, express or implied, shall exist in that regard.
- 7. Entire Contract. This Agreement contains all the terms and conditions agreed upon by the parties. Except as expressly provided herein, no other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.

8. Identification of Unpaid Student Training Agreement: Number 26-608-5

Contractor Touro University California
County Department Health Services -

CONTRA COSTA COUNTY

PARTICIPANT

(Printed Name)

By _____
(Designee)

(Signature)



Contra
Costa
County

To: Board of Supervisors
From: Sharon L. Anderson, County Counsel
Date: February 9, 2021

Subject: Conflict of Interest Code for the Contra Costa Water District

RECOMMENDATION(S):

APPROVE amended Conflict of Interest Code for the Contra Costa Water District ("District"), including the list of designated positions.

FISCAL IMPACT:

None.

BACKGROUND:

The District has amended its Conflict of Interest Code and submitted the revised code, attached as Exhibit A, to the Board for approval pursuant to Government Code sections 87306 and 87306.5.

The changes include an updated list of positions designated to file conflict of interest statements. These changes will ensure that the Conflict of Interest Code accurately reflects the current positions and organizational structure in use by the District. A strike-out version of the Conflict of Interest Code is attached as Exhibit B.

CONSEQUENCE OF NEGATIVE ACTION:

None.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Cynthia A. Schwerin, Deputy
County Counsel, (925) 655-2200

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

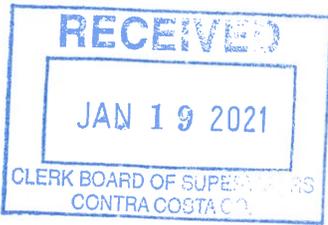
By: , Deputy

cc: Monica Nino, Clerk of the Board of Supervisors, Cynthia A. Schwerin, Deputy County Counsel, Stephen J. Welch, P.E., S.E., General Manager, Contra Costa Water District

ATTACHMENTS

Exhibit A - Conflict of Interest Code for Contra Costa Water District

Exhibit B - Conflict of Interest Code for Contra Costa Water District -
STRIKE-OUT



CERTIFIED A TRUE COPY OF THE ORIGINAL

Mary A. Neher
Mary A. Neher, District Secretary
Contra Costa Water District

RESOLUTION NO. 20-018

**A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE CONTRA COSTA WATER DISTRICT
AMENDING THE CODE OF REGULATIONS – CHAPTER 3.08,
CONFLICT OF INTEREST CODE**

WHEREAS the Political Reform Act of 1974 (California Government Code Section 81000 et seq., as amended) and the implementing regulations adopted by the California Fair Political Practices Commission (FPPC) (2 California Code of Regulations Section 18109 et seq., as amended) require the District to adopt and to periodically update a Conflict of Interest Code; and

NOW THEREFORE BE IT RESOLVED by the Board of Directors of the Contra Costa Water District that Section 3.08.030 of Chapter 3.08 of the Code of Regulations, Conflict of Interest Code, is amended as set forth in Exhibit, attached hereto and incorporated herein, and the General Manager or his designee is hereby authorized and directed to do all things necessary and proper to implement this Resolution, including submission to the code reviewing body.

BE IT FURTHER RESOLVED that this resolution shall be effective upon its adoption; and constitute the Conflict of Interest Code for the Contra Costa Water District provided,

however, that in accordance with applicable state regulations, the amended Conflict of Interest Code shall not become operative until the thirtieth day following its approval by the code reviewing body.

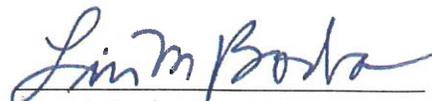
The foregoing Resolution was duly and regularly adopted at a regular meeting held on the 9th day of December 2020, by the Board of Directors of the Contra Costa Water District, by the following vote of the Board:

AYES: Holdaway, Burgh, Avila, Borba, Martinez

NOES:

ABSTAIN:

ABSENT:



Lisa M. Borba, President

ATTEST:



Mary A. Neher, District Secretary

Chapter 3.08

CONFLICT OF INTEREST CODE*

Sections:

- 3.08.010 Adoption of Standard Code.
- 3.08.020 Government Code Section 87200 Filers.
- 3.08.030 Disclosure Categories and Designated Positions.
- 3.08.040 Additions to Standard Code.

*Prior Resolution History: Res 09-19 Exh. A: Res 94-108 Exh. A and Reg. 152 Appendix.

3.08.010 Adoption of Standard Code.

A. The Political Reform Act (California Government Code Section 81000 et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. Sec. 18730), that contains the terms of a standard conflict of interest Code, that can be incorporated by reference in an agency's code. After public notice and hearing, the regulation may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 Cal. Code of Regs. Sec. 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict of interest code of the Contra Costa Water District (District).

B. Individuals holding designated positions shall file their statements of economic interests with the District, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the District.

3.08.020 Government Code Section 87200 Filers.

It has been determined that the positions listed below manage public investments and will file a statement of economic interests pursuant to Government Code Section 87200:

- Members of the Board of Directors
- General Manager
- Assistant General Manager - Administration
- Director of Finance
- Director of Finance & Human Resources
- Accounting Manager

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

3.08.030 Disclosure Categories and Designated Positions

A. Designated Positions and Assigned Disclosure Category

Designated Position	Assigned Disclosure Category
Advisor to the General Manager	1
Assistant General Manager-Engineering	1
Assistant General Manager-Engineering and Operations and Maintenance	1
Assistant General Manager-Planning and Water Resources	1
Assistant General Manager-Policy and External Affairs	1
Special Assistant to the General Manager	1
Executive Assistant to the General Manager	1
Director of Diversity and Inclusion	1
Director of Operations and Maintenance	1
Watershed and Lands Manager	1
Director of Planning	1
Director of Engineering	1
Director of Construction	1
Water Resources Manager	1
Real Property Agent	1
Construction Manager	2
Engineering Manager	2
Health and Safety Manager	2
Human Resources Manager	2
Human Resources and Risk Manager	2
Director of Public Affairs	2
Maintenance Manager (Distribution)	2
Maintenance Manager (Storage and Conveyance)	2
Planning Manager	2
Internal Auditor	2
Water Operations Manager	2
Risk Management Officer	2
Purchasing Officer	2
Principal Engineer	2
Principal Planner	2
Principal Water Resources Specialist	2
Senior Engineer	2
Special Projects Manager	2
Project Controls Manager	2
Information Systems Manager	2
Environmental Compliance Officer	2
Watershed and Environmental Planning Manager	2
Consultants*	2

*Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest category in the Code; subject to the following limitations: The General Manager may determine, in writing, that a particular consultant, (other than the General Counsel, who must disclose pursuant to the broadest category in the conflict-of interest code), although a "designated position" has been hired to perform a range of duties that is limited in scope and thus, is not required to fully comply with the disclosure requirements of the Code. Such written determination shall include a description of the consultant's duties, and, based upon that description, a statement of the extent of disclosure requirements. The General Manager's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

B. Disclosure Categories

Category I: Persons occupying positions in category 1 shall disclose all investments, interests in real property located within the jurisdiction or within two miles of the boundaries of the jurisdiction or within two miles of any land owned or used by the District, sources of income, including gifts, loans, and travel payments, and business positions held in business entities located in or doing business within the jurisdiction of the District.

Category II: Persons occupying positions in Category II shall disclose any investments in, sources of income, including gifts, loans, and travel payments, from, and business positions held, in any business providing services, supplies, materials, or equipment of the type utilized by the District, and located in or doing business within the District, including, but not limited to, office equipment, financial and insurance institutions, public utilities, and engineering services.

3.08.040 Additions to Standard Code.

- A. The following is a list of types of disclosable interests. Please note that this list is not all-inclusive.
- Sources that have filed claims with the District or have a claim pending within the previous two years
 - Construction and building materials;
 - Office equipment and supplies;
 - Banks and savings and loan institutions;
 - Public utilities;
 - Financial audit services;
 - Insurance services;
 - Printing, reproduction, or photographic equipment, supplies and services;
 - Chemical supplies and equipment;
 - Motor vehicles and specialty vehicles, parties and supplies;
 - Petroleum products;
 - Measuring and calculating equipment;
 - Safety equipment and supplies;
 - Telephone and communications services and equipment;
 - Pipes, valves, fittings, pumps, tanks and similar materials;
 - Water quality testing equipment and services;
 - Cathodic protection equipment, services and supplies;
 - Engineering services;
 - Employment and temporary help agencies;
 - General and specialty equipment rental;
 - Demolition, construction and maintenance services;
 - Real estate sales or investment firms;
 - Consulting services: legal, energy and power, engineering, soils testing, water treatment, data processing, computers, financial, labor relations, employee training, advertising, communications, design, art work, audiovisual, movie production, planning, water pricing and demand, economists, auditing, desalination, architecture environmental, appraisal.
 - Information technology

Chapter 3.08

CONFLICT OF INTEREST CODE*

Sections:

- 3.08.010 Adoption of Standard Code.
- 3.08.020 Government Code Section 87200 Filers.
- 3.08.030 Disclosure Categories and Designated Positions.
- 3.08.040 Additions to Standard Code.

*Prior Resolution History: Res 09-19 Exh. A; Res 94-108 Exh. A and Reg. 152 Appendix.

3.08.010 Adoption of Standard Code.

A. The Political Reform Act (California Government Code Section 81000 et seq.) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. Sec. 18730), that contains the terms of a standard conflict of interest Code, that can be incorporated by reference in an agency's code. After public notice and hearing, the regulation may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 Cal. Code of Regs. Sec. 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict of interest code of the Contra Costa Water District (District).

B. Individuals holding designated positions shall file their statements of economic interests with the District, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the District.

3.08.020 Government Code Section 87200 Filers.

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- Members of the Board of Directors
- General Manager
- Assistant General Manager - Administration
- Director of Finance
- Director of Finance & Human Resources
- Accounting Manager

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe that their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Government Code Section 87200.

3.08.030 Disclosure Categories and Designated Positions

A. Designated Positions and Assigned Disclosure Category

Designated Position	Assigned Disclosure Category
Advisor to the General Manager	1
Assistant General Manager-Engineering	1
Assistant General Manager-Engineering and Operations and Maintenance	1
Assistant General Manager-Planning and Water Resources	1
Assistant General Manager-Policy and External Affairs	1
Special Assistant to the General Manager	1
Executive Assistant to the General Manager	1
Director of Diversity and Inclusion	1
Director of Operations and Maintenance	1
Watershed and Lands Manager	1
Director of Planning	1
Director of Engineering	1
Director of Construction	1
Water Resources Manager	1
Real Property Agent	1
Construction Manager	2
Engineering Manager	2
Health and Safety Manager	2
Human Resources Manager	2
Human Resources and Risk Manager	2
Director of Public Affairs	2
Maintenance Manager (Distribution)	2
Maintenance Manager (Storage and Conveyance)	2
Planning Manager	2
Internal Auditor	2
Water Operations Manager	2
Risk Management Officer	2
Purchasing Officer	2
Principal Engineer	2
Principal Planner	2
Principal Water Resources Specialist	2
Senior Engineer	2
Special Projects Manager	2
Project Controls Manager	2
Information Systems Manager	2
Environmental Compliance Officer	2
Watershed and Environmental Planning Manager	2
Consultants*	

*Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest category in the Code; subject to the following limitations: The General Manager may determine, in writing, that a particular consultant, (other than the General Counsel, who must disclose pursuant to the broadest category in the conflict-of interest code), although a "designated position" has been hired to perform a range of duties that is limited in scope and thus, is not required to fully comply with the disclosure requirements of the Code. Such written determination shall include a description of the consultant's duties, and, based upon that description, a statement of the extent of disclosure requirements. The General Manager's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

B. Disclosure Categories

Category I: Persons occupying positions in category 1 shall disclose all investments, interests in real property located within the jurisdiction or within two miles of the boundaries of the jurisdiction or within two miles of any land owned or used by the District, sources of income, including gifts, loans, and travel payments, and business positions held in business entities located in or doing business within the jurisdiction of the District.

Category II: Persons occupying positions in Category II shall disclose any investments in, sources of income, including gifts, loans, and travel payments, from, and business positions held, in any business providing services, supplies, materials, or equipment of the type utilized by the District, and located in or doing business within the District, including, but not limited to, office equipment, financial and insurance institutions, public utilities, and engineering services.

3.08.040 Additions to Standard Code.

- A. The following is a list of types of disclosable interests.
Please note that this list is not all-inclusive.
- Sources that have filed claims with the District or have a claim pending within the previous two years
 - Construction and building materials;
 - Office equipment and supplies;
 - Banks and savings and loan institutions;
 - Public utilities;
 - Financial audit services;
 - Insurance services;
 - Printing, reproduction, or photographic equipment, supplies and services;
 - Chemical supplies and equipment;
 - Motor vehicles and specialty vehicles, parties and supplies;
 - Petroleum products;
 - Measuring and calculating equipment;
 - Safety equipment and supplies;
 - Telephone and communications services and equipment;
 - Pipes, valves, fittings, pumps, tanks and similar materials;
 - Water quality testing equipment and services;
 - Cathodic protection equipment, services and supplies;
 - Engineering services;
 - Employment and temporary help agencies;
 - General and specialty equipment rental;
 - Demolition, construction and maintenance services;
 - Real estate sales or investment firms;
 - Consulting services: legal, energy and power, engineering, soils testing, water treatment, data processing, computers, financial, labor relations, employee training, advertising, communications, design, art work, audiovisual, movie production, planning, water pricing and demand, economists, auditing, desalination, architecture environmental, appraisal.
 - Information technology



Contra
Costa
County

To: Board of Supervisors
From: Sharon L. Anderson, County Counsel
Date: February 9, 2021

Subject: Conflict of Interest Code for the Kensington Police Protection & Community Services District

RECOMMENDATION(S):

APPROVE amended Exhibit A of the Conflict of Interest Code for the Kensington Police Protection & Community Services District ("District").

FISCAL IMPACT:

None.

BACKGROUND:

The District has amended Exhibit A of its Conflict of Interest Code, which includes disclosure categories and the list of positions designated to file conflict of interest statements, and submitted the revised Exhibit A, attached as Exhibit 1, to the Board for approval pursuant to Government Code sections 87306 and 87306.5.

The changes include a new disclosure category and the addition of positions designated to file conflict of interest statements. These changes will ensure that the Conflict of Interest Code accurately reflects the required disclosures, current positions, and organization structure in use by the District. A red-lined version of the Exhibit A is attached as Exhibit 2.

CONSEQUENCE OF NEGATIVE ACTION:

None.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Cynthia A. Schwerin, Deputy
County Counsel, (925) 655-2200

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

By: , Deputy

cc: Monica Nino, Clerk of the Board of Supervisors, Cynthia A. Schwerin, Deputy County Counsel, Marti Brown, Gen. Manager, Kensington Police Protection & Community Svcs. Dist.

ATTACHMENTS

Exhibit 1 - Amended Exhibit A of the Conflict of Interest Code for the Kensington Police Protection & Community Services District

Exhibit 2 - Amended Exhibit A of the Conflict of Interest Code for the Kensington Police Protection & Community Services Districe - RED-LINE

EXHIBIT A TO POLICY 1035

CONFLICT OF INTEREST CODE

of the

**Kensington Police Protection & Community Services District
Designated Officials, Employees and Consultants**

[Adopted December 10, 2020]

Designated positions shall file statements of economic interests with the District as provided below. In the event that the designated position manages investments for the District, such official shall file the original of the statement with the Fair Political Practices Commission and file a copy with the District; all other designated positions shall file their statements with the District. The District shall retain said documents for the period required by applicable records retention regulations. Statements of Economic Interests are public records available for public inspection.

DESIGNATED POSITIONS: The designated positions listed below are required to file Form 700 Statements of Economic Interests disclosing certain personal financial interests. These positions are required to file the applicable individual schedules to report investments, business positions, sources of income and interests in real property located in the District’s jurisdiction. The applicable schedules to be filed for each position are based on the disclosure category assigned to the designated position.

Designated Positions	Disclosure Category
Board Member	1
Finance Committee Member	1
General Manager	1
Employees with limited decision-making authority, such as purchasing, contracting for services, and/or making recommendations to the District Board or General Manager: <ul style="list-style-type: none"> • Chief of Police • Clerk of the Board • Business and Finance Manager 	2
General Counsel	1
Consultant	3

DISCLOSURE CATEGORIES:

Disclosure Category 1: Persons in this category shall disclose:

- C. Interests in real property located entirely or partly within District boundaries, or within two miles of District boundaries, or of any landed owned or used by the District.

- D. Investments or business positions in or income (including gifts, loans and travel payments) from sources that provide, plan to provide, or have provided in the last two years' facilities, goods, software, hardware, or services, including consulting services, to the District, or are engaged in the acquisition of real property within the District.

Disclosure Category 2: Persons in this category shall disclose:

- B. All investments, business positions in, and income (including gifts, loans, and travel payments) from sources that manufacture, sell or provide goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the employee's designated department.

District Category 3:

- B. Consultants shall disclose pursuant to the broadest disclosure category in the conflict-of-interest code subject to the following limitation: the General Manager may determine in writing that a particular consultant is hired to perform a range of duties that is limited in scope and, thus, is not required to comply with the full disclosure requirements described above, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of the disclosure requirements.

Form 700 includes Form Schedules A-1, A-2, B, C, D and E. The form schedules contain further details regarding information that must be disclosed and exemptions to the disclosure requirement, which information is incorporated herein by reference. *Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.*

EXHIBIT A TO POLICY 1035

CONFLICT OF INTEREST CODE of the

Kensington Police Protection & Community Services District Designated Officials, Employees and Consultants

[Adopted December 10, 2020]

Designated positions shall file statements of economic interests with the District as provided below. In the event that the designated position manages investments for the District, such official shall file the original of the statement with the Fair Political Practices Commission and file a copy with the District; all other designated positions shall file their statements with the District. The District shall retain said documents for the period required by applicable records retention regulations. Statements of Economic Interests are public records available for public inspection.

DESIGNATED POSITIONS: The designated positions listed below are required to file Form 700 Statements of Economic Interests disclosing certain personal financial interests. These positions are required to file the applicable individual schedules to report investments, business positions, sources of income and interests in real property located in the District’s jurisdiction. The applicable schedules to be filed for each position are based on the disclosure category assigned to the designated position.

Designated Positions	Disclosure Category
Board Member	1
Finance Committee Member	1
General Manager	1
<u>Employees with limited decision-making authority, such as purchasing, contracting for services, and/or making recommendations to the District Board or General Manager:</u>	<u>2</u>
<ul style="list-style-type: none"> • <u>Chief of Police</u> • <u>Clerk of the Board</u> • <u>Business and Finance Manager</u> 	
<u>Consultant</u>	<u>3</u>

DISCLOSURE CATEGORIES:

Disclosure Category 1: Persons in this category shall disclose:

- A. Interests in real property located entirely or partly within District boundaries, or within two miles of District boundaries, or of any landed owned or used by the District.
- B. Investments or business positions in or income (including gifts, loans and travel payments) from sources that provide, plan to provide, or have provided in the last two years’ facilities, goods,

software, hardware, or services, including consulting services, to the District, or are engaged in the acquisition of real property within the District.

Disclosure Category 2: Persons in this category shall disclose:

- A. All investments, business positions in, and income (including gifts, loans, and travel payments) from sources that manufacture, sell or provide goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the employee's designated department.

Disclosure Category 3:

- A. Consultants shall disclose pursuant to the broadest disclosure category in the conflict-of-interest code subject to the following limitation: the General Manager may determine in writing that a particular consultant is hired to perform a range of duties that is limited in scope and, thus, is not required to comply with the full disclosure requirements described above, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of the disclosure requirements.

Form 700 includes Form Schedules A-1, A-2, B, C, D and E. The form schedules contain further details regarding information that must be disclosed and exemptions to the disclosure requirement, which information is incorporated herein by reference. *Like reportable interests, non-reportable interests may also create conflicts of interest and could be grounds for disqualification from certain decisions.*



Contra
Costa
County

To: Board of Supervisors
From: Sharon L. Anderson, County Counsel
Date: February 9, 2021

Subject: Conflict of Interest Code for the Rodeo-Hercules Fire Protection District

RECOMMENDATION(S):

APPROVE amended Conflict of Interest Code for the Rodeo-Hercules Fire Protection District ("District").

FISCAL IMPACT:

None.

BACKGROUND:

The District has amended its Conflict of Interest Code and submitted the revised code, attached as Exhibit A, to the Board for approval pursuant to Government Code sections 87306 and 87306.5.

The changes include an updated code with amended disclosure categories and the addition and deletion of positions designated to file conflict of interest statements. These changes will ensure that the Conflict of Interest Code is up-to-date and accurately reflects the current positions and organizational structure in use by the District. A strike-out version of the Conflict of Interest Code is attached as Exhibit B.

CONSEQUENCE OF NEGATIVE ACTION:

None.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
-

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: Cynthia A. Schwerin, Deputy
County Counsel, (925) 655-2200

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

By: , Deputy

cc: Monica Nino, Clerk of the Board of Supervisors, Cynthia A. Schwerin, Deputy County Counsel, Bryan Craig, Fire Chief, Rodeo-Hercules Fire Protection District

ATTACHMENTS

Exhibit A - Conflict of Interest Code for the Rodeo-Hercules Fire Protection District

Exhibit B - Conflict of Interest Code for the Rodeo-Hercules Fire Protection District -
STRIKE-OUT



POLICY TITLE: CONFLICT OF INTEREST
CODE

POLICY NUMBER: 1035
01/25/1977

ADOPTED:

AMENDED: 11/18/2020

POLICY TITLE: Conflict of Interest

POLICY NUMBER: 1035

The Political Reform Act, Government Code §81000, et seq., requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission (“FPPC”) has adopted a regulation (2 Cal. Code of Regs. §18730) which contains the terms of a standard conflict of interest code. It can be incorporated by reference and may be amended by the FPPC after public notice and hearings to conform to amendments in the Political Reform Act. The Board approved and adopted the FPPC’s standard conflict of interest on November 18, 2020. Therefore, the terms of 2 Cal. Code of Regs. §18730 and any amendments to it duly adopted by the FPPC are hereby incorporated by reference and, along with the attached Appendix , in which members of the Board of Directors and employees are designated, and in which disclosure categories are set forth, constitute the conflict of interest code of the Rodeo-Hercules Fire Protection District.

Designated employees shall file statements of economic interests with the District, which will make the statements available for public inspection and reproduction. The District will retain a copy of each statement and forward originals to the Contra Costa County Board of Supervisors, which shall be the filing officer.

APPENDIX A: DESIGNATED POSITIONS

Designated Positions	Disclosure Categories
Fire Chief	1, 2, 3, 4
Battalion Chief	1, 2, 3
Captains	1, 2, 3
General Counsel	1, 2, 3, 4
Consultants, New Positions*	

*Consultants/New positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The Fire Chief may determine in writing that a particular consultant or new position, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant’s or new position’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Fire Chief’s determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code (Gov. Code Section 81008).

The following positions are NOT covered by the conflict of interest code because they must file a statement of economic interests pursuant to Government Code § 87200 and, therefore, are listed for information purposes only:

Members of the Board of Directors and Oversight Committees

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the determination whether a position is covered by §87200.

APPENDIX B:

DISCLOSURE CATEGORIES

Designated positions must disclose pursuant to the categories below:

Category 1: Interests in real property within the jurisdiction of the District or within five miles of the District.

Category 2: Investments, business positions and income, including gifts, loans and travel payments, from sources that are subject to a land use proceeding in which the District has authority to provide agency input (e.g., a zoning application).

Category 3: Investments, business positions and income, including gifts, loans, and travel payments, from sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the District.

Category 4: Investments, and business positions in business entities, and income (including receipt of gifts, loans, and travel payments) from sources that have filed a claim against the District within the last two years or have a claim pending against the District.

POLICY TITLE: CONFLICT OF INTEREST
CODE

POLICY NUMBER: 1035
01/25/1977

ADOPTED:

AMENDED: 11/18/2020

SECTION 200.



POLICY TITLE: Conflict of Interest

POLICY NUMBER: 1035

The Political Reform Act, Government Code §81000, et seq., requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission (“FPPC”) has adopted a regulation (2 Cal. Code of Regs. §18730) which contains the terms of a standard conflict of interest code. It can be incorporated by reference and may be amended by the FPPC after public notice and hearings to conform to amendments in the Political Reform Act. The Board approved and adopted the FPPC’s standard conflict of interest on November 18, 2020. Therefore, the terms of 2 Cal. Code of Regs. §18730 and any amendments to it duly adopted by the FPPC are hereby incorporated by reference and, along with the attached Appendix , in which members of the Board of Directors and employees are designated, and in which disclosure categories are set forth, constitute the conflict of interest code of the Rodeo-Hercules Fire Protection District.

Designated employees shall file statements of economic interests with the District, which will make the statements available for public inspection and reproduction. The District will retain a copy of each statement and forward originals to the Contra Costa County Board of Supervisors, which shall be the filing officer.

~~Designated Positions. The positions listed on Exhibit "A" are designated positions. Officers and employees holding those positions are designated employees and are deemed to make, or participate in the making of, decisions which may foreseeably have a material effect on a financial interest.~~

~~SECTION 300. Disclosure Statements. Designated positions shall be assigned to one or more of the disclosure categories set forth on Exhibit "B." Each designated employee shall file an annual statement disclosing that employee's interest in investments, real property, and income, designated as reportable under the category on which the employee position is assigned on "Exhibit "B."~~

~~SECTION 400. Place and Time of Filing.~~

- ~~(a) All designated employees required to submit a statement of financial interests shall file the original with the supervising clerk of the Rodeo Fire District.~~
- ~~(b) The Clerk or Secretary of the agency which receives the statement of financial interest shall make and retain a copy and forward the original to the Clerk of Contra Costa County.~~
- ~~(c) A designated employee required to submit a statement of financial interest shall submit an initial statement within 30 days after the effective date of this Code.~~
- ~~(d) Employees appointed, promoted or transferred to designated positions shall file initial statements within 30 days after date of employment.~~
- ~~(e) All other employees appointed, promoted or transferred to designated positions shall file initial statements not less than 10 days before assuming office (or if subject to confirmation, 10 days before being confirmed), unless an earlier assumption of office is required by emergency circumstances, in which case the statement shall be filed within 10 days thereafter.~~
- ~~(f) Annual statements shall be filed during the month of February by all designated employees. Such statements shall cover the period of the preceding calendar year.~~
- ~~(g) A designated employee required to file a statement of financial interest with any other agency, which is within the same territorial jurisdiction, may comply with the provisions of this Code by filing a duplicate copy of the statement filed with the other agency, in lieu of an entirely separate document.~~

~~SECTION 500. Contents of Disclosure Statements. Disclosure statements shall be made on forms supplied by the supervising clerk of the Rodeo Fire District, and shall contain the following information:~~

~~(a) Contents of Investment and Real Property Reports:~~

~~When an investment, or interest in real property, is required to be reported, the statement shall contain:~~

- ~~(1) A statement of the nature of the investment of interest;~~
- ~~(2) The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;~~
- ~~(3) The address or other precise location of the real property;~~
- ~~(4) A statement whether the fair market value of the investment, or interest in real property, exceeds ten thousand dollars (\$10,000), and whether it exceeds one hundred thousand~~

dollars (\$100,000). This information need not be provided with respect to an interest in real property which is used principally as the residence of the filer.

~~(b) — Contents of Personal Income Reports:~~

~~When personal income is required to be reported, the statement shall contain:~~

~~(1) — The name and address of each source of income aggregating two hundred and fifty dollars (\$250) or more in value, or twenty five dollars (\$25) or more in value if the income was a gift, and a general description of the business activity, if any of each source;~~

~~(2) — A statement whether the aggregate value of income from each source was greater than one thousand dollars (\$1,000), and whether it was greater than ten thousand dollars (\$10,000);~~

~~(3) — A description of the consideration, if any, for which the income was received;~~

~~(4) — In case of a gift, the amount and date on which the gift was received.~~

~~(c) — Contents of Business Entity Income Reports:~~

~~When income of a business entity, including income of a sole proprietorship, is required to be reported, the statement shall contain:~~

~~(1) — The name, address, and a general description of the business activity;~~

~~(2) — In the case of a business entity which provides legal or brokerage services, the name of every person who paid fees to the business entity if the filer's prorate share of fees from such person was equal to or greater than one thousand dollars (\$1,000);~~

~~(3) — In the case of a business entity not covered by paragraph (2), the name of every person from whom the business entity received payments if the filer's prorate share of gross receipts from such person was equal to or greater than ten thousand dollars (\$10,000) during a calendar year.~~

~~(d) — Contents of Management Position Reports:~~

~~When management positions are required to be reported, designated employees shall list the name of each business entity not specified above in which they are a director, officer, partner, trustee, employee, or in which they hold any position of management.~~

~~(e) — Initial Statement:~~

~~The initial statement filed by an employee appointed to a designated position shall disclose any reportable investments and interests in real property.~~

~~(f) — Acquisition or Disposal During Reporting Period:~~

— In the case of a statement filed under Section 400 (f), if the investment, or interest in real property, was partially or wholly acquired or disposed of during the period covered by the statement, the date of acquisition or disposal.

~~SECTION 600. Disqualification. — Designated employees must disqualify themselves from making or participating in the making of any decisions in which they have a reportable financial interest, when it is reasonably foreseeable that such interest may be materially affected by the decision. No designated employee shall be required to disqualify himself with respect to any matter which could not be legally acted upon or decided without his participation.~~

EXHIBIT "A"

<u>APPENDIX A: DESIGNATED POSITIONS</u>	<u>DISCLOSURE CATEGORY</u>
Designated Positions <u>Member Board of Directors</u>	<u>1 & 2</u>
Chief Administrator	<u>Disclosure Categories</u>
Fire Chief	<u>1 & 2, 3, 4</u>
Assistant	
<u>Battalion Chief</u>	<u>1 & 2, 3</u>
Captains	<u>1, 2, 3</u>
General Communications Clerk <u>Counsel</u>	<u>1, 2, 3, 4</u>
<u>Consultants, New Positions*</u>	

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EXHIBIT B

*Consultants/New positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The Fire Chief may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements in this section. Such written determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Fire Chief's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code (Gov. Code Section 81008).

The following positions are NOT covered by the conflict of interest code because they must file a statement of economic interests pursuant to Government Code § 87200 and, therefore, are listed for information purposes only:

Members of the Board of Directors and Oversight Committees

An individual holding one of the above-listed positions may contact the Fair Political Practices Commission for assistance or written advise regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the determination whether a position is covered by §87200.

APPENDIX B:
DISCLOSURE CATEGORIES

Designated positions must disclose pursuant to the categories below:

Category 1: Interests in real property within the jurisdiction of the District or within five miles of the District.

Category 2: Investments, business positions and income, including gifts, loans and travel payments, from sources that are subject to a land use proceeding in which the District has authority to provide agency input (e.g., a zoning application).

Category 3: Investments, business positions and income, including gifts, loans, and travel payments, from sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the District.

Category 4: Investments, and business positions in business entities, and income (including receipt of gifts, loans, and travel payments) from sources that have filed a claim against the District within the last two years or have a claim pending against the District.

General Rule:

~~———— An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of the employee’s position.~~

~~Designated Employees in Category “1” must report:~~

~~———— All investments, interests in real property an income, and any business entity in which the person is a director, officer, partner, trustee, employee, or holds any position of management. Financial interests are reportable only if located within Rodeo fire District or if the business entity is doing business or planning to do business in the district (and such plans are known by the designated employee) or has done business within the district at anytime during the two years prior to the filing of the statement.~~

~~Designated Employees in Category “2” must report:~~

~~———— Investments in any business entity, and income from any source and status as a director, officer, partner, trustee, employee, or Holder of a position of management in any business entity, which has within the last two years contracted, or foreseeably may contract, with Rodeo Fire District to provide services , supplies, materials, machinery, or equipment to such District.~~

~~Designated Employees in Category “3” must report:~~

~~———— Investments in any business entity and income from any source and status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity, which has within~~

~~the last two years contracted, or foreseeably may contract with Rodeo Fire District to provide services, supplies, materials, machinery or equipment which are related to the following areas:~~

- ~~(A) — Motor Vehicle Equipment Services & Supplies~~
- ~~(B) — Communications Equipment Services & Supplies~~
- ~~(C) — Building & Grounds Material Equipment Services & Supplies~~
- ~~(D) — Material, Equipment Services & Supplies for Stations~~
- ~~(E) — Material & Service for Weed Abatement Program~~
- ~~(F) — Material & Service for Building Construction~~
- ~~(G) — Material & Service for Water Supply for Fire Protection~~
- ~~(H) — Fire Protection Equipment, Service & Supplies~~
- ~~(I) — Hose Service & Supplies~~
- ~~(J) — Photography Equipment Service & Supplies~~
- ~~(K) — Public Education Material Service & Supplies~~
- ~~(L) — Office Equipment Service & Supplies~~
- ~~(M) — Real Property within the District~~

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Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: Report on Board 2021 Redistricting Process - Work Plan

RECOMMENDATION(S):

DIRECT the County Administrator's Office and the Department of Conservation & Development (DCD) to undertake activities to facilitate redistricting of the Contra Costa County Supervisorial District boundaries and ADOPT the proposed work program, including approach, public outreach, and timeline/milestones.

FISCAL IMPACT:

County Administrator or designee, Department of Conservation & Development (DCD), County Counsel, and Clerk-Recorder will incur staff and other costs in order to facilitate the 2021 Board Redistricting process, including preparing map alternatives, arranging and conducting public hearings/workshops/meetings, preparing public notices and other public outreach material, and maintaining a webpage dedicated to the 2021 Board Redistricting process. Total costs are estimated to be \$100,000.

BACKGROUND:

At the January 26, 2021, Board of Supervisors Retreat, the County Administrator's Office provided an update on the 2021 Redistricting process and the proposed Work Program that the County will follow to adopt the Redistricting Ordinance that complies with Federal and State Laws.

APPROVE
 OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR
 RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

Contact: David Twa, County Administrators
Office (925) 655-2045

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

By: , Deputy

cc: All County Departments (via CAO)

BACKGROUND: (CONT'D)

California law (Elections Code section 21500 et. seq.) requires the Board of Supervisors to approve supervisorial district boundaries following each federal decennial census so that district boundaries are “substantially equal in population.” (Elec. Code, § 21500(a).) The state block-level redistricting database, which will be based on official 2020 U.S. Census data, must be used to determine supervisorial district boundaries. The boundaries will remain in effect until redistricting following the next decennial census. The Board must adopt the new district boundaries no later than December 15, 2021.

In the interest of complying with the statutory mandate to adopt new supervisorial district boundaries within the required timeline, the County Administrator’s Office recommends the following approach and work program for the 2021 Board Redistricting:

GUIDING PRINCIPLES/CRITERIA:- Guiding principles or criteria in adjusting district boundaries should be established at the outset of the process to provide clear guidance for staff in mapping new district boundaries and to assure the public that the process will be open and transparent. Preliminarily, the following guiding principles/criteria have been identified for the Board’s consideration:

- To the extent possible, achieve substantially equal population for each district according to census data. The difference in population between the largest and smallest district should be less than 10%.
- Use easily identifiable geographic features and topography to draw compact and contiguous adjusted boundaries.
- Maintain communities of interest in a single district and avoid splitting communities when adjusting boundaries. Communities of interest may be defined by existing boundaries for cities, school districts, special districts, and unincorporated communities.

Data Analysis and Mapping – Existing staff and resources, including Geographic Information System (GIS) mapping program, will be used to analyze and map district boundaries. Once the state block-level redistricting database has been received, approximately 3-4-week period will be required to complete review of the data and then begin the mapping of district boundary alternatives. This assumes a range of 3 – 6 map alternatives will be prepared. All map alternatives will be approved by the Board for public consideration. All map alternatives will be appropriately labeled to be accompanied with a summary written description so that the public and interested parties can easily track map changes as they may evolve through the process up through adoption. The first draft map cannot be released until at least three weeks after the state block-level redistricting database is made available.

Public Outreach – A Redistricting webpage on the County’s website will be established as the primary portal for public information and access with up-to-date information with the ability for the public to provide feedback and comments. The website will include an interactive feature to enable the public and interested parties to draw and submit their own supervisorial district map proposals. Alternatively, we will provide a computer workstation in an accessible location at the County Administration building, 1025 Escobar Street, Martinez to enable the public and interested parties to draw and submit their own supervisorial map proposals.

In addition, Subject to COVID 19 restrictions, the County Administrator’s Office and DCD will support public workshops/meetings in each supervisorial district, hosted by the district Supervisor, to provide background on the redistricting process, present potential boundary changes (map alternatives), answer questions and receive input. In the event COVID 19 restrictions prevent in person workshops, the County

will host one or more virtual workshops/meetings to provide background on the redistricting process, present potential boundary changes (map alternatives), answer questions and receive input. The public outreach will include press releases to local newspapers, public notices on County website, CCTV, contact with City Managers, and Mayor’s Conference, early outreach to interest groups, as well as other strategies.

Public Hearings and Ordinance Adoption– Redistricting is adopted by an ordinance. State law requires at least **four** (4) public hearings. At least one public hearing or public workshop shall be held on a Saturday, on a Sunday, or after 6 p.m. on a weekday (Monday through Friday).

Interdepartmental Leadership Group - The County Administrator’s office has established an interdepartmental leadership group to provide oversight/management of the redistricting process. The leadership group is comprised of the County Administrator, or designee, Department of Conservation & Development (DCD), County Counsel, and Clerk-Recorder. The roles of the leadership group are as follows:

- County Administrator, or designee, facilitates the redistricting process, provide oversight and direction to DCD in the development of the maps and public outreach.
- Conservation and Development provides data analysis, prepares mapping, coordinates public outreach, maintains website and prepares outreach material.
- County Counsel provides legal advice and assistance to County staff.
- County Clerk-Recorder provides information and procedural guidance.

Recommendations for the 2021 Redistricting Process/Timeline:

- Focus public outreach to use electronic or web-based communication to the greatest extent possible, including a dedicated website with area for comments, public access to maps, census data tabulation, record of comments, and regular bi-weekly updates.
- Subject to COVID 19 restrictions, provide public meetings/workshops in each Supervisor’s District. In the event COVID 19 restrictions prevent in person workshops, the County will host one or more virtual workshops/meetings to provide background on the redistricting process, present potential boundary changes (map alternatives), answer questions and receive input.
- Provide multiple avenues for the public to provide comments, including, but not limited to, letters, email, and website comments.
- Direct outreach to targeted groups/communities to ensure their awareness and participation in the process.

Proposed Timeline/Milestones:

Milestone: February 9, 2021 - Board adopts work program, including timeline, public outreach, and approach, prior to release of 2021 Census Redistricting Data.

Milestone: between March and June 2021 - Census Bureau scheduled release 2021 Census Redistricting Data with Summary File to states and local government agencies. Release date is uncertain due to COVID 19. The state then releases its block-level redistricting database that will be used for redistricting. DCD staff reviews new geography, reviews data and database, and prepares draft maps. It will require a minimum of 3-4 weeks to complete this process after the database is available. The first draft map will be released no sooner than three weeks after the redistricting database is made available.

Milestone: TBD – Four (4) Board Public Hearings. One before draft maps are drawn; at least two after the maps are drawn; at least one on a Saturday, Sunday or after 6:00 PM Monday through Friday. The remaining hearing can be held any time.

Milestone: TBD - Redistricting Ordinance set for adoption

Milestone: Mid-November 2021 – Date Clerk-Recorder needs adopted maps in order to update election systems

Milestone December 15, 2021 - Statutory deadline to complete redistricting (CA Elections Code section 21501(a)(2))

CONSEQUENCE OF NEGATIVE ACTION:

The County would not be in compliance with the requirement to approve supervisorial district boundaries as required by law.



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: February 9, 2021

Subject: 2020 ACEEO Accomplishments

RECOMMENDATION(S):

ACCEPT the 2020 Advisory Council on Equal Employment Opportunity annual report.

FISCAL IMPACT:

None

BACKGROUND:

Board policy requires that regular and ongoing boards, commissions, or committees shall annually report on activities, accomplishments, membership attendance, required training/certification, and proposed work plan or objectives for the following year.

CONSEQUENCE OF NEGATIVE ACTION:

The Board would not have a 2020 report from the Advisory Council on Equal Employment Opportunity.

CHILDREN'S IMPACT STATEMENT:

None

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **02/09/2021** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: February 9, 2021

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

Contact: (925)
335-1455

By: , Deputy

cc:

ATTACHMENTS
2020 ACEEO Annual
Report



ADVISORY BODY ANNUAL REPORT

Advisory Body Name: _____
Advisory Body Meeting Time/Location: _____
Chair (during the reporting period): _____
Staff Person (during the reporting period): _____
Reporting Period: _____

I. Activities

(estimated response length: 1/2 page)

Describe the activities for the past year including areas of study, work, special events, collaborations, etc.

II. Accomplishments

(estimated response length: 1/2 page)

Describe the accomplishments for the past year, particularly in reference to your work plan and objectives.

III. Attendance/Representation

(estimated response length: 1/4 page)

Describe your membership in terms of seat vacancies, diversity, level of participation, and frequency of achieving a quorum at meetings.

IV. Training/Certification

(estimated response length: 1/4 page)

Describe any training that was provided or conducted, and any certifications received, either as a requirement or done on an elective basis by members. NOTE: Please forward copies of any training certifications to the Clerk of the Board.

V. Proposed Work Plan/Objectives for Next Year

(estimated response length: 1/2 page)

Describe the advisory body's workplan, including specific objectives to be achieved in the upcoming year.