



# **Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Update Fiscal Year 2021-2022**



# Introduction

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan Update (Plan Update) for fiscal years 2021-22. This Plan Update starts July 1, 2021 and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2020. The past year has been unprecedented in many ways. We look forward to continued community partnerships that have emerged in 2020 to address the pandemic, health inequities and community crisis response services. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

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

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

## **Highlights of changes and updates to the Plan Update for 2021-22 include the following:**

- Budget updated to reflect estimated available funding for FY 21-22 (Pg. 61)
- Full Service Partnership performance indicators for FY 19-20 (Pg. 23)
- Prevention and Early Intervention Data & Performance Indicators (Pg. 39)
- No Place Like Home (NPLH) and housing updates (Pg. 30)
- New PEI Programs currently in the Request for Proposal (RFP) process:
  - Early Childhood Mental Health Outreach & Education (Pg. 42)
  - Suicide Prevention Training & Education (Pg. 48)
- Information on Suicide Prevention Coalition and new Youth Subcommittee (Pg. 49)
- Expansion of Loan Repayment Program to address mental health career pathways and cultural responsiveness (Pg. 56)

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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.

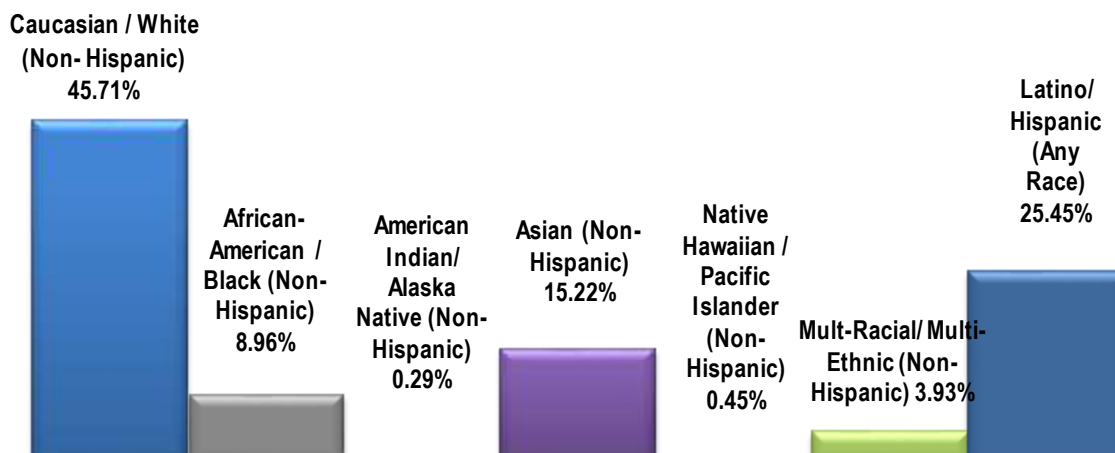
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning 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 Update for FY 2021-22. It is recommended that CCBHS work together with all stakeholders to make the very best of the resources provided by this Three-Year Plan.

The full Needs Assessment Report can be found at:

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

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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), which convenes on a monthly basis. 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 2021-22

With the onset of the COVID-19 pandemic in 2020, all stakeholder meetings and events shifted to a virtual platform. A total of six community planning events were held in multiple settings and about 351 people participated in the CPPP. Stakeholders continued to provide input and forum themes were focused on topics identified by the community as timely. They included:

- Evolution of the Peer Movement in Contra Costa – September 23, 2020
- Hope & Wellness in Our Diverse Communities – January 28, 2021

We also garnered community input through a collaboration with the Health Services COVID-19 Historically Marginalized Community Engagement Unit (HMCEU) and the workgroups which were established in 2020 through a partnership between Contra Costa Health Services, and the various divisions that fall under it; including BHS, as well as other County agencies, community-based organizations, and community members that banded together in response to assist communities in Contra Costa County disproportionately impacted by COVID-19. MHSA presentations & community discussion took place at the following HMCEU meetings:

- COVID-19 Aging & Older Adult Workgroup – March 10, 2021
- COVID-19 HMCEU Meeting – March 11, 2021
- COVID-19 African American Workgroup – March 11, 2021

We plan to present to the remaining groups in the upcoming months: COVID-19 Latino Workgroup, COVID-19 Asian/ Pacific Islander Workgroup and the COVID-19 Youth & Young Adult Workgroup.

An additional evening community forum was conducted entirely in Spanish and hosted in partnership with Visión y Compromiso and Contra Costa Health Services. The event was focused on education on the COVID-19 vaccine, as well as a presentation on the MHSA with an opportunity for community input. Additionally, mental health resources were shared with a focus on those which offer services in Spanish.

- *Nuestra Comunidad, Nuestro Bienestar* (Our Community, Our Wellbeing) – March 16, 2021

**Evolution of the Peer Movement in Contra Costa (9/23/2020)**

- *Event sponsored in partnership with Native American Health Center*
- *Total Registered:154*

*The community forum provided information on the MHSA, as well as guest speakers, storytelling, and space to allow for community input through Talking Circles. Interactive stretch breaks were included to address the virtual burn out. Presentations and healing space was led by the Native American Health Center (NAHC), BHS’s Office for Consumer Empowerment, and two peer advocates with a history in Contra Costa sharing information on Peer Respite and the importance of Peer Advocacy. The table below reflects 32 survey responses received.*

Race/Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0%	Peer/Consumer/ Client: 62.5%	18-25 years: 0%	Female: 75%	Bisexual: 12.5%	Yes: 68%
Asian/ Pacific Islander: 3%	Family Member of a Peer/ Consumer/ Client: 37.5%	26-35 years: 9%	Male: 25%	Gay: 3%	No: 29%
Black/ African American: 19%	Service Provider: 41%	36-45 years: 37.5%	Transgender: 0%	Heterosexual/ Straight: 78%	Don't Know: 3%
Caucasian/White: 45%	CCBHS Staff: 28%	46-55 years: 16%	Gender-queer: 0%	Lesbian: 0%	
LatinX/ Hispanic: 19%	Other: 6%	56-65 years: 25%	Questioning: 0%	Queer: 0%	
Middle Eastern/ North African: 0%		66+ years: 12.5%	Decline to State: 0%	Questioning: 3%	
Prefer to Self- Describe: 10%				Decline to State: 3%	
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**Talking Circles. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized on the following pages.**

1. If you could design a perfect program or service for you, what would it look like?
  - Supports like sports, music, instruments, dancing, acting, gardening, art and animals to connect and break down barriers. It helps people relax. Teambuilding and socializing. Use food when getting together, share a meal.
  - Include family members as part of the network of support
  - More wholistic approach, spiritual, meditation, medicine didn't work, felt sedated and turned to homeopathy-worked on inner self and outer self-improved. Also include more faith leaders and connections with communities.
  - Peer driven/led. Personal experience provides value and is effective versus people without experiences making decisions with just book knowledge. Peers understand, shared struggles in similar situations.
  - SPIRIT type program should be offered in high schools, so students understand mental health and self-care
  - Feel peer respites are needed in Contra Costa County.
  - Classes like WREACH should be more widely available. Learning how to tell your story is very important.
  - A program that removes police from being first responders. Having peers and behavior health responders operate as a team, would be first responders, operating 24 hours on rotating schedule. Would also consist of PET training, WRAP groups and other groups. Police would be called by team if needed.
  
2. When you were first connected to services or supports, what was the attitude of the service or wellness provider and was that helpful or not helpful?
  - Was part of large group in my Intensive Outpatient Program, felt there was not enough support due to group size, and staff to client ratio was unrealistic.
  - Trying to get services through school was difficult- felt put-off, no support and wasn't helpful. Staff weren't educated and informed on mental health.
  - Connected to SPIRIT Program at CC College, other staff and administrators had little to no understanding or knowledge of mental health education.
  - Felt unsupported, until connecting to Putnam (peer program), virtual services still helping a lot, also connected to NAHC. I haven't had a panic attack in 2 months.
  - Insurance often dictates experiences/ treatment/ access to treatment due to money, what they will/ won't cover, etc. All deserve quality.
  
3. Have you or your loved one ever received services or supports from a peer provider? If yes, how was it different from receiving services or supports from other behavioral health or wellness providers?
  - More personable, understanding
  - Taking SPIRIT and being able to share my story I feel like a weight is off my shoulders. I graduated from nursing school and had book knowledge, but none on peers. I never heard of it, I used to be so judgmental.
  - Peers offered hope. "When I talked to them, they never told me what I NEEDED TO DO they asked me WHAT I THOUGHT I OUGHT TO DO."
  - Peers are more of a warm handoff. Develop trust that therapy may work.

- Having peers alongside other mental health professional is so important. Peers told me “You are not alone!” “I’ve been there too and you can feel better.” They talked with me alone, helped me feel safe to ask questions I had about meeting with a psychiatrist. No judgement. They gave me hope and reached out to me after the appointment, offered emotional support and shared what I could do next. It was so important that they were part of my first experience. I went from hopeless to having hope, feeling that someone understood my fear.
4. Are you familiar with peer run respite centers? If there was a respite center for you to decompress for a few days that was run by peers; would you be interested?
- Support at respite needs to be diverse and safe. There should be some support to get there safely as well.
  - Peer support wasn’t available at time of crisis, but now is. When my loved one experiences crisis, it is very helpful.
  - Yes, and support having Peer Respite Centers! Needed in this County.
  - Yes, feels like a step down from crisis residential and step up from board and care
  - Would deter unnecessary visits to Psych emergency and reduce systematic trauma.
  - Sometimes just need a place to rest and get thoughts straightened out. It would be a safe place to recover in a crisis.
5. Other General Comments:
- Yoga and stretching really helped stay engaged during forum
  - Re-entry from jail to the outside; found many had mental health needs weren’t met. Incarcerated people need to get support that. Agencies inside jail system are not able to refer incarcerated people to resources outside jail system. It would be helpful so when they are released they connect with providers.
  - Families with loved ones who became incarcerated wonder why they have serious troubles and what was next. Mental health goes untreated, and a high percentage are African American males.
  - Wouldn’t it be nice if when Back to School happened each year, students and families would receive flyers on mental health resources, along with PE schedule, PTA info, sports program, etc.
  - Peer programs like Putnam and RI are ideal to provide a place for ALL individuals (including those recently released from incarceration). Helps combat loneliness/ isolation. COVID-19 is a current barrier to this.

**Hope & Wellness Community Forum (1/28/2021)**

- Event in partnership with SPIRIT Alumni-Chaplain Creekmore, BHS Office for Consumer Empowerment, Sojourner Truth Presbyterian Church, the BHS Self-Care Team, and Teacher & Chef Cindy Gershen.
- Total Registered: 89

The community forum provided information on the MHSA, as well as guest speakers, sharing about what supports their mental health and highlighting some of the various ways communities support their mental health, wellness, and recovery. Information and resources on mental health and wellness supports in the County were also included. Space for community input was allowed through Talking Circles. An interactive stretch break was included to address the virtual burn out. The table below reflects 22 survey responses received, as well as 54 responses received via a Zoom poll.

Race/Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0%	Peer/ Consumer/ Client: 27%	18-25 years: 0%	Female: 68%	Bisexual: 9%	Yes: 59%
Asian/ Pacific Islander: 4.5%	Family Member of a Peer/ Consumer/ Client: 36%	26-35 years: 5%	Male: 23%	Gay: 0%	No: 34%
Black/ African American: 18%	Behavioral/ Mental Health Service Provider: 50%	36-45 years: 43%	Transgender: 4.5%	Heterosexual/ Straight: 86%	Don't Know: 7%
Caucasian/ White: 55%	Decline to State: 0%	46-55 years: 5%	Genderqueer: 0%	Lesbian: 0%	*Please note: These responses were collected via a Zoom Poll during the forum.
LatinX/ Hispanic: 9%	Other: 18%	56-65 years: 19%	Questioning: 0%	Queer: 0%	
Middle Eastern/ North African: 0%		66+ years: 24%	Decline to State: 4.5%	Questioning: 0%	
Prefer to Self- Describe: 9%		Decline to State: 5%		Decline to State: 5%	
Decline to State: 4.5%:				Prefer to Self- Describe: 0%	

**Talking Circles. The following questions were used to engage in small group sharing. Participants also had the chance to bring up other items in relation to behavioral health and wellness. The information is summarized below.**

1. What does mental health and wellness look like in your community?
  - Members of the community have really leaned into existing supports and are engaging in self-care and holistic health. Self-care activities include; reading books on wellness, focusing on healthy eating, practicing mindfulness, journaling, exercising.
  - Younger generations appear to be more vocal about mental health concerns.
  - Overall participants are extremely pleased and appreciative of the innovative and adaptive adjustments programs have made to continue services during COVID-19.
  - Virtual platforms, such as Zoom, have been invaluable to keeping people connected, linking folks to services and educating providers, consumers, and the rest of the



public.

- There has been notable effort to provide access to technology and provide education on how to use this technology so consumers can access services.
- Participants feel providers are very cognizant of the unique challenges COVID-19 and remote services has presented, and there has been an increase in intentional effort on their part to engage in outreach and to check in regularly and stay connected.
- Zoom has increased ease and frequency of access for those who were hesitant or had institutional or physical barriers to accessing services in person in the past.
- Technology has also allowed more coordination and communication between local government, community-based organizations, the State, community stakeholders, etc. For some, technology has been a challenge in receiving services.

## 2. What community supports are helpful or working well?

- Putnam Clubhouse, online services are offered throughout the entire day and into the evening to allow people to stay involved, stay connected, and reduce isolation. There have been successful efforts to get consumers access to the technology they need to stay connected (e.g., smartphones, Chromebooks) and staff has been educating consumers on how to use the technology.
- Leadership has recognized the strain on clinical staff and has provided and encouraged virtual staff self-care sessions.
- Notably, programs and resources designed to address food insecurity have really stepped up to the plate to address the challenges COVID-19 has exacerbated in this arena.
- While challenges persist, there was a strong consensus that resources and programs are working as well as possible and are doing their best, especially under the circumstances. These include but are not limited to: schools/teachers, food banks, churches, support groups, peer support workers, etc. While housing remains a challenging area, various housing services are among those that have been working hard with the tools they have.
- Participants also noted the tremendous work first responders do and the dedication they've demonstrated throughout this entire crisis over the last year.

## 3. What supports and services would you like to see more of during these challenging times?

- There is a call for folks unable to get into a hotel before because they didn't qualify, for example transition age youth (TAY) and adults without preexisting conditions to be given access to hotel rooms.
- Housing for high-risk groups severely mentally ill (SMI), substance use disorder (SUD), etc. needs to be expanded and prioritized.
- Need for more residential programs, crisis residentials, high quality board and cares, room and boards, etc., especially for those with SMI, SUD or co-occurring disorders
- Want leadership to explore how to utilize existing housing and housing development more creatively and effectively and prioritize this housing for the homeless population.

- There's a need for more hygiene support for the homeless population (e.g., facilities with showers, laundry, toiletry resources, etc.)
- More affordable housing and increase education and support services for those at risk of losing housing, or are looking for housing, as their issues might be easily resolved with this dedicated support.
- More virtual groups/fun activities for younger kids and pre-teens
- More resources for other languages (Tagalog, Farsi, etc.)
- More partnering between health systems (e.g., CCC, John Muir, Sutter, Kaiser, etc.).
- More integration not just within County and its contracted partners but also with other large healthcare systems.
- More programs who can safely operate outdoors.
- Ongoing gaps and challenges that are also salient for participants include: food Insecurity, transportation barriers, financial support for undocumented folks left out of stimulus checks, families addressing unique challenges related to COVID-19, racial equity and addressing systemic racism.

#### 4. What community groups or populations are most at risk?

- Concerns about the older adult population - at increased risk for isolation and less likely to be able to take advantage of virtual platforms as they are traditionally not as technologically savvy.
- Children and teens -this age group is dealing with challenges such as; remote learning, isolation from friend groups, spending more time in abusive or neglectful homes, physical, emotional, and/or developmental needs not being adequately addressed due to school closures, unique challenges for children from homes that don't have internet connection, have parents whose first language isn't English, come from homes with undocumented family members, increase in childhood mental health concerns related to all the above and a concern about increase in youth suicides as a result.
- People who are homeless or at risk of becoming homeless.
- Those with SMI, SUD or co-occurring behavioral health diagnoses.
- Low-income individuals and families.
- Individuals and families with language barriers.
- LGBTQI+
- Medically fragile Individuals
- Black, Indigenous, People of Color (BIPOC)

**COVID -19 Historically Marginalized Communities Engagement Unit and its Workgroups (3/10/2021 and 3/11/2021)**

- Event in partnership with Contra Costa Health Services
- Total Attendees: 96

The MHSA team provided an abbreviated version of the community forums at the HMCEU meetings. Information on the MHSA was provided, as well as space to allow for community input through small group discussions. The table below reflects a combined total of 10 survey responses received.

Race/Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0%	Peer/ Consumer/ Client: 60%	18-25 years: 10%	Female: 100%	Bisexual: 0%	Yes: 20%
Asian/ Pacific Islander: 10%	Family Member of a Peer/ Consumer/ Client: 40%	26-35 years: 30%	Male: 0%	Gay: 0%	No: 70%
Black/ African American: 40%	Behavioral/ Mental Health Service Provider: 0%	36-45 years: 20%	Transgender: 0%	Heterosexual/ Straight: 100%	Don't Know: 0%
Caucasian/ White: 10%	Other Health Services Provider/ Staff: 30%	46-55 years: 20%	Genderqueer: 0%	Lesbian: 0%	Decline to State: 0%
LatinX/ Hispanic: 20%	Decline to State: 10%	56-65 years: 20%	Questioning: 0%	Queer: 0%	
Middle Eastern/ North African: 10%	Other: 10%	66+ years: 0%	Decline to State: 0%	Questioning: 0%	
Prefer to Self- Describe: 0%				Decline to State: 0%	
Decline to State: 10%:				Prefer to Self-Describe: 0%	

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

1. What does mental health and wellness look like in your community?
  - No barriers to treatment, especially for people of color & those with disabilities
  - No stigma
  - Opportunities to access safe outdoor spaces & to practice spirituality
  - Comprehensive resource hubs
2. What community supports are helpful or working well?
  - Telehealth
  - Mobile Crisis Services – including MCRT, H3 CORE, MHET
  - Hotlines – Crisis Center, 211, Access Line, Anonymous Hotlines
  - Non-Profit CBO's
  - Language Access – Crisis Center's Grief Groups in Spanish

- Older Adult Services
3. What supports and services would you like to see more of during these challenging times?
- Affordable Housing – with on-site services
  - More access to technology (including training)
  - Culturally appropriate care – including language access (and materials printed in multiple languages)
  - Mental Health Supports – including training and education
  - More virtual mental health services, especially for youth
  - More promotion of existing resources
  - More community crisis response services
  - Greater access to county funding & resources for CBO's
  - Specific mental health programs tailored toward the African American community and TAY of color
4. What community groups or populations are most at risk?
- Youth, including former foster youth
  - Teens – many have had to quit school to get jobs to support family
  - Seniors
  - Homeless population, including homeless youth
  - Immigrants, refugees, minorities and low- income people
  - Single mothers
  - People with disabilities
  - People with substance use disorders (SUD) – use is on the rise during COVID.

**Nuestra Comunidad, Nuestro Bienestar (Our Community, Our Wellbeing) (3/16/2021)**

- Event in partnership with Contra Costa Health Services and Visión y Compromiso
- Total Attendees: 12
- Conducted completely in Spanish

The virtual event provided a presentation and information on the COVID-19 vaccine and vaccinations efforts in Contra Costa. There was also a presentation on the MHSA and space to allow for community input through small discussion groups. Information on mental health resources aimed at serving Spanish speaking communities were also shared. The table below reflects 7 survey responses collected.

Race/Ethnicity	Affiliation	Age Range	Gender Identity	Sexual Orientation	Previously Attended a BHS Forum
American Indian/ Native American/ Alaska Native: 0%	Peer/ Consumer/ Client: 14%	18-25 years: 0%	Female: 86%	Bisexual: 14%	Yes: 57%
Asian/ Pacific Islander: 0%	Family Member of a Peer/	26-35 years: 29%	Male: 14%	Gay: 0%	No: 43%
Black/ African American: 0%	Consumer/ Client: 14%	36-45 years: 43%	Transgender: 0%	Heterosexual/ Straight: 72%	Don't Know: 0%
Caucasian/ White: 0%	Behavioral/ Mental Health Service Provider: 14%	46-55 years: 14%	Genderqueer: 0%	Lesbian: 0%	Decline to State: 0%
LatinX/ Hispanic: 100%		56-65 years: 0%	Questioning: 0%	Queer: 0%	
Middle Eastern/ North African: 0%		66+ years: 14%	Decline to State: 0%	Questioning: 0%	
Prefer to Self- Describe: 0%	Decline to State: 0%	Decline to State: 0%		Decline to State: 0%	
Decline to State: 0%:	Other: 60%			Prefer to Self- Describe: 14%	

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

1. What does mental health and wellness look like in your community?
  - Community supports
  - Events like this
  - Church.
2. What community supports are helpful or working well?
  - La Clinica
  - The Latina Center
  - Familias Unidas
  - Catholic Charities of the East Bay
  - The promotoras (health promoters) that are part of Health Services.

3. What supports and services would you like to see more of during these challenging times?
  - Education on Public Charge - it keeps changing. Many people are afraid to reach out for help. There needs to be more education on this topic.
  - Would like to have specific focus on Latino Mental Health support groups, similar to La Clinica, and done in community.
  - More support, especially in far east Contra Costa County. Very little Spanish speaking programs to support mental health and not much offered after Antioch. BART doesn't run past Antioch, makes access to mental health difficult
  - Would love to see yoga or other physical health classes offered, both in person and virtually in Spanish. This is being done in English, it would be great to offer in Spanish.
  - There is still a lot of stigma in the Latino community and not much understanding of mental health, wellness. There needs to be more education for the Spanish speaking communities on mental health.
  
4. What community groups or populations are most at risk?
  - In this County many people affected by COVID-19 are part of Latino community. Many were also financial providers – mothers, fathers, uncles, aunts and now family is struggling financially, along with toll on mental health.
  - Many of the children with only Spanish speaking parents, will need extra support returning to school.

**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.

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# The Plan

## Community Services and Supports

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

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to approximately \$40.4 million for FY 2021-22 in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

### Full Service Partnerships

Contra Costa Behavioral Health Services both operates and contracts with mental health service providers to enter 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 2019-20 data was obtained for 518



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 60.8% decrease in the number of PES episodes
- A 71.9% decrease in the number of in-patient psychiatric hospitalizations
- A 49.7% 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.

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

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

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 2021-22</b>
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	843,600
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	874,417
Multi-systemic Therapy	Community Options for Family and Youth (FSP)	Countywide	65	650,000
Children’s Clinic Staff	County Operated	Countywide	Support for full service partners	516,518
<b>Total</b>			<b>200</b>	<b>\$2,884,535</b>

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

- 1) Fred Finch Youth Center is 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 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.

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

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
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
County support costs				32,782
<b>Total</b>			<b>150</b>	<b>\$2,263,233</b>

**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:

<b>Program/ Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
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
<b>Total</b>			<b>275</b>	<b>\$5,470,233</b>

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

**Adult Mental Health Clinic Support.** 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:

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHPA Funds Allocated for FY 21-22</b>
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full Service Partners	1,763,101
<b>Total</b>				<b>\$1,763,101</b>

**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 MHSa funded portion for Assisted Outpatient Treatment programming:

<b>Program/ Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
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
<b>Total</b>			<b>75</b>	<b>\$2,549,239</b>

**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 MHSa funded portion for Wellness and Recovery Centers:

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Recovery and Wellness Centers	RI International	West, Central, East County	200	1,002,791
<b>Total</b>			<b>200</b>	<b>\$1,002,791</b>

**Hope House - Crisis Residential Center.** The County contracts with Telecare to operate a 16-bed crisis residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid in-patient psychiatric hospitalization. It also serves consumers being discharged from the hospital and long-term locked facilities that would benefit from a step-down from institutional care 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.

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

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHPA Funds Allocated for FY 21-22</b>
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,204,052
<b>Total</b>			<b>200</b>	<b>\$2,204,052</b>

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

- 1) Temporary Shelter Beds. The County’s Health, Housing and Homeless Services Division operates 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 MHPA 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 MHPA funded, and augment their board and care with additional agreed upon care for persons with seriously mental illness. These include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An eighth provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six month extension) for those

residents considered to be most compromised by mental health issues. During this three year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness.

- 3) Scattered Site Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families to move in and maintain their homes independently.
- 4) Permanent Supportive Housing. Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on 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 \$6,000,163 for 13 NPLH Units at their Galindo Terrace development. In 2020, an

award was made by CCBHS to Resources for Community Development for the complete non-competitive allocation amount of \$2,231,574 for a combination project (use of both competitive and non-competitive funds) for a total amount of NPLH financing in the amount of \$14,456,028. If awarded the full amount of requested funds, this development would result in 29 dedicated NPLH units in Central County. Awards are expected in June of 2021. CCBHS is actively working to develop opportunities for participation in the fourth and final round of State NPLH permanent supportive housing funds under the current bond authority 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. A Chief of Supportive Housing Services position has been added to oversee the Coordination Team and MHSAs funded housing units.

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

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number of MHSAs beds, units budgeted</b>	<b>MHSAs Funds Allocated for FY 21-22</b>
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 MHSAs funded
Coordination Team	County Operated	Countywide	Support to Homeless Program	532,200
<b>Total Beds/Units</b>			<b>685 **</b>	<b>\$9,212,576</b>

\*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSAs as funding sources. Thus, the budgeted amount for FY 21-22 may not match the total contract limit for the facility and beds available. The amount of MHSAs funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSAs funding, 2) history of expenditures charged to MHSAs, and 3) projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three-Year Plan Updates will reflect adjustments in budgeted amounts.

\*\* It is estimated that over 1,000 individuals per year are receiving temporary or permanent supportive housing by means of MHSAs funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded



efforts to increase the above availability of supportive housing for persons with serious mental illness.

### **Non-FSP Programs (General System Development)**

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

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

**Supporting Older Adults.** There are two MHSA funded programs serving the older adult population over the age of 60, 1) Intensive Care Management, and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment).

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

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

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Intensive Care Management	County Operated	Countywide	237	3,036,899
IMPACT	County Operated	Countywide	138	381,744
<b>Total</b>			<b>375</b>	<b>\$3,418,643</b>

**Supporting Children and Young Adults.** There are two programs supplemented by MHSA 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 is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSA 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 MHSA funded portion of the Children Wraparound Support/ EPSDT Support are summarized in the following:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,412,040
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	686,418
<b>Total</b>				<b>\$2,098,458</b>

**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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC	319,590
<b>Total</b>				<b>\$319,590</b>

**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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Supporting the Concord Health Center	County Operated	Central County	Supports clients served by Concord Health Center	254,496
<b>Total</b>				<b>\$254,496</b>

**Liaison Staff.** CCBHS partners with CCRMC 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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	145,907
<b>Total</b>				<b>\$145,907</b>

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

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

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	730,914
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	285,397
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	381,744
<b>Total</b>				<b>\$1,398,055</b>

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

**Mobile Crisis Response Team (MCRT).** During the FY 2017-20 Three Year Plan the Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) with law enforcement to fielding a full Mobile

Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers 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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Forensic Team	County Operated	Countywide	Support to the Forensic Team	381,744
MCRT	County Operated	Countywide	Supplements MCRT	1,244,646
<b>Total</b>				<b>\$1,626,390</b>

**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.

<b>Function</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Medication Monitoring	241,158
Clinical Quality Management	726,568
Clerical Support	284,103
<b>Total</b>	
<b>\$1,251,829</b>	

2) Administrative Support.

<b>Function</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Program and Project Managers	923,730
Clinical Coordinator	120,643
Planner/Evaluators	478,080
Family Service Coordinator	108,333
Administrative and Financial Analysts	607,030
Clerical Support	347,017
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000
<b>Total</b>	
<b>\$2,699,833</b>	

### Community Services and Supports (CSS) FY 21-22 Program Budget Summary

<b>Full Service Partnership (FSP Programs)</b>		<b>Number to be Served: 700</b>	<b>\$27,349,760</b>
	Children	2,884,535	
	Transition Age Youth	2,263,233	
	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	1,002,791	
	Crisis Residential Center	2,204,052	
	MHSA Housing Services	9,212,576	
<b>Non-FSP Programs (General System Development)</b>			<b>\$13,213,201</b>
	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	1,398,055	
	Forensic Team	1,626,390	
	Quality Assurance	1,251,829	
	Administrative Support	2,699,833	
	<b>Total</b>		<b>\$40,562,961</b>

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

### Performance Indicators

The table below illustrates the reported number of individuals served in FY 2019-20 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 FY 2019-20 by Prevention and Early Intervention providers.

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

The following table summarizes estimated demographic groups as they were served by PEI programs in FY 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.

<b>Demographic sub-group</b>	<b>% PEI clients served in FY 19-20</b>
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 2019- 2020, 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 2019-20, 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 MHSA site.

For the FY 2021-22 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 2021-22 MHSA Three Year Plan Update dedicates 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 the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Asian Family Resource Center	Countywide	50	150,408
COPE	Countywide	210	253,238
First Five	Countywide	(numbers included in COPE)	84,214
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	250,257
The Latina Center	West County	300	125,538
0-5 Children Outreach RFP TBD	Countywide	TBD	125,000
<b>Total</b>		<b>1,260</b>	<b>\$1,553,852</b>

### **Prevention**

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

Five programs are included in this category:

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

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

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

The allocation for the Prevention category is summarized below:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Building Blocks for Kids	West County	400	224,602
Vicente	Central County	80	191,336
People Who Care	East County	200	229,795
Putnam Clubhouse	Countywide	300	631,672
RYSE	West County	2,000	503,019
<b>Total</b>		<b>2,980</b>	<b>\$1,780,424</b>

### **Early Intervention**

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

One program is included in this category:

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

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

The allocation for the Early Intervention category is summarized below:

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 21-22</b>
First Hope	Countywide	200	2,587,108
<b>Total</b>		<b>200</b>	<b>\$2,587,108</b>

### **Access and Linkage to Treatment**

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

Three programs are included in this category:

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

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

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 21-22</b>
James Morehouse Project	West County	300	105,987
STAND! Against Domestic Violence	Countywide	750	138,136
Experiencing Juvenile Justice	Countywide	300	381,744
<b>Total</b>		<b>1,350</b>	<b>\$625,867</b>

### **Improving Timely Access to Mental Health Services for Underserved Populations.**

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

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

Six programs are included in this category:

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

<b>Program</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 2021-22</b>
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	782,141
<b>Total</b>		<b>5,460</b>	<b>\$1,692,460</b>

### **Stigma and Discrimination Reduction**

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

The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to 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.
- 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 the Stigma and Discrimination Reduction category is below:

<b>Program</b>	<b>County/Contract</b>	<b>Region Served</b>	<b>Funds Allocated for FY 21-22</b>
OCE	County Operated	Countywide	218,861
CalMHSA	MOU	Countywide	78,000
<b>Total</b>			<b>\$296,861</b>

### **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. In 2021, a subcommittee was convened to address **Youth Suicide Prevention**. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon in order to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below

<b>Plan Element</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>Funds Allocated for FY 21-22</b>
Contra Costa Crisis Center	Countywide	25,000	320,006
Suicide Prevention RFP TBD	Countywide	TBD	50,000
County Supported	Countywide	N/A	Included in PEI administrative cost
<b>Total</b>		<b>25,050</b>	<b>\$370,006</b>

#### **PEI Administrative Support**

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

The allocation for PEI Administration is summarized below:

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

#### **Prevention and Early Intervention (PEI) Summary for FY 2021-22**

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,553,852	
Prevention	1,780,424	
Early Intervention	2,587,108	
Access and Linkage to Treatment	625,867	
Improving Timely Access to Mental Health Services for Underserved Populations	1,692,460	
Stigma and Discrimination Reduction	296,861	
Suicide Prevention	370,006	
Administrative, Evaluation Support	158,090	
<b>Total</b>		<b>\$9,064,668</b>

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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. In the upcoming year, we anticipate the programs noted below will be sunsetting. We expect to work with the community to identify new innovation projects and will report our progress in the next Plan Update.

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2021-22:

- 1) 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. Project to sunset this fiscal year.
- 2) 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. Project to sunset this fiscal year.
- 3) 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.

- 4) 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:

<b>Project</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Partners in Aging	County Operated	Countywide	45	133,072
Overcoming Transportation Barriers	County Operated	Countywide	200	106,856
Center for Recovery and Empowerment (CORE)	County Operated	West	80	1,180,936
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	400,403
Administrative Support	County	Countywide	Innovation Support	364,363
<b>Total</b>			<b>565</b>	<b>\$2,185,630</b>

## 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:

<b>Program/Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>MHSA Funds Allocated for FY 21-22</b>
WET Coordination	County Operated	Countywide	140,658
Supporting Families	NAMI CC	Countywide	618,000
Senior Peer Counseling	County Operated	Countywide	238,986
<b>Total</b>			<b>\$997,644</b>

### **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. NAMI CC shall also offer Conversations with Local Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS's Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- 3) Crisis Intervention Training. CCBHS partners with the County's Sheriff'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:

<b>Plan Element</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>MHSA Funds Allocated for FY 21-22</b>
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
<b>Total</b>			<b>\$343,799</b>

### **Mental Health Career Pathway Program**

- 1) Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived 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 in the following:

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Trained Yearly</b>	<b>MHSA Funds Allocated for FY 21-22</b>
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	346,258 25,000
<b>Total</b>			<b>50</b>	<b>\$371,258</b>

### **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:

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Trained</b>	<b>MHSA Funds Allocated for FY 21-22</b>
Graduate Level Internships	County Operated	Countywide		252,350
Graduate Level Internships	Contract Agencies	Countywide		100,000
<b>Total</b>			<b>75</b>	<b>\$352,350</b>

### **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.

To maximize retention and recruitment, CCBHS will also participate in the Greater Bay Area Regional Partnership Program which is a partnership between the Bay Area counties, the Office of Statewide Health Planning and Development, and CalMHSA which will serve to enhance CCBHS's existing Loan Repayment Program and shall allow for a wider reach in addressing staffing and language needs.

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

<b>Program</b>	<b>County/ Contract</b>	<b>Region Served</b>	<b>Number to be Served Yearly</b>	<b>MHSA Funds Allocated for FY 2021-22</b>
Loan Repayment	CalMHSA	Countywide	Variable	300,000
<b>Total</b>				<b>\$300,000</b>

**Workforce Education and Training (WET) Component Budget Authorization for  
FY 2021-22:**

Workforce Staffing Support	997,644
Training and Technical Assistance	343,799
Mental Health Career Pathways	371,258
Internship Program	352,350
Loan Forgiveness Program	300,000
<b>Total</b>	<b>\$2,365,051</b>

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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 2021-22:

Electronic Mental Health Data Management System	125,000
Capital Facilities Projects	125,000
<b>Total</b>	<b>\$250,000</b>

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## The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2021-22. The following table summarizes a budget estimate of total MHSA spending authority by component.

	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
FY 21-22	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310

Appendix E, entitled *Funding Summaries*, provides a FY 2020-21 through FY 2022-23 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three-year period. The following fund ledger depicts projected available funding versus total budget authority for FY 21-22:

<b>A. Estimated FY 2021-22 Available Funding</b>	<b>CSS</b>	<b>PEI</b>	<b>INN</b>	<b>WET</b>	<b>CF/TN</b>	<b>TOTAL</b>
1. Estimated unspent funds from prior fiscal years	18,176,875	5,743,210	4,608,780	5,647,684	318,996	34,495,545
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	50,226,414	13,755,594	6,717,302	5,647,684	318,996	76,665,990
<b>B. Budget Authority for FY 21-22</b>	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310
C. Estimated FY 21-22 Unspent Fund Balance	9,663,453	4,690,926	4,531,672	3,282,633	68,996	22,237,680

<b>Estimated Prudent Reserve for FY 21-22</b>	<b>7,579,248</b>
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### Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding

percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The estimated new funding for each fiscal year includes this distribution.

2. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this period the County has allocated no transfers in FY 2021-22.
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, 2021 is \$7,579,248, and includes interest earned. This amount is less than the estimated maximum allowed of \$13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037.
5. It is projected that the requested total budget authority for the Three-Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

## Evaluating the Plan

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

During 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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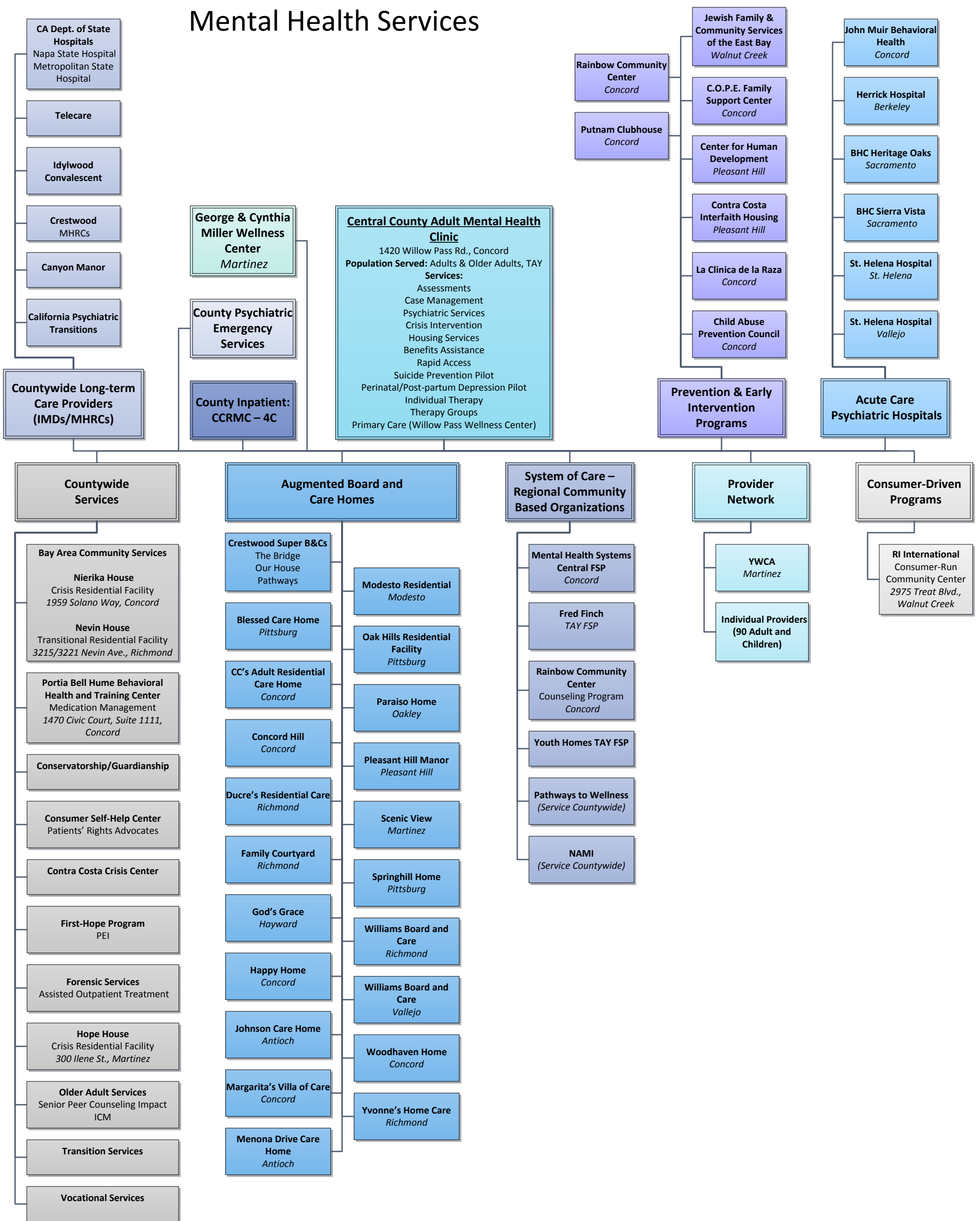
# **Appendix A**

## **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**

**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  
 Hospital Liaison  
 Emergency Foster Care  
 TBS Services Coordination
- Mental Health and Probation Services**  
 202 Glacier Dr.  
 Martinez  
 Population Served: Children & TAY  
 Juvenile Hall, Juvenile Assessment and Consultation Services  
 Orin Allen Youth Rehabilitation Facility  
 Regional Probation Liaisons
- Lincoln Child Center**  
 In-Home Behavioral Services
- Lincoln**  
 Multi-Dimensional Family Therapy
- We Care**  
 0-5
- Seneca**  
 Mobile Response Team
- Start FSP Seneca**
- TBS Providers**  
 COFY  
 Seneca  
 Youth Homes  
 La Cheim  
 ASPIRAnet  
 Fred Finch Youth Center  
 Milhouse Children's Services  
 St. Vincent's School for Boys  
 Victor Community Support Services
- Core**
- Fred Finch - Avalon**  
 Dual-diagnoses residential treatment and nonpublic school
- Contra Costa Crisis Center**  
 Walnut Creek, Service Countywide

**School-Based Program Unit**

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

**System of Care – Community Based Organizations**

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

**Provider Network**

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

**Prevention & Early Intervention Programs**

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

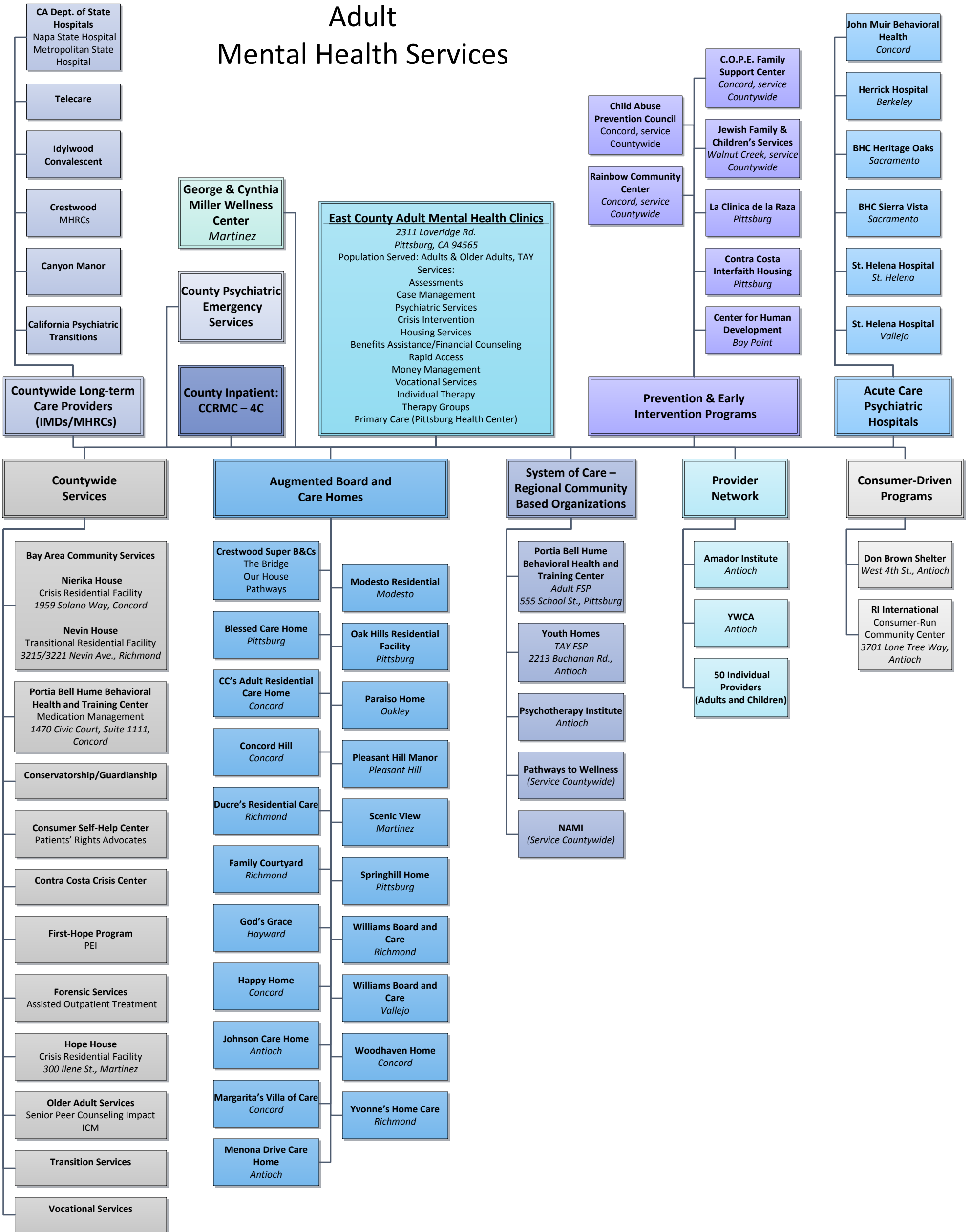
**Residential Services**

- 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

# 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**

**School-Based Program Unit**

**System of Care – Regional Community Based Organizations**

**Provider Network**

**Prevention & Early Intervention Programs**

**Residential Services**

**Contracted Psychiatric Hospitals**

- Children's Specialty Programs**  
2425 Bisso Ln. #200  
Concord  
Population Served: Children & TAY  
  - Child & Family Mental Health Services
  - Social Services Child Assessment Unit
  - Spirit of Caring
  - Katie A.
  - Local and National Case Management
- COFY**  
(Multi-Systemic Therapy and Functional Family Therapy)
- Consumer Self-Help Center**  
(Patients' Rights Advocates)
- County-Wide Assessment Team**  
2425 Bisso Ln. #235  
Concord  
Population Served: Children & TAY
- First-Hope Program**  
(PEI)
- Hospital & Residential Unit**  
2425 Bisso Ln. #280  
Concord  
Population Served: Children & TAY  
  - 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**

- 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

- 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

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

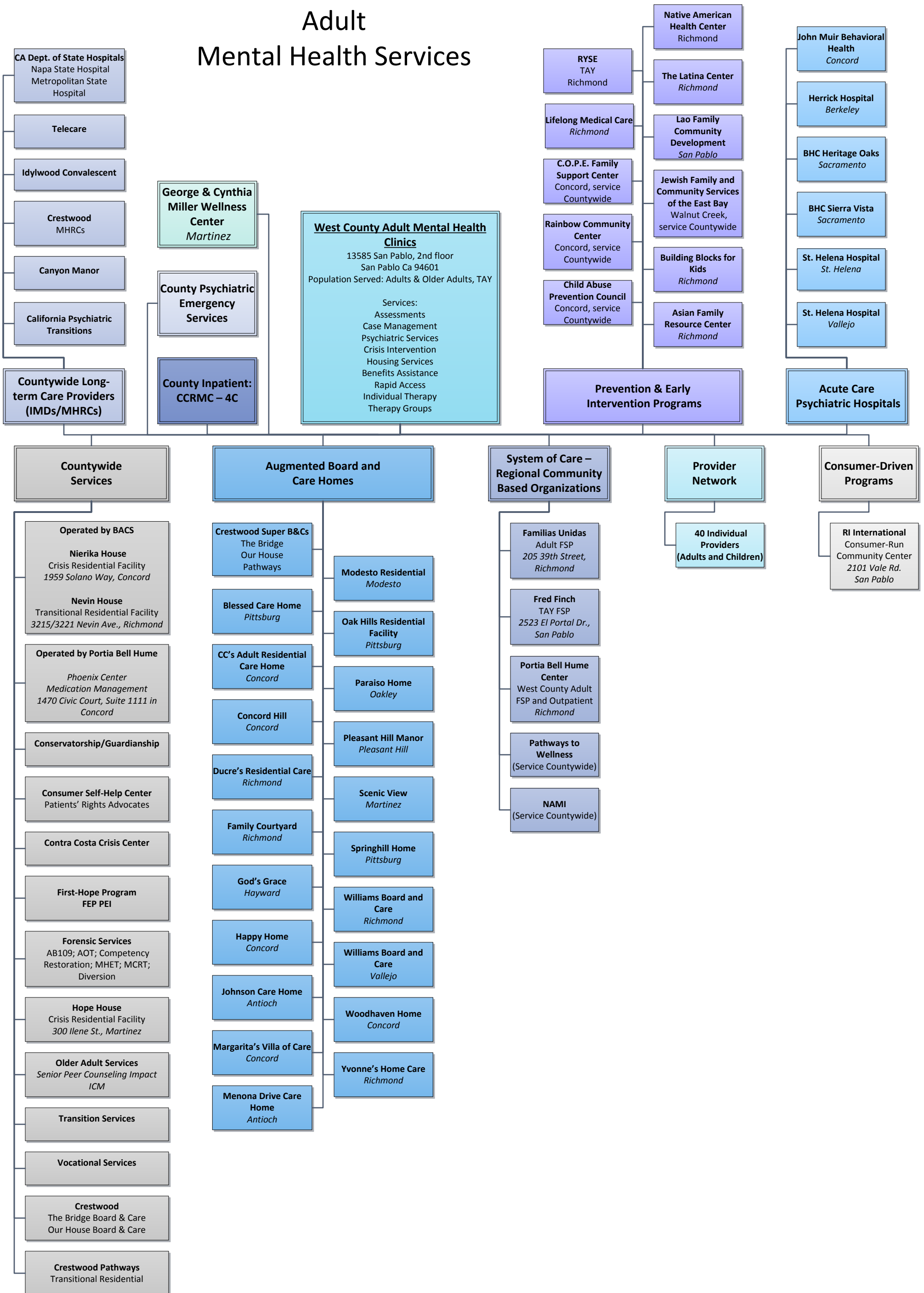
- Center for Human Development**  
Bay Point
- Contra Costa Interfaith Housing**  
Pittsburg
- La Clinica de la Raza**  
Pittsburg
- People Who Care**  
Pittsburg
- Rainbow Community Center**  
Concord, service Countywide
- STAND!**  
Antioch
- Child Abuse Prevention Council**  
Concord, service Countywide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

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

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



# West County Adult Mental Health Services



# West County Children's Mental Health Services

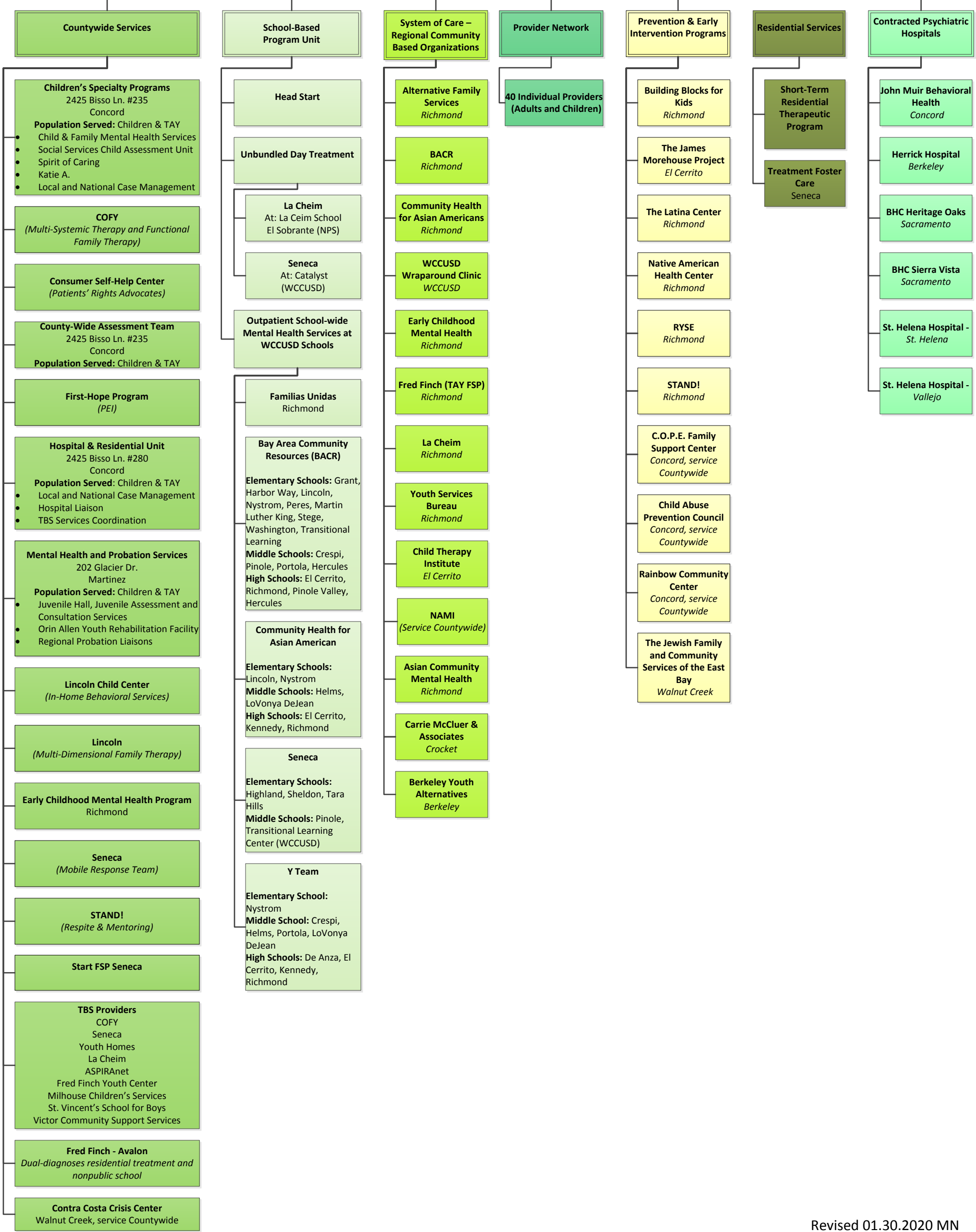
**West County Children's Mental Health Clinic**  
 303 41st Street  
 Richmond, CA  
**Population Served:** Children and TAY  
**Services:**  
 Psychiatric Services  
 Outpatient Services  
 Parent Partners  
 Wrap Around Services  
 Cognitive Behavioral Therapy  
 Dialectical Behavior Therapy  
 Trauma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

**County Psychiatric Emergency Services**

**George & Cynthia Wellness Center**  
Martinez

**Child-Parent Psychotherapy**

**Family-Based Treatment for Eating Disorder**



# Appendix B

## Program and Plan Element Profiles

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## **Asian Family Resource Center (AFRC)**

12240 San Pablo Ave, Richmond, CA 94805

Point of Contact: Sun Karnsouvong, [Skarnsouvong@arcofcc.org](mailto:Skarnsouvong@arcofcc.org)

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

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

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

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

- i. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- ii. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast

Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.

- iii. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- b. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- c. Payment Limit: FY 21-22: \$150,408
- d. Number served: FY 19-20: 583 high risk and underserved community members
- e. Outcomes:
  - Successful adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
  - Services are offered in the language of the consumer and outreach is conducted in areas frequented by those they are trying to engage.
  - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.

## **Bay Area Community Services (BACS)**

629 Oakland Avenue, Oakland, CA 94611, <https://www.bayareacs.org/>

Point of Contact: Jamie Almanza, (510) 415-4672, [JAlmanza@bayareacs.org](mailto: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: For FY 18-19: Capacity of 16 beds.
- e. Outcomes: To be determined.



## Building Blocks for Kids (BBK)

310 9<sup>th</sup> Street, Richmond, CA 94804, [www.bbk-richmond.org](http://www.bbk-richmond.org)  
Point of Contact: Sheryl Lane, (510) 232-5812, [slane@bbk-richmond.org](mailto:slane@bbk-richmond.org)

### 1. General Description of the Organization

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

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

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

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

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

- b. Target Population: Parents and caregivers and their families living in West Contra Costa County
- c. Payment Limit: FY 21-22: \$224,602
- d. Number served: In FY 19-20: 336 Individuals (includes outreach and education events).
- e. Outcomes:
  - During the COVID-19 pandemic, BBK pivoted to continue to engage the community. Staff transitioned into a virtual model. Programs was offered



- through Zoom meetings, phone calls, and videos on their Facebook page.
- 195 women participated in a total of 28 Black and LatinX Women's Peer Sanctuary groups where they received facilitated support for self-care, advocacy, personal goal setting and reclaiming positive cultural practices.
  - Family Engagement activities events, during which families are invited to spend an enjoyable and safe time with their families, were held at Monterey Pines Apartments. 87 people participated in Family Engagement activities, including: an informational session about the Welcome Home Baby Program, Mindfulness practices, Youth Service Bureau, Effective Ways of Communication through Community Circles, Census Information as well family bonding arts & crafts and games.
  - At the Health and Wellness free summer program, children under the age of 18 had access to free lunch Monday through Friday, Zumba classes and enrichment activities. BBK staff served an average of 90 children daily and altered their offerings to accommodate virtual programming to follow safety guidelines during the pandemic.
  - BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 26 parents/caregivers graduated from the 22-week program and 146 adults participated in a parent-child skills development playgroup.

## Center for Human Development (CHD)

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

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

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

Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

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

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

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include:

- a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills;
- b) one leadership group that meets a minimum of twice a month to foster community involvement; and
- c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 21-22: \$161,644
- d. Number served: FY 19-20: 733 individuals were served in both programs combined
- e. Outcomes:
  - African American Wellness Program
    - Served 623 participants during FY 2019-20.
    - Moved to telehealth due to COVID-19.
    - Provided 9 clients with mental health referrals.
    - Participants were provided individualized services to help them to address the current issues they are facing

- Youth Empowerment Program
  - 110 individuals were served.
  - Staff facilitated 134 educational group sessions, trainings, and Leadership sessions and staff had 412 individual one-on-one meetings with youth. This is nearly double the number of individual check-ins and one-on-one meetings from the previous year.
  - Successfully Moved to telehealth due to COVID-19
  - Provided 6 clients with mental health referrals.
  - All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.

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

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

Point of Contact: Kennisha Johnson, Mental Health Program Manager, (925) 646-5480,  
[Kennisha.Johnson@CCHHealth.org](mailto: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 MHPA 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 19-20: Approximately 2,418 Individuals.

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

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

Point of Contact: Betsy Hanna, Psy.D, Mental Health Program Manager, (925) 521-5767,  
[Betsy.Hanna@CCHHealth.org](mailto:Betsy.Hanna@CCHHealth.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 19-20: Approximately 902 Individuals.

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

2120 Diamond Blvd #120, Concord, CA 94520, [www.capc-coco.org](http://www.capc-coco.org)

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

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

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

### **2. Program: The Nurturing Parenting Program - PEI**

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 21-22: \$128,862
- d. Number served: In FY 19-20: 169 parents and children
- e. Outcomes:
  - Two 20-week classes in Central and East County serving parents and their children.
  - During the first semester of The Nurturing Parenting Program a total of 44 parents and 45 children enrolled in the program. A total of 29 parent and 36 children completed and graduated from the NPP successfully.
  - During the second semester of The Nurturing Parenting Program a total of 41 parents and 39 children enrolled in both regions. A total of 31 parents completed and graduated from the program despite the many challenges faced during the COVID-19 Shelter-in-Place.

- Staff modified sessions to meet parents needs during the pandemic and offered resources to families who lost their jobs, linked parents to internet access, and guided them on how to start using zoom to stay connected.
- All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).

**Community Options for Families and Youth, Inc. (COFY, Inc.)**

3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523, [www.cofy.org](http://www.cofy.org)  
 Point of Contact: David Bergesen, (925) 943-1794, [d.bergesen@cofy.org](mailto:d.bergesen@cofy.org) and  
 Gabriel Eriksson (925) 943-1794, [g.eriksson@cofy.org](mailto: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 21-22 \$650,000
- d. Number served: In FY19-20 COFY FSP served 56 individuals.
- e. Outcomes:
  - Reduction in incidence of psychiatric crisis
  - Decrease in Juvenile Assessment and Consultation Services (JACS)

**Table 1. Pre- and post-enrollment utilization rates for 56 COFY FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	21	4	0.041	0.016	-59.7%
<i>Inpatient episodes</i>	4	0	0.008	0.00	-100.0%
<i>Inpatient days</i>	22	0	0.043	0.000	-100.0
<i>JACS Bookings</i>	40	22	0.078	0.090	-16.3%



## **Contra Costa Crisis Center**

P.O. Box 3364 Walnut Creek, CA 94598, [www.crisis-center.org](http://www.crisis-center.org)

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

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

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

### **2. Program: Suicide Prevention Crisis Line**

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

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides REAL TIME warm transfer to those services when appropriate. Because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service WHEN THEY NEED IT and immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) in a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.
- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one-month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals

within the contract year, Spanish-speaking counselors will be provided 80 hours per week.

- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 21-22: \$320,006

d. Number served: In FY19-20: 21,577 total calls were fielded.

e. Outcomes:

- Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240 languages.
- Upgraded to an advanced web-based phone system software in July 2019, allowing for remote work in case of a disaster, and increased the accuracy of calls answered, average speed to answer (in seconds), and abandonment rate measurements. This allowed calls to the 24-hour crisis lines to continue without interruption with staff and volunteers working either in the office or remotely due to COVID-19.
- 21,577 referrals were made to mental health services
- Managed an unprecedented increase in total call volume starting in March 2020 with callers needing referrals for health, food, housing, and financial assistance as well as experiencing feelings of high anxiety and stress.
- Provided a 54+ hour call center training for new call center staff and volunteers several times throughout the year

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

3000 Citrus Circle, Suite 220, Walnut Creek, CA 94598, <http://copefamilysupport.org/>  
Point of Contact: Cathy Botello, Executive Director, (925) 689-5811,  
[cathy.botello@copefamilysupport.org](mailto:cathy.botello@copefamilysupport.org)

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

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

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

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

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

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

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

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

c. Payment Limit: FY 21-22: \$253,238

d. Number served: In FY 19-20: 235

e. Outcomes:

- Provided 21 Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County.
- Enrolled 235 client family members in Triple P Parenting classes.
- Provided a Family Transitions Triple P training program and accredited 18 practitioners.
- Beginning in Mid-March 2020, COPE moved all Triple P classes to online using the Zoom video conferencing platform.
- Pre and Post Test Survey results indicate program participants showed a 37% decrease in depression, 41% decrease in anxiety, and 24% decrease in overall stress.
- Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal, and mental health services.

## **Crestwood Behavioral Health, Inc.**

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

Point of Contact: Travis Curran, Campus Administrator for Pleasant Hill Campus,  
(925) 938-8050, [tcurran@cbhi.net](mailto:tcurran@cbhi.net)

### **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 21-22 \$1,053,963

#### **d. Number served:** For FY 19–20: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

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

## **Divine's Home**

2430 Bancroft Lane, San Pablo, CA 94806

Point of Contact: Maria Riforno, (510) 222-4109, [HHailey194@aol.com](mailto: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 19-20: Capacity of 6 beds.

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

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

Point of Contact: Beverly Fuhrman, Program Manager, (925) 431-2621,  
[Beverly.Fuhrman@CCHealth.org](mailto: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 19-20 Approximately 3,031 Individuals.

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

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

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

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

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

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

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
  - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
  - Support for full service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
  - b. Number Served: For FY 19-20: Approximately 861 Individuals.



## **Familias Unidas (formerly Desarrollo Familiar, Inc.)**

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

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

### **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 21-22 \$272,167**

#### **d. Number served: For FY 19-20: 26 Individuals**

#### **e. Outcomes: For FY 19-20:**

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.\*
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.\*
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.

- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested, or incarcerated post-enrollment measured at the end of the fiscal year.
- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- Decrease in incidence of psychiatric crisis
- Decrease of the incidence of restriction

**Table 1. Pre-and post-enrollment utilization rates for 26 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 19-20**

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	28	20	0.093	0.071	-24.3%
<i>Inpatient episodes</i>	7	6	0.023	0.001	-9.1%
<i>Inpatient days</i>	39	56	0.130	0.198	-52.2%
<i>DET</i>	6	5	0.020	0.018	-11.7%

## First Five Contra Costa

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

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

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

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

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

- a. **Scope of Services:** First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of 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 21-22: \$84,214
- d. **Number Served:** In FY 19-20: 189 client family members enrolled in C.O.P.E. Triple P Parenting classes
- e. **Outcomes:**
  - Delivered 15 classes and 2 seminar series throughout the county at various times and convenient locations to accommodate transportation barriers. (through partnership with C.O.P.E.)
  - Held 12 presentations and briefings to early childhood organizations as an engagement and recruitment tool
  - Offered case management support to parents as appropriate

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

391 Taylor Boulevard, Suite 100, Pleasant Hill, CA, 94523 <http://www.firsthopeccc.org/>  
Point of Contact: Jude Leung, Mental Health Program Manager, 925-608-6550,  
[yatmingjude.leung@cchealth.org](mailto: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 21-22: \$2,587,099
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 19-20: 960
- f. Outcomes:
  - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
  - One conversion out of 78 from clinical high risk to psychosis.
  - 104 First Hope clients had zero PES visits or hospitalizations.
  - Zero completed suicides in FY 19-20.

- Trained 13 new staff in the Coordinated Specialty Care (CSC) model and trained and certified all staff in MultiFamily Group Treatment (MFGT) and Cognitive Behavioral Therapy for Psychosis (CBTp).
- Reduced the stigma associated with symptoms.
- 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)**

1430 Willow Pass Road, Suite 100, Concord CA 94520  
Point of Contact: Marie Scannell, Program Manager, (925) 288-3915,  
[Marie.Scannell@CCHHealth.org](mailto:Marie.Scannell@CCHHealth.org)

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

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

### **2. Program: Forensic Services - CSS**

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

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence-based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis. In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

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

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

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT.

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

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. Budget: \$1,626,390
- d. MHSA-Funded Staff: 4.0 Full-time equivalent
- e. Number Served: For FY 19-20: 343

## **Fred Finch Youth Center**

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

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

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

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

### **2. Program: Contra Costa Transition Age Youth Full Service Partnership - CSS**

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

- a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:

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

- a. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.

- b. Payment Limit: FY 21-22 \$1,503,519



c. Number served: For FY 19-20:50

d. Outcomes: For FY 19/20:

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

**Table 1. Pre- and post-enrollment utilization rates for 50 Fred Finch FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	45	23	0.093	0.042	-55.2%
<i>Inpatient episodes</i>	25	5	0.051	0.009	-82.5%
<i>Inpatient days</i>	212	128	0.436	0.231	-47.0%
<i>DET Bookings</i>	0	1	0.000	0.004	+100.0%

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

25 Allen Street, Martinez CA 94553, <https://cchealth.org/centers/mwc.php>

Point of Contact: Thomas Tighe, Mental Health Program Manager, (925) 890-5932,  
[Thomas.Tighe@CCHHealth.org](mailto:Thomas.Tighe@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 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)

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

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

### 1. General Description of the Organization

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

### 2. Program: Strengthening Vulnerable Families

#### a. Scope of Services:

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

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

c. Payment Limit: FY 21-22: \$385,477

d. Number served: In FY 19-20: 433 clients

e. Outcomes:

- Provided 8 parenting support groups, 8 sessions/group at the 4 housing sites for a total of 67 group sessions and least 83 participants.
- Provided 4350 hours of support services with on-site case management to 275 families/433 individuals.
- After the Shelter-in-Place order many residents lost their jobs. Working remotely, case managers assisted 23 residents to access unemployment resources, and 33 residents to access COVID funds to subsidize rents. At Lakeside 12 undocumented families were also assisted to receive the COVID California state funds designated for immigrants.
- Staff also organized food resources for families with limited funds and delivered food to over 100 households to help keep residents safe. Case managers also distributed activity bags to youth including crayons, activity booklets, and hand sanitizer/PPE. Masks were distributed to over 100 families as needed, and education and support was offered regarding the stay-at-home order and the COVID19 virus.
- Provided 2914 hours of service to 181 youth at youth enrichment centers in the four housing sites. Activities included afterschool programming, summer programming, educational advocacy, and a teen support group.
- 99% (277/281) of families maintained their housing. 96% (104/108) of families at risk for eviction remained housed. 98% (243/248) of families requesting assistance with concrete resources had their request fulfilled (e.g., access to food, employment, transportation, healthcare, and mental health resources).
- 100% (8/8) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
- 77% (33/43) of youth who were assessed with the Social Skills Index Survey (SSIS) improved their skill score over the year.
- 87% (71/82) of youth that participate in the afterschool academic and tutoring program achieved at least four new CA Academic benchmarks.
- 86% (62/72) of grades K through 5 children achieved progress with their reading skills
- 100% (4/4) of Teen Club youth participants completed end of year surveys and showed improved self-concept/self-esteem.
- 88% (75/85) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

## **James Morehouse Project (JMP) at El Cerrito High (fiscal sponsor of Bay Area Community Resources)**

540 Ashbury Avenue, El Cerrito, CA 94530, <http://www.jamesmorehouseproject.org/>  
Point of Contact: Jenn Rader, (510) 231-1437, [jenn@jmhops.org](mailto:jenn@jmhops.org)

### **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/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 21-22: \$105,987
- d. Numbers Served: FY 19-20: 405 young people
- e. Outcomes:
- With the help of a team that included 8 clinical interns, JMP served 405 young people participated in 23 different groups and/or individual counseling.
  - Referred 17 young people to mental health services.

- Altered services to accommodate remote support with COVID-19 including partnering with community-based partners like the Seneca MRT in crisis situations.
- COVID-19 related needs were addressed through case management, including working with young people and families around challenges with distance learning (e.g., accessing Wi-Fi, troubleshooting tech challenges), and securing cash assistance and accessing other resources (e.g., food, legal assistance).
- Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
- Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.

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

1855 Olympic Boulevard, #200, Walnut Creek, CA 94596, <https://jfcs-eastbay.org/>  
Point of Contact: Lisa Mulligan, (925) 927-2000, [lmulligan@jfcs-eastbay.org](mailto: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 21-22: \$179,720
- d. Number served: FY 19-20: 311
- e. Outcomes:
  - Provided culturally and linguistically appropriate care to all consumers served
  - Served 311 people, including 135 frontline staff and 176 clients.

- Completed three out of four planned trainings for the year. The fourth training was cancelled due to COVID-19. All three trainings were held via Zoom and had high attendance. In total, 135 service providers from the community were trained, exceeding the target of training 75 frontline staff. 96% of respondents reported a better understanding of recognizing stress and risk factors after the training and 91% of respondents reported a better understanding of when to refer clients to specialized services.
- Provided mental health education classes to 16 Russian-speaking seniors, parenting workshops to 16 Afghan parents, bilingual/bicultural case management to 160 clients (including 85 children ages 18 and under and 75 adults ages 18 and older and provided bicultural individual therapy services to 25 Dari-speaking clients.
- 100% of the 75 adult case management clients reported upon exit they were able to independently seek help for mental health services, knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues, and had an increased understanding of health and mental health care systems in Contra Costa County.
- 81% of participants in the Russian Mental Health classes reported a better understanding of when and how to seek help, 93% reported an increased ability to recognize stress and risk factors in themselves and/or family members, and 93% reported feeling more supported after coming to the group.
- 100% of participants in the Afghan Parenting Workshops reported they learned useful skills to become a more effective parent, had a better understanding of when and how to seek help, and felt more supported after coming to the group. 87.5% reported having an increased ability to recognize stress and risk factors in themselves and/or family members.



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

202 Glacier Drive, Martinez, CA 94553

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

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

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

### **2. Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch**

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

- a. **Scope of Services:** *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- c. Target Population: Youth in the juvenile justice system in need of mental health support
- d. Payment Limit: FY 21-22: \$381,744
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FY 19-20: 300+
- g. Outcomes:
  - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.

- Increased access to mental health services and other community resources for at risk youth.
- Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
- Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
- Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
- Help youth and families increase problem-solving skills

## La Clínica de la Raza

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

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

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

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

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

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

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psychosocial 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 21-22: \$288,975
- d. Number served: FY 19-20: 922
- e. Outcomes:
- Vías de Salud:
    - Offered 3623 depression screenings (120% of yearly target), 296 assessments and early intervention services (118% of yearly target), and 1238 follow-up support/brief treatment services (99% of yearly target).
    - Programming pivoted to telehealth as needed during COVID-19

- Familias Fuertes:
  - Offered 661 screenings for youth (88% of yearly target), 113 assessments for youth (105% of yearly target), and 333 follow-up visits with families (111% of yearly target).
  - Programming pivoted to telehealth as needed during COVID-19

## Lao Family Community Development

1865 Rumrill Boulevard, Suite #B, San Pablo, CA 94806, <https://lfc.org/>  
Point of Contact: Kathy Chao Rothberg, (510) 215-1220, [krothberg@lfc.org](mailto:krothberg@lfc.org) and Brad Meyer, (510) 215-1220, [bmeyer@lfc.org](mailto:bmeyer@lfc.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 21-22: \$196,128
- d. Number served: In FY 19-20: 128
- e. Outcomes:
  - A total of 125 clients completed the Pre LSNS assessment and 125 clients

completed the Post LSNS assessments. The average progression was 8 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.

- 98% (125 of 128 respondents) of the participants were satisfied with the program services, and 2% (3 of 128 respondents) were somewhat satisfied with the program services.
- 101 clients were referred to mental health services.
- Held 16 Strengthening Families Program (SFP) workshops (2 workshops per month from August 2019 to March 2020). Due to COVID-19 there were no SFP event from April to May 2020.
- Facilitated 6 different thematic peer support groups/events during the FY
- Provided case management and system navigation for 128 community members

## The Latina Center

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

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

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

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

- a. **Scope of Services:** The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low-income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. **Target Population:** Latino Families and their children in West County at risk for developing serious mental illness.
- c. **Payment Limit:** FY 21-22 \$125,538
- d. **Number served:** For FY 19-20: 314
- e. **Outcomes:**
  - Served a total of 314 parents (parenting sessions, mental health workshops, psycho-educational therapy, support groups).
  - Additionally, provided 30 learning circles with activities reaching 424 children.
  - Outreach efforts reached 1,031 individuals and enrolled 42 people into their programs.
  - Parenting classes were held in 4 community-based locations: Cesar Chavez Elementary School, Mira Vista Elementary, Richmond Charter Academy, and The Latina Center. All classes completed the 10-week sessions, 6 sessions online.
  - 286 parents (244 women and 42 men) registered for the parenting class and completed a pre-survey in Spanish.
  - Based on the responses to the pre-survey, The Latina Center made at least 28 referrals.

- Held 6 Mental Health Workshops in 3 locations (The Latina Center, St Cornelius Catholic Church and Montalvin Elementary School) for 130 participants; 94 participants completed pre- and post-surveys.
- Before the workshop, 65% of parents said they did know what mental illnesses are; 35% did not know. After the workshop, 96.9% understood what mental illnesses are; 3.1% did not understand. Before the workshop, 57.5% knew any symptoms of mental illness and 42.5% did not. After the workshop, 81.3% stated they knew signs and symptoms and 18.8% did not.



## Lifelong Medical Care

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

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

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

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 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 21-22: \$134,710
- d. Number served: FY 19-20: 150

e. Outcomes:

- Prior to Shelter-in-Place, an average of 10 onsite events were held per month (including, creative movement, exercise, bilingual songs, discussion groups, tai chi, walking groups, Spanish classes, and arts & crafts, as well as memorial events for residents who passed away and an outing to visit a participant in the hospital). There was also a health fair held in the fall of 2019. The second planned health fair was cancelled due to COVID-19.
- With COVID-19 services shifted to mainly virtual (telephone and Zoom) interactions and there was an increased emphasis on food distribution. Distribution of masks and PPE, as well as outreach to at-risk older-adult consumers was prioritized.
- Registered 24 people for Meals on Wheels and made 289 deliveries of meals and/or groceries during April-June.
- The Annual survey was adapted to a shorter telephone survey due to COVID-19 and they documented 41 responses. Results were very positive, with all respondents reporting that they were very (79%) or somewhat (21%) satisfied with SNAP overall. 100% were satisfied with the food distribution portion of SNAP during Shelter-in-Place.

## Lincoln

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

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

### **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 21-22 \$874,417

#### d. Number Served: The program served 69 clients in FY19-20.

#### e. Outcomes: For FY 19-20:

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

**Table 1. Pre- and post-enrollment utilization rates for 69 Lincoln Child Center participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	7	1	0.012	0.002	-83.2%
<i>Inpatient episodes</i>	3	0	0.005	0.000	-100.0%
<i>Inpatient days</i>	12	0	0.020	0.000	-100.0%
<i>JACS Bookings</i>	46	13	0.077	0.025	-66.8%

## **PH Senior Care, LLC (Pleasant Hill Manor)**

40 Boyd Road, Pleasant Hill CA, 94523

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

### **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 19-20: Capacity of 26 beds.**

## **Mental Health Services Act Housing Services (Contra Costa Health, Housing, and Homeless Services – H3)**

2400 Bisso Lane, Suite D2, Concord, CA 94520, <https://cchealth.org/h3/>  
Point of Contact: Jenny Robbins, LCSW, Housing and Services Administrator,  
(925) 608-6000, [Jenny.Robbins@CCHealth.org](mailto:Jenny.Robbins@CCHealth.org)

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

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

### **2. Program: Homeless Programs - Temporary Shelter Beds - CSS**

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

a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.

b. Total MHSA Portion of Budget: \$2,048,912

c. Number Served: FY 19-20: 75 beds fully utilized for 365 days in the year.

### **3. Program: Permanent Housing - CSS**

Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.

b. Total MHSA Portion of Budget: One Time Funding Allocated.

c. Number Served: FY 19-20: 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: \$532,200
- d. Number Served: FY 19-20: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

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

2280 Diamond Boulevard, #500, Concord, CA 94520,

<https://www.mhsinc.org/listing/contra-costa-action-team/>

Point of Contact: Mark Tiano, (925) 481-6014, [mark.tiano@mhsinc.org](mailto:mark.tiano@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 21-22 \$2,136,653
- c. Number Served: The program served 68 clients during the 17-18 fiscal year, 115 clients during the 18-19 fiscal year, and 84 clients during 19-20 fiscal year.
- d. Outcomes: For FY 19/20
  - ACT treatment adherence was 37% compared to 51% during SIP orders
  - Consumers receiving ACT services had a decrease in crisis episodes
  - Consumers had a decrease in psychiatric hospitalizations
  - Consumers had a decrease in jail bookings
  - 72% of consumers obtained or maintained housing while in ACT.



**Table 1. Pre-and post-enrollment utilization rates for 84 Mental Health Systems AOT/ACT/FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	259	133	0.335	0.138	-58.9%
<i>Inpatient episodes</i>	54	18	0.070	0.019	-73.3%
<i>Inpatient days</i>	556	199	0.718	0.206	-71.4%
DET Bookings	70	24	0.090	0.025	-72.6 %

**3. Program: MHS Contra Costa Central FSP – CSS**

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

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

b. Payment Limit: FY 21-22 \$1,050,375

c. Number Served: FY 19-20: 39 Individuals

d. Outcomes:

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

**Table 1. Pre-and post-enrollment utilization rates for 39 Mental Health Systems FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	122	37	0.290	0.084	-71.0%
<i>Inpatient episodes</i>	22	6	0.052	0.014	-73.9%
<i>Inpatient days</i>	319	102	0.760	0.232	-69.4%
DET Bookings	18	5	0.043	0.011	-73.4

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

1932 Evergreen Avenue, Modesto CA, 95350

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

### **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 Care – 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 19-20: Capacity of 6 beds.**

## **National Alliance on Mental Illness Contra Costa (NAMI CC)**

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

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

### **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 21-22: \$618,000
- d. Number Served: FY 19-20: 700 individuals
- e. Outcomes:
  - In FY 2019-2020, 560 individuals participated in FVSN training; of those 80 individuals completed FVSN training. Additionally, there were 40 existing active volunteers, as well as a 13 person board. Over 1,500 calls for support or resources were received in the first half of the year.

**3. Program: Family Psycho Education Program (Family to Family: Spanish and Mandarin/Cantonese, FaithNet, NAMI Basics, and Conversations with Local Law Enforcement) - WET**

- a. Scope of Services: Family to Family is an evidence based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- For Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish); provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.
  - For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
  - For the FaithNet program, implement a mental health spirituality curriculum targeting faith leaders and the faith-based communities in the County, who have congregants or loved ones with severe and persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information.
  - For Conversations with Local Law Enforcement, support dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
  - Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific agencies in order to

coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs.

- All training will be augmented by utilizing sites, such as faith centers, community based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
- b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
- c. Payment Limit: FY 21–22: \$70,596
- d. Number served: For FY 19-20: 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)**

2566 MacDonald Avenue, Richmond, CA, 94804, <http://www.nativehealth.org/>  
Point of Contact: Anthony Guzman, (510) 434-5483, [anthonyg@nativehealth.org](mailto:anthonyg@nativehealth.org) and  
Catherine Nieva-Duran, (510) 434-5483, [catherinen@nativehealth.org](mailto:catherinen@nativehealth.org)

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

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

### **2. Program: Native American Wellness Center – PEI**

a. Scope of Services: NAHC provides outreach for the increasing recognition of early signs of mental illness. NAHC provides mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include: an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: basket weaving, beading, quilting, health and fitness coaching and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communication skills and address issues related to mental health, including domestic violence, individual and historical trauma, and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county. Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.

b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.

c. Payment Limit: FY 21-22: \$250,257

d. Number served: FY 19-20: 68

e. Outcomes:

- Hosted weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders
- Made 16 behavioral health related referrals during this contract year
- Held 11 community-based events and trainings in FY 19-20, including Mental Health First Aid

## **Oak Hills Residential Facility**

141 Green Meadow Circle, Pittsburg, CA 94565

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

### **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 19-20: Capacity of 6 beds.

**Office for Consumer Empowerment (OCE)  
(Contra Costa Behavioral Health Services)**

1340 Arnold Drive, Suite 200, Martinez, CA 94553

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

**1. General Description of the Organization**

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

**2. Program: Reducing Stigma and Discrimination – PEI**

**a. Scope of Services**

- The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice’s vision is to enable people to record and reflect their community’s strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.

- The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH)

Speakers’ Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.

- The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.



- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- b. Target Population: Participants of public mental health services, their families, and the public.
  - c. Total MHSA Funding for FY 21-22: \$218,861
  - d. Staff: Three
  - e. Number Served: FY 19-20: 400+
  - f. Outcomes:
    - Committee for Social Inclusion convened 11 in-person and virtual meetings open to the community
    - PhotoVoice convened 6 subcommittee meetings open to the community, held Recovery Month exhibition, and trained Health, Housing and Homeless Services (H3) staff to facilitate classes for Homelessness Awareness Month exhibition
    - WRAP coordinated recertification of 17 Community Support Workers as facilitators and certification of an additional 11 CSWs as first-time facilitators.
    - WREACH convened 6 subcommittee meetings open to the community.
- 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.
  - b. Target Population: Participants of public mental health services, their families and the general public.
  - c. Total MHSA Funding for FY 21-22: \$346,258
  - d. Staff: 3 full-time equivalent staff positions.
  - e. Numbers Served: FY 19-20: 45 Students completed the SPIRIT course.
  - f. Outcomes:
    - All graduates received a certificate of completions that is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker.
    - Graduates learned peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations.

- Monthly peer support groups continue to be made available for individuals who are employed by the County in various peer and family partner roles.
- All SPIRIT graduates are provided support and assistance with placement and advancement consistent with their career aspirations.
- SPIRIT 2019 class graduated 45 students.
- SPIRIT Vocational placed 49 students in internships, 26 graduates into paid positions, and 3 graduates into volunteer positions in 2019.

**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.
- g. Target Population: Participants of public mental health services and their families; the general public.
- h. Total MHSA Funding for FY 21-22: \$76,536
- i. Staff: 11 full-time equivalent staff positions.
- j. Outcomes:
  - Overcoming Transportation Barriers convened 6 in-person and virtual subcommittee meetings open to the community.

## **Older Adult Mental Health (Contra Costa Behavioral Health Services)**

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

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

### **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 - \$238,986.
- c. Staff: 28 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 19-20: It is estimated that ICMT served 305 individuals; IMPACT served 440 individuals; Senior Peer Counseling Program trained and supported 22 volunteers and served 112 individuals. Actual number served may be higher, as the data made available reflects services prior to the shelter in place issued in March 2020.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only). 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 1<sup>st</sup>, 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: \$133,072
- d. Number served: For FY 19-20: 27 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

2231 Railroad Avenue, Pittsburg, 94565,

<http://www.peoplewhocarechildrenassociation.org/>

Point of Contact: Constance Russell, (925) 427-5037, [pwc.cares@comcast.net](mailto: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 21-22: \$229,795
- d. Number served: FY 19-20: 207
- e. Outcomes:
  - After Shelter-in-Place started, organized online tournaments to keep students engaged and connected. 40 students participated in each week-long and 2 week-long competition.
  - During the Green Jobs Bridge program (virtual adaptation of existing/pre-covid program) a total of 12 unduplicated, and 78 duplicated students participated in the program. More than 50% of participants did not re-offend during the participation in the program
  - Students participated in a weeklong simulation in which they had to utilize skills and learning from personal finance lesson taught to make financial and life decisions in an open simulation combining all finance-oriented modules (Budgeting and Saving, finding an apartment, choosing and balancing a bank account, getting a credit card, fixing your credit, online banking, time management and health, paying and filing taxes, intro to investing for retirement, risk vs. return, and diversification). The goal was to have the highest net worth by the end of a week's time. The winner went from \$0 and homeless to home-owning, college-educated with 250k in the bank. Majority of participants showed an increase in school day attendance and decrease in school tardiness.

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

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

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

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

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

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

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

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

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

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

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

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

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

- c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
- Community outreach, engagement, and education to encourage participation in the recovery process and our program
  - Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
  - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
  - Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
  - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
  - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
  - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHPA 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 21/22 (East and West CSP): \$4,147,691
- f. Number served: For FY 19/20: 59 individuals (East); and 60 individuals (West)
- g. Outcomes: For FY 19/20 (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 59 Hume East FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	271	80	0.389	0.113	-70.9%
<i>Inpatient episodes</i>	41	11	0.059	0.016	-0.043%
<i>Inpatient days</i>	308	164	0.443	0.232	-47.6%
<i>DET Bookings</i>	24	7	0.034	0.010	-71.3%

**Table 1. Pre- and post-enrollment utilization rates for 60 Hume West FSP participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	117	71	0.174	0.104	-40.1%
<i>Inpatient episodes</i>	16	5	0.024	0.007	-69.2%
<i>Inpatient days</i>	148	173	0.220	0.254	-15.3%
<i>DET Bookings</i>	14	3	0.021	0.004	-78.9%

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

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

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor, (925) 681-4100,  
[Kelley.Taylor@CCHealth.org](mailto: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 19/20: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

## **Putnam Clubhouse**

3024 Willow Pass Road #230, Concord CA 94519, <https://www.putnamclubhouse.org/>  
Point of Contact: Tamara Hunter, (925) 691-4276, (510) 926-0474,  
[tamara@putnamclubhouse.org](mailto:tamara@putnamclubhouse.org)

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

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

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

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

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

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

- b. Target Population: Contra Costa County residents with identified mental illness and their families.
- c. Payment Limit: FY 21-22: \$631,672
- d. Number served: In FY 19-20: 456
- e. Outcomes:
  - 456 unduplicated members (target: 300) spent 57,290 hours engaged in Clubhouse programming activities (target: 40,000 hours). 55 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity
  - Members helped prepare and eat 30,938 meals at the Clubhouse (target: 9,000). This is significantly higher than in past years due in large part to the implementation of a food pantry in response to COVID-19.
  - 1,543 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more.
  - 1,403 in-home outreach visits were provided.
  - 131 postings (target 124) were made on the Career Corner Blog and 4 career workshops were held (target 4).
  - Three community events were held with 378, 389, and 397 people in attendance respectively. The latter was held virtually due to COVID-19.
  - Assisted the implementation of the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
  - Survey data demonstrated positive outcomes in terms of consumer and caregiver satisfaction, respite, well-being, decreased hospitalizations, increased referrals, etc.

## **Rainbow Community Center**

2118 Willow Pass Road, Concord, CA 94520, <https://www.rainbowcc.org/>  
Point of Contact: Kiku Johnson, (925) 692-0090, [kikujohnson@rainbowcc.org](mailto: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 21-22: \$782,141
- d. Number served: FY 19-20: 941
- e. Outcomes:
- Implemented a Training and Curriculum Manager position with a seasoned SOGIE (Sexual Orientation, Gender Identity and Expression) national trainer and published educational curriculum writer that joined the staff in March 2020. This enabled Rainbow to launch within the two months of the state's Shelter-in-Place

orders, a meaningful update to culturally informed work through virtual SOGIE workshops and trainings.

- Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo, Pittsburg, Acalanes, West Contra Costa Unified.
- Offered services to LGBTQ seniors, adults, and youth through their various tiered services

## **RI International, Inc. (formerly Recovery Innovations)**

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),

<https://riinternational.com/our-services/california/contra-costa/>

Point of Contact: Lisa Finch, Recovery Services Administrator, (925) 494-4008,  
[Lisa.Finch@RIinternational.com](mailto: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: FY 21-22 \$1,002,791
- d. Number served: 250 individuals
- e. Outcomes: For FY 19-20, RI International served a total of 221 citizens either in person or virtually, of which 164 were active up until March 2020 when the Shelter-in-Place (SIP) Order took effect. After the SIP Order took effect, 122 remained active via a virtual setting. Outcomes and adaptations of services during FY 19-20 are as follows:
- About 168 developed a WRAP plan.
  - About 208 met with a Recovery Coach at least once a month, either in person or virtually.
  - About 209 individuals participated in a Wellness City Town Hall Meeting.
- During Shelter-in-Place Services
- Daily check-ins with participants via phone call/text
  - Food delivery and links to food banks with pick-up and delivery if needed
  - Mask making and delivery
  - Care package distribution that included hygiene products, activity booklets, games, wellness tool reminders, resources in response to COVID-19 and additional mental health support ideas and links
  - Online groups
  - Social Inclusion – Collaborated with virtual meeting in June 2020
  - Supported Putnam Clubhouse with meal/paint supplies delivery for Community Partners Picnic



## **RYSE Center**

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

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

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

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

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

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

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

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

c. Payment Limit: FY 21-22: \$503,019

d. Number served: FY 19-20: 865 young people

e. Outcomes:

- 283 new members enrolled, for a total of 613 unduplicated members attending. Since March 2020. An additional 322 youth participants (not unduplicated) who are not formally enrolled as members took part via virtual program offerings.
- Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in the community, with over 2,000 views.
- Supported students across WCCUSD to respond to distance learning policies, surveyed over 282 youth about distance learning needs and ideas, organized a Youth Town Hall for over 100 participants on distance learning, and participated in local, statewide, and national forums to share youth experiences.
- Created a Youth COVID-19 Care Fund, providing direct cash disbursements to nearly 200 youth and their families, as well as assisted the City of Richmond with establishing a community-guided Richmond Rapid Response Fund
- 107 young people completed Education, Career, Let's Get Free or Case Management Plans
- 22 young people completed Community Service requirements with support from RYSE.
- Engaged at least 33 young people who came to RYSE through reentry/transition from juvenile confinement in the Hire Up, Rysing Professionals, and Side Hustle programming
- 23 young men, ages 15-18, completed the Hidden Genius Project (HGP), a 15-month intensive Tech Literacy and Skill-Building program for Black-identified males in the areas of computer science and entrepreneurship.
- Engaged over 326 young people through an arts-based healing program.

## Seneca Family of Agencies

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>  
Point of Contact: Jennifer Blanza, Program Director (415) 238-9945,  
[jennifer\\_blanza@senecacenter.org](mailto:jennifer_blanza@senecacenter.org)

### 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 21- 22 \$ 843,600

#### d. Number served: Number served in FY 19-20: 43 individuals

#### e. Outcomes:

- Establish linkage with ongoing resources/support.
- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

**Table 1. Pre-and post-enrollment utilization rates for 43 Seneca Start FSP Participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	127	23	0.316	0.097	-69.4%
<i>Inpatient episodes</i>	10	3	0.025	0.013	-49.3%
<i>Inpatient days</i>	67	32	0.167	0.134	-19.3%

## **SHELTER, Inc.**

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

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

- 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 19-20 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**

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

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

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

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

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

a. Scope of Services: STAND provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth in the County. STAND uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness about healthy adolescent dating relationships. Secondary prevention includes conducting 20 gender-based, 15-week support groups for youth. Each school site has a system for referring youth to the support groups. Youth experiencing or at-risk for teen dating violence will demonstrate: (1) increased knowledge of the difference between healthy/unhealthy teen dating relationships, 2) increased sense of belonging to positive peer groups, 3) enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.

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

c. Payment Limit: FY 21-22: \$138,136

d. Number served: FY 19-20: 1778

e. Outcomes:

- *You Never Win with Violence* presentations to 1445 middle and high school youth (during 55 presentations) in Contra Costa County
- 17 *Expect Respect* groups reached 146 participants
- Offered 17 10-week long gender-based support groups
- Trained adult allies (teachers and other school personnel)

## Telecare Corporation

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

Point of Contact: Clearnise Bullard, Program Administrator, (925) 313-7980,

[cbullard@telecarecorp.com](mailto:cbullard@telecarecorp.com) or Caitlin Young, Clinical Director,

[chyoung@telecarecorp.com](mailto:chyoung@telecarecorp.com)

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

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

### 2. **Program: Hope House Crisis Residential Facility - CSS**

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

#### a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 72 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.



- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.
  - Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
  - Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
  - A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
  - Peer support services/groups offered weekly.
  - Engagement of family in treatment, as appropriate.
  - Assessments for involuntary hospitalization, when necessary.
  - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
  - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
  - Daily provision of healthy meals and snacks for residents.
  - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 21-22 \$2,270,174
- d. Number served: FY19 - 20 Unduplicated client count of 226.
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
  - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

## **United Family Care, LLC (Family Courtyard)**

2840 Salesian Avenue, Richmond, CA 94804

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

### **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 19-20: Capacity of 50 beds.

## **Vicente Martinez High School - Martinez Unified School District**

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

Point of Contact: Lori O'Connor, (925) 335-5880, [loconnor@martinez.k12.ca.us](mailto: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 - 12<sup>th</sup> grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

### **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 21-22: \$191,336
- d. Number served: FY 19-20: 245
- e. Outcomes:
- 97% of the Vicente student body and 54% of Briones students participated in PEI activities.
  - All seniors participated in service-learning hours. A minimum of 15 hours is

usually required. Due to the school closure because of COVID-19 some students didn't complete all hours but were given a waiver for these hours.

- All students were offered mental health counseling and there was one full time mental health counselor on campus daily.
- Staff organized and hosted 70 different types of activities and events to enrich the curricula.
- Vicente was again a recipient of the Model Continuation High School Recognition through the California Department of Education and the California Continuation Education Association.
- All students were given the opportunity to apply, interview and participate in career- focused internships.
- At least 70% of students who participated in four or more services and who had had chronic absenteeism increase their attendance rate by 5%.

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

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

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

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

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHPA 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 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 West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number Served: For FY 19-20: Approximately 2,500 Individuals.

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

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

Point of Contact: Chad Pierce, Mental Health Program Manager, (510) 374-7208,  
[Chad.Pierce@CCHealth.org](mailto: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 19-20: Approximately 536 Individuals.

## **Williams Board and Care**

430 Fordham Drive, Vallejo CA, 94589

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

### **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 19-20: Capacity of 6 beds.

## Woodhaven

3319 Woodhaven Lane, Concord, CA 94519

Point of Contact: Milagros Quezon, (925) 349-4225, [Rcasuperprint635@comcast.net](mailto: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 19-20: Capacity of 4 beds.



## Youth Homes, Inc.

3480 Buskirk Avenue #210, Pleasant Hill, CA 94523, <https://www.youthhomes.org/>  
Point of Contact: Cameron Safarloo, (925) 933-2627, [camerons@youthhomes.org](mailto:camerons@youthhomes.org), Chief Executive Officer or Byron IacuanIELlo, Clinical Director, (925) 324-6114, [byroni@youthhomes.org](mailto:byroni@youthhomes.org)

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

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

### 2. **Program: Transition Age Youth Full Service Partnership – CSS**

Youth Homes implements a full-service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment (ACT) model. These models are recognized evidence-based practices for which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. The Assertive Community Treatment (ACT) model continues to be the strongest model of services to keep those with serious mental illnesses out of institutional care (hospital or criminal justice system) through intensive, coordinated multidisciplinary treatment. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and substance abuse disorders. Youth Homes is committed to advancing training and integration of the ACT and IDDT models into daily practice. Participants in the Youth Homes FSP program are assigned a team of providers, so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. Each client will have a primary clinician/case manager to facilitate treatment. The team may also include a life skills coach, substance abuse specialist, youth advocate, psychiatrist, nurse, or family clinician depending on the need of the client. Employment, education and life skills workshops and individual coaching occur weekly through Youth Homes' 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.

#### 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): \$726,662
- d. Number served FSP: For FY 19-20: 32 individuals
- e. Outcomes FSP: For FY 19-20:
- Reduction in incidence of psychiatric crisis
  - Reduction of the incidence of restriction

**Table 1. Pre- and post-enrollment utilization rates for 32 Youth Homes FSP Participants enrolled in the FSP program during FY 19-20**

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	124	62	0.376	0.162	-56.8%
<i>Inpatient episodes</i>	34	15	0.103	0.039	-61.9%
<i>Inpatient days</i>	330	188	1.000	0.492	-50.8%
<i>DET Bookings</i>	11	5	0.033	0.013	-60.7%

# 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 1<sup>st</sup> of one year to June 30<sup>th</sup> of the next year.

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

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

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

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

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

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

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

**General System Development.** A term created by the MHSA, and refers to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county 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 MHSA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

**SNF - Skilled Nursing Facility.** A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

**STRTP – Short Term Residential Treatment Program.** A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

**SED - Seriously Emotionally Disturbed.** Children from birth up to age eighteen with serious emotional disturbance are persons who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**SMI - Serious Mental Illness.** Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

**SOC – System of Care.** Term used to refer to this county's public 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

X Annual Plan Update

Local Mental Health Director	Program Lead
Name: Suzanne Tavano, PHN, Ph. D	Name: Jennifer Bruggeman, LMFT
Telephone Number: 925-957-5150	Telephone Number: 925-313-9579
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Jennifer.Bruggeman@cchealth.org
Local Mental Health Mailing Address:	
Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, including stakeholder participation and non-supplantation requirements.

This Three Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on \_\_\_\_\_, 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 Annual Plan Update

<b>Local Mental Health Director</b>	<b>County Auditor-Controller / City Financial Officer</b>
Name: Suzanne Tavano, PHN, Ph. D	Name: Monica Nino
Telephone Number: 925-957-5150	Telephone Number: 925-655-2075
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Monica.Nino@cao.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

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

# Appendix E

## Mental Health Services Act FY 2021-22 Plan Update Funding Summary

County: Contra Costa

Date: 7/12/2021

	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	
<b>A. FY 2020/21 Funding</b>						
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. <b>Projected</b> New FY2020/21 Funding	51,891,639	12,972,910	3,413,923			68,278,472
3. Transfer in FY2020/21	6,200,000			6,200,000		12,400,000
4. Available Funding for FY2020/21	78,085,037	18,451,688	7,817,177	8,258,784	818,996	113,431,682
<b>B. Projected FY20/21 MHSA Expenditures</b>	46,363,705	10,371,108	1,902,054	1,794,671	506,784	60,938,322
<b>C. Estimated FY2021/22 Funding</b>						
1. Unspent Funds from Prior Fiscal Years	32,648,606	8,288,002	5,953,164	6,500,006	322,348	53,712,126
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	64,698,145	16,300,386	8,061,686	6,500,006	322,348	95,882,571
<b>D. Budgeted FY2021/22 Expenditures</b>	40,562,961	9,064,668	2,185,630	2,365,051	250,000	54,428,310

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	7,579,248

<b>I. Estimated Beginning Balance for FY 2020/21</b>	
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
<b>3. Estimated Total Beginning Balance</b>	<b>52,732,457</b>

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

County: Contra Costa

Date: July 13, 2021

	<b>Fiscal Year 2020/21</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Total Mental Health Expenditures</b>	<b>CSS Funding</b>	<b>Medi-Cal FFP</b>	<b>1991 Realignment</b>	<b>Behavioral Health Subaccount</b>	<b>Other Funding</b>
<b>FSP Programs</b>						
1. Children	5,625,217	5,625,217				
2. Transition Age Youth	3,207,892	3,207,892				
3. Adults	7,741,837	7,741,837				
4. Assisted Outpatient Treatment	2,625,061	2,625,061				
5. Wellness and Recovery Centers	1,290,630	1,290,630				
6. Crisis Residential Center	4,048,637	4,048,637				
7. MHSA Housing Services	10,296,661	10,296,661				
8.						
9.						
10.						
<b>Non-FSP Programs (General System Development)</b>						
1. Older Adult Mental Health Program	3,642,705	3,642,705				
2. Children's Wraparound Support/EPSTDT Support	1,790,947	1,790,947				
3. Miller Wellness Center	303,354	303,354				
4. Clinic Support	635,968	635,968				
5. Forensic Team	187,497	187,497				
6. Concord Health Center	254,496	254,496				
7. Liaison Staff	61,479	61,479				
8. Quality Assurance	531,016	531,016				
9.						
10.						
<b>CSS Administration</b>	4,120,308	4,120,308				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	46,363,705	46,363,705	0	0	0	0
<b>FSP Programs as Percent of Total</b>	75.1%					



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

	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
<b>FSP Programs</b>						
1. Children	2,884,535	2,884,535				
2. Transition Age Youth	2,263,233	2,263,233				
3. Adults	7,233,334	7,233,334				
4. Assisted Outpatient Treatment	2,549,239	2,549,239				
5. Wellness and Recovery Centers	1,002,791	1,002,791				
6. Crisis Residential Center	2,204,052	2,204,052				
7. MHSA Housing Services	9,212,576	9,212,576				
8.						
9.						
10.						
<b>Non-FSP Programs (General System Development)</b>						
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	1,398,055	1,398,055				
5. Forensic Team	1,626,390	1,626,390				
6. Concord Health Center	254,496	254,496				
7. Liaison Staff	145,907	145,907				
8. Quality Assurance	1,251,829	1,251,829				
9.						
10.						
<b>CSS Administration</b>	2,699,833	2,699,833				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	40,562,961	40,562,961		0	0	0
<b>FSP Programs as Percent of Total</b>	67.4%					

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

County: Contra Costa

Date: July 13, 2021

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,230,509	1,230,509				
2. Prevention	1,676,408	1,676,408				
3. Access and Linkage to Treatment	135,804	135,804				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,661,780	1,661,780				
5. Stigma and Discrimination Reduction	1,289,690	1,289,690				
6. Suicide Prevention	373,468	373,468				
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
1. First Hope	3,807,679	3,807,679				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Administration</b>	195,770	195,770				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	10,371,108	10,371,108	0	0	0	0

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

	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
<b>PEI Programs - Prevention</b>						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,553,852	1,553,852				
2. Prevention	1,780,424	1,780,424				
3. Access and Linkage to Treatment	625,867	625,867				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,460	1,692,460				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
7.						
8.						
9.						
10.						
<b>PEI Programs - Early Intervention</b>						
1. First Hope	2,587,108	2,587,108				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PEI Administration</b>	158,090	158,090				
<b>PEI Assigned Funds</b>						
<b>Total PEI Program Estimated Expenditures</b>	<b>9,064,668</b>	<b>9,064,668</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

	<b>Fiscal Year 2020/21</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Coaching to Wellness	272,062	272,062				
2. Partners in Aging	139,152	139,152				
3. Overcoming Transportation Barriers	18,609	18,609				
4. CORE	715,060	715,060				
5. CBSST	217,878	217,878				
6.						
7.						
8.						
9.						
10.						
<b>INN Administration</b>	539,293	539,293				
<b>Total INN Program Estimated Expenditures</b>	1,902,054	1,902,054	0	0	0	0

	<b>Fiscal Year 2021/22</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. CBSST	400,403	400,403				
2. CORE	1,180,936	1,180,936				
3. Overcoming Transportation Barriers	106,856	106,856				
5. Partners in Aging	133,072	133,072				
6.						
7.						
8.						
9.						
10.						
<b>INN Administration</b>	364,363	364,363				
<b>Total INN Program Estimated Expenditures</b>	2,185,630	2,185,630	0	0	0	0

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

	<b>Fiscal Year 2020/21</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce Staffing Support	704,180	704,180				
2. Training and Technical Support	497,077	497,077				
3. Mental Health Career Pathway Program	25,534	25,534				
4. Internship Programs	567,880	567,880				
5. Financial Incentive Programs						
6.						
7.						
8.						
9.						
10.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	1,794,671	1,794,671	0	0	0	0

	<b>Fiscal Year 2021/22</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce Staffing Support	997,644	997,644				
2. Training and Technical Support	343,799	343,799				
3. Mental Health Career Pathway Program	371,258	371,258				
4. Internship Programs	352,350	352,350				
5. Financial Incentive Programs	300,000	300,000				
6.						
7.						
8.						
9.						
10.						
<b>WET Administration</b>						
<b>Total WET Program Estimated Expenditures</b>	2,365,051	2,365,051	0	0	0	0

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

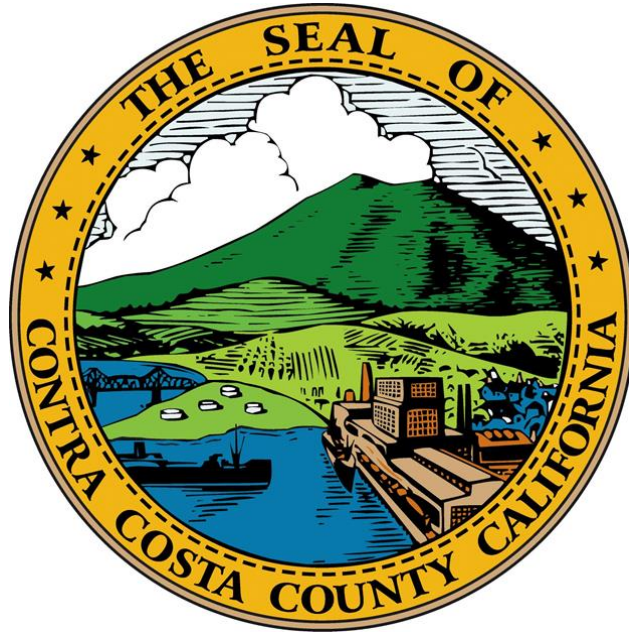
County: Contra Costa

Date: July 13, 2021

	<b>Fiscal Year 2020/21</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities Projects	256,784	256,784				
2.						
3.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Electronic Health Records System - Administrative Support	250,000	250,000				
2.						
3.						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	506,784	506,784	0	0	0	0

	<b>Fiscal Year 2021/22</b>					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Capital Facilities Projects	125,000	125,000				
2.						
3.						
<b>CFTN Programs - Technological Needs Projects</b>						
1. Electronic Health Records System - Administrative Support	125,000	125,000				
2.						
3.						
<b>CFTN Administration</b>						
<b>Total CFTN Program Estimated Expenditures</b>	250,000	250,000	0	0	0	0

# Appendix F



**PUBLIC COMMENT AND  
PUBLIC HEARING  
MHSA Three Year Program and  
Expenditure Plan Update  
Fiscal Year 2021-2022**

# MHSA Three Year Program and Expenditure Plan Update Fiscal Year 2021-2022 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

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

### Popular Pages

- [COVID-19 Vaccine Info](#)
- [Community Resources Directory](#)
- [MyChart - Patient Website](#)

[HOME](#) > [BEHAVIORAL HEALTH](#) > [MENTAL HEALTH](#) > [MENTAL HEALTH SERVICES ACT \(MHSA\) IN CONTRA COSTA COUNTY](#)

## Mental Health Services Act (MHSA) in Contra Costa County

Contra Costa County Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan integrates the components of Community Services and Supports, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities/Information Technology.

This Plan describes county operated and contract programs that are funded by MHSA, what they will do, and how much money will be set aside to fund these programs. Also, the plan will describe what will be done to evaluate their effectiveness and ensure they meet the intent and requirements of the Mental Health Services Act.

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

Attached is a [form](#) and [instructions](#) should an individual wish to request a review of any issues related to:

- The MHSA Community Program Planning Process.

### LATEST INFORMATION

**PUBLIC NOTICE:** Contra Costa Behavioral Health Services has posted the [Prevention and Early Intervention \(PEI\) Evaluation Report FY 19-20](#) and [Innovation Annual Report FY 2019-2020 \(State\)](#) for 30 day public comment. Please use these public comment forms [English/Spanish](#) to make any public comment. The public comment begins on Friday May 28th, 2021 and ends on Monday June 28th, 2021.

**PUBLIC NOTICE:** The 30 day public comment period for the MHSA Plan Update FY 21-22 has begun. Please use these [public comment forms](#) | [Spanish](#) to make any public comment. The public comment begins on Tuesday, May 4, 2021 and ends on Thursday, June 3, 2021.

- [MHSA 21-22 Annual Plan Update – Draft](#)
- [21-22 MHSA Plan Overview | Spanish](#)
- [2020-2023 MHSA Three Year Program and Expenditure Plan.](#)
- [MHSA Three Year Plan \(20-23\) Summary | Spanish](#)

### LINKS & RESOURCES

- [Hope & Wellness Community Forum](#)
- [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 »](#)



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

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

• [ARCHIVE](#) »

Community Services & Supports

Prevention & Early Intervention

Innovation

Workforce Education & Training

Capital Facilities/Information Technology

## Community Services and Supports

Community Services and Supports is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Mental Health utilizes 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  
 1340 Arnold Drive, Suite 200  
 Martinez, CA 94553 [[Map & Directions](#)]  
[MHSA@cchealth.org](mailto:MHSA@cchealth.org)

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CONTRA COSTA  
MENTAL HEALTH  
COMMISSION

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cchealth.org/mentalhealth/mhc

Current (2021) Members of the Contra Costa County Mental Health Commission

Graham Wiseman, District II (Chair); Barbara Serwin, District II (Vice Chair); Supervisor Candace Andersen, BOS Representative, District II; Douglas Dunn, District III; Laura Griffin, District V; Kathy Maibaum, District IV; Leslie May, District V; Joe Metro, District V; Alana Russaw, District IV; Geri Stern, District I; Gina Swirsding, District I; Diane Burgis, Alternate BOS Representative for District III

## **Mental Health Commission (MHC)**

Wednesday, July 7<sup>th</sup>, 2021 ◊ 4:30 pm - 6:30 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

### **AGENDA**

- I. Call to Order/Introductions (10 minutes)**
- II. Public Comments (5 minutes)**
- III. Commissioner Comments (5 minutes)**
- IV. Chair Comments/Announcements (5 minutes)**
  - **Mental Health Commission 2021 Retreat October 6, 2021 from 3:30 – 6:30 PM**
  - **Site Visit Program sign-ups in early August**
- V. APPROVE June 2<sup>nd</sup>, 2021 Meeting Minutes (5 minutes)**
- VI. RECEIVE Presentation of State Hospital plans to reduce patient population, Commissioner Douglas Dunn, Contra Costa Mental Health Commission (10 minutes)**
- VII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano (10 minutes)**
- VIII. Adjourn @ 5:20 pm.**

*-- The Public Hearing will follow the MHC meeting --*

**(Agenda continued on Page Two)**



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. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



## **Mental Health Commission (MHC) Draft Agenda (Page Two)**

Wednesday, July 7<sup>th</sup>, 2021 ◊ 4:30 pm - 6:30 pm

### **Call to Order the Public Hearing on the 2021-2022 Mental Health Services Act Plan Update**

- I. Opening Comments by the Chair of the Mental Health Commission**
- II. 2021-2022 Mental Health Services Act (MHSA) Plan Update by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services**
- 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 with 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.
- (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**  
**(Hosts a Public Hearing for the Mental Health Services Act (MHSA) Plan Update FY 2021-2022)**  
**MONTHLY MEETING AND PUBLIC HEARING MINUTES**  
**July 7<sup>th</sup>, 2021 – Draft**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Call to Order / Introductions</b>  Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the meeting to order @ 4:34 pm</p> <p><u>Members Present:</u>  Vice-Chair, Cmsr. Barbara Serwin, District II  Cmsr. Candace Andersen, District II  Cmsr. Douglas Dunn District III  Cmsr. Laura Griffin, District V  Cmsr. Kathy Maibaum, District IV  Cmsr. Leslie May, District V  Cmsr. Joe Metro, District V  Cmsr. Alana Russaw, District IV  Cmsr. Geri Stern, District I  Cmsr. Gina Swirsding, District I</p> <p><u>Members Absent:</u>  Chair- Cmsr. Graham Wiseman, District II</p> <p><u>Presenters:</u>  Jennifer Bruggeman (Program Manager, Mental Health Services Act)  Cmsr. Douglas Dunn District III (Chair, Legislative Committee, NAMI Contra Costa)  Dr. Suzanne Tavano (Director of Behavioral Health Services)</p> <p><u>Other Attendees:</u>  Angela Beck  Gigi Crowder  Paul Cumming  La'Tanya Dandie  Lisa Finch  Jessica Hunt  Kennisha Johnson  Lynda Kaufmann  Cheryl Metro  Lucy Nelson  Susan Norwick-Horrocks  Theresa Pasquini  Pamela Perls  Dom Pruett (Supv. Candace Andersen's ofc)  Stephanie Regular  Lauren Rettagliata  Jennifer Tuipulotu  Sandy Young</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. PUBLIC COMMENT:</b></p> <ul style="list-style-type: none"> <li>(Gigi Crowder) I am the Executive Director of NAMI (National Alliance on Mental Illness). I have felt myself spending more time working in the role of Public Defender (PD) than advocacy support and education person with NAMI. I know you all have a criminal justice subcommittee. I would like to know what efforts you have underway. Yesterday was one of the most difficult days I have experienced as Executive Director, supporting a young man in court who lives with mental health. I even wrote a treatment plan, hoping he would be released</li> </ul>	

on OR. We have some major disparities as it relates to who is in prison when they live with a mental health challenge in this county. Our NAMI presentation will be with Stephanie Regular from the PD's office because I had no idea just how tragic it is for families who have loved ones that live with mental health challenges that are arrested and treated without medication and all of the support in place. I would like to connect with the chair for the committee. I am starting a "Free Xavier Hughes" campaign. There is no reason in the world he should have had such a high bail amount set that made it cost prohibitive for him to ever see the light of day for a family that could not afford it. I want to work with that committee and will do whatever I need to do to support efforts to stop criminalizing people who live with mental health challenges. (B. Serwin) I am so glad you stepped forward, Commissioner Geri Stern is the Chair of the Justice Systems committee and is here today. (G. Stern) I just sent contact information to Gigi on chat.

- (Pamela Perls) I am from the Contra Costa Developmental Disability Counsel, as a liaison, as we are very interested in the MHC's work. I read, initially, with great interest that the Sheriff's office was beginning some kind of a mental health response team. I continued reading the article in the East Bay Times and luckily got to quote from an interview with Gigi (Crowder) which explained that, in fact, the Sheriff's office had not consulted with them at all. This was all going to be after the fact, after people with mental health issues had encountered police, this is meant to be a follow up. It is rather disingenuous. I wanted to bring the article to your attention. It was on 7/5/21. (Sent link/added in chat: <https://enewspaper.eastbaytimes.com?selDate=20210705&goTo=B01&artid=3>). From the little I know of your organization (I have now attended four meetings), that you are working very hard on the mental health response team, which would be **instead of**, law enforcement response. This seems totally misplaced and very disingenuous in the way he presented. Thank you. (S. Tavano) I wasn't aware there was a press release and, I think the one thing I would add is, while the Sheriff's office did receive funding through AB 109 for the MET (Mental Health Evaluation Team) officer, there remains to be the need for clarification surrounding the MET clinician, this wasn't factored into the AB 109 budget. We are currently stretching to help cover. I would also add is the MET, as Gigi pointed out, are not intended to be mobile crisis units, they are very specific in the ways that were just described. That is why we are doing the whole improvement event around community-based crisis intervention and have not included the MET Teams in that conversation because they are not really mobile crisis.
- (La'Tanya Dandie) I am in Richmond and applied for the Commission seat (Dist. I), mainly because we don't have a person of color that represents West County that helps and knows what is going on (boots on the ground), knowing the people out there that are visiting, people that understand what is going on in the community, not just with people of color but everyone. We lack many services in West County. We lack a lot of representation in West County and do not have anyone to stand up and speak out and speak to the needs for West County, especially in Richmond. I am just here to listen and see what other services we can get out to our district, even if I don't take the seat, I am still going to take on the responsibility of the mental health issues we are having in West County. I have been waiting very patiently to come on our side, and they haven't. It has taken a very long time. I am also the corresponding secretary for the State of California Democratic Party for the Disability Caucus, so I know a lot of things going on and I want to be that person. I want to be there for those people because we are not getting the services and resource that are needed, especially for the people of color and in West County.
- (Gigi Crowder) I wanted to speak again, only because my name was referenced in that article and I am happy to hear that Dr. Tavano was unaware of the Sheriff's press release, because we are conducting a robust effort t in this county and to



<p>see that press release and to get a call from a report did (kind of) rock me a bit. I feel we are being transparent in what we are trying to lift up and it just felt like it was disingenuous. I has a lot to do with the fact that the Sheriff's office will be asking for funding for that in the Measure X meeting, which I will be attending at 5:00 o'clock. We need to have a more collaborative effort. It states Behavioral Healthcare partners with the Sheriff's office for MET and there is a picture of a county staff person. I was taken aback by the fact that we have this robust effort in place, and this made it feel as if it was happening an individual were not aware. Thank you Dr. Tavano for sharing your concerns . Thank you, Pamela, for bringing it to our attention, as a lot of us are volunteering to create better services, as well as alternative services and we are just not in a place where the Sheriff should approach/ask for funding. That will not help us get to our shared goal of supporting these individuals in a way that makes a difference and supports their families as well.</p>	
<p><b>III. COMMISSIONER COMMENTS</b></p> <ul style="list-style-type: none"> <li>(Cmsr. Gina Swirsding) I am aware of what is going in Richmond, I live in Richmond. We will be meeting with Antoine they will be going around to different areas and speaking to mental illness. Michelle Milam told me about this, so I will be attending those. In the past, being a commissioner as long as I have, many of the regional people of color (specifically, African American) were reaching out with pastors in the area. The churches were reaching out to those and have attended many of those meetings, as well. There is a lot going on out there as far as outreach. The Hispanic community (the majority) is done in schools when they were open. I do believe it hard for people of color to be in the system. They tend to not trust; I am speaking of consumers. I understand why, I feel the same way sometimes too and I am not a person of color. I think, in general, those with mental illness have a hard time trusting anyone in general.</li> </ul>	
<p><b>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</b></p> <ul style="list-style-type: none"> <li>MHC 2021 Retreat October 6, 2021 from 3:30 – 6:30 PM: We will resume our tradition of an annual retreat this year. It is scheduled on Wednesday, October 6, our standing meeting date, and will be held at 3:00 (or 3:30) to 6:30 PM. It will overlap with our usual meeting but will start an hour to an hour and a half early. More details to come.</li> <li>Site Visit Program (SVP) sign-ups in early August: As we have been discussing, our site visit program site visits will start up in September. The first step is for commissioners to sign up for specific sites to visit. Please keep an eye open for an email from Angela in early August regarding writing a list of sites to sign up for. We will be signing up for September, October, November, and December site visits to get through the rest of the calendar year and will be on a first come, first served basis. (Cmsr. J. Metro) I have a comment on this. I think we should be careful to remind the commissioners of conflict of interest if they should have (or had in past) any family members within those facilities. We may want to discuss whether or not it is in the county's best interest to have commissioner (sort of) canvas that particular facility. (Response: B. Serwin) Thank you. I will raise that with the Quality-of-Care team that is working on the SVP because that has not come up and I do appreciate that.</li> </ul>	
<p><b>V. APPROVE June 2<sup>nd</sup>, 2021 Meeting Minutes</b></p> <ul style="list-style-type: none"> <li>(Cmsr. C. Andersen) One question (clarification) in the minutes, we indicated we were going to be voting on the attendance by law changes at today's meeting. It is the very final item in the minutes, but it is not on today's agenda. I wanted to ensure we had not voted at the last meeting on this item. The only reason I bring this up, is the Internal Operations committee meeting (IO) on Monday, we are</li> </ul>	<p><b>Agenda and minute can be found at:</b>  <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

<p>considering the one referenced in the letter to me, but I do not have anything for the actual item where we are looking at the attendance issue. I am just curious what happened after that because the minutes are not reflecting if you did.</p> <p>(RESPONSE: A. Beck) Yes. There were three separate attendance by law changes to be voted on; two of which were forwarded to Sarah Kennard and the letter. There is a proposal from Commissioner May, that was not voted on due to time constraints. It was pushed to this meeting, but because of the time constraints due to the public hearing, it is not able to be on the agenda tonight and it will be voted on next month.</p> <p>(Cmsr. C. Andersen) Okay. Right now, it is on the agenda for IO and I will check with Julie to see if we have the other two attendance by law changes, but we may just postpone the whole attendance issue until we have all three resolved. We will, though, be discussing on Monday, the issue of the letter regarding recruitment and appointment of commissioners and that will be on the IO agenda.</p> <ul style="list-style-type: none"> <li>• June 2<sup>nd</sup>, 2021 Minutes reviewed. <b>Motion:</b> D. Dunn moved to approve the minutes as written. Seconded by L. May. <b>Vote: 10-0-0</b> <b>Ayes:</b> B. Serwin (Vice-Chair), C. Andersen, D. Dunn, L. Griffin. K. Maibaum, L. May, J. Metro, A. Russaw, G. Stern, G. Swirsding <b>Abstain:</b> None</li> </ul>	
<p><b>VI. RECEIVE Presentation of State Hospital plans to reduce patient population, Commissioner Douglas Dunn, Contra Costa Mental Health Commission</b></p> <p>For the Commission and for those that are also on this call, to bring you up to date on what is happening with the Department of State Hospitals (DSH) Plan. The big issue has been what to do with the 1600 person wait list for an incompetent to stand trial (IST) bed at a state hospital. What has been driving with is the fact that the American Civil Liberties Union and Public Defenders Association had a lawsuit filed back in 2015, alleging the following civil rights violations:</p> <ul style="list-style-type: none"> <li>• Lack of time in inadequate evaluation,</li> <li>• Lack of treatment to restore them to competency to stand trial, so they can timely proceed to trial or, otherwise, resolve criminal charges.</li> </ul> <p>In this vein, there have been further late breaking judicial developments. Just this past June 16, the first appellate district court of California, voted 3-0 that persons declared ISD are incompetent to stand trial, have to be transferred to a state hospital bed within 28 days. There is a larger judicial decision that is expected sometime in October of this year. To prepare for this, the DHS, through the governor's proposed May 2021 state budget revision, proposed the following:</p> <p>To stop accepting any and all LPS conservatorship as of July 21 and have all existing LPS conservatees, including Murphy Conservatorship conservatees, discharged in one-third per year steps by June 30, 2024. The number of persons involved statewide is approximately 1000, the number from Contra Costa County to be involved (my latest information states) at least 25 to 40. These are our most vulnerable residents. If Behavioral Health more detailed/recent information, be sure to share.</p> <p>When I speak to the Murphy conservatorship, it is different from a civil LPS conservatorship. In addition to not being able to provide for food, clothing, or shelter, they must have either murdered or severely injured someone, or violently threatened to severely injure or kill a person. This involves the district attorney's felony charge(s). One other piece of the Murphy conservatorship for incompetent to stand trial: for two consecutive years, they cannot understand their criminal charges against them and/or cannot rationally participate with defense counsel in their own defense. To fight back against this proposal, there was a furious, all out, late 11<sup>th</sup> hour writing advocacy campaign by many organizations, including NAMI Contra Costa,</p>	<p>Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

NAMI California, and the California State Association of Counties and other Sacramento entities (this should all be in your packets). Bottom line, we got the State Legislature to agree to reject Governor Newsom's May revised proposal, but State budget trailer language is just beginning to be made and per the California State Association of Counties and the California Behavioral Health Director's Association, there are on-going negotiations which Dr. Tavano will briefly talk about.

The possible impact on Contra Costa County, if any of this proposal is adapted, could be another \$15 mil - \$25 mil plus annually. This would include locked facility treatment services and house costs to Contra Costa County. There are further MHC meetings on this issue, Thursday, July 15<sup>th</sup> (1:30 to 3:00 PM) at the MHSA-Finance Committee will be looking at this from a financial perspective; and on Tuesday, July 27<sup>th</sup>, the Justice Committee will be looking at this issue from a criminal justice perspective.

**Comments and Questions:**

- (Cmsr. L. May) You stated they want to discharge by thirds with the final discharge of what date? (D. Dunn) June 30, 2024.

**VII. RECEIVE Behavioral Health Services Director's Report, Dr. Suzanne Tavano, PhD., Director of Behavioral Health Services**

Just a few updates this month.

- Crisis Stabilization Unit for youth as the alternative to the current PES: We continue to meet about every two weeks. There have been a couple of architectural renderings. We are still working to get an update, but we have incorporated the feedback received from the community. There is a finite amount of space and the goal is to have separate rooms for the youth rather than one big dormitory, still have a day room common area, etc. We feel the architect is getting close with meeting all the criteria and still have some sense of openness and areas for families to meet and family conferencing, etc. We are hoping everything will continue to move forward and construction will be completed in a year. We want to ensure the design will meet the site specification requirements of the State Department of Healthcare Services, we will start sharing. We just wanted to assure we are incorporating all the feedback from all prior community meetings from various venues have been incorporated.
- Thank you, Commissioner Dunn, for raising the issue regarding the state hospitals. When the state decided to include this the state budget, initially, it took us by surprise. There had not been a lot of conversations about this. Realigning state hospital responsibilities to the county on short notice is not really going to work. There have been conversations, we know there will be some changes. The real focus is on the clients/detainees who have felony charges that are found to be incompetent to stand trial. Their length of stay in detention centers around the state is excessively long. The real focus is how to provide the care when it is needed, rather than keeping people in jails. If that effort is successful, then some of those other looming serious concerns about the LPS conserved clients, etc. Hopefully this will be taken off the table, but what it will need is for the state hospital system to start working with closely with each county on alternatives, community resources, etc. We will see how this all moves forward. We are keeping our eye on all different moving parts. For our county, it is not an issue, but for other counties, those with misdemeanor charges and are found incompetent to stand trial, it is not uncommon for them to be referred to a state hospital. In Contra Costa, that is not a situation, so we are not as concerned about for us. Certainly, those on LPS conservatorship, the Murphy Conservatorships and the Felony IST are all big areas. We know, anticipating ahead, that would be more resources quite honestly. Those



resources will range from residential treatment facilities to housing and the outpatient continuum down the line.

- Cal AIM: The whole reform of the Medicaid program in California. That is all progressing. The state has submitted different waiver requests, plans, etc. However, the discussions / negotiations are ongoing regarding what documentation is going to look like, will it be required, etc. The biggest help right now is the payment reform of Cal AIM. It will move us out of a cost-based system to a fee for service system. I know that sounds either insignificant or people don't quite understand what it means. It is really a big deal. Along with that, they have provided 300 claim codes for the counties to review, which was done and responded back. It will be a system change all the way through from request for service, how managed and what can be provided, when, what will the documentation be? Concurrently, how will we get paid for those services.
- We have been consulting externally regarding how our contracts are written, the contract language and working with county council. We want our contract to really be in good shape for the next fiscal year (2022-2023) to coincide with some of the Cal AIM implementation.

**Comments and Questions:**

- (Cmsr. L. May) You stated the architect is close to completing the renderings? When are they expecting the building to be complete? (Dr. Tavano) Again, with construction, you never really know but the update I received this afternoon is within a year.
- (Cmsr. L. May) My second question to you is: The number of people Cmsr. Dunn reported to be released into Contra Costa County, how are you preparing? How is this county preparing to handle those 40 people that could be under LPS or Murphy? What are we planning to do? Our record is quite poor on homeless and providing mental health services to the people that in most need. (RESPONSE: Dr. Tavano) We are not there at this time. This is the first proposal out of the gate, and we are hoping it doesn't come to that. Again, I really believe the focus is on what can the state and the counties collectively/corroboratively do to address the felony IST population. If there is some success with that, then hopefully this issue about LPS conserved persons, doesn't become the issue that it sounded like might be a month ago. We are not planning for that now because we are ready to see what will actually happen with the state. We can anticipate one way or another that we will need to build out the resources in the community.
- (Cmsr. G. Swirsding) In January/February the county does the 'homeless count', did we do that this year? I usually find out when I go to a city council meeting and I have participated before. I was wondering, did they do it this year because of COVID? (RESPONSE: Dr. Tavano) I honestly don't remember for this year.
- (Cmsr. G. Swirsding) People who are Medicare/MediCal, they are required to work, how would people with severe mental illness fulfill that requirement? (RESPONSE: Dr. Tavano) It is not a requirement for MediCal, employment is not a requirement, it might be when you get to other disability benefits, but not for the health insurance component.
- (La'Tanya Dandie) I want to refer back to the 40 potential mental health conservatees may be released at a particular time, to ensure we start working on processes of how we are going to continue to get them mental health services. If they are released without services and resources and step out into the community, there are those who will not and may not understand the things they are going through once they get out. Understanding that, because the process and what has been occurring with mental health in each community, we don't have the resources to ensure these folks are taken care of, and once back into the community and no resources, it is very likely they will end up back in the system because they won't have the resources to carry them into the things they need to do to keep them out of the system. Instead of waiting to see if that

process is going to happen, I feel it is a process that needs to start NOW. If we have something in place that is shaky, at least we have something to put together. Waiting for the last moment is like waiting to see if someone will have a mental break/episode when it happens and try to take care of it at point. We need to see it as it goes and not as it comes. (RESPONSE: Dr. Tavano) This is really a complicated discussion and what is going on in the improvement event surrounding mobile crisis, really brings a lot of these issues to light, as it is to say about 'alternate destinations' which are crisis residential programs, adult transitional residential programs, etc. It is already being focused on now by way of that improvement process. We already knew going into it and will just keep moving forward as it all evolves. I was the Director of Jail Psychiatric Services in San Francisco in the 1970s and 1980s and the state hospitals had just started in the late 1960s releasing people to the community and I witnessed, first-hand, the beginning of real significant homelessness in California, and the Bay Area in particular, and the criminalization of people with mental behavioral health issues. I am very in tune with that. It is part of a larger planning process. Hopefully the LPS piece doesn't happen because we are working very hard and every county is echoing the same, we cannot do this short-term, we can't do it without adequate funding from the state and we don't want to add to what started in the 60s. Please let's slow down and plan it out and ensure there are resources. Outpatient services is one thing, but all the transitional residential treatment and housing that will be needed.

- (La'Tanya Dandie) Whatever takes place, I want West County to be at the top of the list because a lot of those services that are already in place are not in place in West County. If that can be looked at, it could be piloted (as to what is needed and what isn't needed). I believe West County should be at the top of the 'food chain' because it is definitely needed out where we are. (RESPONSE: Dr. Tavano) Thank you, I appreciate that. If you look at where are two current crisis residential programs are, here in Central County. I just had this conversation with a group of managers in behavioral health about West and East. You are on the radar, thank you.
- (Stephanie Regular) I wanted to make a particular correction regarding Dr. Tavano's comments that misdemeanors are not going to the DSH in the county, because I think it is very important the commission be aware of what is happening, as well as Dr. Tavano, as this information is not reaching her. Misdemeanors are, very much so, going to the DSH and being committed. We are one of the very few counties in the state that is committing our misdemeanants to the DSH and, post-pandemic, we were one of four counties sending misdemeanants to the DSH. The company that we are keeping is Riverside, Kern and San Bernardino County. We were the fourth county. So, once they make it to the DSH, they are committed on the recommendation of our county Behavioral Health to go. Usually, they have maxed out before they get there so they sit in custody and are released with nothing because there was a recommendation they go to the state hospital, but we did have someone go this year and just recently returned a few months ago. He was only charged with misdemeanors. We are paying our county, we fund that bed, it is \$626 a day for the bed. (RESPONSE: Dr. Tavano) For misdemeanor IST individuals, that is on us. Thank you, I will look into that. I wasn't aware of many coming from Contra Costa. I know the state highlighted San Bernardino and Solano County as the highest utilizers.

**VIII. Adjourned Mental Health Commission Meeting at 5:29 pm**

**PUBLIC HEARING**  
**Mental Health Services Act (MHSA) Plan Update FY 2021-2022)**  
**July 7<sup>th</sup>, 2021 – Draft**

Agenda Item / Discussion	Action /Follow-Up
<p><b>I. Opening Comments by the Chair of the Mental Health Commission</b>  Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:30 pm  Thank you very much to Jennifer Bruggeman, the Program Manager of MHSA and your team for the tremendous efforts you have put into making such a strong effort to ensure you bring the input from people from all over the county from various different perspectives over the past three years; and the strong analysis you have done for the extra effort you have had to expend to work through the issues of COVID and the impact it has had on your budget and the needs of our constituency.</p>	<p>Meeting was held via Zoom platform</p>
<p><b>II. 2021-2022 Mental Health Services Act (MHSA) Plan Updated by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</b></p> <p>MHSA 3-year Plan 2021-2022 Annual Update Overview: I wanted to present just a few notes to provide context to this plan overview for those who are new to the process.</p> <p>Along with all other counties in California, we had an option to take an extension on completing our 2023 3-Year Plan in order to figure out some of the implications of COVID, so instead of completing in the Spring, as we normally do, our plan was not completed until late last fall of 2020. It was finally approved by the Board of Supervisors past February. We wanted to get back to our normal timeline and schedule. We started this plan update very shortly after, completing it in April, presented to the Consolidated Planning Advisory Workgroup (CPAW) and posted on our website for a 30-day public comment in May, as well as presented to the MHSA-Finance committee in June. So, we are before the commission today. The plan is more of a snapshot in time, rather than a real-time document. This was put together several months ago. Particularly, in regard to the budget, we were working off fiscal projections we had from many months ago. We are aware there will be changes, in a good way as we anticipate there will be more money available to counties than previously predicted.</p> <p>New items to our plan updated:</p> <ul style="list-style-type: none"> <li>• Supportive Housing <ul style="list-style-type: none"> <li>• Updates to No Place Like Home participation</li> <li>• Supportive Housing Services Team</li> <li>• Ongoing Goal – to increase on-site permanent supportive housing services and supports</li> </ul> </li> <li>• Early Childhood Mental Health <ul style="list-style-type: none"> <li>• RFP awarded to Early Childhood Prevention &amp; Intervention Coalition (ECPIC)</li> <li>• Services will include: Outreach, In-Home Support &amp; Parenting Classes for families with children ages 0-5</li> <li>• Funding: \$125K /yr.</li> <li>• Prevention &amp; Early Intervention (PEI) enhancement to Children’s System of Care</li> </ul> </li> <li>• Suicide Prevention <ul style="list-style-type: none"> <li>• RFP awarded to Contra Costa Crisis Center</li> <li>• Suicide Prevention Hospital Follow Up Program</li> <li>• \$50K annual funding</li> <li>• Prevention and Early Intervention (PEI) enhancement to countywide suicide prevention efforts</li> </ul> </li> </ul>	<p>The Plan Update Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation and full plan update was also included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: <a href="https://cchealth.org/mentalhealth/mhc/agendas-minutes.php">https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</a></p>

- Mental Health Career Pathways
  - Expand Loan Repayment Program to Community Support Workers (Peer Providers) and Mental Health Clinical Specialists
  - Goals of increasing retention and language capacity among workforce
  - Workforce Education and Training (WET) – Greater Bay Area Regional Partnership with CalMHSA & Office for Statewide Health Planning & Development (OSHPD)
- Looking Ahead to the Upcoming year
  - Innovation – Three of the existing projects sunseting; new proposals TBD
  - Community Crisis Response – Community Crisis Initiative & RIE’s continue; implementation of additional MCRT team
  - Certified Peer Counselor Initiative – effective 1/1/22
  - Housing – continued focus, top priority
- Community Program Planning (CPP) MHSA Presentations and Events
  - Sep. 2020 Evolution of the Peer Movement
  - Jan. 2021 Hope & Wellness in Diverse Communities
  - Mar. 2021 Historically Marginalized Community Engagement (HMCE) Workgroup
  - Mar. 2021 Older Adult HMCE Workgroup
  - Mar. 2021 African American HMCE Workgroup
  - Mar. 2021 Nuestra Comunidad, Nuestro Bienestar (Our Community, Our Wellbeing)
- Summary of Community Program Planning Process (CPPP)
  - Total Number of Participants: Approx. 350
  - Participants included: Providers (County & CBO), Community Members, Peers, Family Members, Community Partners & Advocates
  - Increased participation from diverse communities and peers & family members
  - Events were free & open to the public
- Summary of Community Feedback from CPPP Prioritizing Needs – We had four basic questions we posed to participants during the small group discussion time at all of our events.
  - What does wellness look like in your community?
    - ◊ No barriers to treatment, especially for people of color & those with disabilities
    - ◊ No stigma
    - ◊ Opportunities to access safe outdoor spaces & to practice spirituality
    - ◊ Comprehensive resource hubs
  - What’s working well?
    - ◊ Telehealth
    - ◊ Mobile Crisis Services – including MCRT, H3 CORE, MHET
    - ◊ Hotlines – Crisis Center, 211, Access Line, Anonymous Hotlines
    - ◊ Non-Profit CBO’s
    - ◊ Language Access – Crisis Center’s Grief Groups in Spanish
    - ◊ Older Adult Services
  - What are the service gaps? What’s missing?
    - ◊ Affordable Housing – with on-site services
    - ◊ More access to technology (including training)
    - ◊ Culturally appropriate care – including language access (and materials printed in multiple languages)
    - ◊ Mental Health Supports – including training and education
    - ◊ More virtual mental health services, especially for youth
    - ◊ More promotion of existing resources
    - ◊ More community crisis response services
    - ◊ Greater access to county funding & resources for CBO’s

<ul style="list-style-type: none"> <li>◇ Specific mental health programs tailored toward the African American community and TAY of color</li> <li>◇ Peer respite centers</li> <li>◇ Re-entry support services</li> <li>• What populations are most at risk? <ul style="list-style-type: none"> <li>◇ Youth, including former foster youth</li> <li>◇ Teens – many have had to quit school to get jobs to support family</li> <li>◇ Seniors</li> <li>◇ Homeless population, including homeless youth</li> <li>◇ Immigrants, refugees, minorities and low- income people</li> <li>◇ Single mothers</li> <li>◇ People with disabilities</li> <li>◇ People with substance use disorders (SUD) – use is on the rise during COVID</li> </ul> </li> <li>• Proposed FY 21-22 Budget <ul style="list-style-type: none"> <li>• Projected FY 21-22 budget of \$54.4m</li> <li>• Unspent Fund balance \$29.1m</li> <li>• Prudent Reserve remains unchanged at \$7m</li> </ul> </li> <li>• 2020-23 Fund Ledger <ul style="list-style-type: none"> <li>• Estimated fund balance as of July 1, 2020 .....52.7m</li> <li>• Anticipate FY 20-21 Revenue inclusive of interest earned ..... +50.6m</li> <li>• Proposed budget for FY 20-21 ..... - <u>61.9m</u></li> <li>• Estimated Ending balance as of July 1, 2021.....41.4m</li> <li>• Estimated Unspent Fund for FY 21-22 ..... + 41.4m</li> <li>• Anticipated FY 21/22 Revenue inclusive of interest earned .....42.1m</li> <li>• Proposed budget for FY 21-22 ..... - <u>54.4m</u></li> <li>• Estimated fund balance as of July 1, 2022 .....29.1m</li> <li>• Estimated Unspent Fund FY 22-23 ..... + 29.1m</li> <li>• Anticipated FY 22-23 Revenue inclusive of Interest Earned .....36.4.m</li> <li>• Proposed budget for FY 22-23 ..... - <u>54.1m</u></li> <li>• Estimated fund balance as of July 1, 2023 .....11.4m <ul style="list-style-type: none"> <li>◇ This, of course, does not reflect any upcoming potential budget increases we were recently made aware of, which are still being finalized. Anything that results from that, as said earlier, you will see reflected in next years plan. The \$11.4million fund balance as of July 1, 2023 is inclusive of the Prudent Reserve. Again, we may see changes to that if these revenue projections change.</li> </ul> </li> </ul> </li> <li>• How can the community provide input? <ul style="list-style-type: none"> <li>• View the Plan on CC Behavioral Health Website: <a href="https://cchealth.org/bhs/">https://cchealth.org/bhs/</a></li> <li>• Provide a Public Comment online, by email or by phone: <a href="https://cchealth.org/bhs/mhsa@cchealth.org">https://cchealth.org/bhs/mhsa@cchealth.org</a>; 925-313-9525</li> <li>• Public Hearing Mental Health Commission meeting</li> <li>• MHSA Consolidated Planning &amp; Advisory Workgroup (CPAW) meetings</li> <li>• Community Forums</li> </ul> </li> </ul>	
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<p><b>III. PUBLIC COMMENT:</b></p> <ul style="list-style-type: none"> <li>• (Lauren Rettagliata) I would like to put forward a motion that the MHC recommends to the Board of Supervisors (BoS) there be a cost-of-living allowance of three percent (3%) given this year to each of the non-county providers in the MHSA Plan for 2021-2022. That is due to the amount of MHSA funding that will be received is enough to cover the Cost-of-Living Increase given last year. I believe cost-of-living allowances are so very important, especially for those who are down in the lower brackets. What happens is so many of the people get very good training, they are excellent at what they do and then have to, for economic reasons, move on and go to another field of employment or</li> </ul>	
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they leave the contract provider and enter into the county system. There is a large discrepancy between the amount of money you make as a contracted provider vs a county provider. That is my recommendation to the MHC.

- (Teresa Pasquini) – submitted via email /read by Cmsr. B. Serwin for the record: I will not be able to attend today’s Public Hearing on the MHSA Plan update for 2021, as the Measure X CAB meeting will be taking place at the same time and will be focusing on criminal justice issues. I hope to learn how the county justice partners plan to support the growing needs for housing the IST and LPS Conservatorship populations in our county. A question often heard in all state and local meetings for criminal justice reform is “divert to where and what?” I will be looking for that answer from the Measure X presenters tonight. And I urge the MH Commission to consider the grave needs of this population in the discussion tonight. Commissioner Dunn and NAMI Contra Costa have done an excellent job of advocating for this dire need that will impact Contra Costa’s behavioral health continuum.

I hope to see the MHC take a more active role in the Measure X process moving forward. This is a community process that will be advising the Board of Supervisors on how to expend an additional sales tax of 0.5% for 20 years. This ballot measure was generously approved by Contra Costa citizens based on the promise of generating an estimated \$81 million per year for “essential services including the regional hospital, community health centers, emergency response, safety-net services, early childhood services and protection of vulnerable populations...” I respectfully remind the Commission that the SMI adult population is a very “vulnerable population” and is considered the population with the greatest health disparity according to the National Council of Behavioral Health, “People with serious mental illness die an average of 15 to 30 years younger than those without. This difference represents the largest health disparity in the U.S., larger than gender, racial or socioeconomic differences. And unlike some of the other gaps that are slowly closing it isn’t shrinking.”

How does this MHSA Plan update address that disparity? Has the MHC analyzed the budgeting process for the SPMH clients, specifically? All available funding streams should be part of the MHC’s analysis of our county’s needs and how to meet those needs. And, that process of analysis must be transparently shared with our community in order to make sound advisory decisions. I appreciate the MHSA/Finance Committee’s attention to this important part of the Commission’s mandated duties. But I worry about our progress in meeting the health and housing gaps with the current budget and within this plan update.

The Measure X funds are not as restricted as MHSA and realignment and could be used to leverage and augment existing mental health funding that is considered to be inadequate and was “underfunded from the start.” MHSA funding is very prescriptive and is literally the only funding entitlement for the most vulnerable WIC 5600.3 SMI population. It must be protected for that specific population. All other funding streams are divided among multiple vulnerable populations, some of which have entitlements that do not exist for the SMI SPMH population which is funded “only to the extent resources are available.”

In defining “vulnerable populations” it is critical that we have access to all data that quantifies and qualifies the identified gaps and how they are being filled by the safety net. We have multiple needs assessments, and stakeholder prioritization processes that have identified housing as the number one need for the SMI population of Contra Costa. The most recent “Needs Assessment” states, “There continues to be an ongoing shortage of affordable housing and housing supports for those individuals and families affected by serious mental illness.”

And it states, “Housing Affordability and Homelessness -As most other counties in the Bay Area, Contra Costa County also struggles with affordable housing and

an increase in homelessness. Based on the 2018 Point in Time (PIT) Count conducted by the Health, Housing, and Homeless Services Division (H3) of Contra Costa County, homelessness has continued to increase in Contra Costa County. MHSA funds in Contra Costa County currently provide over \$7 million in housing support for individuals and families with a serious mental health illness. However, the continued rise in housing affordability creates a challenge to identify and secure housing in general. BHS continues to explore methods to support further housing efforts, specifically for those experiencing mental health challenges specifically through No Place Like Home (NPLH) efforts as well as through the MHSA.”

And, from the Need Assessment Recommendations:

As housing continues to be the top need throughout the State, it is essential to fund more Supportive Housing models designed to offer mental health support services for the most vulnerable populations affected by mental health challenges. Specifically, for youth with systems involvement, such as foster care, BHS is working to support the creation of a Short-Term Residential Treatment Facility (STRTP) that can assist children with high need for serious emotional disturbances, to be able to remain in Contra Costa County versus an out of county placement. It is recommended BHS continue to apply for No Place Like Home (NPLH) funding to obtain more funding for permanent supportive housing, as well as continue to retain and recruit more augmented board and care homes. Furthermore, BHS should continue its ongoing goal to repurpose the Oak Grove site through NPLH funds, as well as additional MHSA County funds to house and provide on-site treatment for transition aged youth; as well as other populations that are affected by mental health. It is recommended that continued support for flexible housing funds continue to provide flexibility.”

While the gaps are clearly acknowledged, the solutions are not clearly defined. How will we create more Board and Care beds? Do we even know how many we need? And there appears to be a forgotten population in these recommendations, specifically those SMI adults who are at risk of homelessness, placed out of county or currently placed in roach infested placements.

Who is the “most vulnerable” population in Contra Costa or Contra Costa residents placed out of Contra Costa? While the multiple stakeholders, advisory bodies and Community Planning Processes capture the wishes, hopes and dreams of those who attend, it excludes the wishes and needs of the CCC clients who are conserved and placed in out of county facilities.

I urge the MHC and will urge the Measure X committee to explore how the county will specially and strategically create Housing That Heals for the adult specialty MH population. I greatly appreciate that the BHS Housing Chief has been hired this past year. I am still hoping to see a Value Stream Mapping Process that will evaluate the continuum of housing needs for this most vulnerable population. Peer Respite Centers are part of that continuum, but they are not permanent and will not meet the unique needs of many SMI clients.

We need a specific Housing That Heals plan of action for Contra Costa included in this MHSA plan update. And a specific request for funding from Measure X that will support this plan and finally lead to action that will bring our loved one’s home.

**IV. COMMISSIONER COMMENT:**

- (L. May) I looked at Page 6, it states “expand loan repayment program to community support workers, peer providers and mental health clinical specialists.” Does the county have their own loan, along with the federal loan repayment program? (RESP: J. Bruggeman) We do have a loan repayment program. Previously it was available to psychiatrists and we have tried to expand on that. We had an opportunity to join in this Regional Bay Area Partnership and

leverage some funding that way. It was really kind of a cost neutral situation for us, which was good. We have been able to open it up a little more. It should be available to those designated positions who would be county employees or working with our contracted CBOs.

- (L. May) I hope everyone received the typewritten statement that Teresa Pasquini completed. It should have been in the packets that everyone received. I was wanting to see if Dr. Tavano received? Could you speak to Page 2 where she states apparent County Behavioral Health Director's Association of California, DSH negotiations summary, Dr. Suzanne Tavano, CC BHS Director, June 29, 2021. Is this a piggyback and is she piggybacking off what you were speaking to the LPS or is she adding to what you have said? (RESP: Dr. Tavano) Yes, thank you Commissioner May. They are two separate issues I think, so the page you, are referencing goes back to the state hospital discussion? It overlaps with the discussion regarding the MHSA Plan. They are not connected.
- (D. Dunn) Jennifer, thank you for letting the public know about the \$6m-\$7m in MHSA funding that was used in blended programs to cover for the shortfall in realignment funding from the last fiscal year. With the economy improving, will that funding be repaid back into MHSA going forward? Or not? And if so, how not? (RESP: J. Bruggeman) That is a great question Commissioner Dunn. I would have to defer to Dr. Tavano on that. I am unsure what the strategy will be, but I am certainly happy to talk to our finance team and get more clarification unless Dr. Tavano has more information (RESP: Dr. Tavano) The three-year plan was built on projections. Predominantly, Mike Geiss's projections because we never really got them directly from the State. When Jennifer talks about point in time, our plan was built on the point-in-time, when it looked like our state economy was tanking. So that is why we had to come back. Remember the original plan from January includes millions of dollars in supported housing, because it included expansion of some of these CBO programs, etc. Those are the things we had to trim back in order to meet the budget projections we were given to work with for 2021-2022. Jennifer and I were in a conversation with some of the finance folks this morning and asked the question "Do we know, at this point, how much additional service staff funding is actually going to be received for this current year?" If these current projections hold true, and can confirm we are set to receive additional funds, then we would open the plan back up for consideration by the community about what we might start adding back in. What I would add, because I sit in the middle of all the advocacy, there is really strong advocacy for a lot of different things and I think it will come to the community, the stakeholders, really honing in where we make future investments. That will be part of the planning process.
- (L. May) The issue I am trying to understand, last year many CBOs received extensive COVID money. What I am trying to understand, the money they received from the county, did the county provide extra money or did this come from the federal government. I am going back to what I have been saying all along: It looks pretty on paper "service gaps more access to technology" and spoke of the populations at risk and there was another question. From the reports I'm getting and what I have heard, as well as being out in the community, the services the CBOs provided were not near as much as before COVID, but during COVID they received money to purchase laptops, tablets, cell phones and technology so that the services could continue, be more intense and often, you could have more one-on-one's and as many groups as you want to. These are the services during a pandemic that should have been provided. When I look at the budget and things don't add up. That is what I was saying in the notes from the last meeting. There needs to be some time kind of inspection and accountability within these agencies. Where is the money? What happened to the money to provide this? Why is it that they have to keep coming to the county and the county has to divie up the money for this and that? There is just no accountability. Dr. Tavano, this is where I am having a problem with this.



Why is the county scrambling for money and 'borrowing from Peter to pay Paul' and stretching to take care of the needs, yet the CBOs getting paid through county to provide the services, they got a lot of money from other resources last year and they did not improve on their services last year. Their services went down, the fact is a lot of what you see now, the reactions and behaviors, the criminal behaviors...it is almost like a COVID rage, being in lockdown for a year and people are acting out. Had we been able to provide services, these companies, provided services to the people who needed them the most during that time, I don't believe we would see so much of this 'craziness' going on. Just within this county itself, it is ridiculous what is going on. They received money along with the county funds. Why is it the county always has to scrape and try to figure out where we are going to get money to do this? Taking it from this program or the other. These CBOs received money, at least three times the amount of what they normally would receive and they are still coming to the county. How is there a check and balance performed? Is it possible?

(RESP: Dr. Tavano) It is possible because we are looking at the level of services being provided. We knew, in the heart of the pandemic that people were not going to be out, or seeking as many services, etc. The goal was to stabilize the BH workforce throughout the entire system so, as we move out of the pandemic, we are not behind the game, we have providers. There is a major state-wide issue going on regarding not having an adequate BH workforce for a variety of reasons. Many people have left the public sector for private practice so they can be 100% telehealth and the money is higher. We did not want to lose providers, we wanted to preserve the system so that service could continue to happen. I cannot address all those points, but in terms of the \$6mil that was used to stabilize our existing CBOs that are partially funded with MHSA dollars, it was to be able to provide the local dollars to match with the federal to bring in the MediCAL. That is what it was about, not for other programs, it was to serve to match and get the federal funding to bring them back to the county.

- (Lauren Rettagliata) I was hoping, Suzanne, that you could explain, I was concerned and wondering, since when the contracted providers put in their bid for service (what they will need to provide the service), they are actually calculating that on what is the least amount of money they can get by to pay for a peer provider or someone in clinical social work. That is why I was concerned about having a cost of living for these people. Maybe my concern is misplaced, I equate when you set forth a budget when you are a provider to the county, you calculate your fee for service on what you can charge per person. I still think a cost-of-living allowance may help us keep our well-trained people at positions providing services for those who are seriously mentally ill. MHSA is there for those with a serious mental illness. Not mental health issues or challenges, but those who are seriously ill. (RESP: Dr. Tavano) Thank you. Again, with Cal AIM, the whole landscape is going to change because we will no longer be cost-based. Everything county providers do and CBO providers do, it will be based on the service actually provided. It will change the way of doing business. I believe it will drive increased focus on quality and outcome measures.
- (B. Serwin) Jennifer, I know housing is always at the top of the list. I was wondering if you could break down, what are the top three ways in which MHSA budget addresses housing as a top priority. (RESP: J. Bruggeman) In the plan, the CSS section, there is a whole section on MHSA and the different types of housing that MHSA does fund. The different types of BACs, scattered site housing, individual units, permanent supporting housing, the various 'no place like home' efforts and also having this coordination team. With that, there is some new staffing around that. There was some MHSA funded housing that was previously managed by H3 and now it will be brought back with more oversight. Those are the primary ways. In addition, some of the FSP programs and the AOT program has housing flex funds and are able to provide some housing for their clients as well. There are a number of ways and it does go into detail, but it is never

<p>enough. We realize, especially at the BAC level, the inventory we have is truly not sufficient. We are hoping to expand and build on that.</p> <ul style="list-style-type: none"> <li>• (L. May) I would just like to ask Jennifer Bruggeman (or anyone), RII is leaving the county. What happens? Have you found someone else to take that over? What happens to the funding they requested for wellness recovery centers? What is going to happen with those clients and that money? (RESP: J. Bruggeman) Thank you, Commissioner May, that is a great question and that is something that happened after we drafted this plan, so it's not reflected in this plan. We were given notification that RI was going to basically vacating their contract just about 30-days before the end of the fiscal year. Fortunately, Putnam Clubhouse has agreed to take over. A lot of work has been happening behind the scenes. They are literally taking over as of July 1. The contract take some time to fully execute and it is just about there. They are going to take the entirety of the consumers that participated in the three RI sites located across the county, as well as the staff and the same contract payment limit. The name has been changed, it will be different than the existing Putnam Clubhouse as they want to reflect the model RI had in place and they held a town hall to get input from the community and consumers to see what they wanted. In fact, Sandy is here and can address that. (Dr. Tavano) If I can add, RI has been a great partner and it was with regret they decided to close the programs they are operating throughout California, because they are still a great peer provider agency but they have increasingly moved into crisis intervention at a national level and decided to close down the non-crisis programs in California. We were thrilled Putnam was there and available. We have already been talking with Putnam regarding some of their concepts, reaching further into different areas in the county.</li> <li>• (Sandy Young) You both have summed it up. We have been trying to avoid language (however difficult) regarding taking over or anything like that, 'acquiring' as it is alarming for the clients and participants ('citizens' is a proprietary term to RI). We consider ourselves the new management of those programs. Even the concept, the language of 'wellness cities' will changing because, again, that is proprietary to RI. We are really excited. Again, the attention is not to alter these programs so that they become clubhouses. That is not the goal, although there will be some sprinkling of our flavor and what we do. In those programs, there is a lot of development we are working on. Lisa Finch is here and manages the three sites. As people have already mentioned, we plan to include the communities in talking about what they want. A lot of the curriculum belonged to RI and some is WRAP (things we all share) and then, as they are taking all of their materials with them, it actually creates an opportunity for a change in what the participants get to do. It is not a repetition of material, like receiving the same certificate over and over. There is a lot of excitement about the program development that is coming. Yes, we know there is a need regarding housing, but it is are so many other things on the table.</li> <li>• (Dr. Tavano) We met with some of the Board Members of Putnam over a year and a half ago, because the concept of the community is a wonderful concept. We asked if there was any readiness to move forward and be a part of a 'no place like home' application.</li> </ul>	
<p><b>V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor</b></p>	<p>This agenda item not addressed for Plan updates, only full 3-year plan.</p>
<p><b>VI. Adjourned Public Meeting at 6:29 pm</b></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 relevant written recommendations for revisions by the public and/or the Mental Health Commission to the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan.

## **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:

- A recommendation to put forward a motion that the Mental Health Commission (MHC) recommends to the Board of Supervisors (BOS) there be a 3% Cost of Living Allowance (COLA) to Community Based Organizations (CBOs) to maintain staff retention.
  - Most Behavioral Health Services (BHS) contracts are not MHSA funded. Do stakeholders wish to use MHSA to fund a 3% COLA across the board? This is something to consider.
- A lengthy written comment card was provided and summarized by the MHC Chair. The comments stressed that the seriously mentally ill (SMI) population is very vulnerable and has a shorter life expectancy than the non-SMI population. This is the greatest health disparity in the US. How does MHSA plan to address this? Housing for this community is critical. Gaps are clearly acknowledged, but solutions not clearly defined. MHSA needs to fund more supportive housing, including more augmented board & care homes and should follow up on the Oak Grove project though use of No Place Like Home (NPLH) funds.

## **III. Mental Health Commission Comments**

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

- Question: Clarifying questions were asked about the Loan Repayment Program.
  - Response included clarification that the loan repayment program is now open to Community Support Workers and Mental Health Clinical Specialists, in addition to psychiatrists. Payments are made directly to the lender.
- Question: Will the \$6-7M in MHSA unspent funds that was used last year (to address losses in Re-alignment funds for MHSA contracts that have blended funding) be reimbursed to MHSA?
  - Response: The Three Year Plan was built on budget projections made at a time when the state economy looked very bleak. Original Plan from January 2020 (pre COVID) had much more new funding for housing and expansion of CBOs. That had to be trimmed back in order meet COVID budget projections. We are in conversation with Finance. The community will be notified of any changes as they occur and are encouraged to participate in the community program planning process to help decide where future investments should be.
- Comment: CBOs got extensive COVID related funds. Did that come from the County or the federal government? They spent lots of money on laptops and other things while their services decreased. There is no accountability. Why should the county have to pay them more? We are robbing Peter to pay Paul.
  - Response included the County perspective that during COVID, consumers/clients

did not come out as much to receive services. In order to preserve services and stabilize the behavioral health workforce, unspent funds were used as a match to help leverage fee for service dollars.

- Question: When contractors submit their bids, they're calculating the least amount of money needed to pay staff. That's why I was concerned about having a COLA. Maybe my concern is misplaced. When they submit a budget the fee for service is calculated. I still think the COLA will help retain well trained staff to provide services to those with serious mental illness.
  - Response: California Advancing and Innovating Medi-Cal (CalAIM) will change the whole landscape because we will no longer be cost based. Everything providers do will be based on the service actually provided. It will change our way of doing business and increase quality and outcome measures.
- Comment: MHSA is for SMI people only. A Housing that Heals Plan of Action for Contra Costa County should be included in the Plan.
- Question: How does the Plan address housing?
  - Response: There is a section in the Plan under Community Services & Supports (CSS) that addresses how MHSA is currently being used for housing related services. This includes a description of the various types of housing (from board & care, scattered site and permanent supportive housing). In addition there's the Housing Coordination Team, under leadership of the new Supportive Housing Services Chief. Housing previously operated by H3 is now consolidated under this team. The FSPs and Assisted Outpatient Treatment (AOT) also have housing flex funds, which are described.
- Question: What has happened to the Recovery Innovations (RI) contract?
  - Response: This change occurred after the Plan was drafted, so thank you for asking. We received 30 day notice that RI would not be renewing their contract to operate the three Wellness Centers across the County. Fortunately, Putnam Clubhouse has stepped in and will take over this contract. They're holding townhall meetings with the community to address any concerns is the changes in leadership. The plan is that they will maintain the three existing sites, all clients will be carried over and the staff will be retained.
  - Response: RI was a great partner and they did not leave on bad terms. They simply decided not to offer this level of service in the Bay Area any longer and have consolidated programming in Southern California and other regions.
  - Response: Putnam is very excited about the opportunity. We're working with consumers to address concerns during the transition. Avoiding language like "taking over." The program will not be run like the Clubhouse and will be more in line with the wellness centers. The curriculum was proprietary so working on this. We're working with the community. We know there's a need for housing, but there are so many other things on the table right now.
- Question: Will Putnam receive housing flex funds?
  - That would be a long term goal, but no immediate plan. Regarding NPLH, there has to be a developer on board.

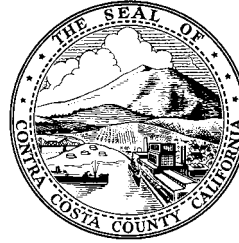
#### **IV. Mental Health Commission Recommendations**

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 Annual Update for 2021-22. This hearing fulfills the Commission's duties under the MHSA requirements. The Commission had no recommendations for consideration.

TO: BOARD OF SUPERVISORS

FROM: Anna Roth, M.P.H.  
Health Services Director

DATE: August 3, 2021



# Contra Costa County

SUBJECT: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan Update for Fiscal Year 2021-2022

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 Update for Fiscal Year 2021-2022.

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 Update Fiscal Year 2021-2022 assures continued MHSA funding for Fiscal Year 21-22 in the amount of \$54,428,310.

**BACKGROUND:**

Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health funding by imposing an additional one percent tax on individual taxable income in excess of one million dollars. There are a total of five MHSA components which have been enacted over time by the State with the goal of creating a better program of mental health services and supports in California's public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a State mandated program under California's Welfare & Institutions Code.

CONTINUED ON ATTACHMENT:  YES

SIGNATURE: \_\_\_\_\_

RECOMMENDATION OF COUNTY ADMINISTRATOR COMMITTEE

RECOMMENDATION OF BOARD

APPROVE

OTHER

SIGNATURE(S): \_\_\_\_\_

ACTION OF BOARD ON: JULY 7, 2021 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: AUGUST 3, 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:**

- Executive Summary
- Cover Letter
- 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 Update (Plan Update) for fiscal years 2021-22. This Plan Update starts July 1, 2021 and updates the MHSA Three Year Program and Expenditure Plan (Three Year Plan) that was initiated in July of 2020. The past year has been unprecedented in many ways. We look forward to continued community partnerships that have emerged in 2020 to address the pandemic, health inequities and community crisis response services. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

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

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

### **Highlights of changes and updates to the Plan Update for 2021-22 include the following:**

- Budget updated to reflect estimated available funding for FY 21-22 (Pg. 61)
- Full Service Partnership performance indicators for FY 19-20 (Pg. 23)
- Prevention and Early Intervention Data & Performance Indicators (Pg. 39)
- No Place Like Home (NPLH) and housing updates (Pg. 30)
- New PEI Programs currently in the Request for Proposal (RFP) process:
  - Early Childhood Mental Health Outreach & Education (Pg. 42)
  - Suicide Prevention Training & Education (Pg. 48)
- Information on Suicide Prevention Coalition and new Youth Subcommittee (Pg. 49)
- Expansion of Loan Repayment Program to address mental health career pathways and cultural responsiveness (Pg. 56)



August 3, 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 Update for Fiscal Year 2021-22. Included in Appendix G is the signed Prudent Reserve Assessment form per Welfare and Institutions Code (WIC) section 5892(b) (2) and Department of Health Care Services (DHCS) Mental Health Substance Use Disorder Services (MHSUDS) Information Notice 1819.

Attached as the separate documents are:

- The Innovation Annual Report for FY 2019-2020.
- The Prevention and Early Intervention (PEI) Evaluation Report for FY 2019-2020

The Draft MHSA Three Year Program and Expenditure Plan Update for FY 2021-22 (MHSA Three Year Plan Update) was posted for the required 30 day public review and comment initially from the period from May 4, 2021 through June 3, 2021. The public hearing was conducted on July 7, 2021. The MHSA Three Year Program and Expenditure Plan Update for FY 2021-22 was adopted by the Contra Costa Board of Supervisors on August 3, 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,

Diane Burgis, District 3  
Chair of the Contra Costa County Board of Supervisors

Enclosures:

- Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan Update for FY 2021-22
- Innovation Annual Report for FY 2019-20
- Prevention and Early Intervention Annual Report for 2019-20





**MENTAL HEALTH SERVICES ACT  
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

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

Fiscal Year: \_\_\_\_\_

**Local Mental Health Director**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

\_\_\_\_\_  
Local Mental Health Director (PRINT NAME)      Signature      Date

<sup>1</sup> 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
<b>FY13/14</b>	28,085,078.51		28,085,078.51	21,344,659.67	-	21,344,659.67
<b>FY14/15</b>	39,312,663.70		39,312,663.70	29,877,624.41	-	29,877,624.41
<b>FY15/16</b>	32,115,245.21		32,115,245.21	24,407,586.36	-	24,407,586.36
<b>FY16/17</b>	41,775,216.85		41,775,216.85	31,749,164.81	-	31,749,164.81
<b>FY17/18</b>	46,070,781.70		46,070,781.70	35,013,794.09	-	35,013,794.09
	<b>187,358,985.97</b>	-	<b>187,358,985.97</b>	<b>142,392,829.34</b>	-	<b>142,392,829.34</b>

<b>Maximum MHSA Prudent Reserve Level</b>	<b>9,492,855.29</b>	<b>33%</b>
<b>Contra Costa County FY17/18 Prudent Reserve</b>	<b>7,579,248.17</b>	
<b>Under the Maxium Level?</b>	<b>YES</b>	