



3-YEAR MHSA PLAN UPDATE

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

FY 2022–2023

cchealth.org/mentalhealth/

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

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

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

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

- Budget updated to reflect estimated available funding for FY 22-23 (Pg. 60)
- Full-Service Partnership performance indicators for FY 20-21 (Pg. 20)
- Prevention and Early Intervention Data & Performance Indicators (Pg. 36)
- Housing updates (Pg. 26-28)
- Innovation project updates (Pg. 50)

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VISION

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

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

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

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

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

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

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

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

INTRODUCTION

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

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

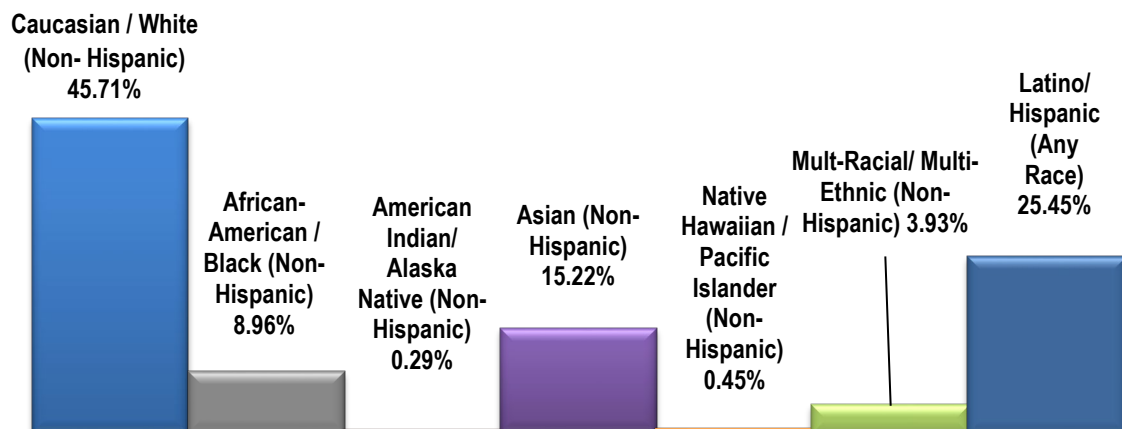
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning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

CONTRA COSTA COUNTY POPULATION SUMMARY

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

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

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



METHOD

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

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

FINDINGS

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

Findings revealed through this Needs Assessment include the following:

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

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

RECOMMENDATION

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

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

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

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

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

THE COMMUNITY PROGRAM PLANNING PROCESS

Each year CCBHS utilizes a Community Program Planning Process (CPPP) to gather meaningful stakeholder input toward accomplishing the following:

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

Consolidated Planning and Advisory Workgroup (CPAW)

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

COMMUNITY MEETINGS

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

Meeting	Purpose	Frequency
CPAW – Main Meeting	Opportunity for members of the public to dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, including review existing programming, funding and evaluation	Monthly
CPAW Sub Committee – Systems of Care	Learn, discuss, and provide input on new and emerging MHSA related programs that impact Behavioral Health Services system of care.	Bi-Monthly

CPAW Sub Committee – Steering	Develop monthly agenda for CPAW main meeting, including identifying presentation & discussion topics	Monthly
CPAW Sub Committee – Membership	Review new applications for CPAW Membership	As Needed
CPAW Sub Committee – Innovation	Review and discuss both existing and emerging Innovation projects	Bi-Monthly
Suicide Prevention Coalition	Countywide collaborative co-hosted with the Contra Costa Crisis Center. Responsible for Suicide Prevention Strategic Planning	Monthly
Youth Suicide Prevention Sub-Committee	Youth-focused collaborative that serves as a platform for networking and information sharing around issues related to youth mental health and suicide prevention	Quarterly
Reducing Health Disparities	Focus on diversity, equity, inclusion and reducing disparities within the behavioral health care system with an ongoing goal of being trauma informed, working against racism, addressing historical barriers to services, and promoting equity, wellness, recovery and resiliency both in service delivery and within the workforce. Provides input related to the annual Cultural Humility Plan.	Bi-Monthly
Training and Advisory Workgroup	Analyzes training needs within the Behavioral Health System and recommends new trainings. Also reviews training for CE eligibility.	Quarterly
Assisted Outpatient Treatment Workgroup (AOT)	Discussion and support around the work of County AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	Quarterly

MHSA PRESENTATIONS AND ORIENTATION

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

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

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

An annual MHSA presentation is also provided to the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class. SPIRIT is a nine-unit college course taught in collaboration with Contra Costa College which offers peers and those with lived experience an opportunity to develop skills, obtain certification and ultimately find employment within the behavioral health care field. In addition, MHSA staff regularly attend the Mental Health Commission (local board) meetings and provide information and presentations related to MHSA, as requested.

SURVEYS

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

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

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

COMMUNITY FORUMS INFORMING FISCAL YEAR 2022-23

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

YOUTH SUICIDE PREVENTION FORUM (9/9/21)

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

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

The table below reflects 26 survey responses received.

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

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

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

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

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

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

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

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

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

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

WHAT ADDITIONAL RESOURCES/SUPPORTS/TOOLS ARE NEEDED?

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

MHSA INNOVATION COMMUNITY FORUM (3/4/22)

Total Registered: 154

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

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

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

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

WHAT'S WORKING WELL?

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

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

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

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

WHAT INNOVATION PROJECT IDEAS ARE YOU IN FAVOR OF?

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

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

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

MHSA funded services but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three-Year Plan contained herein does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

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

COMMUNITY SERVICES AND SUPPORTS

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

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

FULL-SERVICE PARTNERSHIPS

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

Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, housing, educational, social, vocational rehabilitation, and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention. As per statute requirements, these services comprise most of the Community Services and Supports budget.

Performance Indicators: The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in Full-Service Partnerships indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2020-21 data was obtained for 515 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following results:

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

The following full-service partnership programs are now established:

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

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

appropriate level of care, and family partners help families facilitate movement through the system.

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

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

Program/Plan Element	County/Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2022-23
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	843,600
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	982,146
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65	931,434
Children’s Clinic Staff	County Operated	Countywide	Support for full-service partners	556,524

TOTAL 200\$3,313,704

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

1. **Fred Finch Youth Center** is in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.
2. **Youth Homes** Youth Homes is in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help, and family.

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,595,369
Transition Age Youth Full-Service Partnership	Youth Homes	Central and East County	30	770,915
County support costs				32,782

TOTAL 100 \$2,399,066

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

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

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

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Full-Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,400,285
		East County	70 (Adult) 5 (Older Adult)	

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

TOTAL 230 \$5,803,370

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

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

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management act as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones. This year, six additional CSW positions were added to support the work in the Adult and Children’s Clinics.

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

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

TOTAL \$1,967,672

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

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

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

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

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

Wellness and Recovery Centers. Putman Clubhouse contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. These centers, known as Putnam Peer Connection Centers, offer peer-led recovery-oriented, rehabilitation and self-help groups that teach self-management and coping skills. The centers offer Wellness Recovery Action Planning (WRAP), physical health, nutrition education, advocacy services and training, arts and crafts, and support groups.

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

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

TOTAL 200 \$1,067,999

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

In addition, CCBHS is in the process of developing a Request for Proposal (RFP) for a second Crisis Residential Center, following the recent closure of Neireka House.

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

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

TOTAL 200 \$2,338,279

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

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

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

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

The state-run MHSA Housing Program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). Under SNHP, the County received and distributed \$1.73 million in state level MHSA funds to preserve, acquire or rehabilitate housing units, and added 5 additional units of permanent

supportive housing at the St. Paul Commons in Walnut Creek. The Department of Health Care Services (DHCS) notified county mental health plans that the deadline to use SNHP funds was June 30, 2023.

In July 2016 Assembly Bill 1618, or **No Place Like Home**, was enacted to dedicate in future years \$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness or are at risk of chronic homelessness. Local applications for construction and/or re-purposing of residential sites have been developed and submitted to the state.

Round 1 - Contra Costa was awarded competitive funding in partnership with Satellite Affordable Housing Association (SAHA) in the amount of \$1,804,920 for construction of 10 dedicated NPLH units for persons with serious mental illness at their *Veteran's Square Project* in the East region of the County.

Round 2 - Contra Costa was awarded funds to construct permanent supportive housing units in the Central and West regions of the County. An award was granted to Resources for Community Development (RCD) in the amount of \$6,000,163 for 13 NPLH Units at their *Galindo Terrace* development. In 2020, CCBHS received a non-competitive allocation amount of \$2,231,574 which was awarded to RCD for a combination project (use of both competitive and non-competitive funds) for a total amount of NPLH financing in the amount of \$14,456,028.

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

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

In the past year, the State and Federal government have released multiple housing infrastructure-related grant opportunities for Counties. The County continues to apply for those as they are released. CCBHS recognizes supported housing for people living with a mental health condition as a priority issue and is committed to leveraging existing resources to meet that need by fortifying our existing housing continuum of care.

1. **Coordination Team.** The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs and services, and provides contract monitoring and quality control. A Chief of Supportive Housing Services oversees the Coordination Team and MHSA funded housing units.

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

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

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

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSa as funding sources. Thus, the budgeted amount for FY 22-23 may not match the total contract limit for the facility and beds available. The amount of MHSa funds budgeted are projections based upon the 1) History of actual utilization of beds paid by MHSa funding, 2) History of expenditures charged to MHSa, 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 MHSa funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded efforts to increase the above availability of supportive housing for persons with serious mental illness.

NON-FSP PROGRAMS (GENERAL SYSTEM DEVELOPMENT)

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

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

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

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

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

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

TOTAL 375 \$3,585,649

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

- 1) **Wraparound Program.** The County’s Wraparound Program, in which children and their families receive intensive, multi-leveled treatment from the County’s three children’s mental health clinics, was augmented in 2008 by family partners and mental health specialists. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non- licensed care providers, often in successful recovery with lived experience as a consumer or family member, who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals.
- 2) **EPSDT Expansion.** EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are jointly involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). Recently the Department of Health Care Services has clarified that the continuum of EPSDT services is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHPA 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 MHPA funded portion of the Children Wraparound Support/ EPSDT Support are summarized in the following:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 22-23
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,428,167
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	728,220

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

Concord Health Center. The County’s primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. Two mental health clinicians are funded by MHSA 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 MHSA allocation for the Concord Health Center is summarized below:

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

TOTAL \$269,995

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

The allocation for the Liaison Staff is as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	154,793

TOTAL \$154,793

Clinic Support. County positions are funded through 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:

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

TOTAL \$2,026,804

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

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

The MHSa allocation for the Forensic Team are as follows:

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

TOTAL \$1,558,747

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

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

1) Quality Assurance.

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

TOTAL\$1,252,714

2) Administrative Support.

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

TOTAL\$3,496,332

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

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

Total\$48,149,000

PREVENTION AND EARLY INTERVENTION

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

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

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

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

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

Performance Indicators

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

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

Performance Indicators.

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

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

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

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

Prevention and Early Intervention Cultural and Linguistic Providers

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

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

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

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

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

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

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

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

Eight programs are included in this category:

- 1) Asian Family Resource Center (fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish several seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
- 4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre-school and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
- 5) Jewish Family Community Services of the East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
- 6) The Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.

- 7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.
- 8) We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP. We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP called, The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

THE ALLOCATION FOR THE OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS CATEGORY IS SUMMARIZED BELOW:

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

TOTAL1,359+ \$1,639,054

Prevention

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

Five programs are included in this category:

- 1) The Building Blocks for Kids Collaborative (fiscal sponsor Tides) located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
- 2) Vicente Alternative High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
- 3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.
- 4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive, and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates several city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness because of trauma and violence.

The allocation for the Prevention category is summarized below:

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

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

Early Intervention

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

One program is included in this category:

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

The allocation for the Early Intervention category is summarized below:

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

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

Access and Linkage to Treatment

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

Three programs are included in this category:

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

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

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

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

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

Six programs are included in this category:

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

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

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

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

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

TOTAL5,460 \$1,794,069

Stigma and Discrimination Reduction

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

The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to several initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHS funded services. Staff from the OCE support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness.

- 1) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness.
- 2) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health

Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.

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

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

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

TOTAL \$310,189

Suicide Prevention

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

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller’s consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) In FY 20-21 The Contra Costa Crisis Center was awarded the Suicide Prevention focused RFP for their proposed PES Follow Up Program. This new Follow Up Program is designed for patients with suicidal ideation/attempt being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Associate of Suicidology (AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral hotline. In FY 21-22, the Crisis Center is working closely with County staff to coordinate services and streamline processes to best serve those in crisis.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County’s suicide prevention efforts. In 2021, a subcommittee was convened to address **Youth Suicide Prevention**. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these

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

The allocation for the Suicide Prevention category is summarized below:

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

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

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

PEI Administrative Support

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

The allocation for PEI Administration is summarized below:

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

TOTAL..... \$389,492

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

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

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

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

INNOVATION

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

Innovation Regulations went into effect October 2015. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. As before, innovative projects accomplish one or more of the following objectives:

- Increase access to underserved groups
- Increase the quality of services, to include better outcomes
- Promote interagency collaboration
- Increase access to services

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

Existing Innovation Projects

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

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

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

Emerging Innovation Projects

1. **Psychiatric Advanced Directives (PADs).** PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). Psychiatric Advanced Directives are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. The technology will be developed with peers and stakeholders, rather than just for them (see Appendix E for full proposal).
2. **Micro Grants for Community Defined Practices.** This is an emerging Innovation concept that is in development with our advisory body. The general idea is to allow funding opportunities for community organizations to provide nontraditional, non-medical model services to targeted underserved and inappropriately served community groups.

The allocation for Innovation projects is summarized below:

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

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

TOTAL 320 \$ 2,329,000

WORKFORCE EDUCATION AND TRAINING

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

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

WORKFORCE STAFFING SUPPORT

- 1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the WET Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordination for intern placements throughout the County, and managing contracts with various training providers and community based organizations who implement the various workforce education and training activities.
- 2) Supporting Family Members. A cadre of volunteers are recruited, trained and supervised for the purpose of supporting family members of persons experiencing mental health challenges. Critical to successful treatment is the need for service providers to partner with family members and loved ones of individuals experiencing mental health and wellness challenges. Family members of clients/consumers/peers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders have voiced the need to provide

families and loved ones with education and training, emotional support, and assistance with navigating the behavioral health system. CCBHS contracts with National Alliance on Mental Illness Contra Costa (NAMI CC) to recruit, train and develop family members and loved ones with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding and best navigating and participating in the system of care.

- 3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the CCBHS Older Adult Program recruits, trains and supports volunteer senior peer counselors to reach out to older adults at risk of developing mental health challenges by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latina/o and Asian American seniors. The volunteers receive extensive training and consultation support.

The MHSAs funding for Workforce Staffing Support is summarized below:

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

TOTAL \$1,074,854

Training and Technical Assistance

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

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

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

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

TOTAL \$455,099

Mental Health Career Pathway Program

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

those individuals who are employed by the County in various peer and family partner roles. The SPIRIT Program also provides support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.

The MHA funding allocation for the Mental Health Career Pathway Program is summarized in the following:

Program	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 22-23
SPIRIT	OCE County Staff	Countywide	50	350,697
	Contra Costa College			25,000

TOTAL 50 \$375,697

Residency and Internship Programs

- 1) Internships. CCBHS supports internship programs which place graduate level students in various County operated and community-based organizations. Emphasis is put on the recruitment of individuals who can meet the linguistical and cultural need of clients/consumers and/or the family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable approximately 50 graduate level students to participate in paid internships in both County-operated and contracted community-based agencies that lead to licensure as a Marriage and Family Therapist (MFT), Clinical Social Worker (LCSW), Professional Clinical Counselor and Clinical Psychologist.

The MHA funding allocation for Internship Programs is summarized below:

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

TOTAL TBD \$737,350

Financial Incentive Programs

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

providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce need. To maximize retention and recruitment, CCBHS will also participate in the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program which is a partnership between the Bay Area counties, the California Department of Health Care Information Access (HCAI), formerly Office of Statewide Health Planning and Development (OSHPD), and CalMHSA to enhance CCBHS’s existing Loan Repayment Program and shall allow for a wider reach in addressing staffing and language needs.

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

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

TOTAL..... \$300,000

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

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

TOTAL \$2,943,000

CAPITAL FACILITIES/INFORMATION TECHNOLOGY

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

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

INFORMATION TECHNOLOGY

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

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

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

CAPITAL FACILITIES

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

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

Electronic Mental Health Data Management System	TBD
Capital Facilities Project	TBD

TOTAL \$0

THE BUDGET

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

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

Appendix 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 22-23:

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

NOTES.

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

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

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

EVALUATING THE PLAN

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

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

- Delivering services according to the values of the Mental Health Services Act.
- Serving those who need the service.
- Providing services for which funding was allocated.
- Meeting the needs of the community and/or population.
- Serving the number of individuals that have been agreed upon.
- Achieving the outcomes that have been agreed upon.
- Assuring quality of care.
- Protecting confidential information.

- Providing sufficient and appropriate staff for the program.
- Having sufficient resources to deliver the services.
- Following generally accepted accounting principles.
- Maintaining documentation that supports agreed upon expenditures.
- Charging reasonable administrative costs.
- Maintaining required insurance policies.
- Communicating effectively with community partners.

Each program receives a written report that addresses each of the above areas. Promising practices, opportunities for improvement, and/or areas of concern will be noted for sharing or follow-up activity, as appropriate. The emphasis will be to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts.

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

ACKNOWLEDGEMENTS

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

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

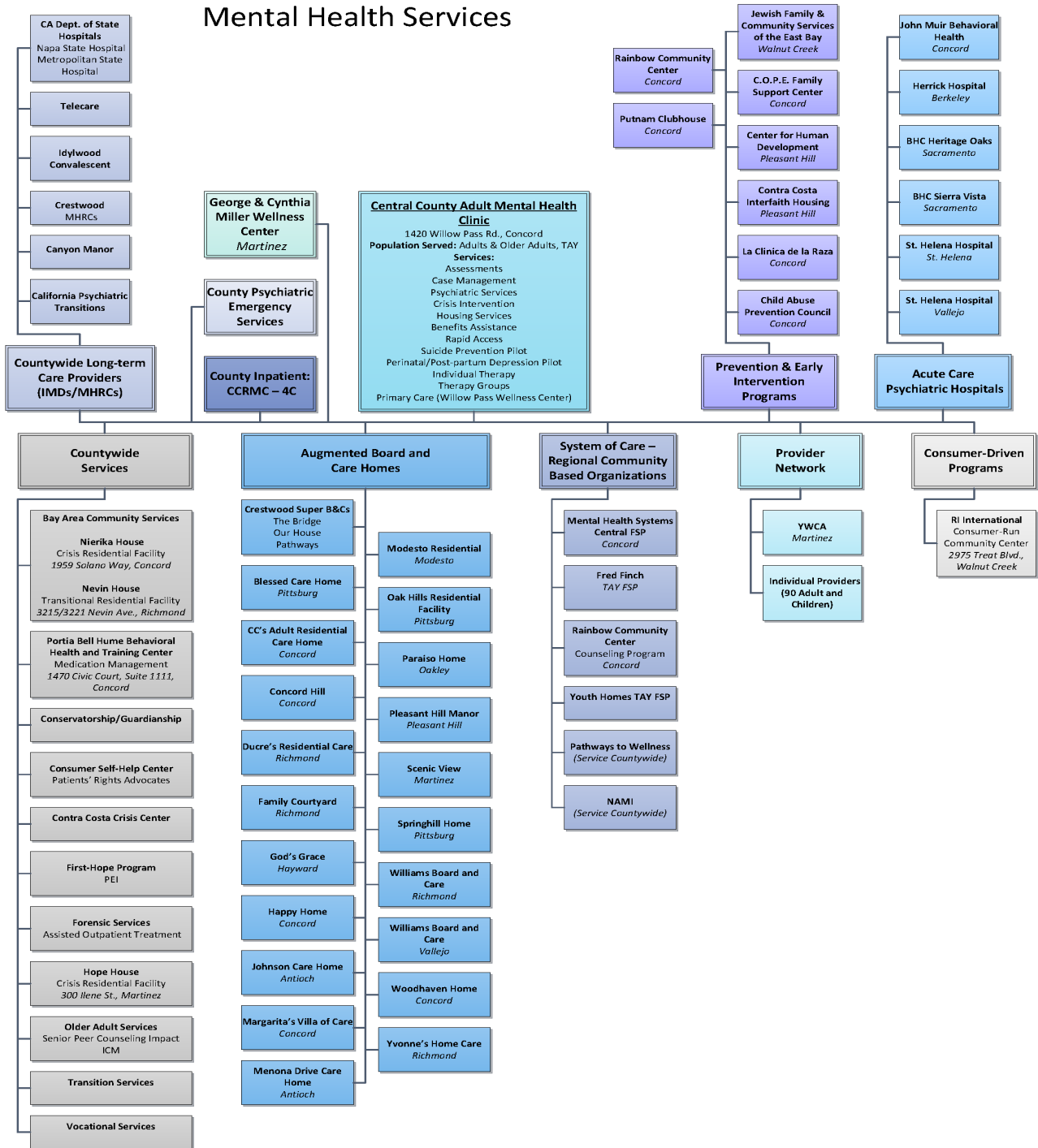
The MHSA Staff

Mental Health Service Maps

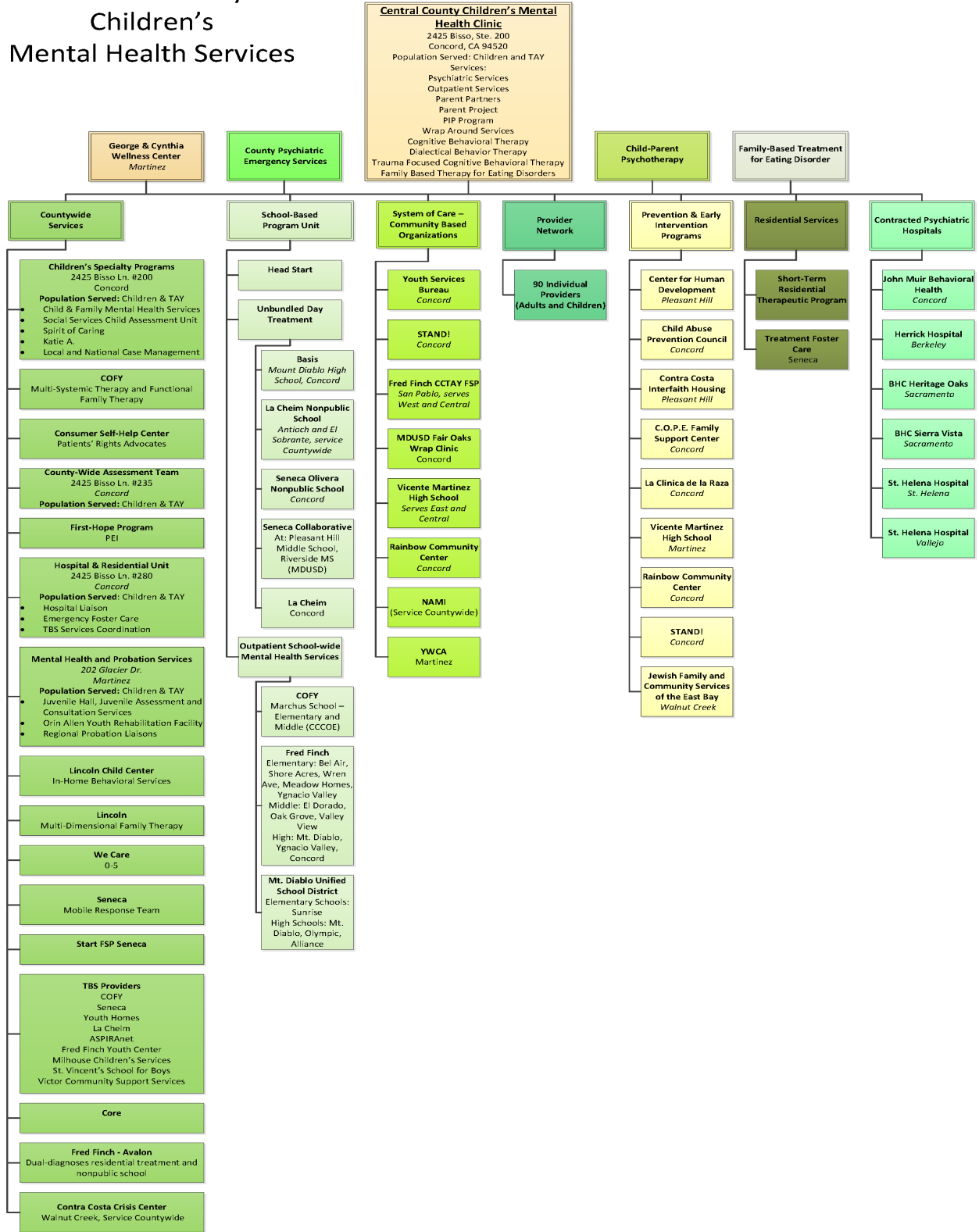
Mental Health Services Act funded programs and plan elements are only a portion of the total funding that supports public mental health services provided by Contra Costa County employees and staff employed by contractors. The backbone of the Contra Costa Behavioral Health Services system of care is its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

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

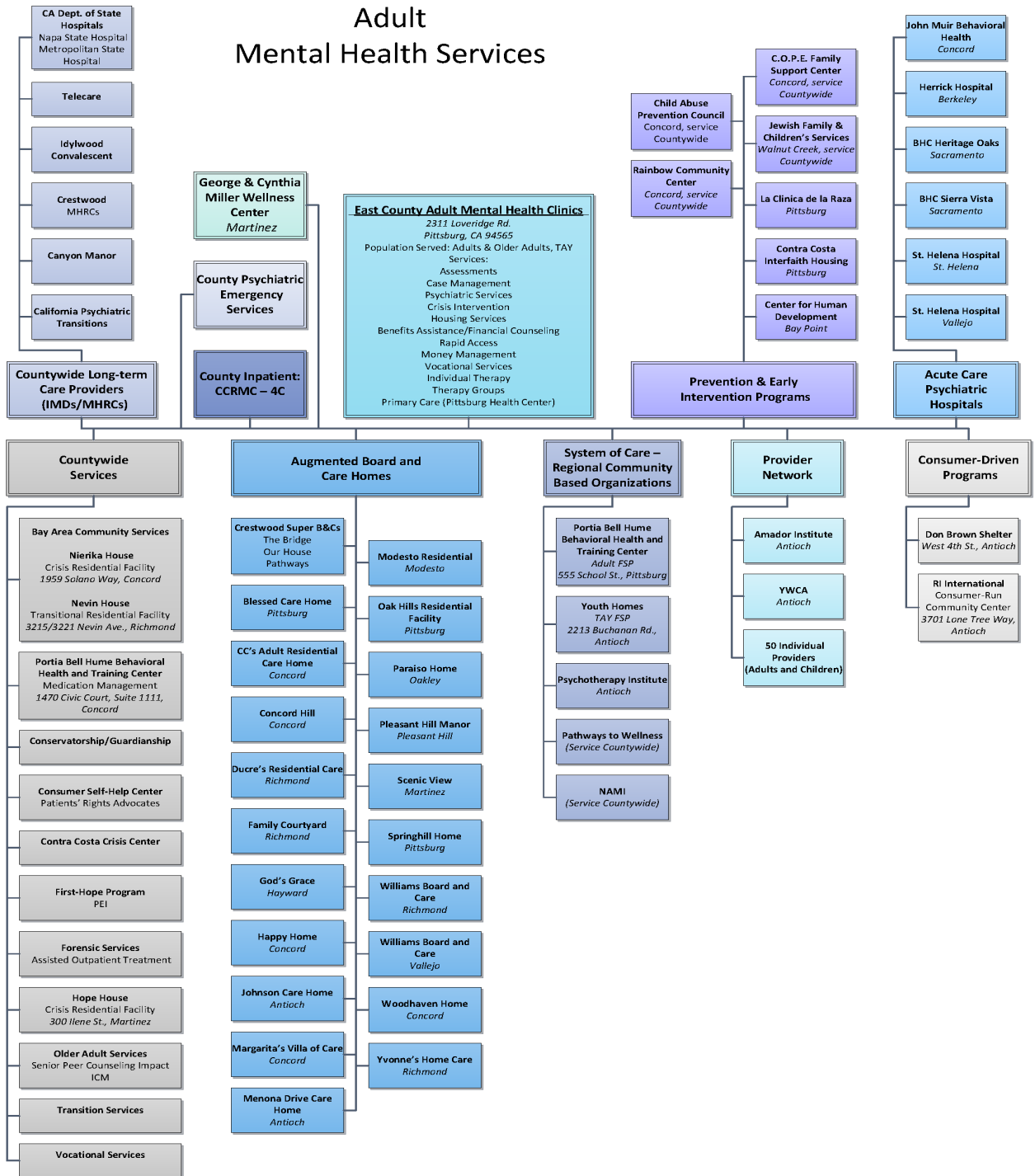
Central County Adult Mental Health Services



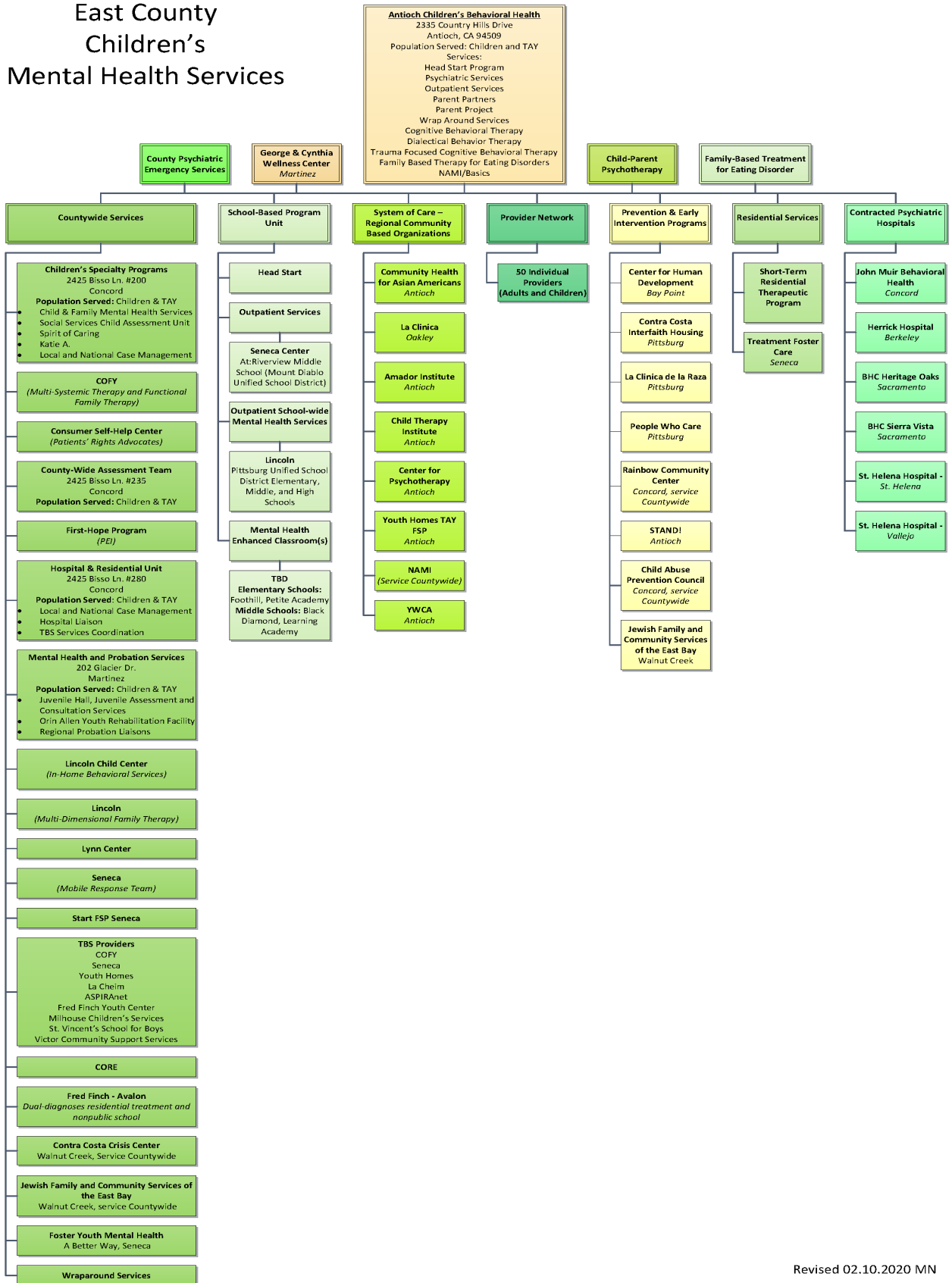
Central County Children's Mental Health Services



East County Adult Mental Health Services

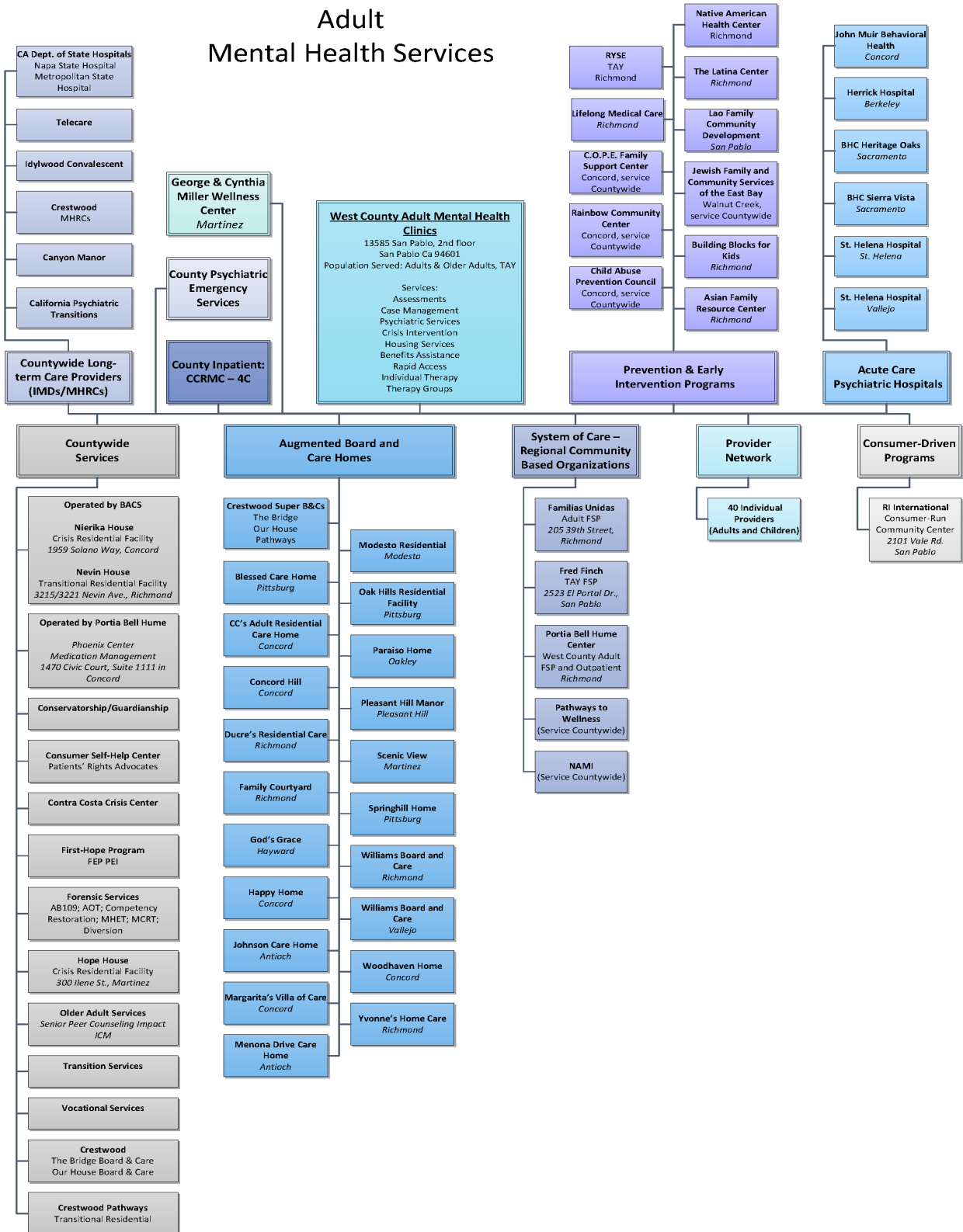


East County Children's Mental Health Services

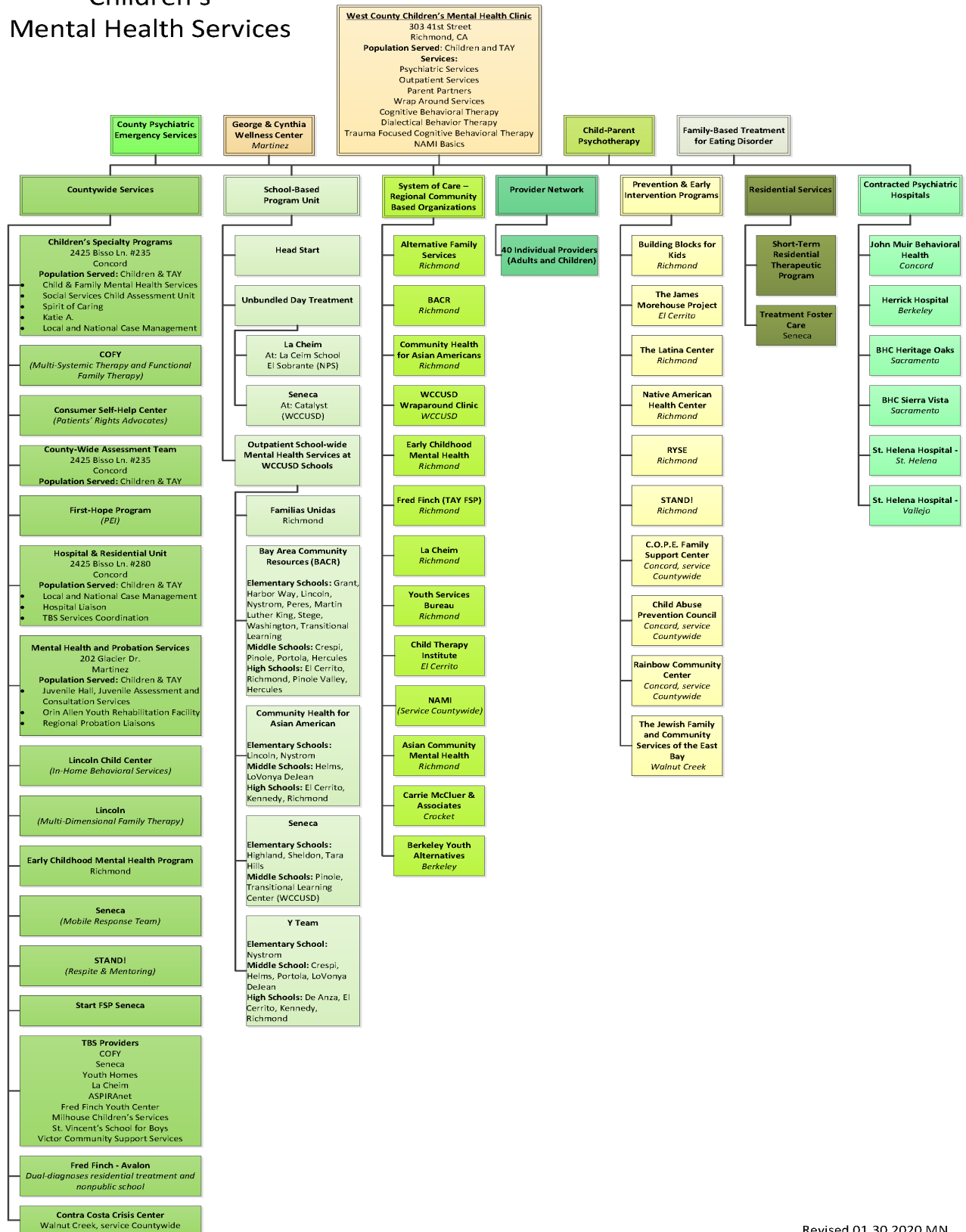


Revised 02.10.2020 MN

West County Adult Mental Health Services



West County Children's Mental Health Services



Revised 01.30.2020 MN

APPENDIX C

Glossary

AB 1421 or Laura's Law - Assembly Bill 1421. Enacted in 2002, to create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program operates in counties that choose to provide the services. Adoption of this law enables a court, upon a verified petition to the court, to order a person to obtain and participate in assisted outpatient treatment. The bill provides that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold, based on an involuntary commitment. The law would be operative in those counties in which the county board of supervisors, by resolution, authorized its application and made a finding that no voluntary mental health program serving adults, and no children's mental health program, would be reduced as a result of the implementation of the law.

ACT - ASSERTIVE COMMUNITY TREATMENT. An intensive and highly integrated approach for community mental health service delivery. It is an outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Its mission to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other negative outcomes. It emphasizes out of the office interventions, a low participant to staff ratio, a coordinated team approach, and typically involves a psychiatrist, mental health clinician, nurse, peer provider, and other rehabilitation professionals.

ADA - AMERICANS WITH DISABILITIES ACT. Prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications, and access to state and local government' programs and services.

AOD – ALCOHOL AND OTHER DRUGS. Is an office like Mental Health that is part of the division of Behavioral Health Services. Behavioral Health Services is under the Health Services Department.

AOT - ASSISTED OUTPATIENT TREATMENT. A civil court ordered mental health treatment for persons demonstrating resistance to participating in services. Treatment is modeled after assertive community treatment, which is the delivery of mobile, community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than one to ten, and additional services, as specified, for adults with the most persistent and severe mental illness. AOT involves a service and delivery process that has a clearly designated personal services coordinator who is responsible for providing or assuring needed services. These include complete assessment of the client's needs, development with the client of a personal services plan, outreach and consultation with the family and other significant persons, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. AOT is cited under AB 1421 or Laura's Law.

APA - AMERICAN PSYCHOLOGICAL ASSOCIATION. The mission of the APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

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

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

BOS - BOARD OF SUPERVISORS. Appointed body that is responsible for; 1) appointing most County department heads, except elected officials, and providing for the appointment of all other County employees, 2) providing for the compensation of all County officials and employees, 3) creating officers, boards and commissions as needed, appointing members and fixing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function.

BROWN ACT. Established in 1953; ensures the public's right to attend and participate in meetings of local legislative bodies. It declares that the California public commissions, boards and councils and the other public agencies in this state exist to aid in the conduct of the people's business. Actions should be taken openly and their deliberations be conducted openly. The people should remain informed so that they may retain control over the instruments they have created. The Brown Act has been interpreted to apply to email communication as well.

CALMHSA - CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY. The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in 1) development and implementation of common strategies and programs, 2) fiscal integrity, protections, and management of collective risk, 3) accountability at state, regional, and local levels.

CAO - COUNTY ADMINISTRATOR'S OFFICER. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2) overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution.

CASE MANAGEMENT. Refers to a service in which a mental health clinician develops and implements a treatment plan with a consumer. This treatment plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the case manager, and other service providers to reach those goals. The mental health clinician provides therapy and additionally takes responsibility for the delivery and/or coordination of both mental and rehabilitation services that assist the consumer reach his/her goals.

CASRA - CALIFORNIA ASSOCIATION OF SOCIAL REHABILITATION AGENCIES. A statewide non-profit organization that services clients of the California public mental health system. Member agencies provide a variety of services to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.

CBHDA – CALIFORNIA BEHAVIORAL HEALTH DIRECTOR’S ASSOCIATION. A non-profit advocacy association representing the behavioral health directors from each of California’s 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

CBO - COMMUNITY BASED ORGANIZATION. An agency or organization based in the community that is often a non-profit.

CCBHS - CONTRA COSTA BEHAVIORAL HEALTH SERVICES. One of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles legislatively empowered to engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCSHS is divided into a Children’s System of Care and an Adult and Older Adult System of Care.

CFO - CHIEF FINANCIAL OFFICER. Abbreviation used to describe term.

CF/TN - CAPITAL FACILITIES/INFORMATION TECHNOLOGY. The title of one of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic systems, such as mental health records systems.

CHHS – CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY. The agency which oversees twelve departments and five offices that provides a range of health care services, social services, mental health services, alcohol and drug services, income assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

CIBHS - CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS. A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.

CLINICAL SPECIALIST. In the context of this document, refers to a licensed or registered intern in the specialties of social work, marriage and family therapy, psychology, psychiatric nurse practitioner, licensed

professional clinical counselor, or psychiatrist. A Clinical Specialist is capable of signing a mental health consumer's treatment plan that can enable the County to bill Medi-Cal for part of the cost to deliver the service.

CLUBHOUSE MODEL. A comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to consumers, patients, or clients) and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

COLA - COST OF LIVING ADJUSTMENT. Abbreviation used to describe term.

COMMUNITY FORUM. In this context a community forum is a planned group activity where consumers, family members, service providers, and representatives of community, cultural groups or other entities are invited to provide input on a topic or set of issues relevant to planning, implementing or evaluating public services.

CONSERVATORSHIP - A probate conservatorship is a court proceeding where a judge appoints a responsible person (called a conservator) to care for another adult who cannot care for him/herself or his/her finances.

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

CO-OCCURRING DISORDERS OR DUAL DIAGNOSIS. Refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

CPAW - CONSOLIDATED PLANNING ADVISORY WORKGROUP. An ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several sub-committees that focus on specific areas, such as stigma reduction, homelessness, and services to the four age groups. It is comprised of individuals with consumer and family member experience, service providers from the County and community-based organizations, and individuals representing allied public services, such as education and social services.

CPPP - COMMUNITY PROGRAM PLANNING PROCESS. This a term used in regulations pertaining to the Mental Health Services Act. It means the process to be used by the County to develop Three-Year Expenditure Plans, and updates in partnership with stakeholders to 1) identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act, 2) Analyze the mental health needs in the community, and 3) identify and re-evaluate priorities and strategies to meet those mental health needs.

CSS - COMMUNITY SERVICES AND SUPPORTS. The title of one of five components funded by the MHSA. It refers to mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those provided in the mental health system of care that is not funded by MHSA. Within community services and supports are the categories of full-service partnerships, general system development, outreach and engagement, and project-based housing programs.

CSW – COMMUNITY SUPPORT WORKER. Peer Provider in Contra Costa County public mental health system.

CTYA – CHILDREN’S, TEENS, AND YOUNG ADULTS. Abbreviation used to describe term.

CULTURAL HUMILITY. A process of self-reflection and discovery in order to build honest and trustworthy relationships. In this context, refers to a process that can address health disparities and social inequities among racial/ethnic, cultural, and linguistic populations or communities.

DHCS - DEPARTMENT OF HEALTH CARE SERVICES. The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DSM IV - DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FIFTH EDITION. The handbook used by health care professionals to diagnosis mental disorders. DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

DUAL DIAGNOSIS. See Co-Occurring Disorders.

EMPLOYMENT OR VOCATIONAL SERVICES. A continuum of services and supports designed to enable individuals to get and keep a job. It includes 1) pre-vocational services, such as removing barriers to employment, 2) employment preparation, to include career counseling and education, training and volunteer activity support, 3) job placement, to include job seeking, placement assistance and on-the-job training, and 4) job retention, to include supported employment.

EPIC SYSTEM. A nationwide computer software company that offers an integrated suite of health care software centered on a database. Their applications support functions related to patient care, including registration and scheduling; clinical systems for doctors, nurses, emergency personnel, and other care providers; systems for lab technicians, pharmacists, and radiologists; and billing systems for insurers.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment. A federally mandated specialty mental health program that provides comprehensive and preventative services to low income children and adolescents that are also involved with Children and Family Services.

EVIDENCE BASED PRACTICES. This term refers to treatment practices that follow a prescribed method that has been shown to be effective by the best available evidence. This evidence is comprised of research findings derived from the systematic collection of data through observation and experiment, and the formulation of questions and testing of hypotheses.

FAMILY PARTNERS. Also referred to as Parent Partners, this professional brings lived experience as a family member of an individual with a serious mental illness to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Family or Parent Partners have a job classification of Community Support Worker.

FAMILY-TO-FAMILY TRAINING. An educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from NAMI CC it is a free of cost twelve week course that provides critical information and strategies related to caregiving, and assists in better collaboration with mental health treatment providers.

FEDERAL POVERTY LEVEL. This is a total household income amount that the federal government provides an annual guideline that defines whether individuals are living above or below the poverty level. For example, a family of four is determined to live under the poverty level if their total income in 2014 is \$23,850.

5150 – FIFTY-ONE FIFTY. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness.

FY- FISCAL YEAR. A fiscal year is a specified 12-month period used for accounting and reporting purposes. In Contra Costa County, the fiscal year runs from July 1st of one year to June 30th of the next year.

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

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

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

FSP - FULL SERVICE PARTNERSHIP. A term created by the 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 support and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

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

GENERAL SYSTEM DEVELOPMENT. A term created by the MHSA and refers to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county mental health service delivery system for all clients and their families.

GREATER BAY AREA REGIONAL PARTNERSHIP. Regional partnership means a group of County approved individuals and/or organizations within geographic proximity that acts as an employment and education resource for the public mental health system. These individuals and/or organizations may be county staff, mental health service providers, clients, clients' family members, and any individuals and/or organizations that have an interest in developing and supporting the workforce of the public mental health system. The Greater Bay Area Regional Partnership refers to an ongoing effort of individuals and/or organizations from the twelve county greater California bay area regions.

HSD - HEALTH SERVICES DEPARTMENT. The largest department of County government. The mission of HSD is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Behavioral Health Services is one of the nine divisions under HSD.

HIPAA - HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT. Enacted into law in 1996 and provides the following; 1) the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs, 2) reduce health care fraud and abuse, 3) mandates industry-wide standards for health care information on electronic billing and other processes, and 4) requires the protection and confidential handling of protected health information.

HPSA - HEALTH PROFESSIONAL SHORTAGE AREA. A geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

H3 – HEALTH, HOUSING AND HOMELESS SERVICES DIVISION. Division under Health Services that partners with Behavioral Health Services and focuses on the integration of housing and homeless services across this County's health system. It coordinates health and homeless services across county and in the community; and works with key partners to develop strategies to address the community's health and social needs.

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

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

IMPACT - IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT. This refers to an evidence based mental health treatment for depression utilized specifically for older adults and is provided in a primary care setting where older adults are concurrently receiving medical care for physical health problems. Up to twelve sessions of problem-solving therapy with a year follow up is provided by a licensed clinical therapist, with supervision and support from a psychiatrist who specializes in older adults. The psychiatrist assesses for and monitors medications as needed, and both the clinician and psychiatrist work in collaboration with the primary care physician.

INN - INNOVATION. A component of the 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.

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

LICENSED CLINICAL SPECIALIST. In this context, refers to the term a County civil service classification that denotes a person meeting minimum mental health provider qualifications, to include possessing a license to practice mental health treatment by the California Board of Behavioral Sciences (BBS). An intern registered by BBS also qualifies. A licensed clinical specialist or registered intern can sign mental health treatment plans that qualify for federal financial participation through the Medi-Cal program.

LMFT - LICENSED MARRIAGE FAMILY THERAPIST. Abbreviation used to describe term. See Clinical Specialist.

LPS – LANTERMAN PETRIS SHORT ACT. The LPS Act refers to Sections 5150, 5151 and 5152 of the Welfare and Institutions Code (WIC). It is a California law governing the involuntary civil commitment of individuals who - due to mental illness - pose a danger to self or others, or who are gravely disabled and require inpatient psychiatric care. It was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

LRP - LOAN REPAYMENT PROGRAM. Abbreviation used to describe term.

MDFT - MULTI-DIMENSIONAL FAMILY THERAPY. An evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents’ parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

MEDI-CAL. California’s version of the federal Medi-Caid program, in which health and mental health care can be provided by public health and mental health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSA.

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 MHSA.

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 MHSAs and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

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

STRTP – SHORT TERM RESIDENTIAL TREATMENT PROGRAM. A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

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

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

SOC – SYSTEM OF CARE. Term used to refer to this county’s public mental health system.

SPIRIT - SERVICE PROVIDER INDIVIDUALIZED RECOVERY INTENSIVE TRAINING. A recovery oriented, peer led classroom and experiential-based, college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Mental Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

STAKEHOLDERS. Stakeholders is a term defined in the California Code of Regulations to mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

STIGMA AND DISCRIMINATION. In this context, refers to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues. These thoughts and behaviors can include any person who has an influence on a person’s mental health well-being, to include the person experiencing the mental health issue.

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

STEP - SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING. A parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. The publication was supplemented by an extensive concept for training and proliferation. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

SUPPORTED EMPLOYMENT. Supported employment is a federal vocational rehabilitation term that means competitive work for individuals with the most significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths,

resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

SUPPORTIVE HOUSING. A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as childcare and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

TAY - TRANSITION AGE YOUTH. A term meaning individuals who are between the age of 16 years and 25 years of age. Specific mental health programs that address this age group are in the adult system of care and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

TRIPLE P - POSITIVE PARENTING PROGRAM. An evidence-based practice designed to increase parents' sense of competence in their parenting abilities. It is a multilevel system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

WET - WORKFORCE EDUCATION AND TRAINING. A term created by the MHSA and refers to the component of the MHSA that funds programs and service that assist in the recruitment and retention of a skilled and culturally competent mental health workforce.

WIC - WELFARE AND INSTITUTIONS CODE. Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

WRAP - WELLNESS RECOVERY ACTION PLAN. An evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

WRAPAROUND SERVICES. An intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's

social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

WREACH - WELLNESS RECOVERY EDUCATION FOR ACCEPTANCE, CHOICE AND HOPE. The WREACH Speaker's Bureau is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

APPENDIX D

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

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

Notes:

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

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

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

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

County: Contra Costa

Date: May 18, 2022

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

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

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

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

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

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

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

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

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,553,852	1,553,852				
2. Prevention	1,780,424	1,780,424				
3. Access and Linkage to Treatment	625,867	625,867				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,692,460	1,692,460				
5. Stigma and Discrimination Reduction	296,861	296,861				
6. Suicide Prevention	370,006	370,006				
PEI Programs - Early Intervention						
1. First Hope	2,587,108	2,587,108				
PEI Administration	158,090	158,090				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,064,668	9,064,668	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,639,054	1,639,054				
2. Prevention	1,931,575	1,931,575				
3. Access and Linkage to Treatment	663,982	663,982				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,794,069	1,794,069				
5. Stigma and Discrimination Reduction	310,189	310,189				
6. Suicide Prevention	401,603	401,603				
PEI Programs - Early Intervention						
1. First Hope	2,719,036	2,719,036				
PEI Administration	389,492	389,492				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	9,849,000	9,849,000	0	0	0	0

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

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

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

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

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

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

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

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,074,854	1,074,854				
2. Training and Technical Support	455,099	455,099				
3. Mental Health Career Pathway Program	375,697	375,697				
4. Internship Programs	737,350	737,350				
5. Financial Incentive Programs	300,000	300,000				
WET Administration						
Total WET Program Estimated Expenditures	2,943,000	2,943,000	0	0	0	0

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

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

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

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects 2. Capital Facilities Projects						
CFTN Programs - Technological Needs Projects 2. Electronic Health Records System - Administrative Support						
CFTN Administration						
Total CFTN Program Estimated Expenditures			0	0	0	0

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

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

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

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

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

Agenda Item / Discussion	Action /Follow-Up
<p>I. Opening Comments by the Chair of the Mental Health Commission</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:49 pm</p> <p>First, I would like to go over the process for this public hearing. We will first hear an overview of the MSHA Plan Update for 2022-23. Second, we will then listen to public comments. Third, we will hear commissioner comments. Lastly, MHSA-Staff will create a list of the comments and recommendations put forth by the public and commissioners to Behavioral Health Services (BHS) and the Board of Supervisors (BoS). This will list will be based on the notes taken throughout the comment portions of this meeting. Does everyone understand the process we will go through? Is there anyone who does not? Now I would like to introduce Jennifer Bruggeman, the Program Manager of the MHSA for the county. Ms. Bruggeman has shepherded the MHSA plan through it’s process for the past three years and has been a key staff member of the MHSA team for multiple years prior to that. I would like to recognize her outstanding work and her dedication to serving the people with mental health illnesses in our county.</p>	<p>Meeting was held via Zoom platform</p>
<p>I. 2022-2023 Mental Health Services Act (MHSA) Plan Updated by Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services</p> <p>MHSA 3-year Plan 2022-2023 Annual Update Overview: I’d like to thank the entire MHC and all the members for hosting us with the public hearing every year. We truly appreciate your time and input. In addition to what Commissioner Serwin said about the public comment and the commissioner comment, we do summarize all and incorporate it into the plan itself and become a public document. Your comments are very important to us. <shares screen MHSA 2022-23 Plan Update Overview>.</p>	<p>The Plan Update Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation and full plan update was also included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

Proposed 2022-23 Plan MHSA Plan Update Highlights.

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

Annual Community Program Planning Process

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

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

Housing:

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

Peer Support:

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

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

Workforce Education and Training (WET):

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

Innovation:

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

Looking Ahead:

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

Questions and Comments

Email: MHSa@cchealth.org

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

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

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

30 Day Public Comment Period

No written public comments were received.

Public Hearing

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

- None

Mental Health Commission Comments

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

- None

Mental Health Commission Recommendations

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

**MULTI-COUNTY COLLABRATIVE
Mental Health Services Act**



Innovation Work Plan: In progress

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

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



INTRODUCTION

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

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

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

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

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

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

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

Primary Purpose:

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

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

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

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

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

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

PROPOSED PROJECT

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

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

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

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

PROJECT STATUS

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

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

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

BUDGET NARRATIVE

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

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

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

NEW MHP/COUNTY PARTICIPATION

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

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

APPENDIX: CONTRA COSTA COUNTY

County Contact and Specific Dates

Primary County Contact: Jennifer Bruggeman, MHA Program Manager

Jennifer.bruggeman@cchealth.org

925-313-9579

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

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

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

DESCRIPTION OF THE LOCAL NEED

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

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

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

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

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

DESCRIPTION OF THE LOCAL COMMUNITY PLANNING PROCESS

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

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

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

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

Budget Narrative for County Specific Needs:

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

Expenditures are categorized and described in detail below:

CONTRA COSTA DIRECT PERSONNEL COSTS

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

MHSA Program Supervisor (.2 FTE)

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

MHSA Program Manager (.1 FTE)

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

MHSA Clerical Support (.1 FTE)

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

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

CONTRACTOR COSTS

Direct Costs

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

Indirect Costs

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

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

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

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

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

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

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

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

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

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

Mental Health Services

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

Related Links

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

Popular Pages

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

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

Mental Health Services Act (MHSA) in Contra Costa County

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

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

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

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

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

LATEST INFORMATION

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

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

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

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

MHSA Innovation Community Forum (March 4, 2022):

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

Virtual Suicide Prevention Community Forum:

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

LINKS & RESOURCES

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

Community Services & Supports	Prevention & Early Intervention	Innovation
Workforce Education & Training	Capital Facilities/Information Technology	

Community Services and Supports

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

First approved in 2006 with an initial State appropriation of \$7.1 million Contra Costa's budget has grown incrementally to \$31.5 million annually in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHPA revenues.

For more information:

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