

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

JOHN GIOIA, *CHAIR*, 1ST DISTRICT

FEDERAL D. GLOVER, *VICE CHAIR*, 5TH DISTRICT

CANDACE ANDERSEN, 2ND DISTRICT

DIANE BURGIS, 3RD DISTRICT

KEN CARLSON, 4TH DISTRICT

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

The public may attend the Board meeting in person and remotely via call-in or Zoom. Board meetings are televised live on Comcast Cable 27, ATT/U-Verse Channel 99, and WAVE Channel 32, and can be seen live online at www.contracosta.ca.gov. Meetings of the Board are closed-captioned in real time.

Persons who wish to address the Board during public comment or with respect to an item on the agenda may comment in person or may call in during the meeting by dialing 888-278-0254 followed by the access code 843298#. A caller should indicate they wish to speak on an agenda item by pushing "#2" on their phone. Persons who wish to address the Board in person should complete the form provided for that purpose. Access via Zoom is also available using the following link: <https://cccounty-us.zoom.us/j/87344719204>. Those participating via Zoom should indicate they wish to speak on an agenda item by using the "raise your hand" feature in the Zoom app. To provide contact information, please contact Clerk of the Board at clerkoftheboard@cob.cccounty.us or call 925-655-2000. A Spanish language interpreter is available to assist Spanish-speaking callers.

Public comments generally will be limited to two minutes per speaker. In the interest of facilitating the business of the Board, the total amount of time that a member of the public may use in addressing the Board on all agenda items is 10 minutes. Your patience is appreciated.

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

AGENDA
August 1, 2023

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

Closed Session

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

1. Agency Negotiators: Monica Nino.

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

2. Agency Negotiators: Monica Nino.

Unrepresented Employees: All unrepresented employees.

B. CONFERENCE WITH LEGAL COUNSEL--EXISTING LITIGATION (Gov. Code § 54956.9(d)(1))

1. *Sharlene Hanaway v. Contra Costa County*, WCAB No. ADJ8951135
2. *TCH – Orange County, LLC dba Kindred Hospital v. Contra Costa Health Services dba Contra Costa Health Plan*, Alameda County Superior Court Case No. 22CV009331

C. CONFERENCE WITH LEGAL COUNSEL--ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to Gov. Code, § 54956.9(d)(2): [One potential case.]

Inspirational Thought- *"You don't have to be famous or rich to do a good deed. No matter how small it may seem, each kind deed sends a rippling action of kindness to humanity."* ~Gloria D. Gonsalves, writer

CONSIDER CONSENT ITEMS (Items listed as C.1 through C.90 on the following agenda) – Items are subject to removal from Consent Calendar by request of any Supervisor. **Items removed from the Consent Calendar will be considered with the Discussion Items.**

PRESENTATIONS (5 Minutes Each)

- PR. 1** PR.1 PRESENTATION by Congressman Mark DeSaulnier to the Probation Department in recognition of a federally awarded Community Project Funding initiative, known as Strategies for Supporting Youth in the Community (A Collaborative Project with Strategies for Youth) in the amount of \$1,180,000 to train Contra Costa County law enforcement agencies on adolescent development and effective youth interaction. (Congressman Mark DeSaulnier and Chief of Probation Esa Ehmen-Krause)

DISCUSSION ITEMS

- D. 1** CONSIDER waiving the 180-day period for Jennifer Huynh, Senior Clinical Laboratory Scientist (VHNA), in the Health Services Department; FIND that the appointment of Jennifer Huynh is necessary to fill a critically needed position in the Health Services Department; and. APPROVE and AUTHORIZE the hiring of retiree Jennifer Huynh as a temporary County employee for the period of August

16, 2023 through August 15, 2024. (Sam Ferrell, Clinical Laboratory Manager)

D. 2 CONSIDER appointing Joshua Zebley to the position of County Veterans Services Officer Exempt (96A1) at Step 3 of the salary range (\$12,780.70/\$153,368.47), effective August 14, 2023, including all benefits provided in the current Management Resolution applicable to the position of County Veterans Services Officer Exempt. (Monica Nino, County Administrator)

D. 3 RECEIVE report by the Bay Area Housing Finance Authority on systemic challenges in housing and regional housing measure. (Supervisor Gioia and Burgis)

D. 4 CONSIDER Consent Items previously removed.

D. 5 PUBLIC COMMENT (2 Minutes/Speaker)

D. 6 CONSIDER reports of Board members.

ADJOURN

CONSENT ITEMS

Road and Transportation

C. 1 APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with Mark Thomas & Company, Inc., effective August 1, 2023, to add the subconsultant DKS Associates to the list of subcontractors for on-call civil engineering services, with no change to the payment limit or contract term, Countywide. (No fiscal impact)

C. 2 ADOPT Resolution No. 2023/504 approving and authorizing the Public Works Director, or designee, to fully close a portion of La Cima Road, on August 8, 2023 from 8:30 a.m. through 12:00 p.m., for the purpose of crossarm replacement on utility pole, El Sobrante area. (No fiscal impact)

C. 3 ADOPT Resolution No. 2023/506 accepting as complete the contracted work performed by Ghilotti Bros., Inc., for the Fred Jackson Way First Mile/Last Mile Connection Project, as recommended by the Public Works Director, North Richmond area. (5% State Coastal Conservancy Prop 1 Funds, 74% Active Transportation Program Funds, 5% North Richmond Area of Benefit Funds, 16% Transportation for Livable Communities Funds)

- C. 4 ADOPT Resolution No. 2023/507 approving and authorizing the Public Works Director, or designee, to fully close a portion of Park Avenue, on September 5, 2023 through September 7, 2023 from 8:00 a.m. through 5:00 p.m., for the purpose of replacing a utility pole, Richmond area. (No fiscal impact)
- C. 5 ADOPT Resolution No. 2023/509 accepting as complete the contracted work performed by Bridgeway Civil Constructors, Inc., for the Marsh Drive Bridge Replacement Project, as recommended by the Public Works Director, Concord and Pacheco areas. (89% Federal Highway Bridge Program Funds, 11% Local Road Funds)
- C. 6 ADOPT Resolution No. 2023/510 approving and authorizing the Public Works Director, or designee, to fully close all of Camelia Lane, on August 19, 2023 from 12:00 p.m. through 8:00 p.m., for the purpose of a neighborhood block party, Walnut Creek area. (No fiscal impact)
- C. 7 ADOPT Resolution No. 2023/514 ratifying the prior decision of the Public Works Director, or designee, to fully close a portion of Midhill Road, on July 17, 2023 through July 21, 2023 from 8:00 a.m. through 3:00 p.m., for the purpose of connecting into existing water main for a new subdivision development, abandonment of two services, and relocation of existing water meter boxes, Martinez area. (No fiscal impact)

Special Districts & County Airports

- C. 8 APPROVE the Rodeo Creek Bank Erosion Repair Project and AUTHORIZE the Chief Engineer, or designee, to advertise the Project, Rodeo area. (100% Flood Control Zone 8A Funds)
- C. 9 APPROVE and AUTHORIZE the Director of Airports, or designee, to execute a property maintenance agreement with the City of Concord for the development of a self-storage facility located at 4900 Marsh Drive, Assessor's Parcel Number 125-210-012, and AUTHORIZE the recordation of the executed property maintenance agreement against Assessor's Parcel Number 125-210-012. (No fiscal impact)

Claims, Collections & Litigation

- C. 10 DENY the claims filed by Sprint Communications Company, L.P.; Sprint Spectrum, L.P.; AT&T Corp; and AT&T Mobility LLC, in the total amount of \$982,807, plus interest, in unitary property taxes paid for tax year 2019/20.

- C. 11 DENY the claims filed by AT&T Mobility LLC and AT&T Corp, in the total amount of \$1,087,684, plus interest, in unitary property taxes paid for tax year 2020/21.
- C. 12 RECEIVE report concerning the final settlement of Howard Hendry vs. Contra Costa County, and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed \$103,000 as recommended by the Director of Risk Management. (100% Workers' Compensation Internal Service Fund)
- C. 13 RECEIVE report concerning the final settlement of Arianne Burns vs. Contra Costa County, and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed \$212,500 as recommended by the Director of Risk Management. (100% Workers' Compensation Internal Service Fund)
- C. 14 DENY claims filed by CSAA insurance, for Juanita Tenorio Garza, Jose Abel Cardona-Medina, Deandre Faby, Ashley Erin McDonald. DENY amended claim filed by Allstate Northbrook for M. Bliss. DENY late claim filed by Mario Torres (7).
- C. 15 APPROVE and AUTHORIZE the County Counsel to negotiate and execute an agreement with Debtors Paul G. and Tamara L. Attard to accept payment of \$23,114 to the County, in monthly installments, as full satisfaction of a 2013 judgment.

Honors & Proclamations

- C. 16 ADOPT Resolution No. 2023/513 recognizing Dr. Carol Weyland Conner's Humanitarian Contributions to the County of Contra Costa, as recommended by Supervisor Andersen.

Ordinances

- C. 17 INTRODUCE Ordinance No. 2023-15, amending the Disaster Council and Emergency Services Ordinance to revise the membership of the County Emergency Services Policy Board and update continuity of County government provisions, WAIVE reading, and FIX August 8, 2023, for adoption, as recommended by the County Administrator. (No fiscal impact)

Appointments & Resignations

- C. 18 APPOINT Mark Greenwood to the Contra Costa Office of the Sheriff Representative Seat on the Emergency Medical Care Committee for a term ending on September 30, 2024, as recommended by the Health Services Director.
- C. 19 APPOINT Nicole Armstrong to the member At-Large 2 Seat on the Alcohol and Other Drugs Advisory Board for a term ending June 30, 2024, as recommended by the Health Services Director
- C. 20 APPOINT Donald G. Mayo to the District IV Seat on the Contra Costa County Fire Protection District Advisory Fire Commission for a term ending June 30, 2027, as recommended by Supervisor Carlson.
- C. 21 ACCEPT the resignation of Madhan Gunasekaran, DECLARE a vacancy in the District 3 seat on the Fish & Wildlife Committee for a term ending February 28, 2024, and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Burgis.
- C. 22 APPOINT Nishi Moonka, resident of San Ramon, to the District II Alternate Seat on the Measure X Community Advisory Board for a term ending March 31, 2025, as recommended by Supervisor Andersen.

Appropriation Adjustments

- C. 23 Fleet Internal Services Fund (0064): APPROVE FY 2023/24 Appropriation and Revenue Adjustment No. BDA-23-00170 and AUTHORIZE the transfer of appropriations in the amount of \$49,000 from Road Maintenance to ISF Fleet Services for the purchase of a ISF truck, as recommended by the Public Works Director, Countywide. (100% Local Road Funds)
- C. 24 District Attorney (0242, 0245): APPROVE Fiscal Year 2022-23 Appropriation Adjustment No. BDA-23-00180 authorizing the transfer of appropriations in the amount of \$310,000 to account for actual expenditures within the District Attorney's budget. (100% General Fund)
- C. 25 General County Building Occupancy Cost (0077): APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00182 and AUTHORIZE the transfer of appropriations in the amount of \$250,000 from Building Maintenance to General County Building Occupancy Costs, as recommended by the Public Works Director, Countywide. (100% General Fund)
- C. 26 Risk Management Insurance (1500): APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00181 appropriating the amount of \$6,000,000 from General Purpose Revenue fund balance to Risk Management Insurance for General Liability in the Public Liability Trust Fund. (100% General Fund)

- C. 27 Road Fund (110800): APPROVE Fiscal Year 2022/23 Appropriation Adjustment No. BDA-23-00186 authorizing the transfer of appropriations in the amount of \$20,000 from Road Construction to Miscellaneous Road Property, as recommended by the Public Works Director, Countywide. (100% Local Road Funds)
- C. 28 Central County Area of Benefit (0637): APPROVE Fiscal Year 2022/23 Appropriation and Revenue Adjustment No. BDA-23-00184 authorizing new revenue in Central County Area of Benefit for earnings on investment in the amount of \$50,000 and increase appropriations to fund services needed to manage the fund, as recommended by the Public Works Director, Countywide. (100% Central County Area of Benefit)
- C. 29 Probation (0308): APPROVE Fiscal Year 2023-24 Appropriation and Revenue Adjustment No. BDA-23-00225 authorizing new revenue from the Office of Juvenile Justice and Delinquency Prevention in the amount of \$1,180,000 to the Probation Department for the Supporting Youth in the Community Initiative. (100% Federal)
- C. 30 Public Works Plant Acquisitions (0111): APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00218 and AUTHORIZE the transfer of appropriations in the amount of \$155,000 from the Department of Information Technology to Public Works Plant Acquisitions for the replacement of a fire suppression system. (100% General Fund)

Personnel Actions

- C. 31 ADOPT Position Adjustment Resolution No. 26170 to reallocate pay on the salary schedule for the Fire Emergency Vehicle Technician I (represented), Fire Apparatus Service Coordinator (represented), Fire Emergency Vehicle Technician II (represented), and the Lead Fire Emergency Vehicle Technician (represented) classifications in the Fire Protection District. (100% Fire District General Fund)
- C. 32 ADOPT Position Adjustment Resolution No. 26166 to increase the hours of one Occupational Therapist II position from 36/40 to 40/40, and decrease the hours of one Occupational Therapist II from 36/40 to 32/40 and incumbents in the Contra Costa Health Department. (Cost neutral)(Represented)
- C. 33 ADOPT Position Adjustment Resolution No. 26175 to decrease the hours of one Nurse Practitioner position (represented) in the Health Services Department. (Cost savings)
- C. 34 ADOPT Resolution No. 2023/511 to appoint, effective August 1, 2023, Planner III incumbent 69906 to Step 7 of the Principal Planner – Level A salary range in the Department of Conservation and Development. (100% Land Development Fund)

Leases

- C. 35** APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a lease with Pacific Clinics for approximately 2,098 square feet of space in the County-owned property located at 25 Allen Street, Martinez, in exchange for services to children and adolescents with behavioral health issues. (No fiscal impact)

Grants & Contracts

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

- C. 36** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with the City of Concord, to pay the County an amount not to exceed \$12,500 for the provision of homeless outreach services for the Coordinated Outreach, Referral and Engagement Program for the period July 1, 2022 to June 30, 2023. (No County match)
- C. 37** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with the California Department of Public Health, to pay County an amount not to exceed \$3,641,396 to continue the CalFresh Healthy Living Program to provide education on healthful nutrition and physical activity practices to reduce risk for chronic disease for the period October 1, 2023 through September 30, 2026. (No County match)

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

- C. 38** APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with ECS Imaging, Inc., to increase the payment limit by \$62,195 to a new payment limit of \$295,195, for additional software licenses, support and project management associated with the implementation of Laserfiche, an electronic records content management system, with no change to the contract term, Countywide. (100% Various Funds)
- C. 39** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Helios Healthcare, LLC, in an amount not to exceed \$492,794 to provide sub-acute skilled nursing care services for seriously mentally ill and neurobehavioral clients for the period July 1, 2023 through June 30, 2024. (100% Mental Health Realignment)

- C. 40** APPROVE and AUTHORIZE the Conservation and Development Director, or designee, to execute a contract with the State of California, Employment Development Department, in an amount not to exceed \$4,992, to provide confidential employment and wage data to the County for the period May 15, 2023 through May 14, 2024. (100% General Fund)
- C. 41** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Gretchen D. Graves, M.D., in an amount not to exceed \$900,000 to provide pediatric primary care physician services to Contra Costa Health Plan members for the period December 1, 2023 through November 30, 2026. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 42** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Bay Imaging Consultants Medical Group, Inc., in an amount not to exceed \$900,000 to provide diagnostic imaging services for Contra Costa Health Plan members for the period December 1, 2023 through November 30, 2025. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 43** APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Sheriff-Coroner, a purchase order with Shimadzu Scientific Instruments in an amount not to exceed \$390,950 to purchase a Shimadzu LCMS-8050 Triple Quadrupole Liquid Chromatograph Tandem Mass Spectrometry (LC-MS/MS) System for the analysis of driving under the influence drugs in the Office of the Sheriff, Forensic Services Division. (100% State)
- C. 44** APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Summit Food Service in an amount not to exceed \$9,000,000 to provide food service for inmates, employees, guests and other persons at the Office of the Sheriff's three detention facilities for the period July 1, 2023 through June 30, 2026, with the option of two one-year term extensions. (100% County General Fund)
- C. 45** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with FirstLocum Inc. (dba DirectShifts), in an amount not to exceed \$1,500,000 to provide temporary medical staffing services at Contra Costa Regional Medical Center and Health Centers for the period May 1, 2023 through April 30, 2026. (100% Hospital Enterprise Fund I)
- C. 46** APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract Subscription Agreement with Progress Software, Inc., for the provision and maintenance of a management software service to provide Secure File Transfer capabilities for the department, in the amount of \$6,517 for the period April 17, 2023 through April 16, 2026. (6% County, 36% State, 58% Federal)

- C. 47** APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Vanir Construction Management, Inc. (Vanir), in the amount of \$5,500,000 for construction management services for the East County Service Center Project for the period August 1, 2023, through April 30, 2028. (100% General Fund Capital Reserve)
- C. 48** APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a blanket purchase order with Polymedco Cancer Diagnostic Products LLC in an amount not to exceed \$1,200,000, and a purchase agreement for reagents and supplies to perform immunochemical fecal occult blood testing for the Clinical Laboratory at Contra Costa Regional Medical Center for the period from February 1, 2023, through January 31, 2026. (100% Hospital Enterprise Fund I)
- C. 49** APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with OfficeSpace Software Inc. for space planning software and services, in the amount of \$85,715 for the period July 19, 2023 through June 30, 2026. (6% County General Fund, 35% State, 59% Federal)
- C. 50** APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with Wayfinder Family Services, in an amount not to exceed \$634,000 to provide family finding, engagement and resource family pre-approval supportive services for the period July 1, 2023 through June 30, 2024. (18% Federal, 82% State)
- C. 51** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a novation contract with BHC Sierra Vista Hospital, Inc., in an amount not to exceed \$75,000 to provide inpatient psychiatric hospital services to County-referred adults and adolescents for the period July 1, 2023 through June 30, 2024, including a six-month automatic extension through December 31, 2024 in an amount not to exceed \$37,500. (100% Mental Health Realignment)
- C. 52** APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Public Works Director, a purchase order amendment with Kelly Paper Company to increase the payment limit by \$100,000 to a new payment limit of \$299,990, extend the term through June 30, 2024, and modify the purchase order to include for both miscellaneous paper products and printing-related items, Countywide. (100% User Departments)
- C. 53** APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Public Works Director, a purchase order amendment with Kelly Spicers to increase the payment limit by \$150,000 to a new payment limit of \$349,990, and extend the term through June 30, 2024, for miscellaneous paper products and printing related items, Countywide. (100% User Departments)

- C. 54** APPROVE and AUTHORIZE the Chief Engineer, Contra Costa County Flood Control and Water Conservation District, or designee, to execute on behalf of the Contra Costa Clean Water Program, a contract amendment with Larry Walker Associates, Inc., effective July 1, 2023, to increase the payment limit by \$500,000 to a new payment limit of \$1,415,000 and to extend the term through June 30, 2025, for Countywide stormwater quality services necessary to comply with federal and state stormwater permit requirements issued under the National Pollutant Discharge Elimination System Permit, Countywide. (100% Stormwater Utility Assessment Funds)
- C. 55** AUTHORIZE the Public Works Director, or designee, to execute an agreement with VFA, Inc., in an amount not to exceed \$700,000, for facility condition assessments of the County building facility portfolio and assistance in capital planning activities for a term of five years, effective August 1, 2023, Countywide. (100% General Fund Capital Reserves)
- C. 56** APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Beckman Coulter, Inc. for \$6,000,000 to purchase reagents and supplies for the Clinical Laboratory at Contra Costa Regional Medical Center, for the period from May 15, 2023 through May 14, 2026. (100% Hospital Enterprise Fund I)
- C. 57** APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Sheriff-Coroner, a purchase order with Sysco Food Services in an amount not to exceed \$4,000,000 to provide poultry products, equipment and supplies as needed within the three County detention facilities for the period September 1, 2023 through August 31, 2025. (100% General Fund)
- C. 58** APPROVE and AUTHORIZE the Chief Probation Officer, or designee, to execute an agreement with Contra Costa County Office of Education (CCCOE) in an amount not to exceed \$264,477 to provide transitional assistance to those previously housed in the County's adult detention facilities for the period of July 1, 2023 through June 30, 2024. (100% State)
- C. 59** APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Health Services Department, a purchase order with Cardinal Health in an amount not to exceed \$33,000,000 to procure pharmaceuticals and related supplies for the Contra Costa Regional Medical Center, Contra Costa Health Centers, Martinez Detention Facility, and Contra Costa Health Plan for the period of September 1, 2023 through August 31, 2024. (100% Hospital Enterprise Fund I)
- C. 60** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Sonoma Specialty Hospital, LLC, in an amount not to exceed \$3,000,000 to provide long-term acute care services for Contra Costa Health Plan members for the period August 2, 2023 through July 31, 2025. (100% Contra Costa Health Plan Enterprise Fund II)

- C. 61** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Central Valley Specialty Hospital, Inc., in an amount not to exceed \$3,000,000 to provide long-term acute care services for Contra Costa Health Plan members for the period August 2, 2023 through July 31, 2025. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 62** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Planned Parenthood: Shasta-Diablo, Inc. (dba Planned Parenthood Northern California), in an amount not to exceed \$5,000,000 to provide obstetrics, gynecology, family planning and behavioral health treatment services for Contra Costa Health Plan members for the period October 1, 2023 through September 30, 2024. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 63** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Man Kong Leung, M.D., Inc., in an amount not to exceed \$600,000 to provide neurology and sleep medicine services for Contra Costa Health Plan members for the period November 1, 2023 through October 31, 2026. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 64** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with A.K. Bhattacharyya, M.D., Inc., in an amount not to exceed \$450,000 to provide neurology services for Contra Costa Health Plan members for the period October 1, 2023 through September 30, 2026. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 65** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with CEP America AUC, PC., in an amount not to exceed \$900,000 to provide wound care services for Contra Costa Health Plan members for the period August 1, 2023 through July 31, 2026. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 66** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Hayward Healthcare & Wellness Center, LLC, in an amount not to exceed \$800,000 to provide skilled nursing facility services for Contra Costa Health Plan members and county recipients for the period August 1, 2023 through July 31, 2025. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 67** APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract amendment with Sherpa Government Solutions, LLC, to increase the payment limit by \$76,936 to a new payment limit of \$359,130 to provide vendor-hosted cloud support for the County budget system, with no change to the term. (100% General Fund).

- C. 68** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with The Rehabilitation Center of Oakland, LLC, in an amount not to exceed \$800,000 to provide skilled nursing facility services for Contra Costa Health Plan members and county recipients for the period August 1, 2023 through July 31, 2025.(100% Contra Costa Health Plan Enterprise Fund II)
- C. 69** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Princeton Manor Healthcare Center, LLC, in an amount not to exceed \$800,000 to provide skilled nursing facility services for Contra Costa Health Plan members and county recipients for the period August 1, 2023 through July 31, 2025.(100% Contra Costa Health Plan Enterprise Fund II)
- C. 70** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Well Health, Inc., in an amount not to exceed \$426,000 for a patient engagement software subscription for the period May 20, 2023 through May 19, 2024. (100% Hospital Enterprise Fund I)
- C. 71** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with California Sports Physical Therapy Centers, Inc.(dba California Rehabilitation and Sports Therapy), in an amount not to exceed \$1,000,000 to provide physical therapy services for Contra Costa Health Plan members for the period October 1, 2023 through September 30, 2025. (100% Contra Costa Health Plan Enterprise Fund II)
- C. 72** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with Antioch Medical and Hospital Supply, in an amount not to exceed \$300,000 to provide durable medical equipment related services and supplies for Contra Costa Health Plan members and county recipients for the period August 1, 2023 through July 31, 2025.(100% Contra Costa Health Plan Enterprise Fund II)
- C. 73** APPROVE and AUTHORIZE the County Administrator, or designee, to execute contracts with The Congress of Neutrals for \$98,643 and with the Center for Human Development for \$49,321 in a total amount not to exceed \$147,964 for the County Dispute Resolution Program for the period August 1, 2023 through June 30, 2024. (100% Dispute Resolution Funds)

Other Actions

- C. 74** APPROVE amended list of designated positions for the Conflict of Interest Code for the Contra Costa Mosquito & Vector Control District, as recommended by County Counsel.
- C. 75** APPROVE updates to the County's social media policy, as recommended by the Internal Operations Committee. (No fiscal impact)

- C. 76** ADOPT Resolution No. 2023/512 confirming the Final Report for CSA EM-1 (Emergency Medical Services) and setting assessments to be collected with the Fiscal Year 2023-24 property taxes, as recommended by the Health Services Director.
- C. 77** APPROVE and AUTHORIZE the Auditor-Controller or designee, to pay an amount not to exceed \$51,405 to DiaSorin Inc. for reagents and controls for the DiaSorin Liaison XL Analyzer, for the Clinical Laboratory at the Contra Costa Regional Medical Center during the period of March 22, 2023 through March 30, 2023, as recommended by the Health Services Director. (100% Hospital Enterprise Fund I)
- C. 78** APPROVE and AUTHORIZE the Health Services Director, or designee, to execute a contract with God's Grace Caring Home, Inc., in an amount not to exceed \$441,239 to provide augmented board and care services for the period July 1, 2023 through June 30, 2024, as recommended by the Health Services Director. (100% Mental Health Realignment)
- C. 79** ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2023-26; and AUTHORIZE and DIRECT the Chair of the Board of Supervisors to send a letter to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission to inform these agencies of the adoption of this plan, as recommended by the Health Services Director. (100% Mental Health Services Act)
- C. 80** DECLARE as surplus and AUTHORIZE the Purchasing Agent or designee, to dispose of fully depreciated vehicles and equipment no longer needed for public use, as recommended by the Public Works Director, Countywide. (No fiscal impact)
- C. 81** APPROVE the new medical staff, affiliates and tele-radiologist appointments and reappointments, additional privileges, medical staff advancement and voluntary resignations as recommended by the Medical Staff Executive Committee, and by the Health Services Director. (No fiscal impact)
- C. 82** APPROVE and AUTHORIZE the Health Services Director, or designee, to utilize budgeted Mental Health Service Act funds in the amount of \$3,445,000 for the purchase of real property located at 2523 El Portal Drive, San Pablo, California if the County exercises its option to purchase the property. (100% Mental Health Services Act)
- C. 83** APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute an agreement with California Highway Patrol (CHP) to provide the County with a CHP Officer to assist in investigating crimes that have occurred within Contra Costa County in exchange for forensic services provided by Contra Costa County Office of the Sheriff, for the period July 1, 2023 through June 30, 2028. (No fiscal

impact)

- C. 84** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$250,843 to Crestwood Behavioral Health, Inc., for providing sub-acute skilled nursing care for county's severely and persistently mentally ill and neurobehavioral clients for the period June 1, 2023 through June 30, 2023, as recommended by the Health Services Director. (100% Mental Health Realignment)
- C. 85** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$96,968 to Options Recovery Services, for providing alcohol and drug abuse prevention services for adults with substance use and/or co-occurring disorders for the period June 1, 2023 through June 30, 2023, as recommended by the Health Services Director. (100% American Rescue Plan Act)
- C. 86** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$2,697 to God's Grace Caring Home, Inc., for providing augmented board and care services for the period June 1, 2023 through June 30, 2023, as recommended by the Health Services Director. (100% Mental Health Realignment)
- C. 87** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$299,915 to Telecare Corporation, for the provision of gero-psychiatric and subacute mental health care services to severely and persistently mentally ill clients during the period of May through June 2023, as recommended by the Health Services Director. (71% Mental Health Realignment, 19% Hospital Enterprise Fund I, 10% County General Fund)
- C. 88** APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$221,646.20 to Crestwood Behavioral Health, Inc., for providing residential treatment and mental health services to severely and persistently mentally ill adults for the period June 1, 2023 through June 30, 2023, as recommended by the Health Services Director. (100% Mental Health Realignment)
- C. 89** APPROVE and AUTHORIZE a modification in eligible uses of remaining, one-time Contra Costa Futures Funds (CCFutures) to allow their allocation towards economic development projects and provide a source for matching funds for community benefit programs in Supervisorial District IV, to be administered by the District IV Supervisor.
- C. 90** APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a nonfinancial operational agreement with Community Violence Solutions, for child abuse response services for the period October 1, 2022, through September 30, 2025. (No fiscal impact)

GENERAL INFORMATION

The Board meets in all its capacities pursuant to Ordinance Code Section 24-2.402.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Clerk of the Board to a majority of the members of the Board of Supervisors less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar Street, First Floor, Martinez, CA 94553, during normal business hours.

All matters listed under CONSENT ITEMS are considered by the Board to be routine and will be enacted by one motion. There will be no separate discussion of these items unless requested by a member of the Board before the Board votes on the motion to adopt. Each member of the public will be allowed two minutes to comment on the entire consent agenda.

Persons who wish to speak on matters set for PUBLIC HEARINGS will be heard when the Chair calls for public testimony. Each speaker during public testimony will be limited to two minutes. After public testimony, the hearing is closed and the matter is subject to discussion and action by the Board. Comments on matters listed on the agenda or otherwise within the purview of the Board of Supervisors can be submitted to the office of the Clerk of the Board via mail: Board of Supervisors, 1025 Escobar Street, First Floor, Martinez, CA 94553 or to clerkoftheboard@cob.cccounty.us.

In the interest of facilitating the business of the Board, the total amount of time that a member of the public may use in addressing the Board on all agenda items is 10 minutes.

Time limits for public speakers may be adjusted at the discretion of the Chair.

The County will provide reasonable accommodations for persons with disabilities planning to attend Board meetings who contact the Clerk of the Board at least 24 hours before the meeting, at (925) 655-2000.

Anyone desiring to submit an inspirational thought nomination for inclusion on the Board Agenda may contact the Office of the County Administrator or Office of the Clerk of the Board, 1025 Escobar Street, Martinez, California.

Subscribe to receive to the weekly Board Agenda by calling the Office of the Clerk of the Board, (925) 655-2000 or using the County's on line subscription feature at the County's Internet Web Page, where agendas and supporting information may also be viewed:

www.contracosta.ca.gov

DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Pursuant to Government Code section 84308, members of the Board of Supervisors are disqualified and not able to participate in any agenda item involving contracts (other than competitively bid, labor, or personal employment contracts), franchises, discretionary land use permits and other entitlements if the Board member received, since January 1, 2023, more than \$250 in campaign contributions from the applicant or contractor, an agent of the applicant or contractor, or any financially interested participant who actively supports or opposes the County's decision on the agenda item. Members of the Board of Supervisors who have received, and applicants, contractors or their agents who have made, campaign contributions totaling more than

\$250 to a Board member since January 1, 2023, are required to disclose that fact for the official record of the subject proceeding. Disclosures must include the amount of the campaign contribution and identify the recipient Board member, and may be made either in writing to the Clerk of the Board of Supervisors before the subject hearing or by verbal disclosure at the time of the hearing.

STANDING COMMITTEES

For more information please visit the [Board of Supervisors Standing Committees](#) page.

Airport Committee	September 13, 2023	4:00 p.m.
Equity Committee	August 21, 2023	10:30 a.m.
Family and Human Services Committee	August 4, 2023 Special Meeting	10:00 a.m.
Finance Committee	August 7, 2023	8:30 a.m.
Internal Operations Committee	August 14, 2023 Canceled Next Meeting September 11, 2023	11:00 a.m.
Legislation Committee	August 14, 2023	1:00 p.m.
Los Medanos Healthcare Operations Committee	August 7, 2023	1:00 p.m.
Public Protection Committee	August 7, 2023	10:30 a.m.
Sustainability Committee	September 18, 2023	1:00 p.m.
Transportation, Water and Infrastructure Committee	August 14, 2023	9:30 a.m.

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

Glossary of Acronyms, Abbreviations, and other Terms

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. For a complete list of commonly used language that may appear in oral presentations and written materials associated with Board meetings, please visit <https://www.contracosta.ca.gov/8464/Glossary-of-Agenda-Acronyms>.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services
Date: August 1, 2023

Subject: Temporary Hire of County Retiree Jennifer Huynh - Waiver of 180-Day Sit-out Period in the Health Services Department

RECOMMENDATION(S):

1. WAIVE the 180-day "sit-out" period for Jennifer Huynh, Senior Clinical Laboratory Scientist (VHNA), in the Health Services Department;
2. FIND that the appointment of Jennifer Huynh is necessary to fill a critically needed position in the Health Services Department; and
3. APPROVE and AUTHORIZE the hiring of retiree Jennifer Huynh as a temporary County employee for the period of August 16, 2023 through August 15, 2024.

FISCAL IMPACT:

Upon approval, this action has an annual cost of approximately \$68,947. Salary costs are included in the Department's operating budget. Contra Costa Health Services - Hospital Enterprise Fund I will fund this position.

BACKGROUND:

Jennifer Huynh (EE # 52196) was employed in the Laboratory unit from January 1995 to April 2023. She served as a Senior Clinical Laboratory Scientist from August 2005 until her retirement. It is essential that she returns as a retiree as the Laboratory unit is in the process of transitioning to a new Laboratory Information System with a hard GO-LIVE date of March 2, 2024. This is a very time-consuming project which heavily relies on Senior Clinical Laboratory Scientist incumbents to be the Subject-Matter Experts (SMEs). The new Laboratory Information System requires validation which tests the various Special Chemistry diagnostic tests and compares the resulting data/ranges based on the current Laboratory information system being utilized. Extensive knowledge regarding current processes, analyte calculations being performed by the Laboratory Information Systems, and reportable ranges are required. Since Jennifer was a Senior Clinical Laboratory Scientist since 2005 and was the SME for Special Chemistry, her extensive experience will ensure successful implementation in the validation of Special Chemistry testing.

In addition, Jennifer can provide hands-on training with the newly-hired Senior Clinical Laboratory Scientist who is assigned to Special Chemistry so there will not be potential misidentification of results which could lead to inappropriate treatment.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Lauren Jimenez, 925-957-5262

By: , Deputy

cc: Lauren Jimenez, Kathi Caudel, Linh Huynh, Sam Ferrell, Ramona Lurvey-Hair

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the department may fail to provide a correct diagnosis impacting patient care, and tests being conducted in the new Laboratory Information System may be invalid.

ATTACHMENTS

P300-26174

POSITION ADJUSTMENT REQUEST

NO. DATE 7/19/2023

Department Health Services Department No./ Budget Unit No. 0540 Org No. 6365 Agency No. 18

Action Requested: Temporarily hire a County Retiree and waive the 180-day "sit out" period for Jennifer Huynh, Senior Clinical Laboratory Scientist (VHNA), in the Health Services Department.

Proposed Effective Date: 08/16/2023

Classification Questionnaire attached: Yes [] No [x] / Cost is within Department's budget: Yes [x] No []

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost increase \$68,947.00 Net County Cost \$0.00

Total this FY \$63,201.00 N.C.C. this FY \$0.00

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: Cost Increase - 100% funded by Hospital Enterprise Fund I

Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.

Laurén Jimenez

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Kennard for

7/26/2023

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE

Exempt from Human Resources review under delegated authority

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [] Day following Board Action.

[] (Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

[] Approve Recommendation of Director of Human Resources

[] Disapprove Recommendation of Director of Human Resources

[] Other:

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

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

Adjustment is APPROVED [] DISAPPROVED []

DATE

BY

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxx

1. Project Positions Requested:
2. Explain Specific Duties of Position(s)
3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)
4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.
5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____
6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications
7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.
8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted
9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: APPOINT Joshua Zebley to the Position of Veterans Services Officer - Exempt

RECOMMENDATION(S):

APPOINT Joshua Zebley to the position of County Veterans Services Officer – Exempt (96A1) at Step 3 of the salary range (\$12,780.70/ \$153,368.47), effective August 14, 2023, including all benefits provided in the current Management Resolution applicable to the position of County Veterans Services Officer – Exempt.

FISCAL IMPACT:

The estimated annual County cost for the County Veterans Services Officer – Exempt position is \$215,401, of which \$19,487 are pension costs. The estimated cost for the remaining fiscal year 2023/2024 is \$188,476, of which \$17,051 are pension costs based on a start date of August 14, 2023. All costs are budgeted in the Veterans Services’ Office.

BACKGROUND:

The Veterans Services Officer position has been vacant since the resignation

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Paula Webb - 655-2044

By: , Deputy

cc:

BACKGROUND: (CONT'D)

of the prior incumbent in October 2022, which had an effective date of January 31, 2023. The County began a recruitment process with executive recruiting firm, Avery Associates, in October 2022 to identify the next Veteran's Services Officer. This garnered two (2) applications for further consideration. An interview panel comprised of Supervisor Diane Burgis, County Administrator Monica Nino, former Monterey County Veterans Services Officer Jason Cameron and Chief Assistant County Administrator Timothy Ewell. Interviews facilitated by Paul Kimura of Avery Associates were conducted January 18, 2023. The interviews did not result in a candidate for hire, and the recruitment was extended.

The second phase of the recruitment garnered four (4) applications for further consideration. Interviews were conducted May 2, 2023, by a panel comprised of Supervisor Diane Burgis, County Administrator Monica Nino, San Mateo County Veterans Service Officer Ed Kiryczun, and Chief Assistant County Administrator Timothy Ewell. These interviews were facilitated by Paul Kimura of Avery Associates. This second phase of the recruitment did not result in a candidate for hire.

Following the second recruitment, the County Administrator's Office began reaching out to key public sector stakeholders around the state to help identify potential candidates or qualified individuals that could serve in an interim capacity until a third recruitment could be completed at a future date. From that process, the County Administrator's Office identified an individual that was interested in the position and referred the candidate to Avery Associates for consideration. An interview was conducted June 20, 2023, by a panel comprised of Contra Costa County Supervisor Diane Burgis, County Administrator Monica Nino, San Mateo County Veterans Service Officer Ed Kiryczun, and Chief Assistant County Administrator Timothy Ewell. The interview was facilitated by Paul Kimura of Avery Associates.

Following the interview, the review panel unanimously agreed that Joshua Zebley be recommended for appointment to the position of Veterans Services Officer - Exempt. Mr. Zebley, who is a veteran of the United States Marine Corps, holds a Bachelor of Science degree in criminal justice from California State University, Sacramento. Since 2017, he has been employed with the California Department of Veterans Affairs in various capacities, the most recent as a Section Chief in the Disabled Veteran Business Enterprise. In addition to his specialized experience working with federal, state and county agencies, non-governmental organizations (NGOs) and non-profit groups, Mr. Zebley also brings expertise at the individual level by his lived experience as a United States military veteran, and his work with veterans and their families throughout his career.

CONSEQUENCE OF NEGATIVE ACTION:

The County Veterans Services Officer position will remain vacant and next steps would need to be determined as to how to fill the position.



To: Board of Supervisors
From: John Gioia, District I Supervisor
Date: August 1, 2023

Subject: Presentation from the Bay Area Housing Finance Authority

RECOMMENDATION(S):

PRESENTATION by the Bay Area Housing Finance Authority on systemic challenges in housing and regional housing measure.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The Bay Area Housing Finance Authority (BAHFA) is a first-of-its-kind regional authority created to address the Bay Area’s chronic housing challenges. Established by the state Legislature in 2019, the Bay Area Housing Finance Authority's mandate is to create regional solutions that meet the Bay Area's affordable housing needs. BAHFA is the first regional housing finance authority in California, and works together with MTC and the Association of Bay Area Governments (ABAG).

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Kate Hartley/ 415-778-6679

By: , Deputy

cc:

ATTACHMENTS

BAHFA
presentation



Bay Area Housing Finance Authority (BAHFA) Contra Costa County Board of Supervisors August 1, 2023



ASSOCIATION OF BAY AREA GOVERNMENTS
METROPOLITAN TRANSPORTATION COMMISSION

A Bay Area Problem to Solve Together



At least **36,810 people in the region experienced homelessness** in 2022 and as of 2019, **575,000 were at risk** of homelessness



The Bay Area has consistently fallen short of its housing targets: Between 2015-2020, **the region built only 25%** of the homes needed.



Regionwide, we need to build **180,334 more affordable homes** to meet the number of homes required under the 2023-2031 Regional Housing Needs Allocation (RHNA)



Significant funding is needed: As of 2023, there are 32,944 affordable homes in predevelopment that **require financing.**

Contra Costa County Housing

Affordable Housing Pipeline and Housing Need



25 total affordable housing projects in predevelopment



2,700 affordable homes in predevelopment



21,031 affordable homes required for 2023-2031 RHNA



2,372 people experiencing homelessness in 2023

BAHFFA is a Key Part of the Solution

Our Mandate: BAHFFA was created by state legislation in 2019 to address systemic challenges in affordable housing and housing stability across the 3Ps – **Production, Preservation, and Protections.**

- BAHFFA can **raise revenue for housing** through ballot measures such as general obligation bonds.
- BAHFFA works in **collaboration** with Bay Area cities and counties and 80% of bond revenue generated returns to the county of origin.

Governance: The ABAG and BAHFFA boards work together: MTC Commissioners comprise the BAHFFA Board; ABAG and BAHFFA approve placement of a measure on ballot; and a nine-member Advisory Committee, all with 3P experience, provides program guidance.

Current Pilot Phase

- 1 Doorway Housing Portal:** Online affordable housing platform that makes searching for affordable housing easy region-wide
- 2 Affordable Housing Pipeline:** Database to track the production and preservation of affordable homes
- 3 Preservation:** Financing to help community-based organizations buy buildings, convert them to affordable housing and protect residents from displacement
- 4 Anti-Displacement:** Coordination and best practices to support tenant protections
- 5 Homelessness Prevention:** Coordinated support across jurisdictions to share best practices to keep people housed

Funding at Scale: A Regional Funding Measure



Potential 2024 Measures

1

An advocate-led **statewide constitutional amendment** to enable affordable housing general obligation bonds be approved by a majority of voters instead of the current two thirds requirement

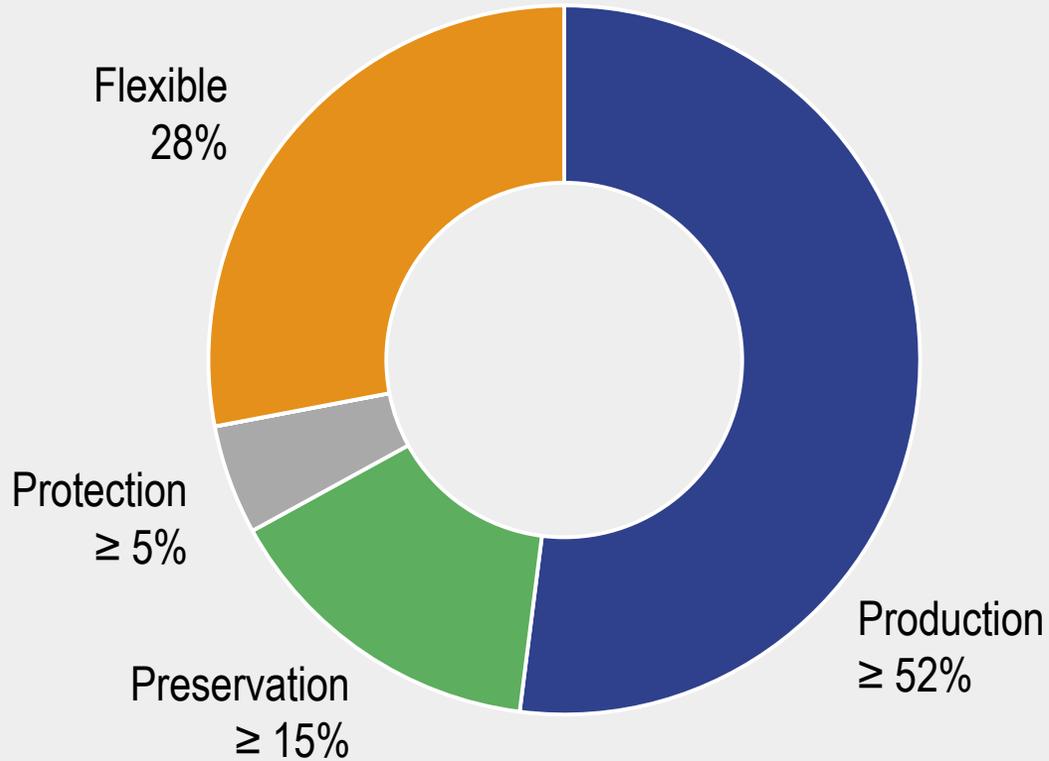
This also would allow bond proceeds to be used to protect tenants at affordable housing sites through rental assistance reserves, tenant services, and more.

2

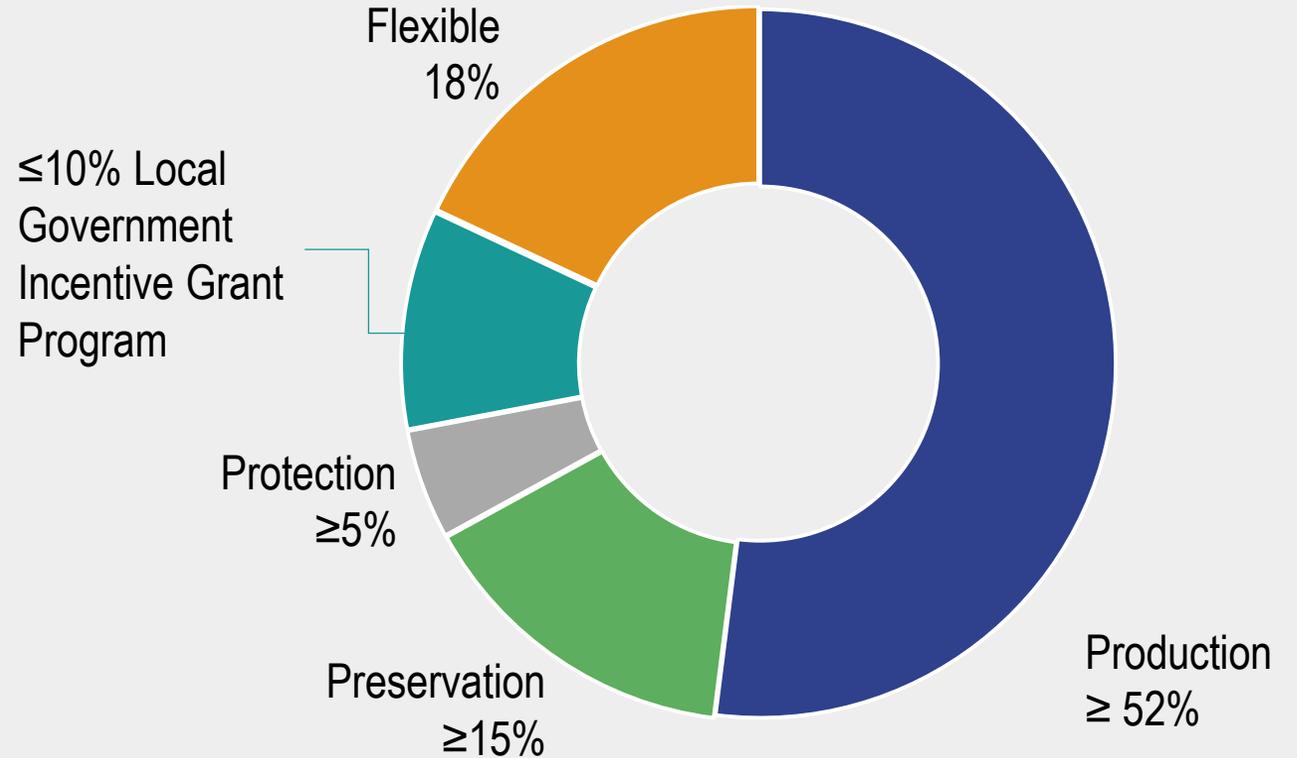
A **BAHFA General Obligation Bond** to raise **\$10-\$20 billion** – which could provide between 35,000 and 80,000 new homes across the nine-county region.

How Funds May be Spent

County and City: $\geq 80\%$



Regional Program $\leq 20\%$



Significant funding to every community



County & Direct City Allocations	\$10B GO Bond	\$20B GO Bond
Alameda County (excluding Oakland)	\$984 M	\$2.0 B
Oakland	\$383 M	\$765 M
Contra Costa County	\$925 M	\$1.9 B
Marin County	\$352 M	\$704 M
Napa County (excluding City of Napa)	\$100 M	\$200 M
City of Napa	\$79 M	\$158 M
San Francisco	\$1.2 B	\$2.4 B
San Mateo County	\$1.0 B	\$2.1 B
Santa Clara County (excluding San Jose)	\$1.2 B	\$2.4 B
San Jose	\$1.0 B	\$2.1 B
Solano County	\$248 M	\$497 M
Sonoma County (excluding Santa Rosa)	\$282 M	\$564 M
Santa Rosa	\$121 M	\$242 M
BAHFA	\$2.0 B	\$4.0 B

Potential Funding for Contra Costa County

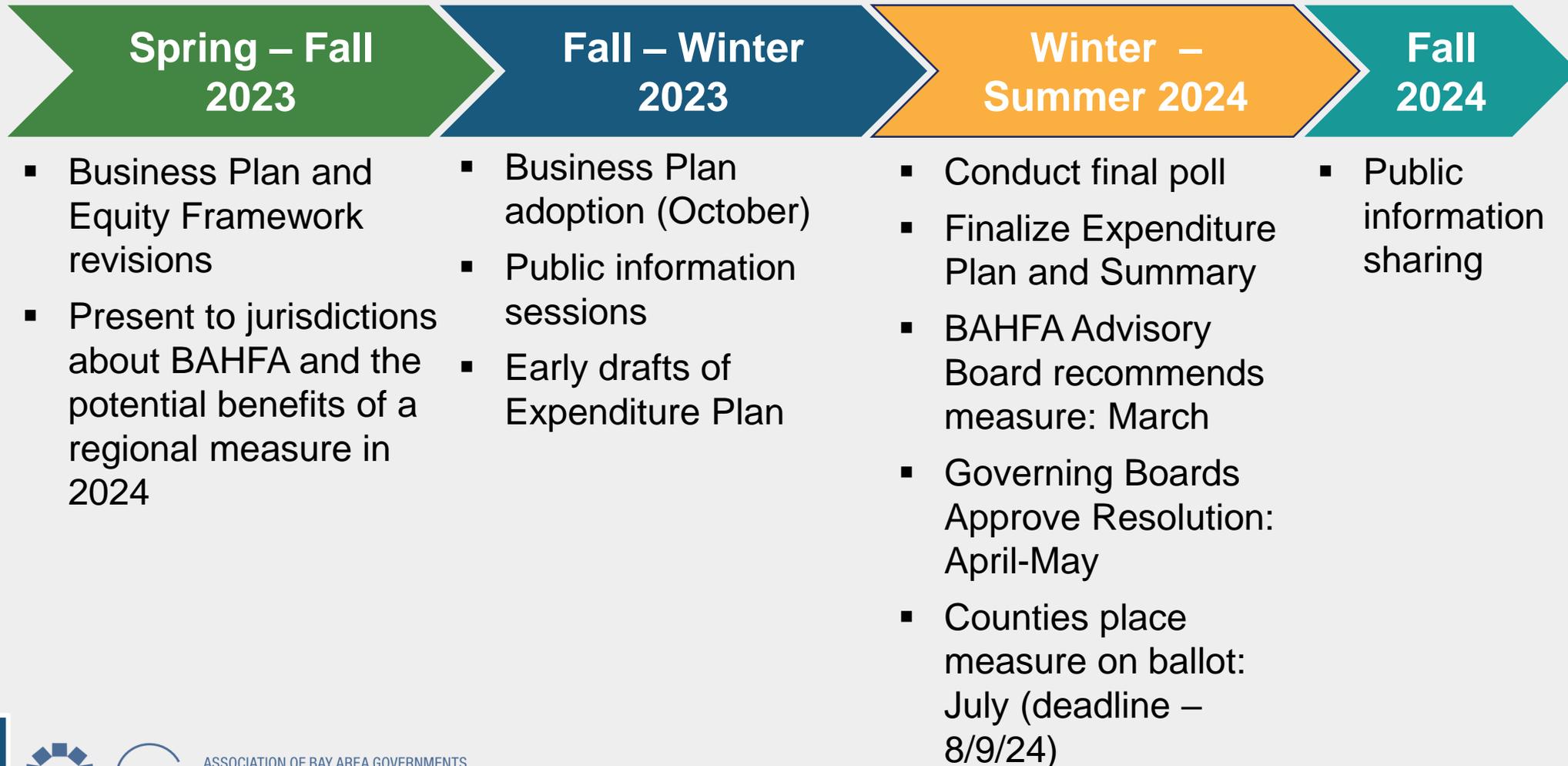
Dollars in millions based on a \$10 billion regional bond

	Receiving Entity	Production Funds	Preservation Funds	Protection Funds	City/County Discretionary Funds
		52%	15%	5%	28%
County	\$925M	\$481M	\$139M	\$46M	\$259M

AB 1487 Expenditure Rules: Counties/Cities

Activity	County/City Expenditures
Production	<ul style="list-style-type: none"> ■ Rental or ownership ■ Must prioritize projects that help meet RHNA goals ■ Affordability up to 120% AMI
Preservation	<ul style="list-style-type: none"> ■ Rental or ownership ■ Affordability up to 120% AMI
Protections	<ul style="list-style-type: none"> ■ Legal services, rental assistance, relocation, tenant education, displacement data collection
Flexible	<ul style="list-style-type: none"> ■ Affordable housing and housing-related uses, as approved in the county/city Expenditure Plan

2024 BAHFA Regional Housing Measure Timeline



Questions & Comments?



ASSOCIATION OF BAY AREA GOVERNMENTS
METROPOLITAN TRANSPORTATION COMMISSION



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Amendment to Consulting Services Agreement with Mark Thomas & Company, Inc., Countywide.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a Consulting Services Agreement (contract) amendment with Mark Thomas & Company, Inc., effective August 1, 2023, to add the subconsultant DKS Associates to the list of subcontractors for on-call civil engineering services, Countywide. (Project No. Various) (All Districts)

FISCAL IMPACT:

No fiscal impact. Work performed under this amendment is funded by developer fees, local, state and federal funds for local road, flood control, and airport projects.

BACKGROUND:

The Public Works Department is involved in various projects in the County that require civil engineering services for road, flood control, and airport projects. After a solicitation process, the County contracted with Mark Thomas & Company, Inc. on August 9, 2022, as one of eight firms to provide civil engineering services on an "on-call" basis. The consultant augments Public Works staff on an as-needed basis. They are used as an extension of Public Works staff during busy times when extra help is needed or when in-house expertise is not available.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Adelina Huerta, 925.313.2305

By: , Deputy

cc:

BACKGROUND: (CONT'D)

This on-call contract is currently in effect for thirty-six months.

This amendment adds subconsultant DKS Associates to the contract, which is necessary for the continuation of on-call civil engineering services.

Government Code Section 31000 and 4525 authorizes the County to contract for services including the type of civil engineering services that Mark Thomas & Company, Inc., provides.

CONSEQUENCE OF NEGATIVE ACTION:

Without approval from the Board of Supervisors, there is possible delay in completing projects requiring civil engineering services. Executing this amendment will facilitate the process of design and construction for various Public Works projects requiring civil engineering expertise.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Approving & Authorize to fully close a portion of La Cima Road, on August 8, 2023 from 8:30 a.m. through 12:00 p.m., El Sobrante area.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/504 approving and authorizing the Public Works Director, or designee, to fully close a portion of La Cima Road, on August 8, 2023 from 8:30 a.m. through 12:00 p.m., for the purpose of crossarm replacement on a utility pole, El Sobrante area. (District I)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Pacific Gas & Electric Company is requesting a road closure to safely replace a crossarm on a utility pole. Pacific Gas & Electric must adhere to the permit conditions set forth by the Public Works Director, or designee, prior to and during the road closure.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will not have permission to close the road for planned activities.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Bob Hendry (925) 374-2136

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, Sheriff - Patrol Division Commander, CHP

ATTACHMENTS

Resolution No.
2023/504

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2023/504

IN THE MATTER OF: Approving and Authorizing the Public Works Director, or designee, to fully close a portion of La Cima Road, on August 8, 2023 from 8:30 a.m. through 12:00 p.m., for the purpose of crossarm replacement, El Sobrante, area. (District I)

RC23-25

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Pacific Gas and Electric Company to fully close a portion of La Cima Road, except for emergency traffic, local residents, US Postal Service and garbage trucks, on August 8, 2023 for the period of 8:30 a.m. through 12:00 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the event area and essential services will be allowed access as required.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Pacific Gas and Electric Company shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Office, the California Highway Patrol and the Fire District.

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

Contact: Bob Hendry (925) 374-2136

ATTESTED: August 1, 2023

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, Sheriff - Patrol Division Commander, CHP



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Notice of Completion for the Fred Jackson Way First Mile/Last Mile Connection Project, North Richmond area.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/506 accepting as complete the contracted work performed by Ghilotti Bros., Inc., for the Fred Jackson Way First Mile/Last Mile Connection Project, as recommended by the Public Works Director, North Richmond area. County Project No. 0662-6R4153, Federal Project No. ATPL-5928(151) (District I)

FISCAL IMPACT:

The Project was funded by 5% State Coastal Conservancy (SCC) Prop 1, 74% Active Transportation Program, 5% North Richmond Area of Benefit, and 16% Transportation for Livable Communities.

BACKGROUND:

The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of November 11, 2022.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Adelina Huerta, 925.313.2305

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

The contractor will not be paid and acceptance notification will not be recorded.

ATTACHMENTS

Resolution No. 2023/506

Recorded at the request of: Clerk of the Board

Return To: Public Works Department, Design/Construction Division

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:

Resolution No. 2023/506

The Board of Supervisors RESOLVES that:

Owner (sole): Contra Costa County, 255 Glacier Drive, Martinez, CA 94553

Nature of Stated Owner: fee and/or easement

Project No.: 0662-6R4153, Federal Project No. ATPL-5928(151)

Project Name: Fred Jackson Way First Mile/Last Mile Connection Project

Date of Work Completion: November 11, 2022

Description: Contra Costa County on June 22, 2021 contracted with Ghilotti Bros., Inc. for the work generally consisting of street improvements along Fred Jackson Way between Brookside Drive and Grove Avenue including constructing widened sidewalks, bulb outs and storm drain modifications and installation of street trees and irrigation. Project also included pavement grinding, HMA widening and overlay, and construction of HMA pedestrian path, all in accordance with the plans, drawings, special provisions and/or specifications prepared by or for the Public Works Director and in accordance with the accepted bid proposal. The project was located in the North Richmond area, with the Hartford Fire Insurance Company, as surety, for work to be performed on the grounds of the County; and

The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of November 11, 2022.

Identification of real property:

North Richmond area at:

Fred Jackson Way

Fees: none

Legal References: none

Comments: none

Contact: Adelina Huerta, 925.313.2305

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

ATTESTED: August 1, 2023

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

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Approve & Authorize to fully close a portion of Park Avenue, on September 5, 2023 through September 7, 2023, Richmond area.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/507 approving and authorizing the Public Works Director, or designee, to fully close a portion of Park Avenue, on September 5, 2023 through September 7, 2023 from 8:00 a.m. through 5:00 p.m., for the purpose of utility pole replacement, Richmond area. (District I)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Pacific Gas & Electric is requesting a road closure for a utility pole replacement. The closure is necessary to maintain traffic safety due to the narrow roads. Pacific Gas & Electric Company shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will be unable to close the road for planned activities.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Bob Hendry (925) 374-2136

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, Sheriff - Patrol Division Commander, CHP

ATTACHMENTS

Resolution No.

2023/507

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2023/507

IN THE MATTER OF: Approving and authorizing the Public Works Director, or designee, to fully close a portion of Park Avenue, on September 5, 2023 through September 7, 2023 from 8:00 a.m. through 5:00 p.m., for the purpose of utility pole replacement, Richmond area. (District I)

RC23-23

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Pacific Gas & Electric Company to fully close Park Avenue, except for emergency traffic, local residents, US Postal Service and garbage trucks, on September 5, 2023 through September 7, 2023 for the period of 8:00 a.m. through 5:00 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the event area and essential services will be allowed access as required.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Pacific Gas & Electric Company shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Office, the California Highway Patrol and Fire District.

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

Contact: Bob Hendry (925) 374-2136

ATTESTED: August 1, 2023

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, Sheriff - Patrol Division Commander, CHP



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Notice of Completion for the Marsh Drive Bridge Replacement Project, Concord and Pacheco areas.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/509 accepting as complete the contracted work performed by Bridgeway Civil Constructors, Inc., for the Marsh Drive Bridge Replacement Project, as recommended by the Public Works Director, Concord and Pacheco areas. County Project No. 0662-6R4119, Federal Project No. BRLS-5928(128) (District IV, V)

FISCAL IMPACT:

The Project was funded by 88.5% Federal Highway Bridge Program Funds and 11.5% Local Road Funds.

BACKGROUND:

The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of June 30, 2023.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Adelina Huerta, 925.313.2305

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

The contractor will not be paid and acceptance notification will not be recorded.

ATTACHMENTS

Resolution No. 2023/509

Recorded at the request of: Clerk of the Board

Return To: Public Works Department, Design/Construction Division

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:

Resolution No. 2023/509

The Board of Supervisors RESOLVES that:

Owner (sole): Contra Costa County, 255 Glacier Drive, Martinez, CA 94553

Nature of Stated Owner: fee and/or easement

Project No.: 0662-6R4119, Federal Project No. BRLS-5928(128)

Project Name: Marsh Drive Bridge Replacement Project

Date of Work Completion: June 30, 2023

Description: Contra Costa County on April 20, 2021 contracted with Bridgeway Civil Constructors, Inc. for the work generally consisting of replacing the existing 10 span concrete slab bridge with a 5 span CIP/PS slab bridge. All supports utilized CIDH concrete piles. The replacement was done utilizing staged construction. Approach roadway, rock slope protection, temporary water diversion, and utility relocations were among other work items, all in accordance with the plans, drawings, special provisions and/or specifications prepared by or for the Public Works Director and in accordance with the accepted bid proposal. The project was located in the Concord and Pacheco areas, with the Berkely Insurance Company, as surety, for work to be performed on the grounds of the County; and

The Public Works Director reports that said work has been inspected and complies with the approved plans, special provisions and standard specifications and recommends its acceptance as complete as of June 30, 2023.

Identification of real property:

Concord and Pacheco areas at:
Marsh Drive

Fees: none

Legal References: none

Comments: none

Contact: Adelina Huerta, 925.313.2305

cc:

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

ATTESTED: August 1, 2023

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

By: , Deputy



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Approve & Authorize to fully close all of Camelia Lane, on August 19, 2023, Walnut Creek area.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/510 approving and authorizing the Public Works Director, or designee, to fully close all of Camelia Lane, on August 19, 2023 from 12:00 p.m. through 8:00 p.m., for the purpose of a neighborhood block party, Walnut Creek area. (District II)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The Parkmead Community Association is requesting that Camelia Lane be closed on Saturday, August 19, 2023 from 12:00 p.m. through 8:00 p.m., for the purpose of an annual neighborhood block party.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will be unable to close the road for planned activities.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Bob Hendry (925) 374-2136

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, CHP, Sheriff - Patrol Division Commander

ATTACHMENTS

Resolution No.
2023/510

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2023/510

IN THE MATTER OF: Approving and Authorizing the Public Works Director, or designee, to fully close all of Camelia Lane, on August 19, 2023, from 12:00 p.m. through 8:00 p.m., for the purpose of a neighborhood block party, Walnut Creek area. (District II)

RC23-27

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Parkmead Community Association to fully close Camelia Lane, except for emergency traffic, local residents, US Postal Service and garbage trucks, on August 19, 2023, for the period of 12:00 p.m. through 8:00 p.m., subject to the following conditions:

1. Traffic will be detoured via neighboring street(s) per the traffic control plan reviewed by Public Works. Emergency vehicles, residents within the event area and essential services will be allowed access as required.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Parkmead Community Association shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

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

Contact: Bob Hendry (925) 374-2136

ATTESTED: August 1, 2023

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Devon Patel- Engineering Services, CHP, Sheriff - Patrol Division Commander



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Ratify the prior decision to close a portion of Midhill Road, on July 17, 2023 through July 21, 2023, Martinez area.

RECOMMENDATION(S):

ADOPT Resolution No. 2023/514 ratifying the prior decision of the Public Works Director, or designee, to fully close a portion of Midhill Road, on July 17, 2023 through July 21, 2023 from 8:00 a.m. through 3:00 p.m., for the purpose of connecting into existing water main for new Subdivision development, abandonment of two services, and relocation of existing water meter boxes, Martinez area. (District V)

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Contra Costa County Water District is requesting a road closure for the purpose of connecting into existing water main for new Subdivision development, abandonment of two services, and relocation of existing water meter boxes. Contra Costa County Water District shall follow guidelines set forth by the Public Works Department.

CONSEQUENCE OF NEGATIVE ACTION:

Applicant will not have Board approval for completed road closure.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Bob Hendry (925) 374-2136

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Marke Smith - Engineering Services, CHP, Sheriff - Patrol Division Commander

ATTACHMENTS

Resolution No.
2023/514

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2023/514

IN THE MATTER OF: ratifying the prior decision of the Public Works Director, or designee, to fully close a portion of Midhill Road, on July 17, 2023 through July 21, 2023 from 8:00 a.m. through 3:00 p.m., for the purpose of connecting into existing water main for new Subdivision development, abandonment of two services, and relocation of existing water meter boxes, Martinez area. (District V)

RC23-24

NOW, THEREFORE, BE IT RESOLVED that permission is granted to Contra Costa County Water District to fully close a portion of Midhill Road, except for emergency traffic, local residents, US Postal Service and garbage trucks, on July 17, 2023 through July 21, 2023, for the period of 8:00 a.m. through 3:00 p.m., subject to the following conditions:

1. Traffic will be detoured via roads identified in a traffic control plan, reviewed by the Public Works Department. Emergency vehicles, residents within the event area and essential services will be allowed access as required.
2. All signing to be in accordance with the California Manual on Uniform Traffic Control Devices.
3. Contra Costa Water District shall comply with the requirements of the Ordinance Code of Contra Costa County.
4. Provide the County with a Certificate of Insurance in the amount of \$1,000,000.00 for Comprehensive General Public Liability which names the County as an additional insured prior to permit issuance.
5. Obtain approval for the closure from the Sheriff's Department, the California Highway Patrol and the Fire District.

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

Contact: Bob Hendry (925) 374-2136

ATTESTED: August 1, 2023

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

By: , Deputy

cc: Larry Gossett- Engineering Services, Kellen O'Connor - Engineering Services, Bob Hendry -Engineering Services, Marke Smith - Engineering Services, CHP, Sheriff - Patrol Division Commander



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: APPROVE the Rodeo Creek Bank Erosion Repair Project and take related actions under CEQA, Rodeo area

RECOMMENDATION(S):

APPROVE the Rodeo Creek Bank Erosion Repair Project (Project) and AUTHORIZE the Chief Engineer, or designee, to advertise the Project, Rodeo area. [County Project No. WO9N04, DCD-CP# 21-35] (District V)

DETERMINE the Project is a California Environmental Quality Act (CEQA), Class 1 Categorical Exemption, pursuant to Article 19, Section 15301(d) of the CEQA Guidelines, and

DIRECT the Director of Department of Conservation and Development (DCD), or designee, to file a Notice of Exemption (NOE) with the County Clerk, and

AUTHORIZE the Chief Engineer, or designee, to arrange for payment of a \$25 fee to DCD for processing, and a \$50 fee to the County Clerk for filing the NOE.

FISCAL IMPACT:

Estimated Project cost: \$900,000. 100% Flood Control District Fund 250500 funds.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Alex Nattkemper, (925) 313-2364

By: , Deputy

cc:

BACKGROUND:

The purpose of the project is to repair two bank failures along the west side of Rodeo Creek at 4th and 7th Streets and to remove accumulated sediment within the channel adjacent to the 7th Street bank failure and under the 7th Street bridge to restore drainage capacity. At each site, the project consists of removing the failed bank material within the eroded area by excavating a keyway trench at the toe of the embankment, with intermittent benches as the excavation progresses up slope. The bank will then be reconstructed by backfilling with suitable material to protect against erosion and prevent property damage.

CONSEQUENCE OF NEGATIVE ACTION:

Delay in approving the project may result in a delay of design, construction, and may jeopardize funding. Erosion will worsen at the project site, which might damage nearby properties.

ATTACHMENTS

Notice of Exemption



CALIFORNIA ENVIRONMENTAL QUALITY ACT
Notice of Exemption

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

From: Contra Costa County
Department of Conservation and
Development
30 Muir Road
Martinez, CA 94553

County Clerk, County of Contra Costa

Project Title: Rodeo Creek Bank Erosion Repair, Project #: WO9N04, CP#: 21-35

Project Applicant: Contra Costa County Public Works Dept., 255 Glacier Drive, Martinez CA 94553
Main: (925) 313-2000, Contact: Alex Nattkemper, (925) 313-2364

Project Location: 4th and 7th Streets at Vaqueros Avenue, unincorporated Rodeo, Contra Costa County, APNs: 357-151-XXX, 357-140-XXX, 357-120-XXX, 357-161-001, 357-161-002, 357-161-013, 357-132-017, 357-132-019

Lead Agency: Department of Conservation and Development, 30 Muir Road, Martinez, CA 94553
Main: (925) 655-2705, Contact: Syd Sotoodeh (925) 655-2877

Project Description: The purpose of the project is to repair two bank failures along the west side of Rodeo Creek at 4th and 7th Streets and to remove accumulated sediment within the channel adjacent to the 7th Street bank failure and under the 7th Street bridge. The 4th Street bank failure is approximately 30 feet long and 15 feet wide. The 7th Street bank failure, approximately three blocks to the south, is approximately 50 feet long by 15 feet wide. At each site, the project consists of removing the failed bank material within the eroded area by excavating a keyway trench at the toe of the embankment with intermittent benches as the excavation progresses up slope. The bank will then be reconstructed by backfilling with suitable material. Rock slope protection will be placed to protect against erosion; the rock voids will be filled with native soil and a native seed mix. The adjacent access road and trail will be repaved. A temporary water diversion system will be used to dewater the work area. Construction depths will vary among project elements; the maximum depth of excavation will be approximately 5 feet for installation of the keyway. The 4th Street repair will extend approximately 70 feet long and the 7th Street repair will extend approximately 60 feet long in order to transition the bank failure repair area to the adjacent channel slopes. At the 7th Street repair site, a layer of deposited sediment in the streambed will be removed adjacent to the bank failure and under the 7th Street bridge to restore drainage capacity. Therefore, including sediment removal activities, the entire work limit along the 7th Street site is approximately 200 feet long. The existing curb, guardrail, and fence along the site will be removed and replaced. Tree and vegetation trimming and removal will be necessary to accommodate the project. Real Estate transactions, including temporary construction easements, will be necessary. Construction is anticipated to occur in 2024. Work will take place during the dry season and is anticipated to be completed in approximately 35 working days. The adjacent trails will be closed to the public during the entire period of construction. Temporary traffic control will be required. Appropriate best management practices for water pollution control will be implemented to protect the creek. Applicable regulatory permits will be obtained before construction.

Exempt Status:

- Ministerial Project (Sec. 21080[b][1]; 15268) Categorical Exemption (Sec. 15301[d])
 Declared Emergency (Sec. 21080[b][3]; 15269[a]) General Rule of Applicability (Sec. 15061[b][3])
 Emergency Project (Sec. 21080[b][4]; 15269[b][c]) Other Statutory Exemption (Sec.)

Reasons why project is exempt: The activity consists of the repair of a damaged portion of an existing flood control facility to meet current standards of public health and safety involving no expansion of existing use, pursuant to Article 19, Section 15301(d) of the CEQA Statute and Guidelines.

If filed by applicant:

1. Attach certified document of exemption finding.

2. Has a Notice of Exemption been filed by the public agency approving the project? Yes No

Signature: Sybil Sotwadeh Date: July 3, 2023 Title: Senior Planner

Contra Costa County Department of Conservation and Development

Signed by Lead Agency

Signed by Applicant

AFFIDAVIT OF FILING AND POSTING

I declare that on _____ I received and posted this notice as required by California Public Resources Code Section 21152(c). Said notice will remain posted for 30 days from the filing date.

Signature

Title

Applicant

Public Works Department
255 Glacier Drive
Martinez, CA 94553
Attn: Alex Nattkemper 
Environmental Services Division
Phone: (925) 313-2364

Department of Fish and Wildlife Fees Due

- De Minimis Finding - \$0
- County Clerk - \$50
- Conservation and Development - \$25

Total Due: \$75

Receipt #: _____

Rodeo Creek Bank Erosion Repair

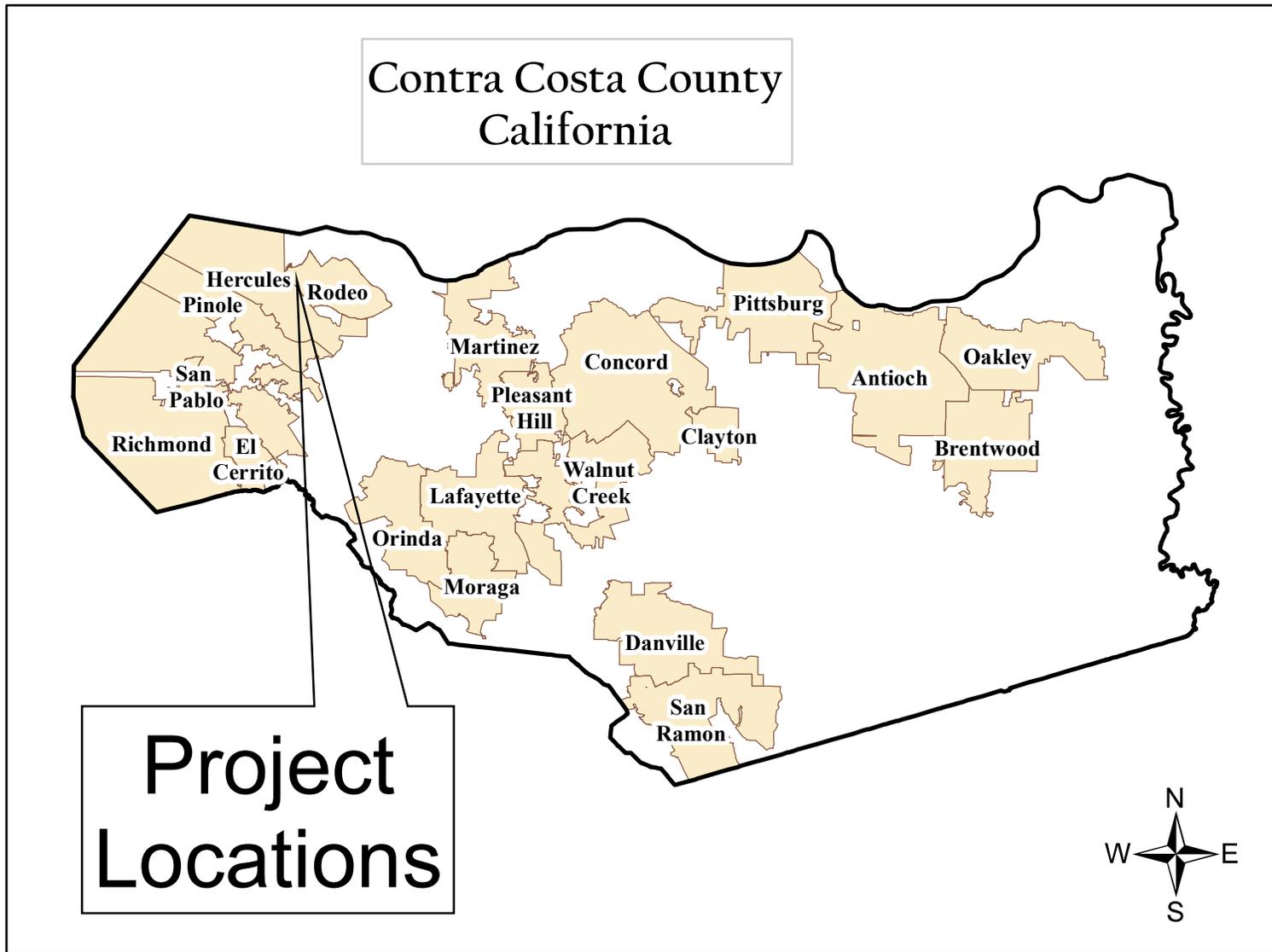
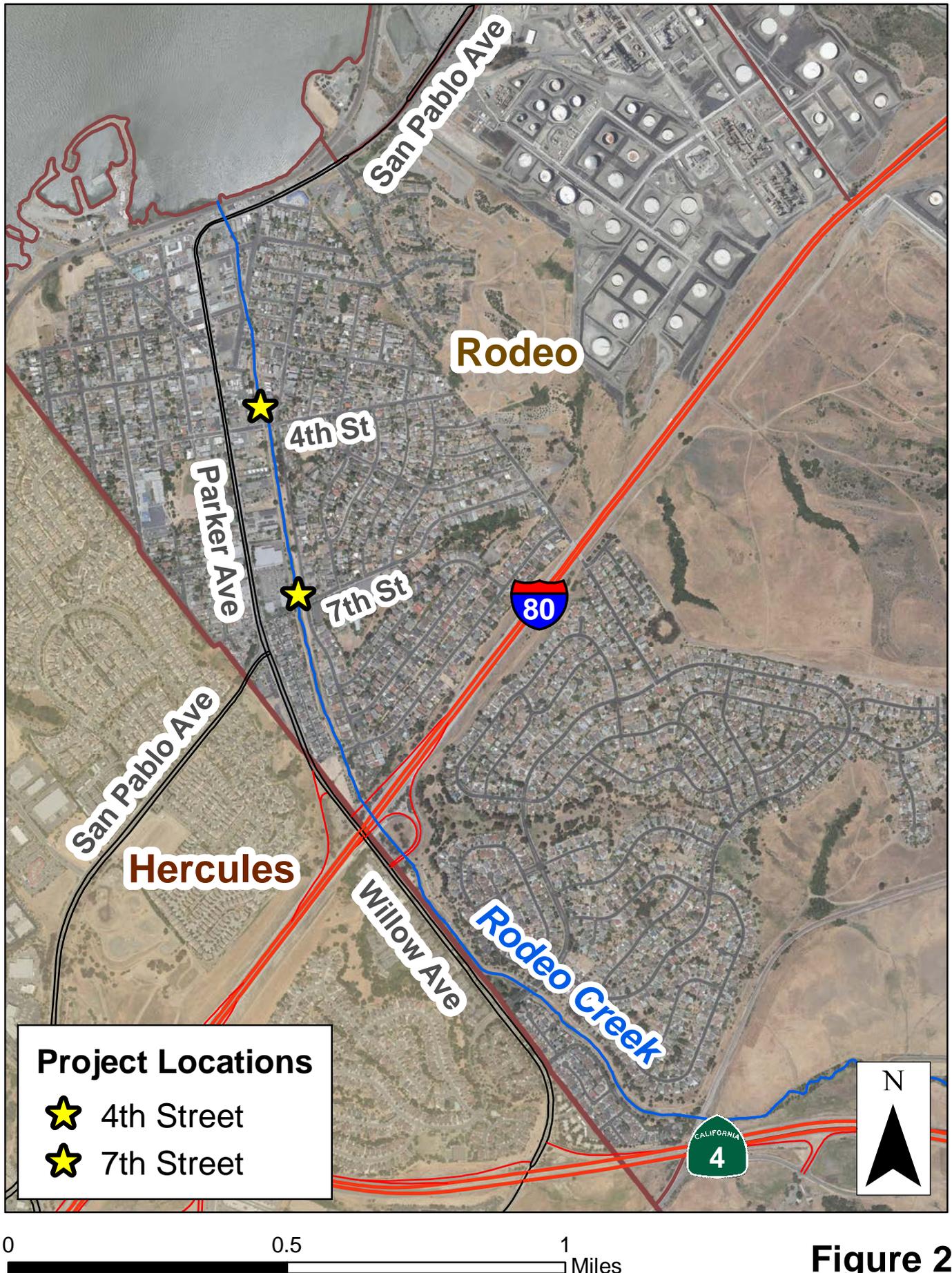
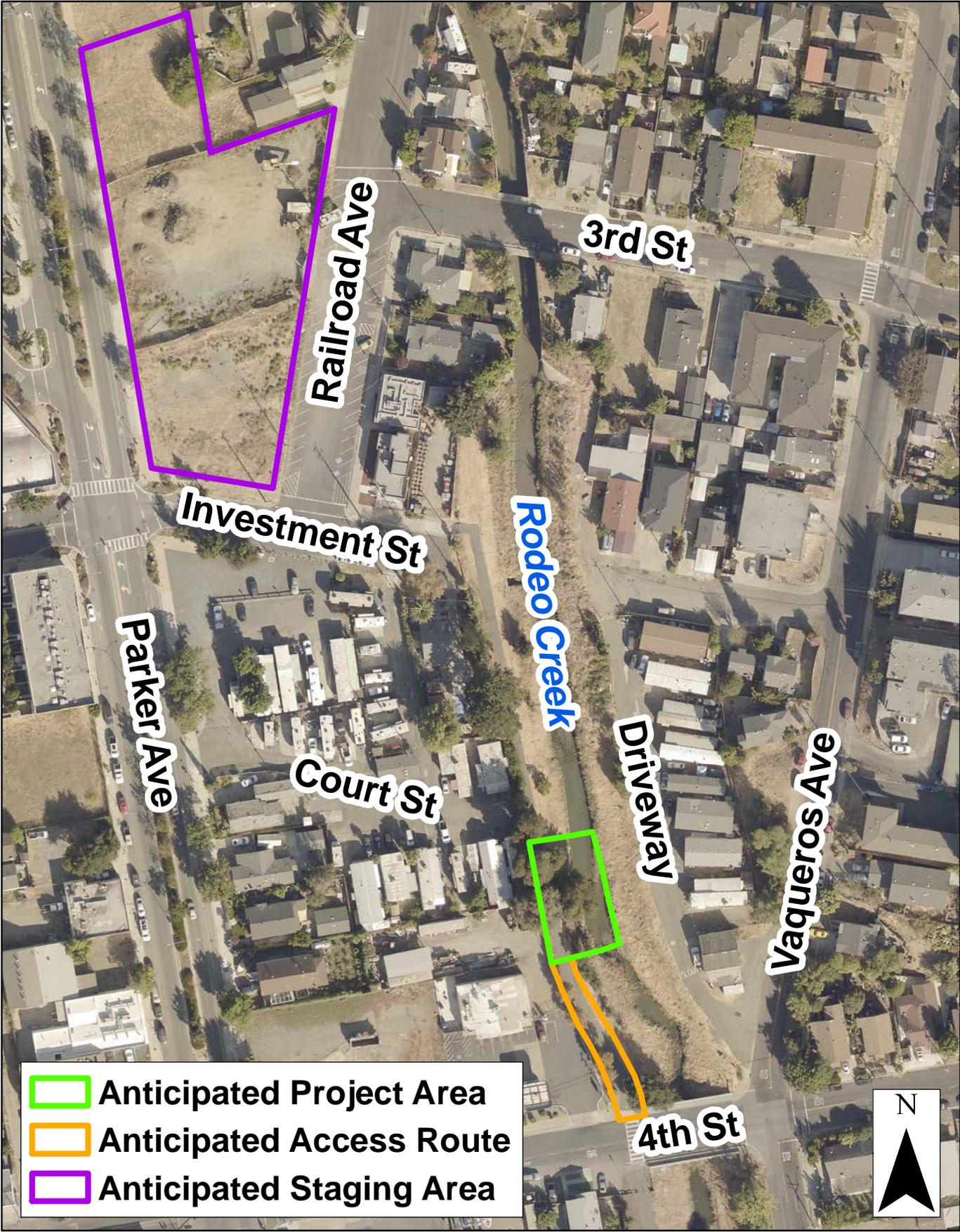


Figure 1

Rodeo Creek Bank Erosion Repair



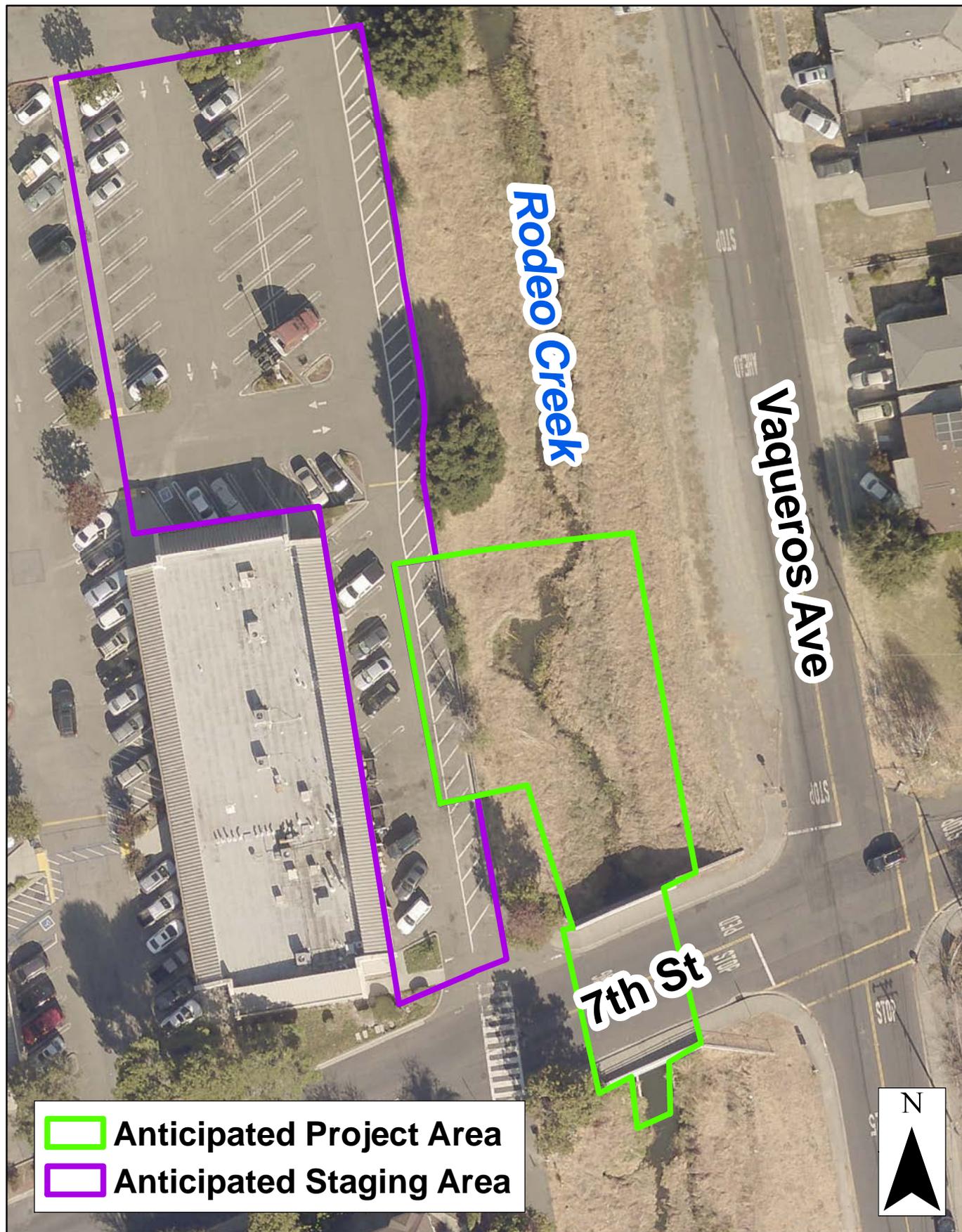
Rodeo Creek Bank Erosion Repair (4th Street)



0 100 200 Feet

Figure 3

Rodeo Creek Bank Erosion Repair (7th Street)



0 100 200 Feet

Figure 4



Contra
Costa
County

To: Board of Supervisors
From: Greg Baer, Director of Airports
Date: August 1, 2023

Subject: Property Improvements Maintenance Agreement with the City of Concord

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Director of Airports, or designee, to execute an Agreement for Maintenance of Property Improvements (Property Maintenance Agreement) with the City of Concord for the development of a self-storage facility located at 4900 Marsh Drive, Assessor's Parcel Number 125-210-012, subject to approval by the County Administrator and subject to approval as to form by County Counsel.

AUTHORIZE the recordation of the executed Property Maintenance Agreement against Assessor's Parcel Number 125-210-012.

FISCAL IMPACT:

There is no negative impact on the General Fund or the Airport Enterprise Fund. The Property Maintenance Agreement places all of the property improvements maintenance obligations on the County's lessee/site developer (Buchanan Field Self Storage, LP) for the entirety of the lease term.

BACKGROUND:

On December 6, 2016, the Board adopted Resolution No. 2016/651, authorizing

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Greg Baer, 925-681-4200

By: , Deputy

cc:

BACKGROUND: (CONT'D)

the County Administrator to execute a Memorandum of Understanding (MOU) with the City of Concord for property owned by the County (Airport), located at 4900 Marsh Drive (Property).

Because a portion of the property is located within unincorporated Contra Costa County, and a portion is located within the city limits of the City of Concord, a MOU was needed to memorialize, (i) how property and sales tax would be allocated between the two entities, and (ii) which entity would be responsible for processing development applications. Under the terms of the MOU, the City is responsible for processing development applications, and is the Lead Agency under the California Environmental Quality Act (CEQA) for any proposed developments.

After the completion of a competitive solicitation process for the ability to develop the property, the Board authorized staff in June of 2018 to negotiate a ground lease, along with development terms with the highest ranked respondent.

On October 6, 2021, the City of Concord approved Resolution No. 21-10PC for the construction of a self-storage facility on the Property, subject to 122 Conditions of Approval (Conditions). Additionally, Resolution No. 21-10PC, determined that the proposed project is categorically exempt pursuant to CEQA Guidelines section 15332 (In-Fill Development Projects). The City's Conditions include a requirement to enter into the City's Property Maintenance Agreement to ensure on-going repair, replacement and maintenance of all exterior improvements including buildings, parking areas, private roads, walkways, landscaping, irrigation, signs, fences, walls, and other improvements, prior to the issuance of grading or building permits.

On February 1, 2022, the Board authorized a 50-year ground lease with Buchanan Field Self Storage, LP (Lessee) for the lease and development of a self-storage facility at the Property. As required by the City's Conditions, the exterior property maintenance obligations are identified within a Property Maintenance Agreement, executed by the property owner, and recorded on the property. Even though the property is owned by the County, the requirement to maintain the exterior property improvements is an obligation of the Lessee as identified within the lease and the Property Maintenance Agreement. However, to ensure long-term compliance if the lessee changes and/or the property reverts back to the County at the end of the 50-year lease term, the County needs to be a party to the Property Maintenance Agreement that will be recorded against the Property.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to execute the Property Maintenance Agreement would result in the City of Concord declining to provide a building permit for the self-storage project.



Contra
Costa
County

To: Board of Supervisors
From: Thomas L. Geiger, County Counsel
Date: August 1, 2023

Subject: Deny claims filed for unitary property taxes paid for tax year 2019/20

RECOMMENDATION(S):

DENY the claims filed by Sprint Communications Company, L.P.; Sprint Spectrum, L.P.; AT&T Corp; and AT&T Mobility LLC, in the total amount of \$982,807.22, plus interest, in unitary property taxes paid for tax year 2019/20.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Sprint Communications Company, L.P.; Sprint Spectrum, L.P.; AT&T Corp; and AT&T Mobility LLC (collectively, "Claimants") have filed claims for refund of property taxes against the County and a number of other counties, essentially alleging that the statutory formula used to calculate their property tax rate violates the California Constitution.

In January 2023, Sprint Communications Company, L.P. submitted a claim to the County in the amount of \$10,751.46; Sprint Spectrum, L.P. submitted a claim in the amount of \$188,942.76; AT&T Corp submitted a claim in the amount of 45,544.00; and AT&T Mobility LLC submitted a claim in the amount of \$737,569.00. [The claims are provided in Attachments A-D.] The claims, in the collective amount of \$982,807.22, are for property taxes paid for tax year 2019/20. Claimants request interest on the requested refund amounts.

Some of these claimants have submitted refund claims for prior years based on the same allegation, which the County has denied. Other counties that have received similar refund claims from these claimants appear to have uniformly denied the claims. Santa Clara County recently prevailed before the Court of Appeal on the basis that the statutory tax rate imposed on property owned by these entities does not violate the California Constitution.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Rebecca Hooley, Assistant County Counsel, (925) 655-2200

By: , Deputy

cc: Rebecca Hooley, Assistant County Counsel, Laura Strobel, Senior Deputy County Administrator, Robert Campbell, Auditor-Controller

BACKGROUND: (CONT'D)

ANALYSIS:

Under the California Constitution, certain property owned or used by utilities and telecommunication companies, among others, is annually assessed by the State Board of Equalization ("BOE"). (Cal. Const., article XIII, § 19.) The amount of such "unitary property" assessments attributed to the County by the BOE are then taxed by the County in accordance with a statutory formula. (See Rev. & Tax. Code, § 100.)

The Auditor-Controller uses the amount of unitary property assessments annually provided by the BOE to calculate the amount of taxes to be levied on these properties in accordance with a formula mandated by state law (Rev. & Tax. Code, § 100). Based on this formula, the unitary tax rate for 2019/20 is 1.6865%. The Auditor-Controller has confirmed that the rate was correctly calculated pursuant to the State law, and the Office of the State Controller has deemed it correct.

Claimants argue that they are entitled to a partial refund of taxes on the grounds that they were illegally levied because the formula used to calculate the rate is unconstitutional. However, the County is given no discretion on its calculation of the unitary tax rate; it is a mandated formula set by the State. A recent decision from the California Court of Appeals has affirmed the constitutionality of the rate. (*County of Santa Clara v. Sup. Ct.* (2023) 87 Cal.App.5th 347.) For these reasons, the claims should be denied.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to take the recommended action would result in interest continuing to accrue on a potential court-ordered refund of property taxes.

ATTACHMENTS

Attachment A - Claim of Sprint Communications Company, L.P.

Attachment B - Claim of Sprint Sprectrum, L.P.

Attachment C - Claim of AT&T Corp

Attachment D - AT&T Mobility LLC



CLAIM FOR REFUND OF PROPERTY TAXES

To: Board of Supervisors, County of Contra Costa, California.

The undersigned, as Senior Vice President - Taxation of Sprint Communications Company, L.P., PO Box 85022, Bellevue, Washington 98015, the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and requests that the Contra Costa County Board of Supervisors make its order directing the Controller of said County to refund to claimant the sum of \$10,751.46 in taxes levied for the fiscal year 2019-20. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was Sprint Communications Company, L.P.
2. For fiscal year 2019-20, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in Contra Costa County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$35,174.26 (See Attached) and paid by claimant in full on or about November 30, 2019 (See Attached).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$10,751.46, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of Contra Costa County, in violation of Article XIII, section 19 of the California Constitution and *ITT*

World Communications v. City and County of San Francisco, 37 Cal. 3d 859 (1985).

- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.
4. No refund of said taxes, or any part thereof, has been previously made.

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: Wednesday, December 21, 2022 at Dallas, Texas.

Chris Miller

Signature

Christopher Miller, Senior Vice President - Taxation



CONTRA COSTA COUNTY
RUSSELL V. WATTS, TREASURER-TAX COLLECTOR
UNITARY PROPERTY TAX
FISCAL YEAR JULY 1, 2019 TO JUNE 30, 2020

ASSESSED TO:

NOTICE DATE: **October 07, 2019**

Sprint Communications Co., L.P.
Attn: Traci Johnson
PO Box 12913
Shawnee Mission, KS 66282

ACCOUNT NUMBER: **2014**

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$503,425	\$335,875	\$1,246,337	\$2,085,637
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.6865%	\$35,174.26	\$17,587.13	\$17,587.13

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2019-2020, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of FIFTY THOUSAND DOLLARS (\$50,000) or more are required to send payments via electronic funds transfer (EFT) or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

(KEEP THE TOP PORTION FOR YOUR RECORDS)

ACCOUNT NUMBER: 2014	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
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MAKE CHECK PAYABLE TO:
CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

2ND

INSTALLMENT

DUE BY FEB. 1, 2020	\$17,587.13
DELINQUENT AFTER 5:00 P.M. APR. 10, 2020 (INCLUDES 10% PENALTY + \$20 COST)	\$19,365.84
TO PAY FULL TAX BY DEC. 10, 2019	\$35,174.26

Sprint Communications Co., L.P.

ACCOUNT NUMBER: 2014	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
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MAKE CHECK PAYABLE TO:
CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

1ST

INSTALLMENT

DUE BY NOV. 1, 2019	\$17,587.13
DELINQUENT AFTER 5:00 P.M. DEC. 10, 2019 (INCLUDES 10% PENALTY)	\$19,345.84
TO ENSURE PROPER POSTING & CREDIT OF PAYMENT, PLEASE SEND BACK COUPONS ALONG WITH YOUR PAYMENTS.	

Sprint Communications Co., L.P.

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SPRINT

P.O. Box 63670
Phoenix, AZ 85082-3670

Return Service Requested

Bank of America
Bank Of America, N.A.
Atlanta, DeKalb County, Georgia

641328
611

No. 14258177

CHECK DATE
10/21/2019

CHECK AMOUNT
\$*****35,174.26

PAY

THIRTY-FIVE THOUSAND ONE HUNDRED SEVENTY-FOUR DOLLARS AND 26 CENTS

VOID IF NOT CASHED WITHIN 180 DAYS

-- 01 000007 50802 E 1 A727

TO THE
ORDER
OF

COUNTY OF CONTRA COSTA CA
TAX COLLECTORS OFFICE
P O BOX 631
MARTINEZ, CA 94553-0063

Authorized Signature

Security features
included.
Details on back.



⑈ 14258177⑈ ⑆06112788⑆ 3299791352⑈

00198429

Endorse Here

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
Reserved for financial institution use

0/29/2019 00000271 2 FDO >4945085850<
29/2019 00000271 5

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Security Feature	Result of the document alteration
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Microprint	Not visible
Color	Not visible
Security Thread	Not visible
Security Features	Not visible

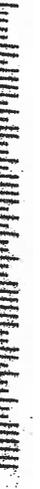
FEDERAL RESERVE BOARD OF GOVERNORS REG CC

T-Mobile



7018 0040 0000 3930 5875

T-Mobile USA, Inc.
6160 Sprint Pkwy, KSOPHI0401-4CPTX, Overland Park, KS 66251



RECEIVED
JAN 26 2023
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Contra Costa Clerk of The Board
651 Pine Street, 1st Fl Rm 106
Martinez, CA 94553



US POSTAGE

ZIP 66251 \$
02 4M
0000389241

RECEIVED

JAN 27 2023

**CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.**

CLAIM FOR REFUND OF PROPERTY TAXES

To: Board of Supervisors, County of Contra Costa, California.

The undersigned, as Senior Vice President - Taxation of Sprint Spectrum, L.P., PO Box 85022, Bellevue, Washington 98015, the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and requests that the Contra Costa County Board of Supervisors make its order directing the Controller of said County to refund to claimant the sum of \$188,942.76 in taxes levied for the fiscal year 2019-20. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was Sprint Spectrum LP.
2. For fiscal year 2019-20, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in Contra Costa County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$618,142.00 (See Attached) and paid by claimant in full on or about November 30, 2019 (See Attached).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$188,942.76, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of Contra Costa County, in violation of Article XIII, section 19 of the California Constitution and *ITT*

World Communications v. City and County of San Francisco, 37 Cal. 3d 859 (1985).

- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.
4. No refund of said taxes, or any part thereof, has been previously made.

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: Wednesday, December 21, 2022 at Dallas, Texas.

Chris Miller

Signature

Christopher Miller, Senior Vice President - Taxation

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$4,084,536	\$1,865,992	\$30,701,801	\$36,652,329
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.6865%	\$618,141.52	\$309,070.76	\$309,070.76

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2019-2020, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of FIFTY THOUSAND DOLLARS (\$50,000) or more are required to send payments via electronic funds transfer (EFT) or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

(KEEP THE TOP PORTION FOR YOUR RECORDS)

ACCOUNT NUMBER: 2720	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
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MAKE CHECK PAYABLE TO:
**CONTRA COSTA COUNTY
 TAX COLLECTOR**
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

**UNITARY
 PROPERTY TAX BILL**
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

DUE BY
 FEB. 1, 2020 **\$309,070.76**

**DELINQUENT
 AFTER 5:00 P.M.** **\$339,997.83**
 APR. 10, 2020
 (INCLUDES 10% PENALTY + \$20 COST)

TO PAY FULL TAX **\$618,141.52**
BY DEC. 10, 2019

Sprint Spectrum LP

2ND

INSTALLMENT

ACCOUNT NUMBER: 2720	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
----------------------	--------------------------	------------------------------

MAKE CHECK PAYABLE TO:
**CONTRA COSTA COUNTY
 TAX COLLECTOR**
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

**UNITARY
 PROPERTY TAX BILL**
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

DUE BY
 NOV. 1, 2019 **\$309,070.76**

**DELINQUENT
 AFTER 5:00 P.M.** **\$339,977.83**
 DEC. 10, 2019
 (INCLUDES 10% PENALTY)

**TO ENSURE PROPER POSTING & CREDIT
 OF PAYMENT, PLEASE SEND BACK
 COUPONS ALONG WITH YOUR PAYMENTS.**

Sprint Spectrum LP

1ST

INSTALLMENT

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SPRINT

P.O. Box 63670
Phoenix, AZ 85082-3670

Bank of America
Bank Of America, N.A.
Atlanta, DeKalb County, Georgia

641278
611

NO. 14258178

Return Service Requested

CHECK DATE
10/21/2019

CHECK AMOUNT
\$****618,141.52

PAY

SIX HUNDRED EIGHTEEN THOUSAND ONE HUNDRED FORTY-ONE DOLLARS AND 52 CENTS

-- 01 000008 50802 E 1 A727

VOID IF NOT CASHED WITHIN 180 DAYS

TO THE
ORDER
OF

COUNTY OF CONTRA COSTA CA
TAX COLLECTORS OFFICE
P O BOX 631
MARTINEZ, CA 94553-0063



Authorized Signature

Security features included. Details on back.

00198429

⑈ 14 258 178 ⑈ ⑆ 06 111 2788 ⑆ 3 299 79 135 2 ⑈

MEMO

CERTIFIED MAIL



7018 0040 0000 3930 5479

T-Mobile USA, Inc.
6160 Sprint Pkwy, KSOPHI0401-4OPTX, Overland Park, KS 66251



US POSTAGE

ZIP 66251 \$
02 4M
00003892411

RECEIVED
JAN 27 2023
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Contra Costa Clerk of Board
651 Pine Street, 1st Fl Room 106
Martinez, CA 94553



Gary Hunter
AVP TAX
AT&T Services, Inc.
208 S Akard St. 18th floor
Dallas, TX 75202-4206

Tel: 214-782-3738
Mob: 469-794-7194
Gh8190@att.com

December 16, 2022

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



RE: Pacific Bell, AT&T Mobility LLC & AT&T Communications Property Tax Claims for Refund

Dear Clerk of the Board,

Enclosed are the Fiscal Year 2019/20 property tax claims for refund for Pacific Bell, AT&T Mobility and AT&T Communications for your review. Please feel free to let me know if you have any questions or need any additional information. I can be reached at (214) 782-3738 or by email at gh8190@att.com.

In advance, thank you for your attention to this matter.

Regards,

GH by DHP

Gary Hunter
AVP TAX

CLAIM FOR REFUND OF PROPERTY TAXES



To: Board of Supervisors, County of *CONTRA COSTA*, California.

The undersigned, as *AVP TAX* of *AT&T Services*, as delegated by the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and demands that the Board of Supervisors make its order directing the controller of said County to refund to claimant the sum of \$ 45,544 in taxes levied for the fiscal year 2019-20. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was *AT&T Corp*, a corporation duly organized and existing under the laws of the State of New York, with its principal place of business located at One AT&T Way, Bedminster, Somerset County, New Jersey.
2. For fiscal year 2019-20, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in *CONTRA COSTA* County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$ 149,003 (Exhibit 1) and paid by claimant in full on or about *November 27, 2019* and *March 30, 2020* (Exhibit 2).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$ 45,544, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of *CONTRA COSTA* County, in violation of Article XIII, section 19 of the

California Constitution and *ITT World Communications v. City and County of San Francisco*, 37 Cal. 3d 859 (1985).

- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.

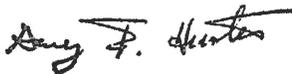
4. No refund of said taxes, or any part thereof, has been previously made.

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: *December 16, 2022* at 208 S. Akard, Dallas, Texas

Name: Gary Hunter

Title: AVP TAX

Signature: 



CONTRA COSTA COUNTY
RUSSELL V. WATTS, TREASURER-TAX COLLECTOR
UNITARY PROPERTY TAX
FISCAL YEAR JULY 1, 2019 TO JUNE 30, 2020

ASSESSED TO:

A T & T Communications
c/o Property Tax Department
1010 Pine St., 9E-E-05
St. Louis, MO 63101

NOTICE DATE: **October 07, 2019**

ACCOUNT NUMBER: **2310**

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$4,341,240	\$598,788	\$3,894,986	\$8,835,014
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.6865%	\$149,002.50	\$74,501.25	\$74,501.25

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2019-2020, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of **FIFTY THOUSAND DOLLARS (\$50,000)** or more are required to send payments via **electronic funds transfer (EFT)** or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

CONTRA COSTA COUNTY TAX COLLECTOR PO BOX 631 MARTINEZ, CA 94553										Payment #: 3322948612 Payment Date: 11/27/2019 Payment Amount: \$74,501.25 Payment Status: RECONCILED			
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System		
CONTRA COSTA COUNTY TAX COLLECTOR	10028315	0294553	PT62949-357527	11/26/2019	\$74,501.25	USD	\$0.00	\$74,501.25	3322948612		CFAS		

CONTRA COSTA COUNTY TAX COLLECTOR PO BOX 631 MARTINEZ, CA 94553										Payment #: 3311771081 Payment Date: 3/30/2020 Payment Amount: \$74,501.25 Payment Status: RECONCILED			
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System		
CONTRA COSTA COUNTY TAX COLLECTOR	10028315	0294553	PT63747-387494	3/27/2020	\$74,501.25	USD	\$0.00	\$74,501.25	3311771081		CFAS		



AT&T Inc.
208 S. Akard St.
18th Floor
Dallas, TX 75202

CERTIFIED MAIL®



7020 0640 0001 2794 9966

RECEIVED
JAN 27 2023
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



0000

U.S. POSTAGE PAID
SEGUIN, TX
78155
DEC 27 22
AMOUNT

\$8.93
R2305K135712-03



Gary Hunter
AVP TAX
AT&T Services, Inc.
208 S Akard St. 18th floor
Dallas, TX 75202-4206

Tel: 214-782-3738
Mob: 469-794-7194
Gh8190@att.com

December 16, 2022

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



RE: Pacific Bell, AT&T Mobility LLC & AT&T Communications Property Tax Claims for Refund

Dear Clerk of the Board,

Enclosed are the Fiscal Year 2019/20 property tax claims for refund for Pacific Bell, AT&T Mobility and AT&T Communications for your review. please feel free to let me know if you have any questions or need any additional information. I can be reached at (214) 782-3738 or by email at gh8190@att.com.

In advance, thank you for your attention to this matter.

Regards,

GH by DHP

Gary Hunter
AVP TAX

RECEIVED

JAN 27 2023

CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

CLAIM FOR REFUND OF PROPERTY TAXES

To: Board of Supervisors, County of *CONTRA COSTA*, California.

The undersigned, as *AVP TAX* of *AT&T Services*, as delegated by the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and demands that the Board of Supervisors make its order directing the controller of said County to refund to claimant the sum of \$ 737,569 in taxes levied for the fiscal year 2019-20. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was *AT&T Mobility LLC*, a limited liability company duly organized and existing under the laws of the State of Delaware, with its principal place of business located at 1025 Lenox Park Blvd NE, Atlanta, Fulton County, Georgia.
2. For fiscal year 2019-20, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in *CONTRA COSTA* County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$ 2,413,018 (Exhibit 1) and paid by claimant in full on or about *December 5, 2019* and *April 6, 2020* (Exhibit 2).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$ 737,569, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of *CONTRA*

COSTA County, in violation of Article XIII, section 19 of the California Constitution and *ITT World Communications v. City and County of San Francisco*, 37 Cal. 3d 859 (1985).

- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.

4. No refund of said taxes, or any part thereof, has been previously made.

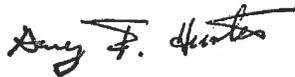
I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: *December 16, 2022* at 208 S. Akard, Dallas, Texas

Name: Gary Hunter

Title: AVP TAX

Signature:

A handwritten signature in cursive script that reads "Gary F. Hunter". The signature is written in black ink and is positioned to the right of the printed word "Signature:".



CONTRA COSTA COUNTY
RUSSELL V. WATTS, TREASURER-TAX COLLECTOR
UNITARY PROPERTY TAX
FISCAL YEAR JULY 1, 2019 TO JUNE 30, 2020

ASSESSED TO:

AT&T Mobility LLC
c/o Property Tax Dept.
1010 Pine St., 9E-L-01
St. Louis, MO 63101

NOTICE DATE: **October 07, 2019**

ACCOUNT NUMBER: **2606**

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$5,080,015	\$21,790,230	\$116,208,217	\$143,078,462
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.6865%	\$2,413,018.26	\$1,206,509.13	\$1,206,509.13

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2019-2020, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of FIFTY THOUSAND DOLLARS (\$50,000) or more are required to send payments via electronic funds transfer (EFT) or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

(KEEP THE TOP PORTION FOR YOUR RECORDS)

ACCOUNT NUMBER: 2606	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
-----------------------------	---------------------------------	-------------------------------------

MAKE CHECK PAYABLE TO:
CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

AT&T Mobility LLC

2ND

INSTALLMENT

DUE BY FEB. 1, 2020	\$1,206,509.13
DELINQUENT AFTER 5:00 P.M. APR. 10, 2020 (INCLUDES 10% PENALTY + \$20 COST)	\$1,327,180.04
TO PAY FULL TAX BY DEC. 10, 2019	\$2,413,018.26

ACCOUNT NUMBER: 2606	FISCAL YEAR: 2019 – 2020	ISSUE DATE: OCTOBER 07, 2019
-----------------------------	---------------------------------	-------------------------------------

MAKE CHECK PAYABLE TO:
CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

AT&T Mobility LLC

1ST

INSTALLMENT

DUE BY NOV. 1, 2019	\$1,206,509.13
DELINQUENT AFTER 5:00 P.M. DEC. 10, 2019 (INCLUDES 10% PENALTY)	\$1,327,160.04
TO ENSURE PROPER POSTING & CREDIT OF PAYMENT, PLEASE SEND BACK COUPONS ALONG WITH YOUR PAYMENTS.	

CONTRA COSTA COUNTY CA.>9T 825 COURT STREET ROOM 100 MARTINEZ, CA 94553		Payment #: 37314467 Payment Date: 12/5/2019 Payment Amount: \$1,206,509.13 Payment Status: RECONCILED							AP System CFAS		
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System
CONTRA COSTA COUNTY CA.>9T	205188ATT	03	PT83007-387253	12/4/2019	\$1,206,509.13	USD	\$0.00	\$1,206,509.13	37314467		CFAS

CONTRA COSTA COUNTY CA.>9T 825 COURT STREET ROOM 100 MARTINEZ, CA 94553		Payment #: 37646789 Payment Date: 4/6/2020 Payment Amount: \$1,206,509.13 Payment Status: RECONCILED							AP System CFAS		
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System
CONTRA COSTA COUNTY CA.>9T	205188ATT	03	PT83771-387739	4/3/2020	\$1,206,509.13	USD	\$0.00	\$1,206,509.13	37646789		CFAS



AT&T Inc.
208 S. Akard St.
18th Floor
Dallas, TX 75202

CERTIFIED MAIL®



7020 0640 0003 2794 9966

RECEIVED
JAN 27 2023
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



0000

U.S. POSTAGE PAID
SEGUIN, TX
78155
DEC 27 2022
AMOUNT
\$8.93
R2306K135712-03



**Contra
Costa
County**

To: Board of Supervisors
From: Thomas L. Geiger, County Counsel
Date: August 1, 2023

Subject: Deny claims filed for unitary property taxes paid for tax year 2020/21

RECOMMENDATION(S):

DENY the claims filed by AT&T Mobility LLC and AT&T Corp, in the total amount of \$1,087,684.00, plus interest, in unitary property taxes paid for tax year 2020/21.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

AT&T Mobility LLC and AT&T Corp (collectively, "Claimants") have filed claims for refund of property taxes against the County and a number of other counties, essentially alleging that the statutory formula used to calculate their property tax rate violates the California Constitution.

In January 2023, AT&T Mobility LLC submitted a claim to the County in the amount of \$1,027,398.00, and AT&T Corp. submitted a claim in the amount of \$60,286.00 [The claims are provided in Attachments A-B.] The claims, in the collective amount of \$1,087,684.00, are for property taxes paid for tax year 2020/21. Claimants request interest on the requested refund amounts.

Some of these claimants have submitted refund claims for prior years based on the same allegation, which the County has denied. Other counties that have received similar refund claims from these claimants appear to have uniformly denied the claims. Santa Clara County recently prevailed before the Court of Appeal on the basis that the statutory tax rate imposed on property owned by these entities does not violate the California Constitution.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Rebecca Hooley, Assistant County Counsel, (925) 655-2200

By: , Deputy

cc: Rebecca Hooley, Assistant County Counsel, Laura Strobel, Senior Deputy County Administrator, Robert Campbell, Auditor-Controller

BACKGROUND: (CONT'D)

ANALYSIS:

Under the California Constitution, certain property owned or used by utilities and telecommunication companies, among others, is annually assessed by the State Board of Equalization ("BOE"). (Cal. Const., article XIII, § 19.) The amount of such "unitary property" assessments attributed to the County by the BOE are then taxed by the County in accordance with a statutory formula. (See Rev. & Tax. Code, § 100.)

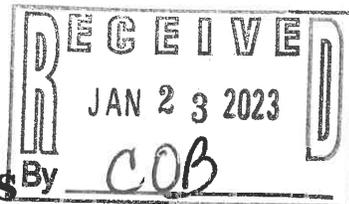
The Auditor-Controller uses the amount of unitary property assessments annually provided by the BOE to calculate the amount of taxes to be levied on these properties in accordance with a formula mandated by state law (Rev. & Tax. Code, § 100). Based on this formula, the unitary tax rate for 2020/21 is 1.8320%. The Auditor-Controller has confirmed that the rate was correctly calculated pursuant to the State law, and the Office of the State Controller has deemed it correct.

Claimants argue that they are entitled to a partial refund of taxes on the grounds that they were illegally levied because the formula used to calculate the rate is unconstitutional. However, the County is given no discretion on its calculation of the unitary tax rate; it is a mandated formula set by the State. A recent decision from the California Court of Appeals has affirmed the constitutionality of the rate. (*County of Santa Clara v. Sup. Ct.* (2023) 87 Cal.App.5th 347.) For these reasons, the claims should be denied.

ATTACHMENTS

Attachment A - Claim of AT&T Mobility LLC

Attachment B - Claim of AT&T Corp



CLAIM FOR REFUND OF PROPERTY TAXES

To: Board of Supervisors, County of *CONTRA COSTA*, California.

The undersigned, as *AVP TAX* of *AT&T Services*, as delegated by the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and demands that the Board of Supervisors make its order directing the controller of said County to refund to claimant the sum of \$ 1,027,398 in taxes levied for the fiscal year 2020-21. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was *AT&T Mobility LLC*, a limited liability company duly organized and existing under the laws of the State of Delaware, with its principal place of business located at 1025 Lenox Park Blvd NE, Atlanta, Fulton County, Georgia.
2. For fiscal year 2020-21, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in *CONTRA COSTA* County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$ 2,817,654 (Exhibit 1) and paid by claimant in full on or about *December 4, 2020* and *April 5, 2021* (Exhibit 2).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$ 1,027,398, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of *CONTRA*

COSTA County, in violation of Article XIII, section 19 of the California Constitution and *ITT World Communications v. City and County of San Francisco*, 37 Cal. 3d 859 (1985).

- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.

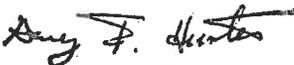
4. No refund of said taxes, or any part thereof, has been previously made.

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: *December 16, 2022* at 208 S. Akard, Dallas, Texas

Name: Gary Hunter

Title: AVP TAX

Signature: 



CONTRA COSTA COUNTY
RUSSELL V. WATTS, TREASURER-TAX COLLECTOR
UNITARY PROPERTY TAX
FISCAL YEAR JULY 1, 2020 TO JUNE 30, 2021

ASSESSED TO:

AT&T Mobility LLC
c/o Property Tax Dept.
1010 Pine St., 9E-L-01
St. Louis, MO 63101

NOTICE DATE: **October 26, 2020**

ACCOUNT NUMBER: **2606**

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$5,280,394	\$26,525,823	\$121,995,846	\$153,802,063
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.8320%	\$2,817,653.78	\$1,408,826.89	\$1,408,826.89

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2020-2021, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of FIFTY THOUSAND DOLLARS (\$50,000) or more are required to send payments via electronic funds transfer (EFT) or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

(KEEP THE TOP PORTION FOR YOUR RECORDS)

ACCOUNT NUMBER: 2606	FISCAL YEAR: 2020 - 2021	ISSUE DATE: OCTOBER 26, 2020
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MAKE CHECK PAYABLE TO:

CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

AT&T Mobility LLC

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

2ND

INSTALLMENT

DUE BY
 FEB. 1, 2021 **\$1,408,826.89**

DELINQUENT
 AFTER 5:00 P.M.
 FEB. 10, 2021 **\$1,549,729.57**
 (INCLUDES 10% PENALTY + \$20 COST)

TO PAY FULL TAX **\$2,817,653.78**
BY DEC. 10, 2020

ACCOUNT NUMBER: 2606	FISCAL YEAR: 2020 - 2021	ISSUE DATE: OCTOBER 26, 2020
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MAKE CHECK PAYABLE TO:

CONTRA COSTA COUNTY
TAX COLLECTOR
 P. O. BOX 631
 MARTINEZ, CA 94553-0063

AT&T Mobility LLC

UNITARY
PROPERTY TAX BILL
 (THIS STUB MUST
 ACCOMPANY PAYMENT)

1ST

INSTALLMENT

DUE BY
 NOV. 1, 2020 **\$1,408,826.89**

DELINQUENT
 AFTER 5:00 P.M.
 DEC. 10, 2020 **\$1,549,709.57**
 (INCLUDES 10% PENALTY)

TO ENSURE PROPER POSTING & CREDIT
OF PAYMENT, PLEASE SEND BACK
COUPONS ALONG WITH YOUR PAYMENTS.

CONTRA COSTA COUNTY CA.>9T
 625 COURT STREET ROOM 100
 MARTINEZ, CA 94553

Payment #: 38247100
 Payment Date: 12/4/2020
 Payment Amount: \$1,408,826.89
 Payment Status: RECONCILED

Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System
CONTRA COSTA COUNTY CA.>9T	205186ATT	03	PT64687-406667	12/3/2020	\$1,408,826.89	USD	\$0.00	\$1,408,826.89	38247100		CFAS

CONTRA COSTA COUNTY CA.>9T
 625 COURT STREET ROOM 100
 MARTINEZ, CA 94553

Payment #: 38537745
 Payment Date: 4/5/2021
 Payment Amount: \$1,408,826.89
 Payment Status: RECONCILED

Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System
CONTRA COSTA COUNTY CA.>9T	205186ATT	03	PT65447-425878	4/2/2021	\$1,408,826.89	USD	\$0.00	\$1,408,826.89	38537745		CFAS

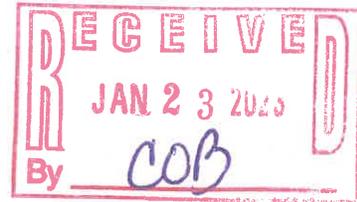


Gary Hunter
AVP TAX
AT&T Services, Inc.
208 S Akard St. 18th floor
Dallas, TX 75202-4206

Tel: 214-782-3738
Mob: 469-794-7194
Gh8190@att.com

December 16, 2022

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



RE: Pacific Bell, AT&T Mobility LLC & AT&T Communications Property Tax Claims for Refund

Dear Clerk of the Board,

Enclosed are the Fiscal Year 2020/21 property tax claims for refund for Pacific Bell, AT&T Mobility and AT&T Communications for your review. please feel free to let me know if you have any questions or need any additional information. I can be reached at (214) 782-3738 or by email at gh8190@att.com.

In advance, thank you for your attention to this matter.

Regards,

GH by DAP

Gary Hunter
AVP TAX



AT&T Inc.
208 S. Akard St.
18th Floor
Dallas, TX 75202

CERTIFIED MAIL



7020 0640 0001 2794 9959

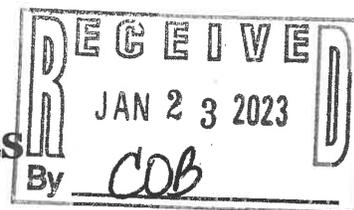


Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



U.S. POSTAGE
SEGUIN, TX
78155
DEC 27 22
AMOUNT
\$8.9
R2905K134

CLAIM FOR REFUND OF PROPERTY TAXES



To: Board of Supervisors, County of *CONTRA COSTA*, California.

The undersigned, as *AVP TAX* of *AT&T Services*, as delegated by the claimant herein, hereby makes this claim for refund of property tax on behalf of the claimant pursuant to Revenue and Taxation Code section 5097 and demands that the Board of Supervisors make its order directing the controller of said County to refund to claimant the sum of \$ 60,286 in taxes levied for the fiscal year 2020-21. In support of said claim, the undersigned states:

1. Claimant is and at all times herein mentioned was *AT&T Corp*, a corporation duly organized and existing under the laws of the State of New York, with its principal place of business located at One AT&T Way, Bedminster, Somerset County, New Jersey.
2. For fiscal year 2020-21, the California State Board of Equalization assessed the value of claimant's unitary and nonoperating California property pursuant to its authority under Article XIII, section 19 of the California Constitution and section 721 of the Revenue and Taxation Code. Pursuant to its authority under Revenue and Taxation Code section 756, the California Board of Equalization transmitted a roll showing claimant's unitary and nonoperating property in *CONTRA COSTA* County. On the basis of said assessment and transmittal of said roll, taxes were levied on said property for said fiscal year in the sum of \$ 165,334 (Exhibit 1) and paid by claimant in full on or about *November 27, 2019* and *March 30, 2020* (Exhibit 2).
3. Claimant is entitled to a refund of a portion of said taxes in the amount of \$ 60,286, plus appropriate interest, on the grounds that said taxes were erroneously or illegally collected, or illegally assessed or levied, for the following reasons:
 - a. The property tax rate applied to compute claimant's property taxes was in excess of the rate applied in the same year to property in the county assessed by the assessor of *CONTRA COSTA* County, in violation of Article XIII, section 19 of the

California Constitution and *ITT World Communications v. City and County of San Francisco*, 37 Cal. 3d 859 (1985).

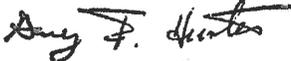
- b. The property tax rate applied to compute claimant's property taxes exceeded the rate allowed by Article XIII A, section 1 of the California Constitution.
4. No refund of said taxes, or any part thereof, has been previously made.

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized by claimant to make this claim for refund.

Dated: *December 16, 2022* at 208 S. Akard, Dallas, Texas

Name: Gary Hunter

Title: AVP TAX

Signature: 



CONTRA COSTA COUNTY
RUSSELL V. WATTS, TREASURER-TAX COLLECTOR
UNITARY PROPERTY TAX
FISCAL YEAR JULY 1, 2020 TO JUNE 30, 2021

ASSESSED TO:

A T & T Communications
c/o Property Tax Department
1010 Pine St., 9E-E-05
St. Louis, MO 63101

NOTICE DATE: **October 26, 2020**

ACCOUNT NUMBER: **2310**

VALUATION			
Land	Improvements	Personal Property	Total Assessed Value
\$4,341,240	\$576,094	\$4,107,459	\$9,024,793
Assessed Value Tax Rate	Total Tax Due	First Installment	Second Installment
1.8320%	\$165,334.20	\$82,667.10	\$82,667.10

This is your notice for **UNITARY PROPERTY TAX** in Contra Costa County for the fiscal year 2020-2021, as reported by the State Board of Equalization. Pursuant to Section 2503.2 of the Revenue & Taxation Code, all taxpayers making single or aggregate tax payment(s) of FIFTY THOUSAND DOLLARS (\$50,000) or more are required to send payments via electronic funds transfer (EFT) or by wire. If you have any questions, call (925) 957-2828 between 9:00 a.m. and 4:00 p.m. or write to: CCC Tax Collector, ATTN: Danielle Goodbar, 625 Court Street Rm. 100, Martinez, CA 94553-1231.

(KEEP THE TOP PORTION FOR YOUR RECORDS)

CONTRA COSTA COUNTY TAX COLLECTOR PO BOX 631 MARTINEZ, CA 94553		Payment #: 3323863532 Payment Date: 12/2/2020 Payment Amount: \$82,667.10 Payment Status: RECONCILED										AP System
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System	
CONTRA COSTA COUNTY TAX COLLECTOR	10028315	0294553	PT64660-406285	12/1/2020	\$82,667.10	USD	\$0.00	\$82,667.10	3323863532		CFAS	

CONTRA COSTA COUNTY TAX COLLECTOR PO BOX 631 MARTINEZ, CA 94553		Payment #: 3323865372 Payment Date: 4/2/2021 Payment Amount: \$82,667.10 Payment Status: RECONCILED										AP System
Supplier Name	Supplier Number	Site Code	Invoice Number	Invoice Date	Invoice Amount	Currency Code	Discount Taken	Invoice Amount Paid	Cleared Payment	Description	AP System	
CONTRA COSTA COUNTY TAX COLLECTOR	10028315	0294553	PT65439-425743	4/1/2021	\$82,667.10	USD	\$0.00	\$82,667.10	3323865372		CFAS	

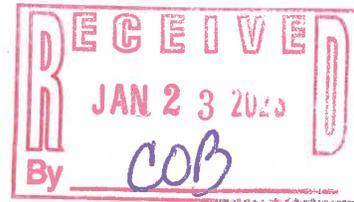


Gary Hunter
AVP TAX
AT&T Services, Inc.
208 S Akard St. 18th floor
Dallas, TX 75202-4206

Tel: 214-782-3738
Mob: 469-794-7194
Gh8190@att.com

December 16, 2022

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



RE: Pacific Bell, AT&T Mobility LLC & AT&T Communications Property Tax Claims for Refund

Dear Clerk of the Board,

Enclosed are the Fiscal Year 2020/21 property tax claims for refund for Pacific Bell, AT&T Mobility and AT&T Communications for your review. Please feel free to let me know if you have any questions or need any additional information. I can be reached at (214) 782-3738 or by email at gh8190@att.com.

In advance, thank you for your attention to this matter.

Regards,

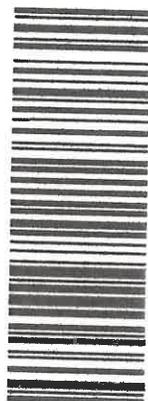
GHH by DHP

Gary Hunter
AVP TAX



AT&T Inc.
208 S. Akard St.
18th Floor
Dallas, TX 75202

CERTIFIED MAIL



7020 0640 0001 2794 9959



0000

U.S. POSTAGE
SEGUIN TX
78155
DEC 27 22
AMOUNT
\$8.9
R2305K13F

RECEIVED
JAN 23 2023
By *COB*

Contra Costa Clerk of the Board
651 Pine Street,
1st Floor, Room 106,
Martinez, CA 94553



Contra
Costa
County

To: Board of Supervisors
From: Karen Caoile, Director of Risk Management
Date: August 1, 2023

Subject: Final Settlement of Claim, Howard Hendry vs. Contra Costa County

RECOMMENDATION(S):

RECEIVE this report concerning the final settlement of Howard Hendry and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed \$103,000.

FISCAL IMPACT:

Workers' Compensation Internal Service Fund payment of \$103,000.

BACKGROUND:

Attorney Christian P. Kerry, defense counsel for the County, has advised the County Administrator that within authorization an agreement has been reached settling the workers' compensation claims of Howard Hendry v. Contra Costa County. The Board's July 11, 2023 closed session vote was: Supervisors Gioia, Andersen, Burgis, Carlson and Glover - Yes. This action is taken so that the terms of this final settlement and the earlier July 11, 2023 closed session vote of this Board authorizing its negotiated settlement are known publicly.

CONSEQUENCE OF NEGATIVE ACTION:

Case will not be settled.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karen Caoile, 925-335-1400

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Karen Caoile, Director of Risk Management
Date: August 1, 2023

Subject: Final Settlement of Claim, Arianne Burns vs. Contra Costa County

RECOMMENDATION(S):

RECEIVE this report concerning the final settlement of Arianne Burns and AUTHORIZE payment from the Workers' Compensation Internal Service Fund in an amount not to exceed \$212,500.

FISCAL IMPACT:

Workers' Compensation Internal Service Fund payment of \$212,500.

BACKGROUND:

Attorney Leslie A. Leyton, defense counsel for the County, has advised the County Administrator that within authorization, an agreement has been reached settling the workers' compensation claim of Arianne Burns v. Contra Costa County. The Board's July 11, 2023, closed session vote was: Supervisors Gioia, Andersen, Burgis, Carlson and Glover - Yes. This action is taken so that the terms of this final settlement and the earlier July 11, 2023, closed session vote of this Board authorizing its negotiated settlement are known publicly.

CONSEQUENCE OF NEGATIVE ACTION:

Case will not be settled.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karen Caoile, 925-335-1400

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: Claims

RECOMMENDATION(S):

DENY claims filed by CSAA insurance, for Juanita Tenorio Garza, Jose Abel Cardona-Medina, Deaundre Faby, Ashley Erin McDonald. DENY amended claim filed by Allstate Northbrook for M. Bliss. DENY late claim filed by Mario Torres (7).

FISCAL IMPACT:

No fiscal impact.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Risk Management

By: , Deputy

cc:

BACKGROUND: (CONT'D)

CSAA Insurance for Juanita Tenorio Garza: Subrogation claim for damage to vehicle in the amount of \$18,404.87.

Jose Abel Cardona-Medina: Property claim for missing personal items in the amount of \$1,149.09.

Deandre Faby: Personal injury claim for trip and fall in the amount of \$25,000.

Ashley Erin McDonald: Personal injury claim related to dangerous condition in the amount of \$100,000,000.

Allstate Northbrook for M. Bliss: Amended subrogation claim for damage to vehicle in the amount of \$8,270.97.

Mario Torres: Applications (7) to the Board of Supervisors to accept late claims related to arrest and prosecution.

CONSEQUENCE OF NEGATIVE ACTION:

Not acting on the claims could extend the claimants time limits to file actions against the County.



Contra
Costa
County

To: Board of Supervisors
From: Thomas L. Geiger, County Counsel
Date: August 1, 2023

Subject: APPROVE and AUTHORIZE the County Counsel to negotiate and execute an agreement with Debtors Paul G. and Tamara L. Attard to accept payment of \$23,114

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Counsel to negotiate and execute an agreement with Debtors Paul G. and Tamara L. Attard to accept payment of \$23,114 to the County, in monthly installments, as full satisfaction of a 2013 judgment, provided that the payment is made under a confirmed plan in U.S. Bankruptcy Court, Northern District of California, Case No. 19-42108.

FISCAL IMPACT:

The County would be paid \$23,114, in monthly installments, in full satisfaction of a 2013 judgment, but would not collect accrued interest on the judgment.

BACKGROUND:

On June 7, 2010, Paul G. and Tamara L. Attard filed a petition for writ of mandate and complaint for damages against the County and the Board of Supervisors in Contra Costa County Superior Court (Case No. N10-0835). The case concerned building permits issued by the County for development on two properties, one at 21 Old Tunnel Road and the other at 1000 Fish Ranch Road, both in the Orinda area of unincorporated Contra Costa County, near the Caldecott Tunnel. The County

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Linda Wilcox, 925 655-2241

By: , Deputy

cc:

BACKGROUND: (CONT'D)

prevailed in the litigation, and on September 6, 2013, a judgment was entered against the Attards in the amount of \$23,113.77, for costs incurred by the County. The Attards appealed and lost. To date, the Attards have not paid the judgment. Currently, the County is barred from taking action to enforce the judgment under an automatic stay that took effect on September 17, 2019, when the Attards filed a voluntary petition for protection under Chapter 12 of the Bankruptcy Code in the U.S. Bankruptcy Court, Northern District of California, Oakland Division (Case No. 19-42108).

On September 28, 2021, the Bankruptcy Court issued an order confirming a Chapter 12 Plan in the Attards' case. The confirmed plan sets forth a schedule for payments of debts owed to creditors of the Attards who filed claims. Under the confirmed plan, payments must be made over a period of 60 months, ending on October 20, 2026, in monthly installments. The plan does not provide for any payment of the County's judgment, however, because the Attards did not list the County as one of its creditors; as a result of not being listed, the County did not receive notice of the case in time to file a claim.

If a judgment is unpaid, it expires after 10 years unless the judgment creditor renews the judgment with the court. In the course of efforts to renew the County's 2013 judgment, the County learned of the Attards' bankruptcy case. The Attards now propose to satisfy the County's judgment voluntarily, by paying the original amount of the judgment, without any interest, through monthly installment payments by the bankruptcy trustee, as part of the confirmed plan. By statute, interest on a judgment accrues at the annual rate of 10 percent. Under this proposal, the County would not collect approximately \$37,760 in interest, but would potentially incur savings in the form of avoided costs of enforcement and future renewals of the judgment.

The proposal would require that the Attards, by and through their attorney, file a late claim on the County's behalf, and that the Bankruptcy Court approve the compromise of the County's claim and modification of the confirmed plan to include a requirement that the compromise amount of \$23,114 be paid in full to the County by the end of the confirmed plan. If any of these conditions were not satisfied, the County would have the right to try and collect the remaining balance of the judgment, including interest, once the bankruptcy case is over.

The Department of Conservation and Development has reviewed the proposal and concurs with the recommendation to accept payment of \$23,114.

CONSEQUENCE OF NEGATIVE ACTION:

The County would remain barred from enforcing the judgment until termination of the automatic stay in Case No. 19-42108.



Contra
Costa
County

To: Board of Supervisors
From: Candace Andersen, District II Supervisor
Date: August 1, 2023

Subject: Proclamation Recognizing Dr. Carol Weyland Conner’s Humanitarian Contributions to the County of Contra Costa

RECOMMENDATION(S):

Proclamation Recognizing Dr. Carol Weyland Conner’s Humanitarian Contributions to the County of Contra Costa

FISCAL IMPACT:

None.

BACKGROUND:

White Pony Express was founded by Dr. Carol Weyland Conner in September 2013.

Dr. Weyland Conner was bothered by the reality that thousands of people go without food every day and that many more had inadequate, unhealthy diets in a county where there is plenty. At the same time, due to fabricated sell by dates, excess inventory, or just poor presentation, grocery stores, retailers, food producers, and restaurants trash thousands of pounds of high-quality, fresh food each day.

The Food Rescue Program, which Dr. Weyland Conner established, delivers surplus food to charities that assist the poor. WPE quickly grew from its beginnings as an initiative of the nearby Sufism Reoriented faith-based organization. With the intention of improving lives through a wide-ranging community initiative,

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Jennifer Quallick, (925) 655-2300

By: , Deputy

cc:

BACKGROUND: (CONT'D)

we incorporated as an independent nonprofit public benefit 501(c)(3) corporation in March 2014 and added the White Pony General Store.

Today, White Pony Express has delivered over 1.7 million articles of clothes, books, educational toys, and emergency supplies in addition to saving over 22 million pounds of food, or the equivalent of 18 million meals.

CONSEQUENCE OF NEGATIVE ACTION:

None.

CHILDREN'S IMPACT STATEMENT:

None.

ATTACHMENTS

Resolution 2023/513

*The Board of Supervisors of
Contra Costa County, California*

In the matter of:

Resolution No. 2023/513

Proclamation Recognizing Dr. Carol Weyland Conner’s Humanitarian Contributions to the County of Contra Costa

in 2013, Dr. Carol Weyland Conner founded White Pony Express, the volunteer-powered nonprofit which delivers fresh, surplus food gathered from supermarkets and restaurants to hungry neighbors throughout the county; and

WHEREAS, Dr. Conner believed, “There is a simple solution that can end the problems of hunger and marginalization for good—a new paradigm: *voluntary shared abundance*. In this model of life, responsibility for helping the family of man is assumed by *everyone*, or in the phrase White Pony Express uses, ‘all of us taking care of all of us!’”; and

WHEREAS, since its founding, White Pony Express has rescued and delivered more than 24 million pounds of nutritious food—equal to 20 million meals—to food insecure communities in Contra Costa County and has distributed more than 1 million items of new clothing and emergency supplies, all free of charge; and

WHEREAS, every week, White Pony Express delivers fresh groceries and nutritious meals to 14 schools in Contra Costa County where 80% of children are on free or reduced-cost lunch programs; and

WHEREAS, to foster self-worth in underserved children, Dr. Conner founded the nonprofit Following Francis, which has staged festive outdoor fairs, musical plays, and other activities for nearly 15,000 children in the East Bay, Contra Costa County, and throughout the nation and has distributed new clothing, groceries, holiday gift baskets, and cash gifts to hundreds of Contra Costa County residents in need; and

WHEREAS, Dr. Conner was the director of [Sufism Reoriented](#), an American spiritual school founded by Meher Baba that honors all spiritual traditions and the essential unity of all life; and

WHEREAS, during the pandemic, volunteers of White Pony Express and Following Francis participated in a project initiated by Dr. Conner which involved distributing hundreds of thousands of dollars in cash gifts of \$1,200 apiece to county residents, identified by community organizations as being in dire need.

that the Board of Supervisors of Contra Costa County hereby recognizes the impact of Dr. Conner’s contributions and humanitarian efforts to serve underserved Contra Costa residents. Moreover, we are deeply grateful for her compassionate heart, dedicated work, and exceptional leadership. Her legacy will live on through her nonprofits which serve food, clothing, and beautify neighborhoods throughout the country.

JOHN GIOIA

Chair, District I Supervisor

CANDACE ANDERSEN

District II Supervisor

DIANE BURGIS

District III Supervisor

KEN CARLSON

District IV Supervisor

FEDERAL D. GLOVER

District V Supervisor

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

ATTESTED: August 1, 2023

Monica Nino, County Administrator

By: _____, Deputy



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: Proposed Updates to Disaster Council and Emergency Services and Continuity of Government Sections of the County Ordinance Code

RECOMMENDATION(S):

INTRODUCE Ordinance No. 2023-15, amending the Disaster Council and Emergency Services Ordinance to revise the membership of the County Emergency Services Policy Board and update continuity of County government provisions, WAIVE reading, and FIX August 8, 2023, for adoption.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

The County Ordinance Code includes sections related to emergency services and disaster response, which set forth the County's framework for disaster response planning, emergency operations and recovery operations following an activation in response to a disaster. The County Administrator's Office initiated a comprehensive review of the County's emergency response structure within the County Ordinance Code resulting in a number of recommendations to update, modernize and streamline provisions that are, in some cases, 30-50 years old and no longer reflect our current day-to-day operations. In Contra Costa County, the County Administrator is the Administrator of Emergency Services and day-to-day functions of the Office of Emergency Services are operated by the Sheriff's Office.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Timothy M. Ewell, (925)
655-2043

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Chapter 42-2, "Disaster Council and Emergency Services"

This section of the Ordinance Code relates to 1) the preparation and effectuation of plans to protect persons and property in this county in emergencies; 2) the creation, direction and operation of the county emergency organization; and 3) the coordination of the county's emergency services and functions with those of other public and private entities, organizations and persons. Below is a summary of the proposed updates to this section of the Ordinance Code.

Emergency Services Policy Board. The Emergency Services Policy Board (ESPB) is established by the Ordinance Code and is advisory to the County Administrator on County emergency preparedness planning efforts. Historically, the ESPB has been composed of fourteen (14), including both internal and external County stakeholders across several disciplines identified by job title (e.g. County Administrator, Sheriff-Coroner, etc.), but hasn't been updated in over 20 years. Since that time, certain job titles and related positions have been cancelled or retitled resulting in the need to update this section of the Code. In addition, the current membership composition is recommended to be updated from fourteen (14) members to twelve (12) members. This would remove the Chief Assistant County Administrator from the ESPB since the County Administrator is already a member and remove the Director of Emergency Services from the ESPB since the Sheriff-Coroner is already a member. In the case of the Director of Emergency Services, that position is proposed to be designated as staff to the ESPB, which is the current practice.

Administrator of Emergency Services, alternates. Clarifies that appointment of alternates to the Administrator of Emergency Services (the County Administrator in cases of a disaster) is to be made annually by the Board of Supervisors and are consistent with the County Administrator's standby officers in accordance with [Government Code section 8638](#).

Use of Gender Neutral Pronouns. The proposed edits to this area of the Ordinance Code also remove gender bias in the text by using gender neutral pronouns or references to specific job titles rather than gender specific pronouns. For example, references throughout the document to "he" in reference to the County Administrator are replaced with "the county administrator".

Chapter 42-4 "Continuity of Government"

This section of the Ordinance Code relates to 1) succession planning of the Board of Supervisors should members of the Board become unavailable in a disaster; 2) procedures for establishing a list of standby officers annually; and 3) appointment of temporary members of the Board of Supervisors should members of the Board and their standby officers become unavailable. Below is a summary of the primary updates to this section of the Ordinance Code.

Appointments for Succession. Each year, the Board of Supervisors appoint three standby officers to serve in their stead in cases where a member of the Board becomes unavailable pursuant to [Government Code section 8638](#). The proposed updates to the Ordinance Code clarify that this process must occur annually. In addition, the proposed updates clarify the succession of duties from the Chair of the Board of Supervisors to the Vice Chair of the Board of Supervisors in cases where the Chair becomes unavailable. Specifically, if the Chair becomes unavailable, the responsibilities of the Chair transfer to the Vice Chair, not to the standby officer of the Chair. Similarly, if the Vice Chair subsequently becomes unavailable, then the responsibilities of the Chair transfer to the board member with the longest seniority on the board, not the standby officer of the Vice Chair.

Procedures. The current Ordinance Code makes legacy references to areas of the Military and Veterans Code, which have since been repealed, related to the duties of standby officers. The proposed Ordinance Code updates include current citations of relevant statute relating to both the appointment of standby officers and their duties, which is covered in various areas of the Government Code. This area of the Ordinance Code has not been updated in several decades and remains largely the same, but with the appropriate statutory references and citations.

Temporary Appointments. In cases where all of the Board of Supervisors, including their standby officers (three officers for each Board member; 15 total) become unavailable, temporary members of the Board of Supervisors may be appointed to maintain continuity of government operations. These temporary members of the Board of Supervisors may serve until members of the Board, or their standby officers, become available to continue serving or until such time as an election or appointment of a new regular or standby member of the Board of Supervisors is made. Currently, the Ordinance Code contemplates a process where the Chair of the Board of Supervisors in certain counties listed in the code can make appointments of temporary Board members in Contra Costa County under the unique circumstances previously discussed; however, [Government Code section 8644](#) clearly identifies the procedure for making such an appointment. The proposed updates to the Ordinance Code contemplate the statutory process outlined in [Government Code section 8644](#), which provides that 1) the Chair of the Board of Supervisors in any other county within 150 miles, beginning with the nearest and most populated county and going to the farthest and least populated, shall make the temporary appointment, but if that person is unavailable, then 2) the mayor of any city within 150 miles, beginning with the nearest and most populated city and going to the farthest and least populated, shall make the temporary appointment.

Today's action requests that the Board of Supervisors introduce the proposed Ordinance amending certain areas of the County Ordinance Code related to the Disaster Council and Emergency Services and Continuity of Government as outlined above, waive reading and schedule August 8, 2023 for adoption. A copy of Ordinance No. 2023-15 is attached, along with redlined and clean copies of the Chapter 42-2, "Disaster Council and Emergency Services" and Chapter 42-4 "Continuity of Government" sections of the County Ordinance Code for reference.

ATTACHMENTS

Ordinance No. 2023-15

Chapter 42-2 Disaster Council and Emergency Services - Clean

Chapter 42-2 Disaster Council and Emergency Services - Redline

Chapter 42-4 Continuity of Government - Clean

Chapter 42-4 Continuity of Government - Redline

ORDINANCE NO. 2023-15

AMENDMENTS TO DISASTER COUNCIL AND EMERGENCY SERVICES ORDINANCE

The Contra Costa County Board of Supervisors ordains as follows (omitting the parenthetical footnotes from the official text of the enacted or amended provisions of the County Ordinance Code):

SECTION 1. SUMMARY. This ordinance amends the Disaster Council and Emergency Services Ordinance, Chapter 42-2 of the County Ordinance Code, to revise the membership of the County Emergency Services Policy Board and update continuity of County government provisions.

SECTION 2. Section 42-2.402 of the County Ordinance Code is amended to read:

42-2.402 Emergency services policy board establishment – Membership.

The Contra Costa County emergency services policy board is established. Its membership consists of the following occupants of county or other public positions and offices.

- (a) County Administrator (chair).
- (b) Sheriff (vice-chair).
- (c) County Counsel.
- (d) Director, Public Works.
- (e) Director, Health Services.
- (f) Fire Chief, Contra Costa County Fire Protection District.
- (g) Risk Manager.
- (h) Director, Department of Conservation and Development.
- (i) Director, Employment and Human Services.
- (j) County Superintendent of Schools or designee.
- (k) Director, Information Technology.

- (l) Representative from the Public Managers’ Association. (Ords. 2023-15 §2, 2001-19 §1, 2000-25 §1, 97-41 §2, 82-55, 72-83.)

SECTION 3. Section 42-2.404 of the County Ordinance Code is amended to read:

42-2.402 Emergency services policy board – Purposes, duties, meetings.

- (a) Purpose. The emergency services policy board is an advisory body to the county administrator that provides assistance and advice on emergency preparedness planning efforts and the coordination of those planning efforts throughout the county.
- (b) Disaster Council. The emergency services policy board functions as the Contra Costa County disaster council pursuant to Government Code Section 8610.
- (c) Duties. The emergency services policy board shall review and make recommendations on emergency and mutual aid plans and agreements, and on any ordinances, resolutions and regulations that are necessary to implement those plans and agreements.
- (d) Meetings. The emergency services policy board shall meet at least once per year, at a date and time determined by the county administrator, chair of the policy board; or in the county administrator’s absence from the County or inability to act, by the sheriff, vice-chair of the policy board. The emergency services policy board may meet more frequently as needed.
- (e) Staff. The director of the office of emergency services serves as staff and secretary to the emergency services policy board. (Ords. 2023-15 §3, 2001-19 §1, 2000-25 §1, 97-41 §2, 82-55, 72-83.)

SECTION 4. Section 42-2.602 of the County Ordinance Code is amended to read:

42-2.602 Administrator of emergency services, alternates.

- (a) The county administrator is the administrator of emergency services and is in charge of the county’s emergency organization. Unless otherwise specifically provided or required by the context, all references in this chapter to the county administrator are in the county administrator’s capacity as the administrator of emergency services.
- (b) The county administrator shall, with the board’s approval, annually designate from the county administrator’s office three alternate administrators of emergency services and their order of succession. These alternate administrators are the county administrator’s standby officers in accordance with Government Code section 8638.

- (c) If the county administrator is temporarily or permanently unavailable to carry out the duties of administrator of emergency services, each alternate, in order of succession, shall have the powers and duties of the county administrator specified in this chapter. Upon assuming these powers and duties, an alternate shall immediately confer, if possible, with one or more members of the board of supervisors, including the chair of the board of supervisors if available. (Ords. 2023-15 §4, 82-55, 72-83.)

SECTION 5. Section 42-2.603 of the County Ordinance Code is deleted.

SECTION 6. Section 42-2.604 of the County Ordinance Code is amended to read:

42-2.604 Director and staff.

- (a) The office of emergency services, which is a part of the County’s emergency organization, is a division in the office of the sheriff.
- (b) The sheriff, in conjunction with the county administrator, shall appoint the director of the office of emergency services. The sheriff shall supervise the director of the office of emergency services, subject to the county administrator’s emergency powers and duties under this chapter. The director of the office of emergency services shall supervise the daily operations of the office of emergency services.
- (c) The sheriff shall appoint the staff of the office of emergency services, who shall perform those tasks assigned by the sheriff to fulfill the purposes of this chapter, subject to the county administrator’s emergency powers and duties under this chapter.
- (d) The director of the office of emergency services shall, under the supervision of the sheriff, develop emergency plans, manage the emergency programs of the county, and have and perform other powers and duties assigned by the sheriff, subject to the county administrator’s emergency powers and duties under this chapter. (Ords. 2023-15 §6, 97-42, 82-55 §6, 72-83; see also §33-5.357.)

SECTION 7. Section 42-2.802 of the County Ordinance Code is amended to read:

42-2.802 Proclaims local emergency.

When the board is not in session, the county administrator may proclaim a local emergency, but only after conferring if possible with one or more members of the board of supervisors, including the chair if available, or declaring in writing that this conference is impossible and filing the written declaration with the clerk of the board of supervisors. (Ords. 2023-15 §7, 72-83 § 1 (part), 1972.)

SECTION 8. Section 42-2.804 of the County Ordinance Code is amended to read:

42-2.804 Requests state of emergency.

The county administrator may ask the Governor to proclaim a state of emergency when the county administrator deems locally available resources inadequate to cope with an emergency. (Ords. 2023-15 §8, 72-83 § 1 (part), 1972.)

SECTION 9. Section 42-2.806 of the County Ordinance Code is amended to read:

42-2.806 Directs and coordinates.

- (a) The county administrator shall control and direct the effort of the emergency organization of this county to accomplish of the purposes of this chapter.
- (b) The county administrator shall direct cooperation between and coordination of services and staff of the emergency organization of this county, and resolve questions of authority and responsibility that may arise between them. (Ords. 2023-15 §9, 72-83 § 1 (part), 1972.)

SECTION 10. Section 42-2.808 of the County Ordinance Code is amended to read:

42-2.808 Emergency powers.

- (a) Emergencies. The county administrator has the powers and duties specified in this section when an emergency exists under Government Code section 8558(a) or has been duly proclaimed pursuant to this chapter or Government Code sections 8558, 8625, or 8630.
- (b) Regulations. The county administrator may make regulations reasonably related to the protection of life and property as affected by an emergency. The board shall, at the earliest practicable time, wholly or partly, ratify, modify, or repeal these regulations.
- (c) Procurement of Goods and Services. The county administrator may obtain vital supplies, equipment, other goods, and services, found lacking and needed for the protection of life and property; may bind the county for their fair value; and may, if they are required immediately, commandeer them for public use.
- (d) Require Services and Materials. The county administrator may require emergency services, personnel, or materials from any county officer, department, agency or employee. If a state of war emergency exists, or if a state of emergency covering this county has been duly proclaimed, the county administrator may command the aid of as many persons of this county as deemed necessary in the execution of the county

administrator’s duties. These persons have all the privileges, benefits, and immunities provided by state law for registered disaster service workers. (Ords. 2023-15 §10, 82-55 §8, 72-83; see Gov. Code §§ 8610, 8657, etc.)

SECTION 11. Section 42-2.1004 of the County Ordinance Code is amended to read:

42-2.1004 Emergency plan.

- (a) Development. The county office of emergency services shall develop the county’s emergency plan after consulting with local emergency management agencies and keep it up to date.
- (b) Contents. The emergency plan shall provide for:
 - (1) The effective mobilization of the emergency organization of this county to meet any condition(s) constituting, contributing to, or resulting from an emergency; and
 - (2) The emergency organization’s staff, organization, powers, duties, and services.
- (c) Adoption. The plan shall take effect as provided in the board resolution adopting it. (Ords. 2023-15 §11, 72-83 § 1 (part), 1972.)

SECTION 12. Chapter 42-4 of the County Ordinance Code is amended to read:

**Chapter 42-4
CONTINUITY OF GOVERNMENT**

42-4.002 Definition.

“Unavailable” has the meaning set forth in Government Code section 8636. (Ords. 2023-15 §12; 1880; 1685: prior code § 3110.)

42-4.004 Appointments for succession.

- (a) The board of supervisors shall appoint three standby officers (designated No. 1, No. 2, and No. 3) for each of the five members of the board of supervisors. These appointments shall be updated annually.
- (b) If the chair of the board of supervisors becomes unavailable, the duties of the chair do not pass to the standby officer for that supervisor, but pass to the vice-chair of the board. If the chair and vice-chair both become unavailable, the duties of the chair pass to the remaining elected board member with the longest seniority on the board. If no elected board member is available, the duties of the chair pass to the standby officer

who is chosen as chair by the standby board of supervisors. (Ords. 2023-15 §12; 1880; 1685: prior code § 3111.)

42-4.006 Procedures and duties.

- (a) The board of supervisors shall examine, investigate, remove, and replace standby officers in accordance with Government Code Sections 8638, 8639, and 8640. The board chair, or the vice-chair in the chair's absence, shall administer the oath required by Government Code Section 8640.
- (b) The board shall file with the Secretary of State a copy of its action appointing, removing, or replacing any standby officers.
- (c) Standby officers shall have the duties prescribed in Government Code Section 8641.
- (d) The county clerk shall provide each standby officer with a copy of Government Code Title 2, Division 1, Chapter 7, Article 15, Sections 8635 through 8644, inclusive, and of Sections 42-4.002 through 42-4.010, inclusive, of this code. (Ords. 2023-15 §12; 1880; 1685: prior code § 3112.)

42-4.008 Temporary appointments.

If all members of the board of supervisors, including all standby members, become unavailable, temporary officers shall be appointed to serve until a regular member or a standby member becomes available or until the election or appointment of a new regular or standby member. Temporary officers shall be appointed pursuant to Government Code section 8644 as follows:

- (a) By the chair of the board of supervisors of any other county within 150 miles of this county, beginning with the nearest and most populated county and going to the farthest and least populated; and if that person is unavailable,
- (b) By the mayor of any city within 150 miles of this county, beginning with the nearest and most populated city and going to the farthest and least populated. (Ords. 2023-15 §12; 1880; 1685: prior code § 3113.)

42-4.010 Filling and review of appointments.

- (a) At its second regular meeting in March of each year, or as soon thereafter as practicable, the board of supervisors shall review the status of all standby appointments. The board shall inquire whether three standbys for each member of the board of supervisors are available. Vacancies for standbys shall be filled in accordance with Government Code Sections 8638, 8639, and 8640.

- (b) At the same meeting the board shall review its designation by resolution of an alternative temporary county seat pursuant to Government Code Section 23600. (Ords. 2023-15 §12; 1880; 1685: prior code § 3114.)

SECTION 13. EFFECTIVE DATE. This ordinance becomes effective 30 days after passage, and within 15 days after passage shall be published once with the names of supervisors voting for or against it in the East Bay Times, a newspaper published in this County.

PASSED on _____, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

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

Board Chair

By:

Deputy

[SEAL]

Chapter 42-2 DISASTER COUNCIL AND EMERGENCY SERVICES

Article 42-2.2. General

42-2.202 Authority.

This chapter effectuates, and is authorized by, Government Code Sections 8550 ff, (the California Emergency Services Act) as amended from time to time.

(Ord. 72-83 § 1 (part), 1972).

42-2.204 Purposes.

The purpose of this chapter is to provide for:

- (1) The preparation and effectuation of plans to protect persons and property in this county in emergencies;
- (2) The creation, direction and operation of the county emergency organization; and
- (3) The coordination of the county's emergency services and functions with those of other public and private entities, organizations and persons.

(Ords. 82-55 § 1, 72-83).

42-2.206 Definitions, emergency.

- (a) "Emergency" means the actual or threatened existence of conditions of disaster or of extreme peril to the safety of persons and property within this county caused by such conditions as air pollution, fire, flood, storm, epidemic, riot or earthquake or other conditions, including conditions resulting from war or imminent threat of war (but not conditions resulting from a labor controversy), which conditions are or are likely to be beyond the control of the services, personnel, equipment and facilities of this county, requiring the combined forces of other political subdivisions to combat.
- (b) Government Code Section 8558 Prevails. To the extent that this definition may conflict with the provisions of Government Code Section 8558, the latter shall prevail.
- (c) Government Code Definitions. Unless otherwise specifically provided, or required by the context, the terms in this chapter which are also used in Government Code Sections 8550 if, as recodified and/or amended from time to time, have the meanings therein.

(Ords. 82-55 § 2, 72-83).

Article 42-2.4. Policy Board/Operational Area Council

42-2.402 Emergency services policy board establishment—Membership.

The Contra Costa County emergency services policy board is established. Its membership consists of the following occupants of county or other public positions and offices.

- (a) County Administrator (chair).
- (b) Sheriff (vice-chair).
- (c) County Counsel.
- (d) Director, Public Works.
- (e) Director, Health Services.
- (f) Fire Chief, Contra Costa County Fire Protection District.
- (g) Risk Manager.
- (h) Director, Department of Conservation and Development.
- (i) Director, Employment and Human Services.
- (j) County Superintendent of Schools or designee.
- (k) Director, Information Technology.
- (l) Representative from the Public Managers' Association.

(Ords. 2023-15 §2, 2001-19 §1, 2000-25 §1, 97-41 §2, 82-55, 72-83.)

42-2.404 Emergency services policy board—Purposes, duties, meetings.

- (a) Purpose. The emergency services policy board is an advisory body to the county administrator that provides assistance and advice on emergency preparedness planning efforts and the coordination of those planning efforts throughout the county.
- (b) Disaster Council. The emergency services policy board functions as the Contra Costa County disaster council pursuant to Government Code Section 8610.
- (c) Duties. The emergency services policy board shall review and make recommendations on emergency and mutual aid plans and agreements, and on any ordinances, resolutions and regulations that are necessary to implement those plans and agreements.
- (d) Meetings. The emergency services policy board shall meet at least once per year, at a date and time determined by the county administrator, chair of the policy board; or in the county administrator's absence from the County or inability to act, by the sheriff, vice- chair of the policy board. The emergency services policy board may meet more frequently as needed.
- (e) Staff. The director of the office of emergency services serves as staff and secretary to the emergency services policy board.

(Ords. 2023-15 §3, 2001-19 §1, 2000-25 §1, 97-41 §2, 82-55, 72-83.)

42-2.406 Operational area council— Purposes, duties, meetings.

- (a) Purpose. The operational area council is created as an advisory council to the emergency services policy board. The operational area council consists of emergency managers from incorporated cities, special districts, key utilities and businesses and staff of the sheriffs office, office of emergency services.
- (b) Duties. The operational area council discusses and considers countywide emergency management areas and issues and makes recommendations thereon to the emergency services policy board through the office of emergency services.
- (c) Meetings. The operational area council meets quarterly when a date and time are fixed by the emergency services director or otherwise as requested by any of the member agencies.

(Ords. 2001-19 § 1, 2000-25, § 1).

Article 42-2.6. County Administrator, Director and Staff

42-2.602 Administrator of emergency services, alternates.

- (a) The county administrator is the administrator of emergency services and is in charge of the county's emergency organization. Unless otherwise specifically provided or required by the context, all references in this chapter to the county administrator are in the county administrator's capacity as the administrator of emergency services.
- (b) The county administrator shall, with the board's approval, annually designate from the county administrator's office three alternate administrators of emergency services and their order of succession. These alternate administrators are the county administrator's standby officers in accordance with Government Code section 8638.
- (c) If the county administrator is temporarily or permanently unavailable to carry out the duties of administrator of emergency services, each alternate, in order of succession, shall have the powers and duties of the county administrator specified in this chapter. Upon assuming these powers and duties, an alternate shall immediately confer, if possible, with one or more members of the board of supervisors, including the chair of the board of supervisors if available.

(Ords. 2023-15 §4, 82-55, 72-83.)

42-2.603 Alternates to county administrator.

Section 42-2.603 of the County Ordinance Code is deleted.

42-2.604 Director and staff.

- (a) The office of emergency services, which is a part of the County's emergency organization, is a division in the office of the sheriff.
- (b) The sheriff, in conjunction with the county administrator, shall appoint the director of the office of emergency services. The sheriff shall supervise the director of the office of emergency services, subject to the county administrator's emergency powers and duties under this chapter. The director of the office of emergency services shall supervise the daily operations of the office of emergency services.
- (c) The sheriff shall appoint the staff of the office of emergency services, who shall perform those tasks assigned by the sheriff to fulfill the purposes of this chapter, subject to the county administrator's emergency powers and duties under this chapter.

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- (d) The director of the office of emergency services shall, under the supervision of the sheriff, develop emergency plans, manage the emergency programs of the county, and have and perform other powers and duties assigned by the sheriff, subject to the county administrator's emergency powers and duties under this chapter.

(Ords. 2023-15 §6, 97- 42, 82-55 §6, 72-83; see also §33-5.357.)

Article 42-2.8. County Administrator's Powers and Duties

42-2.802 Proclaims local emergency.

When the board is not in session, the county administrator may proclaim a local emergency, but only after conferring if possible with one or more members of the board of supervisors, including the chair if available, or declaring in writing that this conference is impossible and filing the written declaration with the clerk of the board of supervisors.

(Ords. 2023-15 §7, 72-83 § 1 (part), 1972.)

42-2.804 Requests state of emergency.

The county administrator may ask the Governor to proclaim a state of emergency when the county administrator deems locally available resources inadequate to cope with an emergency.

(Ords. 2023-15 §8, 72-83 § 1 (part), 1972.)

42-2.806 Directs and coordinates.

- (a) The county administrator shall control and direct the effort of the emergency organization of this county to accomplish of the purposes of this chapter.
- (b) The county administrator shall direct cooperation between and coordination of services and staff of the emergency organization of this county, and resolve questions of authority and responsibility that may arise between them.

(Ords. 2023-15 §9, 72-83 § 1 (part), 1972.)

42-2.807 Represents county.

The county administrator is empowered to represent the county in any negotiation or consultation with public or private agencies on matters pertaining to emergencies.

(Ord. 82-55 § 7).

42-2.808 Emergency powers.

- (a) Emergencies. The county administrator has the powers and duties specified in this section when an emergency exists under Government Code section 8558(a) or has been duly proclaimed pursuant to this chapter or Government Code sections 8558, 8625, or 8630.
- (b) Regulations. The county administrator may make regulations reasonably related to the protection of life and property as affected by an emergency. The board shall, at the earliest practicable time, wholly or partly, ratify, modify, or repeal these regulations.

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- (c) Procurement of Goods and Services. The county administrator may obtain vital supplies, equipment, other goods, and services, found lacking and needed for the protection of life and property; may bind the county for their fair value; and may, if they are required immediately, commandeer them for public use.
 - (d) Require Services and Materials. The county administrator may require emergency services, personnel, or materials from any county officer, department, agency or employee. If a state of war emergency exists, or if a state of emergency covering this county has been duly proclaimed, the county administrator may command the aid of as many persons of this county as deemed necessary in the execution of the county administrator's duties. These persons have all the privileges, benefits, and immunities provided by state law for registered disaster service workers.

(Ords. 2023-15 §10, 82-55§8, 72-83; see Gov. Code §§ 8610, 8657, etc.)

42-2.810 Emergency expenditures.

- (a) Presumption. All expenditures for emergency activities, including mutual aid activities, shall be conclusively deemed to be for the direct protection and benefit of this county's people and their property.
- (b) Authorization. Every county department may expend its regular funds for assigned emergency purposes, to be refunded as the board deems appropriate from any available federal or state disaster relief funds.

(Ord. 72-83 § 1 (part), 1972).

Article 42-2.10. Emergency Organization and Plan

42-2.1002 Emergency organization.

The county's emergency organization comprises all county officers and employees, all volunteer forces enrolled to aid them during an emergency, and all persons who may by agreement or operation of law be charged with duties incident to the protection of life and property in this county during an emergency, including individuals impressed into service.

(Ord. 72-83 § 1 (part), 1972).

42-2.1004 Emergency plan.

- (a) Development. The county office of emergency services shall develop the county's emergency plan after consulting with local emergency management agencies and keep it up to date.
- (b) Contents. The emergency plan shall provide for:
 - (1) The effective mobilization of the emergency organization of this county to meet any condition(s) constituting, contributing to, or resulting from an emergency; and
 - (2) The emergency organization's staff, organization, powers, duties, and services.
- (c) Adoption. The plan shall take effect as provided in the board resolution adopting it.

(Ords. 2023-15 §11, 72-83 § 1 (part), 1972.)

Article 42-2.12. Enforcement

42-2.1202 Enforcement—Obstruction.

No person shall wilfully obstruct, hinder, or delay any member of the emergency organization in the enforcement of any lawful regulation issued pursuant to this chapter, or in the performance of any duty or function hereunder.

(Ord. 72-83 § 1 (part), 1972).

42-2.1204 Enforcement—False identification.

No person shall, without authority therefor, wear, carry or display any means of identification specified by the State Office of Emergency Services.

(Ord. 72-83 § 1 (part), 1972).

42-2.1206 Enforcement—Misdemeanor, punishment.

Any violation of any provision of this chapter is a misdemeanor and is punishable as provided in Government Code Section 8665 and this code.

(Ord. 82-55 § 9).

Chapter 42-2 DISASTER COUNCIL AND EMERGENCY SERVICES

Article 42-2.2. General

42-2.202 Authority.

This chapter effectuates, and is authorized by, Government Code Sections 8550 ff, (the California Emergency Services Act) as amended from time to time.

(Ord. 72-83 § 1 (part), 1972).

42-2.204 Purposes.

The purpose of this chapter is to provide for:

- (1) The preparation and effectuation of plans to protect persons and property in this county in emergencies;
- (2) The creation, direction and operation of the county emergency organization; and
- (3) The coordination of the county's emergency services and functions with those of other public and private entities, organizations and persons.

(Ords. 82-55 § 1, 72-83).

42-2.206 Definitions, emergency.

- (a) "Emergency" means the actual or threatened existence of conditions of disaster or of extreme peril to the safety of persons and property within this county caused by such conditions as air pollution, fire, flood, storm, epidemic, riot or earthquake or other conditions, including conditions resulting from war or imminent threat of war (but not conditions resulting from a labor controversy), which conditions are or are likely to be beyond the control of the services, personnel, equipment and facilities of this county, requiring the combined forces of other political subdivisions to combat.
- (b) Government Code Section 8558 Prevails. To the extent that this definition may conflict with the provisions of Government Code Section 8558, the latter shall prevail.
- (c) Government Code Definitions. Unless otherwise specifically provided, or required by the context, the terms in this chapter which are also used in Government Code Sections 8550 if, as recodified and/or amended from time to time, have the meanings therein.

(Ords. 82-55 § 2, 72-83).

Article 42-2.4. Policy Board/Operational Area Council

42-2.402 Emergency services policy board establishment—Membership.

The Contra Costa County emergency services policy board is ~~created and its established. Its~~ membership consists of the following occupants of county or other public positions and offices:

- (a) ~~(a)~~ — County ~~administrator~~Administrator (chair);
 - (b) ~~(b)~~ — Sheriff (vice-chair);
 - ~~(c)~~ — ~~Emergency services director (secretary);~~
 - (c) ~~(d)~~ — County ~~counsel~~Counsel.
 - ~~(e)~~ — ~~Assistant county administrator;~~
 - (d) ~~(f)~~ — Director, ~~public works~~Public Works.
 - (e) ~~(g)~~ — Director, ~~health services~~Health Services.
 - (f) ~~(h)~~ — Fire ~~chief~~Chief, Contra Costa ~~fire protection district~~County Fire Protection District.
 - (g) ~~(i)~~ — Risk ~~manager~~Manager.
 - (h) ~~(j)~~ — Director, ~~community development~~Department of Conservation and Development.
 - (i) ~~(k)~~ — Director, ~~employment~~Employment and ~~human services~~Human Services.
 - ~~(l)~~ — ~~Director, general services;~~
 - (j) ~~(m)~~ — ~~Commander~~County Superintendent of Schools or designee, ~~California Highway Patrol, Contra Costa area;~~
 - ~~(n)~~ — ~~County superintendent of schools or designee;~~
 - (k) ~~(o)~~ — Director, ~~information technology~~Information Technology.
 - ~~(p)~~ — Representative from ~~public managers association;~~
 - (l) ~~(q)~~ — ~~Director, building inspection~~the Public Managers' Association.
- (Ords. ~~2023-15 §2, 2001-19 §-1, 2000-25 §1, 97-41 §-2, 82-55, 72-83~~.)

42-2.404 Emergency services policy board—Purposes, duties, meetings.

- (a) ~~(a)~~ — Purpose. The emergency services policy board is an advisory body ~~providing assistance and advice to the county administrator, and as appropriate, to the director of emergency services that provides assistance and advice~~ on emergency preparedness planning efforts and the coordination of ~~such~~those planning efforts throughout the county.
- (b) ~~(b)~~ — Disaster Council. The emergency services policy board functions as the Contra Costa County disaster council ~~– pursuant to Government Code Section 8610.~~
- (c) ~~(c)~~ — Duties. The emergency services policy board shall review and make recommendations on emergency and mutual aid plans and agreements, and ~~such~~on any ordinances, resolutions and regulations ~~as that~~ are necessary to implement ~~such~~those plans and agreements.
- (d) ~~(d)~~ — Meetings. The emergency services policy board shall meet at least ~~quarterly~~once per year, at a date and time determined by the county administrator, chair, ~~of the policy board;~~ or in ~~his~~the county administrator's absence from the ~~county~~County or inability to act, ~~by the sheriff, vice chair of the policy board. The emergency services policy board may meet more frequently as needed.~~

(e) Staff. The director of the office of emergency services serves as staff and secretary to the emergency services policy board.

(Ords. 2023-15 §3, 2001-19 §-1, 2000-25 §1, 97-41 §-2, 82-55, 72-83~~)-.~~)

42-2.406 Operational area council— Purposes, duties, meetings.

- (a) Purpose. The operational area council is created as an advisory council to the emergency services policy board. The operational area council consists of emergency managers from incorporated cities, special districts, key utilities and businesses and staff of the sheriffs office, office of emergency services.
- (b) Duties. The operational area council discusses and considers countywide emergency management areas and issues and makes recommendations thereon to the emergency services policy board through the office of emergency services.
- (c) Meetings. The operational area council meets quarterly when a date and time are fixed by the emergency services director or otherwise as requested by any of the member agencies.

(Ords. 2001-19 § 1, 2000-25, § 1).

Article 42-2.6. County Administrator, Director and Staff

42-2.602 Administrator of emergency services, alternates.

- (a) The county administrator is the administrator of emergency services and is in charge of the ~~county's~~county's emergency organization. Unless otherwise specifically provided, or required by the context, all references in this chapter to the county administrator are in ~~his~~the county administrator's capacity as the administrator of emergency services.
- (b) The county administrator shall, with the board's approval, annually designate from the county administrator's office three alternate administrators of emergency services and their order of succession. These alternate administrators are the county administrator's standby officers in accordance with Government Code section 8638.
- (c) If the county administrator is temporarily or permanently unavailable to carry out the duties of administrator of emergency services, each alternate, in order of succession, shall have the powers and duties of the county administrator specified in this chapter. Upon assuming these powers and duties, an alternate shall immediately confer, if possible, with one or more members of the board of supervisors, including the chair of the board of supervisors if available.

(Ords. 2023-15 §4, 82-55-~~§5~~, 72-83~~)-.~~)

42-2.603 Alternates to county administrator.

- ~~(a) The county administrator shall, with the board's approval, designate alternates to his position under this chapter and their order of succession thereto.~~
- ~~(b) When the county administrator is unavailable, his alternates, in sequence, have his powers and duties under this chapter, but each shall then immediately confer, if possible, with one or more members of the board, including the chairman if available.~~

~~(Ord. 72-83 § 1 (part), 1972).~~

Section 42-2.603 of the County Ordinance Code is deleted.

42-2.604 Director and staff.

- (a) ~~(a)~~—The office of emergency services, which is a part of the ~~county's~~County's emergency organization, ~~shall be~~is a division in the office of the sheriff.
- (b) ~~(b)~~—The sheriff, in conjunction with the county administrator, shall appoint the director of the office of emergency services. The sheriff shall supervise the director of the office of emergency services, subject to the county ~~administrator's~~administrator's emergency powers and duties under this chapter. The director of the office of emergency services shall supervise the daily operations of the office of emergency services.
- (c) ~~(c)~~—The sheriff shall appoint the staff of the office of emergency services, who shall perform ~~such~~those tasks ~~as assigned by~~ the sheriff ~~assigns~~, to fulfill the purposes of this chapter, ~~and~~ subject to the county ~~administrator's~~administrator's emergency powers and duties under this chapter.
- ~~(d)~~—
- (d) ~~(d)~~—The director of the office of emergency services shall, under the supervision of the sheriff ~~and with the assistance of the chiefs of emergency services~~, develop emergency plans, manage the emergency programs of the county, and have and perform ~~such~~ other powers and duties ~~as may be~~ assigned by the sheriff, subject to the county ~~administrator's~~administrator's emergency powers and duties under this chapter.

(Ords. ~~2023-15 §6, 97-42;~~ 82-55 §-6, 72-83; see also §-33-5.357~~;-.~~)

Article 42-2.8. County Administrator's Powers and Duties

42-2.802 Proclaims local emergency.

When the board is not in session, the county administrator may proclaim a local emergency, but only after conferring if possible with one or more members of the board of supervisors, including the ~~chairman~~chair if available, or declaring in writing that ~~such a~~this conference is impossible ~~and filing the written declaration with the clerk of the board of supervisors.~~

(~~Ord.~~Ords. 2023-15 §7, 72-83 § 1 (part), 1972~~;-.~~)

42-2.804 Requests state of emergency.

The county administrator may ask the Governor to proclaim a state of emergency when ~~he~~the county administrator deems locally available resources inadequate to cope with an emergency ~~ask the Governor to proclaim a state of emergency.~~

(~~Ord.~~Ords. 2023-15 §8, 72-83 § 1 (part), 1972~~;-.~~)

42-2.806 Directs and coordinates.

- (a) ~~(a)~~ The county administrator shall control and direct the effort of the emergency organization of this county ~~for the accomplishment to accomplish~~ of the purposes of this chapter.
- (b) ~~(b)~~—~~He~~The county administrator shall direct cooperation between and coordination of services and staff of the emergency organization of this county, and resolve questions of authority and responsibility that may arise between them.

(~~Ord.~~Ords. 2023-15 §9, 72-83 § 1 (part), 1972~~;-.~~)

42-2.807 Represents county.

The county administrator is empowered to represent the county in any negotiation or consultation with public or private agencies on matters pertaining to emergencies.

(Ord. 82-55 § 7).

42-2.808 Emergency powers.

~~(a) (a)~~—Emergencies. The county administrator has the powers and duties specified in this section when an emergency exists under Government Code ~~Section~~section 8558(a) or has been duly proclaimed pursuant to this chapter or Government Code ~~Sections~~sections 8558, 8625, or 8630.

~~(b) (b)~~—Regulations. ~~He~~The county administrator may make regulations reasonably related to the protection of life and property as affected by ~~such an~~ emergency. The board shall, at the earliest practicable time, wholly or partly, ratify, modify, or repeal these regulations.

~~(c) (c)~~—~~Obtain Things. He~~Procurement of Goods and Services. The county administrator may obtain vital supplies, equipment, ~~and other properties~~goods, and ~~things~~services, found lacking and needed for the protection of life and property; ~~he~~ may bind the county for their fair value; and ~~he~~ may, if they are required immediately, commandeer them for public use.

~~(d) (d)~~—Require Services and Materials. ~~He~~The county administrator may require emergency services, personnel, or materials from any county officer, department, agency, or employee; ~~and if~~. If a state of war emergency exists, or if a state of emergency covering this county has been duly proclaimed, ~~he~~the county administrator may command the aid of as many persons of this county as ~~he deems~~deemed necessary in the execution of ~~his~~the county administrator's duties. ~~Such~~These persons have all the privileges, benefits, and immunities provided by state law for registered disaster service workers.

~~(Ord. Ords. 2023-15 §10, 82-55-§8, 72-83; see Gov. Code §§ 8610, 8657, etc.)~~

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42-2.810 Emergency expenditures.

- (a) Presumption. All expenditures for emergency activities, including mutual aid activities, shall be conclusively deemed to be for the direct protection and benefit of this county's people and their property.
- (b) Authorization. Every county department may expend its regular funds for assigned emergency purposes, to be refunded as the board deems appropriate from any available federal or state disaster relief funds.

(Ord. 72-83 § 1 (part), 1972).

Article 42-2.10. Emergency Organization and Plan

42-2.1002 Emergency organization.

The county's emergency organization comprises all county officers and employees, all volunteer forces enrolled to aid them during an emergency, and all persons who may by agreement or operation of law be charged with duties incident to the protection of life and property in this county during an emergency, including individuals impressed into service.

(Ord. 72-83 § 1 (part), 1972).

42-2.1004 Emergency plan.

- (a) ~~(a)~~ — Development. The ~~disaster council~~ county office of emergency services shall develop the ~~county's~~ county's emergency plan after consulting with local emergency management agencies and keep it up to date.
- (b) ~~(b)~~ — Contents. The emergency plan shall provide for:
 - (1) ~~(1)~~ — The effective mobilization of ~~all the public and private resources~~ the emergency organization of this county to meet any condition(s) constituting, contributing to, or resulting from an emergency; and
 - (2) ~~(2)~~ — The emergency ~~organization's~~ organization's staff, organization, powers, duties, and services.
- (c) ~~(c)~~ — Adoption. The plan shall take effect as provided in the board resolution adopting it.
(~~Ord. Ords. 2023-15 §11, 72-83 § 1 (part), 1972~~ -)

Article 42-2.12. Enforcement

42-2.1202 Enforcement—Obstruction.

No person shall wilfully obstruct, hinder, or delay any member of the emergency organization in the enforcement of any lawful regulation issued pursuant to this chapter, or in the performance of any duty or function hereunder.

(Ord. 72-83 § 1 (part), 1972).

42-2.1204 Enforcement—False identification.

No person shall, without authority therefor, wear, carry or display any means of identification specified by the State Office of Emergency Services.

(Ord. 72-83 § 1 (part), 1972).

42-2.1206 Enforcement—Misdemeanor, punishment.

Any violation of any provision of this chapter is a misdemeanor and is punishable as provided in Government Code Section 8665 and this code.

(Ord. 82-55 § 9).

Chapter 42-4 CONTINUITY OF GOVERNMENT

42-4.002 Definitions.

“Unavailable” has the meaning set forth in Government Code section 8636.

(Ords. 2023-15 §12; 1880; 1685: prior code § 3110.)

42-4.004 Appointments for succession.

- (a) The board of supervisors shall appoint three standby officers (designated No. 1, No. 2, and No. 3) for each of the five members of the board of supervisors. These appointments shall be updated annually.
- (b) If the chair of the board of supervisors becomes unavailable, the duties of the chair do not pass to the standby officer for that supervisor, but pass to the vice-chair of the board. If the chair and vice-chair both become unavailable, the duties of the chair pass to the remaining elected board member with the longest seniority on the board. If no elected board member is available, the duties of the chair pass to the standby officer who is chosen as chair by the standby board of supervisors.

(Ords. 2023-15 §12; 1880; 1685: prior code § 3111.)

42-4.006 Procedures and duties.

- (a) The board of supervisors shall examine, investigate, remove, and replace standby officers in accordance with Government Code Sections 8638, 8639, and 8640. The board chair, or the vice-chair in the chair’s absence, shall administer the oath required by Government Code Section 8640.
- (b) The board shall file with the Secretary of State a copy of its action appointing, removing, or replacing any standby officers.
- (c) Standby officers shall have the duties prescribed in Government Code Section 8641.
- (d) The county clerk shall provide each standby officer with a copy of Government Code Title 2, Division 1, Chapter 7, Article 15, Sections 8635 through 8644, inclusive, and of Sections 42-4.002 through 42-4.010, inclusive, of this code.

(Ords. 2023-15 §12; 1880; 1685: prior code § 3112.)

42-4.008 Temporary appointments.

If all members of the board of supervisors, including all standby members, become unavailable, temporary officers shall be appointed to serve until a regular member or a standby member becomes available or until the election or appointment of a new regular or standby member.

Temporary officers shall be appointed pursuant to Government Code section 8644 as follows:

- (a) By the chair of the board of supervisors of any other county within 150 miles of this county, beginning with the nearest and most populated county and going to the farthest and least populated; and if that person is unavailable,

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- (b) By the mayor of any city within 150 miles of this county, beginning with the nearest and most populated city and going to the farthest and least populated.

(Ords. 2023-15 §12; 1880; 1685: prior code § 3113.)

42-4.010 Filling and review of appointments.

- (a) At its second regular meeting in March of each year, or as soon thereafter as practicable, the board of supervisors shall review the status of all standby appointments. The board shall inquire whether three standbys for each member of the board of supervisors are available. Vacancies for standbys shall be filled in accordance with Government Code Sections 8638, 8639, and 8640.
- (b) At the same meeting the board shall review its designation by resolution of an alternative temporary county seat pursuant to Government Code Section 23600. (Ords. 2023-15 §12; 1880; 1685: prior code § 3114.)

(Ord. 1880: Ord. 1685: prior code § 3114).

Chapter 42-4 OFFICIAL SUCCESSORS CONTINUITY OF GOVERNMENT

42-4.002 Definitions.

"Disaster," "unavailable," and "standby officers" mean as "Unavailable" has the meaning set forth in Military and Veterans Government Code Section 1550.01 section 8636.

"War" means as set forth in Military and Veterans Code Section 18.

~~(Ord. (Ords. 2023_15 §12; 1880: Ord.; 1685: prior code § 3110)-.)~~

42-4.004 Appointments for succession.

(a) The board of supervisors shall appoint three standby officers (designated No. 1, No. 2, and No. 3) for each of the five members of the board of supervisors. These appointments shall be updated annually.

~~(b) If the chair of the board of supervisors becomes unavailable, the duties of the chair do not pass to the standby officer for that supervisor, but pass to the vice-chair of the board. If the chair and vice-chair both become unavailable, the duties of the chair pass to the remaining elected board member with the longest seniority on the board. If no elected board member is available, the duties of the chair pass to the standby officer who is chosen as chair by the standby board of supervisors.~~

~~(Ords. 2023_15 §12; 1880: Ord.; 1685: prior code § 3111)-.)~~

42-4.006 Procedures and duties.

(a) The board of supervisors shall examine, investigate, ~~appoint~~, remove, and replace standby officers in accordance with Military and Veterans Government Code Sections 1550.03, 1550.04 and 1550.05; and the chairman 8638, 8639, and 8640. The board chair, or the vice-chair in his the chair's absence, the vice chairman, shall administer the oath required by Government Code Section 1550.05- 8640.

(b) The board shall file with the Secretary of State a copy of its action appointing, removing, or replacing any standby officers.

(c) Standby officers shall have the duties ~~and authority~~ prescribed in Military and Veterans Government Code Section 1550.06- 8641.

(d) The county clerk shall provide each standby ~~office officer~~ with a copy of Military and Veterans Government Code Title 2, Division 71, Chapter 17, Article 615, Sections 1550 8635 through 1550.18644, inclusive, and of Sections 42-4.004 4002 through 42-4.010, inclusive, of this code.

~~(Ord. (Ords. 2023_15 §12; 1880: Ord.; 1685: prior code § 3112)-.)~~

42-4.008 Temporary appointments.

If all members of the board of supervisors, including all standby members, ~~be become~~ unavailable, temporary ~~members of the board of supervisors, if needed, officers~~ shall be appointed ~~by the chairman of the board of supervisors of the following counties, acting in the order listed if the chairman of to serve until a county listed earlier is unavailable: regular member or a standby member becomes available or until the election or appointment of a new regular or standby member.~~

- (1) — Alameda;
- (2) — San Francisco;
- (3) — Santa Clara;
- (4) — Sacramento;
- (5) — San Mateo;
- (6) — San Joaquin;
- (7) — Marin.

The Temporary officers shall be appointed pursuant to Government Code section 8644 as follows:

- (a) ~~By the chair of the board of supervisors finds and determines that these counties are of any other county within one hundred fifty 150 miles of this county, and are beginning with the nearest and most populated counties, in order of their listing, county and going to the farthest and least populated; and if that person is unavailable,~~
- (b) ~~(Ord. By the mayor of any city within 150 miles of this county, beginning with the nearest and most populated city and going to the farthest and least populated.~~
(Ords. 2023-15 §12; 1880-Ord.; 1685: prior code § 3113-.)

42-4.010 Filling and review of appointments.

- (a) At its second regular meeting in March of each year, or as soon thereafter as practicable, the board of supervisors shall review the status of all standby appointments. The board shall inquire whether three standbys for each member of the board of supervisors are available. Vacancies for standbys shall be filled in accordance with ~~Section 42-4.006-~~ Government Code Sections 8638, 8639, and 8640.
- (b) At the same ~~time~~ meeting the board shall review its designation by resolution of an alternative temporary county seat pursuant to Government Code Section 23600. (Ords. 2023-15 §12; 1880; 1685: prior code § 3114.)

(Ord. 1880: Ord. 1685: prior code § 3114).



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Appointment to the Emergency Medical Care Committee

RECOMMENDATION(S):

APPOINT Mark Greenwood to the Contra Costa Office of the Sheriff Representative Seat B12 on the Emergency Medical Care Committee (EMCC) with a term expiration date of September 30, 2024:

- B12 Contra Costa Office of the Sheriff Representative: Mark Greenwood, Martinez, CA 94553

FISCAL IMPACT:

There is no fiscal impact for this action.

BACKGROUND:

The EMCC is a multidisciplinary committee appointed by the County Board of Supervisors, to provide advice and recommendations on EMS-related matters to the Board, Health Services Director, and its EMS Agency. Membership consists of consumer representatives, and representatives of EMS-related organizations and groups.

On June 6, 2023, EMCC advisory body staff received notification via email that the current EMCC B12 seat holder was resigning his seat effective immediately due to a promotion, and that the Contra Costa County Sheriff's Office selected Lieutenant Mark Greenwood as the seat replacement. No other candidates were nominated for the Contra Costa Office of the Sheriff representative seat replacement. On June 27, 2023, the EMCC B12 seat was declared vacant, to be filled after July 11, 2023.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, the B12 Contra Costa Office of the Sheriff Representative seat on the EMCC will not be filled.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Marshall Bennett, (925) 608-5454

By: , Deputy

cc:

ATTACHMENTS

Candidate

Application_M.Greenwood_EMCC



Contra Costa County

Please return completed applications to:
Clerk of the Board of Supervisors
1025 Escobar Street, 1st Floor
Martinez, CA 94553
or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name _____ **Middle Initial** _____ **Last Name** _____

Home Address - Street _____ **City** _____ **State** _____ **Postal Code** _____

Primary Phone (best number to reach you) _____ **Email Address** _____

Resident of Supervisorial District (if out of County, please enter N/A): _____ [District Locator Tool](#)

Do you work in Contra Costa County? Yes No **If Yes, in which District do you work?** _____

Current Employer _____ **Job Title** _____ **Length of Employment** _____

How long have you lived or worked in Contra Costa County? _____

Board, Committee, or Commission _____ **Seat Name** _____

Have you ever attended a meeting of the advisory board for which you are applying?
Please check one: Yes No If Yes, how many? _____

EDUCATION

Check appropriate box if you possess one of the following:

High School Diploma

CA High School Proficiency Certificate

G.E.D. Certificate

Colleges or Universities Attended	Degree Type/ Course of Study/Major	Degree Awarded	
		Yes	No
		Yes	No
		Yes	No

Occupational Licenses Completed: _____

Other Trainings Completed: _____

Certificate Awarded for Training?
Yes No
Yes No

Do you have any obligations that might affect your attendance at scheduled meetings? Yes No

If Yes, please explain: _____

Would you like to be considered for appointment to other advisory bodies for which you may be qualified? Yes No

Are you a veteran of the U.S. Armed Forces? Yes No

Please explain why you would like to serve on this particular board, committee, or commission.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).

I am including my resume with this application:

Please check one: Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No

If Yes, please list the Contra Costa County advisory board(s) on which you are **currently** serving:

If Yes, please also list the Contra Costa County advisory board(s) on which you have **previously** served:

List any volunteer and community experience, including any boards on which you have served.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section on page 3 of this application or Resolution No. 2021/234).

Please check one: Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: Yes No

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:

Date:

Submit this application to: ClerkofTheBoard@cob.cccounty.us **OR** Clerk of the Board
1025 Escobar Street, 1st Floor
Martinez, CA 94553

*Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at
ClerkofTheBoard@cob.cccounty.us*

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in any of the following relationships: (1) Mother, father, son, and daughter; (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter; (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter; (4) Registered domestic partner, pursuant to California Family Code section 297; (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner; (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Appointment to the Alcohol and Other Drugs Advisory Board

RECOMMENDATION(S):

APPOINT Nicole Armstrong to the member At-Large 2 Seat on the Alcohol and Other Drugs Advisory Board for a term ending June 30, 2024.

FISCAL IMPACT:

There is no fiscal impact for this action.

BACKGROUND:

The Alcohol and Other Drugs Advisory Board’s mission is to identify needs in the community with regards to substance use prevention or treatment. The findings and recommendations are provided to the Board of Supervisors, the Health Services Department, Behavioral Health Division and the Alcohol and Other Drugs Services (AODS) administration. The Board is comprised by five supervisorial district seats, six At-Large Member Seats and three At- Large Alternate Seats. Nicole Armstrong would like to be appointed to the Member At-Large 2 Seat for a term ending June 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

The seat will remain unfilled, and this will potentially make it more difficult to achieve a quorum and will potentially lessen the viewpoint of communities impacted by substance use issues in the community.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Fatima Matal Sol, (925) 335-3307

By: , Deputy

cc:

ATTACHMENTS

Letter of Support - Armstrong, Nicole

Roster

Application - Armstrong, Nicole



Contra Costa County Alcohol and Other Drugs Advisory Board
1220 Morello Avenue, Suite 101
Martinez, CA 94553
(925) 335-3307; fax (925) 335-3311

“The mission of the Contra Costa County Alcohol and Other Drugs Advisory Board is to assess family and community needs regarding prevention and treatment of alcohol and other drug-related problems. Resultant findings and recommendations are forwarded to the Health Services Department and the Board of Supervisors. The Board also serves as an advocate for these findings and recommendations to the communities that we serve.”

Date: July 13, 2023

To: Family and Human Services Committee, Contra Costa Board of Supervisors

From: Fatima Matal Sol, Staff to Alcohol and Other Drugs Advisory Board (AODAB)

RE: **AODAB – At Large Member Appointment Recommendation**

District 1
Vacant

District 2
Vacant

District 3
Cynthia Chavez

District 4
Kristin Smith

District 5
Logan Campbell

At- Large Member
Vacant
Vacant
Vacant
Vacant
Vacant
Vacant

At- Large Alternate
Vacant
Vacant
Vacant

The Alcohol and Other Drugs Advisory Board (AODAB), in its continued efforts to maintain full membership that represents the diversity in our community and county, hereby makes the following recommendation to appoint Nicole Armstrong to an At-Large Seat #2 with an expiration term of June 30, 2026.

NOMINEE	SEAT	TERM EXPIRATION
Nicole Armstrong	Member-at-Large Seat 2	6/30/2026 Three years

Nicole Armstrong has vast experience with data and information systems and has a passion to use her skills to improve substance use services and programs. She currently works with the department of Police Accountability. She is a resident of the City of Pittsburg. Should you have any questions, please contact me at:

Phone: 925-335-3307
 Email: Fatima.MatalSol@cchealth.org

Thank you in advance for your kind consideration in this matter.

CCCAODS will provide reasonable accommodations for persons with disabilities planning to attend the meetings who should contact staff at least 24 hours before the meeting at (925) 335-3307.

The Contra Costa County Alcohol and Other Drugs Advisory Board welcomes and encourages public participation at each meeting. Public comments on the agenda or any item of interest within the jurisdiction of the Contra Costa County Alcohol and Other Drugs Advisory Board are restricted to a maximum of three minutes per speaker. Topics not posted on the agenda may be addressed by the general public, however, California Law prohibits a Board or Commission from taking action on matters which are not on the agenda, unless in specific instances as stated under the Brown Act. Any person wishing to address this Board on matters not posted on the agenda should bring their request to the attention of the Chair, Vice Chair or Staff of the Board. Thank you. For more information, contact Fatima Matal Sol (925) 335-3307.

Current AODAB Representation

Seat	Name	Address
District I	Vacant	
District II	Vacant	
District III	Cynthia Chavez	Antioch, CA, 94531
District IV	Kristin Smith	Concord, CA 94521
District V	Logan Campbell	Martinez, CA, 94553
At Large - 1	Vacant	
At Large - 2	Vacant	
At Large - 3	Vacant	
At Large - 4	Vacant	
At Large - 5	Vacant	
At Large - 6	Vacant	
At Large - Alternate 1	Vacant	
At Large - Alternate 2	Vacant	
At Large - Alternate 3	Vaant	

Current AODAB Applicants

Name	Address
Nicole Armstrong	Pittsburg, CA
Jeffery Heath	Concord, CA
Nicole Green	Pittsburg, CA
Wilanda Hughes	Richmond, CA (Works)
Vanessa Rogers	Walnut Creek, CA
Rhiannon Shires	Danville, CA
Guita Bahramipour	Moraga, CA

Number of Apointed Members per District of Residence

District I	0
District II	0
District III	1
District IV	1
District V	1

Number of Applicants per District of Residence

District I	1
District II	2
District III	0
District IV	2
District V	2

District of Residence
I
II
III
IV
V

District of Residence
V
IV
V
I
IV
II
II

Alcohol and Other Drugs Advisory Board
As of June 30, 2023

Application Form

Profile

Nicole Armstrong
 First Name Middle Initial Last Name

[Redacted] Suite or Apt
 Home Address

Pittsburg CA 94565
 City State Postal Code

[Redacted]
 Primary Phone

[Redacted]
 Email Address

[District Locator Tool](#)

Resident of Supervisorial District:

District 5

Department of Police Accountability COO/CFO
 Employer Job Title

Length of Employment

5 years

Do you work in Contra Costa County?

Yes No

If Yes, in which District do you work?

How long have you lived or worked in Contra Costa County?

8 years

Are you a veteran of the U.S. Armed Forces?

Yes No

Board and Interest

Which Boards would you like to apply for?

Alcohol and Other Drugs Advisory Board: Submitted

Seat Name

District V

Have you ever attended a meeting of the advisory board for which you are applying?

Yes No

If Yes, how many meetings have you attended?

2

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

California State East Bay

Degree Type / Course of Study / Major

BA Psychology Minor in BA

Degree Awarded?

Yes No

College/ University B

Name of College Attended

University of San Francisco

Degree Type / Course of Study / Major

Executive MBA

Degree Awarded?

Yes No

College/ University C

Name of College Attended

University of Maryland

Degree Type / Course of Study / Major

BA Criminal Justice

Degree Awarded?

Yes No

Other Trainings & Occupational Licenses

Other Training A

1811 FLETC

Certificate Awarded for Training?

Yes No

Other Training B

Certificate Awarded for Training?

Yes No

Occupational Licenses Completed:

Qualifications and Volunteer Experience

Please explain why you would like to serve on this particular board, committee, or commission.

I am writing to express my interest in serving on the boards of the Alcohol and Other Drugs Advisory Board, the Contra Costa Commission for Women and Girls, and the Mental Health Commission in Contra Costa County. I believe that my passion for community advocacy and my commitment to making a positive impact align perfectly with the objectives of these esteemed boards. Alcohol and Other Drugs Advisory Board: Having witnessed the detrimental effects of substance abuse in our community, I am dedicated to being part of the solution. By joining this board, I aim to contribute to the development and implementation of effective policies and programs that address alcohol and drug-related issues in Contra Costa County. I am eager to collaborate with professionals and organizations to raise awareness, reduce stigma, and promote prevention, treatment, and recovery resources for individuals and families affected by addiction. Contra Costa Commission for Women and Girls: As a strong believer in gender equality, I am inspired to join this commission to advocate for the rights and empowerment of women and girls in our community. I am committed to promoting policies and initiatives that address systemic barriers and ensure equal opportunities for all. Through my active involvement, I hope to amplify the voices of women and girls, engage with stakeholders, and contribute to discussions on healthcare, education, employment, and safety to create a more inclusive and equitable society. Mental Health Commission: Recognizing the importance of mental wellness, I am passionate about mental health advocacy and supporting individuals facing mental health challenges. By serving on the Mental Health Commission, I aim to contribute to the development of policies and programs that promote access to quality mental health services, reduce stigma, and enhance overall well-being in our community. I am dedicated to raising awareness, providing education, and collaborating with local agencies to improve the mental health system and support individuals and families affected by mental health conditions. In conclusion, I am eager to serve on these boards in Contra Costa County because I am driven to make a difference. My personal experiences, coupled with my dedication to community service, have prepared me to actively contribute to these vital issues. I am excited about the opportunity to collaborate with like-minded individuals, share insights, and work together towards creating positive change. Thank you for considering my application. I look forward to the possibility of serving on these boards and making a meaningful impact in Contra Costa County.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Please see Resume

[Upload a Resume](#)

Would you like to be considered for appointment to other advisory bodies for which you may be qualified?

Yes No

Do you have any obligations that might affect your attendance at scheduled meetings?

Yes No

If Yes, please explain:

I work M-F 8 -5 pm but I can take vacation time as a need

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Yes No

If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving:

If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served:

List any volunteer or community experience, including any advisory boards on which you have served.

Habitat for Humanity, Unicef, SF Pride, DPA Events. I have not served on any advisory boards.

Conflict of Interest and Certification

Do you have a familial or financial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section below or Resolution No. 2021/234)

Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the County such as grants, contracts, or other economic relationships?

Yes No

If Yes, please identify the nature of the relationship:

Please Agree with the Following Statement

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

I Agree

Important Information

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 - (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter;
 - (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
 - (4) Registered domestic partner, pursuant to California Family Code section 297;
 - (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner;
 - (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.



Nicole Armstrong

Investigations and Project Management



Pittsburg

instagram.com/abstractartbynicole

USAF Veteran with over ten years of experience in investigations, management, and recruiting.

SKILLS & COMPETENCES

Coaching & Development

Time Management

Team Leader

5+ Supervisor Experience

Finance Management

Integrity

Budget Experience

10+ year Project Management

Subject-Matter Expert

Trainer & Presenter

WORK EXPERIENCE

Operations Manager

San Francisco Department of Police Accountability

02/2020 - Present

Achievements/Tasks

- Prepared the DPA Annual Report, quarterly and monthly report. The report was complimented on the best DPA Annual Report Ever
- Developed and oversaw DPA's 10 million dollar budget. Helped limit reduction during the COVID-19 pandemic.
- Sourced, developed, and oversaw technical implementations to assist with case mgmt, redaction, and telecommuting
- Supervise support staff (clerical unit) in the maintenance of investigation documents, correspondence, and public counter
- Assisted the Executive Director and Chief of Staff by preparing presentations for or appearing on her behalf before the San Francisco Board of Supervisors, the Police Commission, and other governmental bodies.
- Developed and created over 15 instructions and guidelines for investigations, attorney and administrative staff

Contact: Director Paul D. Henderson - 415.241.7711

Acting Senior Investigator

San Francisco Department of Police Accountability

06/2019 - 02/2020

Responsibilities and Achievements

- Supervise police misconduct investigations and teams of up to five investigators. Conduct weekly one-on-one meetings with direct reports and monthly case reviews. Train new investigators.
- Participate in an on-call rotation for officer-involved shooting incident response.
- Instruct and train officers at the SFPD Academy on the role of civilian oversight.
- Collaboratively plan and develop standard operating procedures for a new case management system. Sourced and implemented project management software for tracking progress and collaborative editing. Co-host group training sessions and provide individual support. Presented the new system at a Salesforce Executive Roundtable.
- Conducted a security assessment and analysis of the new office. Identified security risks and developed threat mitigations plans.
- Served as a subject-matter expert for the development of the 8124 qualification exam.
- Current projects include organizing a daylong wellness event for the entire staff.

WORK EXPERIENCE

Investigator

San Francisco Department of Police Accountability

02/2018 - 06/2019

Responsibilities and Achievements

- Conducted administrative police misconduct investigations. Identified relevant issues, drafted allegations, interviewed complainants, witnesses, officers, expert witnesses, and prepared final reports of investigation. Gathered physical and documentary evidence, analyzed information and evidence resulting from investigative activities, and recommended investigative findings. Wrote detailed reports of investigation, maintained records, files, and supporting documentation for each case handled, preserving evidence in a secure manner.
- Established and maintained effective working relationships with community groups, representatives of the San Francisco Police Department, and other agencies. Addressed and worked with LGBTQ community groups and sexual assault victim groups. Participated in recruitment and outreach events, including BALIF and the Sexual Assault Survivor Circle.
- Authored content revisions for the 2019 update to the "Know Your Rights" Brochure and Business Card.
- Acted as a workflow subject matter expert for the Civic Bridge Fall 2018 Cohort. Organized team building activities and contributed to change management efforts.

Intelligence Analyst and Corporate Investigator

Gavin De Becker and Associates

02/2017 - 02/2018

Executive protection company

Responsibilities and Achievements

- Developed and managed an investigation program for a billion-dollar data technology company. Initiated, coordinated, reviewed, and monitored investigative plans and intelligence products.
- Screened, researched, analyzed, and interpreted all-source intelligence information, regional analysis, and political analysis to enable employees to produce detailed analytical reports.
- Supervised a team of investigators and analysts. Conducted meetings with direct reports and reviewed investigations. Created work schedules.
- Implemented Information technology programs and oversight. Ensured team complied with information security.
- Authored and developed technology and surveillance policy for compliance with European Data Protection
- Lead, motivate, and support a large team within a time-sensitive and demanding environment, including setup and implementation of career development plans for all direct reports and problem resolution
- Identified information gaps and potential threats by evaluating the relevance and accuracy of gathered information using various analytical methodologies and intelligence database system. Conducted risk analysis, identified possible threats to the company and CEO, and estimated the likelihood that threats would materialize.

WORK EXPERIENCE

Special Agent

United States Air Force, Air Force Office of Special Investigation

03/2009 - 03/2014

Federal investigative agency that conducts felony investigations for the USAF and its assets

Responsibilities and Achievements

- Planned, directed, and supervised special agents in the execution of specialized offensive and reactive criminal investigations for geographically separated USAF installations. Initiated, coordinated, reviewed, and monitored investigative plans and intelligence products responsive to national, Department of Defense, and local collection requirements. Supervised, trained, and mentored three special agents; directed 14 criminal investigations and continued support for 375 force protection activities affecting approximately 10,000 personnel.
- Ability to develop, implement and review policies and procedures for fraud programs for northern California, Afghanistan and Kyrgyzstan.
- Operational and program manager for evidence management, contingency funds management and confidential informant program.
- Managed a \$25K Contingency Funds program and budget analysis with zero deficiencies; enabled agents to conduct effective source operations and other investigative activities.
- Collected and analyzed a diverse range of evidence, including crime scene evidence, financial records, and expenditures; evaluated and identified suspicious trends. Conducted over 400 interviews, including suspect, witness, victim, and experts.
- Served as the principal handler for confidential informants, uncovering multiple allegations of fraud through an extensive network of informants. Maintained oversight of all investigative activities regarding the collection of evidence, conduct of interviews, official record reviews, surveillance operations, searches, seizures, apprehensions, and the management of confidential informants. Liaised extensively among external law enforcement agencies and financial institutions to collect, evaluate, and validate evidence. Developed risk, threat, and vulnerability analysis.

Security Forces Trainer and Supervisor

United States Air Force

04/2006 - 03/2009

Responsibilities and Achievements

- Supervised, trained, and mentored four police officers; supported 375 force protection activities affecting 10,000 personnel.
- Supervised the training, development, and productivity of 350 military and civilian personnel. Implemented programs and procedures to streamline productivity, resulting in regional program adoption. Developed and delivered curriculum on military and civilian law, as well as jurisdictional rules and regulations. Planned and facilitated field training designed to boost team competencies and capabilities. Created and managed specialized training programs for military police officers and for military deployments.
- Developed, implemented and reviewed operational policies and procedures for base wide augmentee police training and air force deployment training.
- Performed law enforcement and security operations within the 12th Security Forces Squadron; conducted patrols, security evaluation and enforcement, and incident response to criminal activities, accidents, and security alarms.

Security Forces Patrol Officer

United States Air Force

03/2004 - 04/2006

Responsibilities and Achievements

- Performed law enforcement and security operations within Security Forces; conducted patrols, security evaluation and enforcement, and incident response, including criminal activities and accidents.
- Monitored and detected the incidence of criminal, hostile, terrorist, and fraudulent activities.
- Developed ancillary training solutions and coordinated specialty training.

EDUCATION

Bachelor of Arts, Major in Psychology, Minor in Business Administration

California State University East Bay

03/2014 - 03/2017

Hayward Ca

Courses

- Negotiation Psychology
- Survey and Test Construction
- Statistics
- Communications
- Operation Management
- Clinical Psychology and Behavioral
- Accounting
- Information Technology

Executive MBA University of San Francisco

08/2020 - Present

3.6

Courses

- Data Analytics
- Global Business Conditions
- Negotiations
- Financial Mgmt
- Managerial Decision Making
- Marketing Mangement

ACHIEVEMENTS & CERTIFICATES

Internal Affairs Division Investigations Training (2018)

Criminal Investigative Training Center Certificate (FLETC) (2008)

Basic Special Investigator Course (Federal Law Enforcement Training Center) (2008)

Deans List (8 quarters), Honors List (2 quarters)

Police Officer of the Month (2004, 2008, 2010); Agent of the Quarter (2012)

Mental Health Response Training (2008)

Advanced Interviewing and Interrogation Course (2010)

John Levitow Award for Program Management and Leadership School (2008)
Award for most outstanding leadership and scholastic qualities.

E-Funds and Evidence Custodian Certificate (2012)

LAPD Audit Training (10/2019 - Present)

SUPPORTED CAUSES

Animal Rights

UNICEF

AIDS LifeCycle

ARF

Women Veterans

Homeless Outreach

Women in Tech



**Contra
Costa
County**

To: Board of Supervisors

From: Ken Carlson

Date: August 1, 2023

Subject: APPOINT Donald G. Mayo to the District IV Seat of the Contra Costa County Fire District Advisory Commission

RECOMMENDATION(S):

APPOINT the following individual to the District IV seat on the Contra Costa County Fire Protection District Advisory Fire Commission to a term expiring June 30, 2027:

Donald G. Mayo
Pleasant Hill, CA

FISCAL IMPACT:

None.

BACKGROUND:

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Manny Bowlby 655-2350

By: , Deputy

cc:

BACKGROUND: (CONT'D)

The Contra Costa County Fire Protection District Fire Commissioners reviews and advises on the annual operations, capital budgets, and all district expenditures; reviews and advises on long-range capital improvement plans; pursuant to district ordinance serves as the Appeals Board on weed abatement matters; and advises the Fire Chief on district service matters. Members serve four year terms ending June 30.

CONSEQUENCE OF NEGATIVE ACTION:

The seat will become vacant.



Contra
Costa
County

To: Board of Supervisors
From: Diane Burgis, District III Supervisor
Date: August 1, 2023

Subject: DECLARE VACANCY ON THE FISH & WILDLIFE COMMITTEE

RECOMMENDATION(S):

DECLARE vacant the District 3 seat on the Fish & Wildlife Committee previously held by Madhan Gunasekaran due to resignation and DIRECT the Clerk of the Board to post the vacancy, as recommended by Supervisor Diane Burgis.

FISCAL IMPACT:

NONE.

BACKGROUND:

Mr. Gunasekaran resigned from the Fish & Wildlife Committee due to work related reasons.

CONSEQUENCE OF NEGATIVE ACTION:

NONE.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Alicia Nuchols, 925-655-2335

By: , Deputy

cc:



Contra
Costa
County

To: Board of Supervisors
From: Candace Andersen, District II Supervisor
Date: August 1, 2023

Subject: APPOINTMENT TO THE MEASURE X COMMUNITY ADVISORY BOARD

RECOMMENDATION(S):

APPOINT Nishi Moonka, resident of San Ramon, to the District II Alternate Seat on the Measure X Community Advisory Board for a term ending March 31, 2025, as recommended by Supervisor Andersen.

FISCAL IMPACT:

NONE

BACKGROUND:

The Measure X Community Advisory Board was established by the Board of Supervisors on February 2, 2021 to advise the Board of Supervisors on the use of Measure X transactions and use tax funds. It consists of 17 members, composed of 10 Supervisorial District appointees (two per Supervisorial District) and seven At-Large appointees. The advisory body also includes 10 alternates, composed of five At-Large appointees and five Supervisorial District appointees (one per Supervisorial District).

Supervisor Andersen advertised the vacancy, received applications, met with all applicants and would like to appoint Ms. Moonka as she feels she will add value to the Measure X CAB.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Jill Ray, 925-655-2300

By: , Deputy

cc: District 2 Supervisor, Maddy Book, MXCAB, Appointee

CONSEQUENCE OF NEGATIVE ACTION:

The seat will remain vacant.

CHILDREN'S IMPACT STATEMENT:

NONE



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Appropriation & Revenue Adjustment for the purchase of a Road Maintenance ISF vehicle.

RECOMMENDATION(S):

APPROVE FY 2023/24 Appropriation and Revenue Adjustment No. BDA-23-00170 and AUTHORIZE the transfer of appropriations in the amount of \$49,000 from Road Maintenance to ISF Fleet Services for the purchase of a ISF truck, as recommended by the Public Works Director, Countywide.

FISCAL IMPACT:

This action increases appropriations in ISF Fleet Services (fund 150100) and reduces appropriations in Road Maintenance (fund 110800) by \$49,000. (100% Local Road Funds)

BACKGROUND:

The Public Works Road Maintenance Division is replacing a truck which was totaled in an accident. The purchase of the vehicle was included in the FY 2023/24 Roads capital budget.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, the Road Maintenance Division will not be able to purchase a vehicle needed to provide services throughout the County.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Michelle Gonsalves,
925-313-2123

By: , Deputy

cc:

ATTACHMENTS

BDA-23-00170

View Budget Amendment: Budget
 Amendment: FY 2023-24 - Operating Budget
 on 07/06/2023 : BDA-23-00170

Company Contra Costa County
Budget Template Operating Budget : FY2023-24 Operating Budget
Budget FY2023-24 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00170
Amendment Date 07/06/2023
Description Transfer appropriation from cost center 0672 (Road Fund) to cost center 4284 (ISF Fleet Services) to purchase ISF truck
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2023-24 Year (FY2023-24 Operating Budget)	9951:REIMBURSEMENTS - GOV/GOV	4503 PW FINANCE (Home Org)	4284 VEHICLE REPLACEMENT	150100 FLEET ISF	\$0.00	\$49,000.00	Increase appropriation for purchase of additional ISF truck	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2023-24 Year (FY2023-24 Operating Budget)	4953:AUTOS & TRUCKS	4503 PW FINANCE (Home Org)	4284 VEHICLE REPLACEMENT	150100 FLEET ISF	\$49,000.00	\$0.00	Increase appropriation for purchase of additional ISF truck	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2023-24 Year (FY2023-24 Operating Budget)	5011:REIMBURSEMENTS-GOV/GOV	4503 PW FINANCE (Home Org)	0672 ROAD MAINTENANCE -RD FUND	110800 ROAD	\$49,000.00	\$0.00	Transfer appropriation from 0672-4953 to 0672-5011	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2023-24 Year (FY2023-24 Operating Budget)	4953:AUTOS & TRUCKS	4503 PW FINANCE (Home Org)	0672 ROAD MAINTENANCE -RD FUND	110800 ROAD	\$0.00	\$49,000.00	Transfer appropriation from 0672-4953 to 0672-5011	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

20230706172252.pdf

File Name 20230706172252.pdf
Content Type application/pdf
Updated By Michelle Gonsalves
Upload Date 07/06/2023 05:20:39 PM
Comment

Process History

View Budget Amendment: Budget
 Amendment: FY 2023-24 - Operating Budget
 on 07/06/2023 : BDA-23-00170

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/06/2023 05:20:40 PM	07/07/2023	Michelle Gonsalves	1	
Budget Amendment Event	Review Budget Amendment	Not Required		07/07/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/06/2023 05:23:17 PM		Diana Oyler (Department Approver – Budget Amendment)	1	Diana Oyler: Board order to be submitted by PW.
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Awaiting Action			Analiza Pinlac (Budget Specialist (Auditor Office))	4	
					Angela Chow (Budget Specialist (Auditor Office))		
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		



Contra
Costa
County

To: Board of Supervisors
From: Diana Becton, District Attorney
Date: August 1, 2023

Subject: DA Revenue and Appropriation Adjustment

RECOMMENDATION(S):

APPROVE Fiscal Year 2022-23 Appropriation Adjustment No. BDA-23-00180 authorizing the transfer of appropriations in the amount of \$310,000 to account for actual expenditures within the District Attorney's budget.

FISCAL IMPACT:

This action is to adjust the expenditures budget to more accurately reflect budgetary requirements for the District Attorney's Welfare Fraud budget unit. This action will adjust the appropriations by \$310,000 within the District Attorney's budget.

BACKGROUND:

The District Attorney's Office has identified the need for amendments to the FY 2022-23 budget to better align with the actual expenditures for FY 2022-23.

CONSEQUENCE OF NEGATIVE ACTION:

If unapproved, appropriations will not be properly reflected in the FY 2022-23 budget.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Monica Carlisle, 925-957-2234

By: , Deputy

cc:

ATTACHMENTS

BDA-23-00180

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00180

Company Contra Costa County
Budget Template Operating Budget : FY23 Operating Budget
Budget FY23 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00180
Amendment Date 06/30/2023
Description Transfer of appropriations to account for actual expenditures
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2022-23 Year (FY23 Operating Budget)	5022:INTRAFUND-TRANS-SERVICES	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2895 D A WELFARE FRAUD	100300 GENERAL	\$177,500.00	\$0.00	transfer of appropriations to account for actual expenditures	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	2315:DATA PROCESSING SERVICE	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2895 D A WELFARE FRAUD	100300 GENERAL	\$4,500.00	\$0.00	transfer of appropriations to account for actual expenditures	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	1011:PERMANENT SALARIES	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2895 D A WELFARE FRAUD	100300 GENERAL	\$128,000.00	\$0.00	transfer of appropriations to account for actual expenditures	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	1011:PERMANENT SALARIES	2800 DISTRICT ATTORNEY ADMIN (Home Org)	2800 DISTRICT ATTORNEY ADMIN	100300 GENERAL	\$0.00	\$310,000.00	transfer of appropriations to account for actual expenditures	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/13/2023 03:10:41 PM	07/14/2023	Siwen Carlisle	1	

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00180

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Review Budget Amendment	Not Required		07/14/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/13/2023 03:18:55 PM		Daniel Wallace (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Awaiting Action			Analiza Pinlac (Budget Specialist (Auditor Office))	4	
					Angela Chow (Budget Specialist (Auditor Office))		
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Appropriation and Revenue Adjustment for Estimated General County Building Occupancy Costs

RECOMMENDATION(S):

APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00182 and AUTHORIZE the transfer of appropriations in the amount of \$250,000 from Building Maintenance to General County Building Occupancy Costs, as recommended by the Public Works Director, Countywide.

FISCAL IMPACT:

This action increases appropriations in General County Building Occupancy Costs (BU 0077) and reduces appropriations in Building Maintenance (BU 0079) by \$250,000. (100% General Fund)

BACKGROUND:

The General County Building Occupancy Costs (BU 0077) are expected to exceed the FY2022-23 operating budget by approximately \$250,000. This budget shortfall is due in large part to unexpected increases in utility costs and property insurance costs. Building Maintenance (BU 0079) has sufficient appropriations to cover this budget shortfall.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, the General County Building Occupancy Costs (BU 0077) will exceed its operating budget for FY2022-23.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Lauren Weston (925) 313-2155

By: , Deputy

cc:

ATTACHMENTS

BDA-23-00182

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00182

Company Contra Costa County
Budget Template Operating Budget : FY23 Operating Budget
Budget FY23 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00182
Amendment Date 06/30/2023
Description TO TRANSFER APPROPRIATIONS FROM BU0079 TO BU0077 TO COVER A BUDGET SHORTFALL
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2022-23 Year (FY23 Operating Budget)	2262:BLDG OCCUPANCY COSTS	4503 PW FINANCE (Home Org)	4301 BLDG COST-MISC SERVICES	100300 GENERAL	\$250,000.00	\$0.00	INCREASE APPROPRIATIONS IN BU0077	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	5022:INTRAFUND-TRANS-SERVICES	4503 PW FINANCE (Home Org)	4031 BUILDING MNTCE	100300 GENERAL	\$0.00	\$250,000.00	DECREASE APPROPRIATIONS IN BU0079	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

FY22-23 4TH QTR BU 0077 as of 07.07.23.pdf

File Name FY22-23 4TH QTR BU 0077 as of 07.07.23.pdf
Content Type application/pdf
Updated By Lauren Weston
Upload Date 07/18/2023 10:31:59 AM
Comment

agMemo_54341.pdf

File Name agMemo_54341.pdf
Content Type application/pdf
Updated By Lauren Weston
Upload Date 07/18/2023 10:46:55 AM
Comment

Process History

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00182

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/18/2023 11:35:08 AM	07/19/2023	Lauren Weston	1	
Budget Amendment Event	Review Budget Amendment	Not Required		07/19/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/18/2023 11:52:41 AM		Diana Oyler (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Approvers Added	07/18/2023 12:07:26 PM		Yesenia Campos (Budget Specialist (Auditor Office))	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Approved	07/18/2023 12:07:26 PM		Yesenia Campos (Budget Specialist (Auditor Office))	1	
Budget Amendment Event	Approval by Added Approvers	Approved	07/19/2023 07:36:48 AM		Laura Strobel	1	
Budget Amendment Event	Approval by Budget Manager	Awaiting Action			Analiza Pinlac (Budget Manager)	3	
					Harjit Nahal (Budget Manager)		
					Peter Karumbi (Budget Manager)		



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: Appropriation Adjustment for Obligated Fund Balance from General Purpose Revenue (0005) to Risk Management (1500)

RECOMMENDATION(S):

APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00181 appropriating the amount of \$6,000,000 from General Purpose Revenue fund balance to Risk Management Insurance for General Liability in the Public Liability Trust Fund.

FISCAL IMPACT:

General Purpose Revenue will be appropriated to Risk Management Insurance and transferred to the Public Liability Trust Fund. (100% General Fund)

BACKGROUND:

On September 20, 2022, the Board of Supervisors adopted final changes to the 2022-2023 County Budget, including changes to obligated fund balances. At that time, an obligated fund balance in the amount of \$6,000,000 was restricted for the Public Liability Trust Fund. The current action will appropriate \$6,000,000 in Risk Management Insurance, making the funds available to transfer to the Public Liability Trust Fund.

Funding will be used for Contra Costa County's self-insured General Liability Program, which is inclusive of premiums for the County's total general liability insurance.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Jason Chan, 925-655--2050

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

The County will be unable to increase the Public Liability Trust Fund with obligated fund balance restricted for this purpose.

ATTACHMENTS

BDA-23-00181

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00181

Company Contra Costa County
Budget Template Operating Budget : FY23 Operating Budget
Budget FY23 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00181
Amendment Date 06/30/2023
Description Increase Risk expenditure appropriation from GF Reserve
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2022-23 Year (FY23 Operating Budget)	9990:APPROPRIATED FUND BAL	1200 GENERAL ADMINISTRATION (Home Org)	0005 REVENUE - GENERAL COUNTY	100300 GENERAL	\$0.00	\$6,000,000.00	Increase Risk expenditure appropriation from GF Reserve	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	3611:INTERFUND EXP - GOV/GOV	1200 GENERAL ADMINISTRATION (Home Org)	1500 INSURANCE	100300 GENERAL	\$6,000,000.00	\$0.00	Increase Risk expenditure appropriation from GF Reserve	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

50945_FY22-23 County ABC Schedule.pdf

File Name 50945_FY22-23 County ABC Schedule.pdf
Content Type application/pdf
Updated By Chrystine Robbins
Upload Date 07/17/2023 03:09:13 PM
Comment

50945_BO_Resolution No. 2022_325 Adoption of the FY22-23 Budget As Finally Determined.pdf

File Name 50945_BO_Resolution No. 2022_325 Adoption of the FY22-23 Budget As Finally Determined.pdf
Content Type application/pdf
Updated By Chrystine Robbins
Upload Date 07/17/2023 03:09:13 PM
Comment

agMemo_50945.pdf

File Name agMemo_50945.pdf
Content Type application/pdf

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00181

Updated By Chrystine Robbins
Upload Date 07/17/2023 03:09:13 PM
Comment

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/17/2023 03:09:14 PM	07/18/2023	Chrystine Robbins	1	
Budget Amendment Event	Review Budget Amendment	Not Required		07/18/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/17/2023 03:51:20 PM		Jason Chan (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Sent Back	07/19/2023 04:33:43 PM		Yesenia Campos (Budget Specialist (Auditor Office))	1	Send Back Reason from Yesenia Campos: update amendment date to 6/30/23. Thank you
Budget Amendment Event	Budget Amendment Event	Submitted	07/20/2023 02:48:12 PM	07/18/2023	Chrystine Robbins	1	Chrystine Robbins: Updated Amendment date to 6/30/23 since it is for FY22-23
Budget Amendment Event	Review Budget Amendment	Not Required		07/18/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/20/2023 04:16:08 PM		Julie Enea (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Awaiting Action			Analiza Pinlac (Budget Specialist (Auditor Office))	4	
					Angela Chow (Budget Specialist (Auditor Office))		
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: FY 2022/23 Appropriation Adjustment for Estimated Expenditures in the Road Fund.

RECOMMENDATION(S):

APPROVE Fiscal Year 2022/23 Appropriation Adjustment No. BDA-23-00186 authorizing the transfer of appropriations in the amount of \$20,000 from Road Construction (Budget Unit 0662) to Miscellaneous Road Property (Budget Unit 0674), as recommended by the Public Works Director, Countywide.

FISCAL IMPACT:

100% Local Road Funds

BACKGROUND:

This action transfers appropriations between departments within the Road Fund (Fund 110800) to resolve year-end over expenditures. Roads property maintenance activities were increased during the fiscal year resulting in higher than estimated expenditures.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, expenditures will exceed current budgets in the Road Fund.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Michelle Gonsalves,
925-313-2123

By: , Deputy

cc:

ATTACHMENTS

BDA-23-00186

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00186

Company Contra Costa County
Budget Template Operating Budget : FY23 Operating Budget
Budget FY23 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00186
Amendment Date 06/30/2023
Description Reallocate appropriations for PY 22/23 expenditures
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2022-23 Year (FY23 Operating Budget)	3611:INTERFUND EXP - GOV/GOV	4503 PW FINANCE (Home Org)	0662 ROAD CONSTRUCTION-RD FUND	110800 ROAD	\$0.00	\$20,000.00	Transfer to CC 0674	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	3619:GEN SVC-BLDG OCPNCY COSTS	4503 PW FINANCE (Home Org)	0674 MISCEL PROPERTY-ROAD FUND	110800 ROAD	\$20,000.00	\$0.00	Transfer from CC 0662	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/19/2023 12:19:00 PM	07/20/2023	Michelle Gonsalves	1	
Budget Amendment Event	Review Budget Amendment	Not Required		07/20/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/19/2023 01:48:16 PM		Diana Oyler (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Awaiting Action			Analiza Pinlac (Budget Specialist (Auditor Office))	4	
					Angela Chow (Budget Specialist (Auditor Office))		
					Xia Zhang (Budget Specialist (Auditor Office))		

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00186

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Yesenia Campos (Budget Specialist (Auditor Office))		



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: FY 2022/23 Appropriation and Revenue Adjustment for Central County Area of Benefit.

RECOMMENDATION(S):

APPROVE Fiscal Year 2022/23 Appropriation and Revenue Adjustment No. BDA-23-00184 authorizing new revenue in Central County Area of Benefit (AOB) (Fund 124200) for earnings on investment in the amount of \$50,000 and increase appropriations to fund services needed to manage the fund, as recommended by the Public Works Director, Countywide.

FISCAL IMPACT:

100% Central County AOB earnings on investment.

BACKGROUND:

This action provides additional appropriations from the Central County Area of Benefit Fund and budgets for Fiscal Year 2022/23 expenditures. Additional administrative expenditures were charged to the fund as a result of a study to evaluate and update the area of benefit project list.

CONSEQUENCE OF NEGATIVE ACTION:

If not approved, expenditures will exceed current budgets in the AOB Fund.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Michelle Gonsalves,
925-313-2123

By: , Deputy

cc:

ATTACHMENTS

BDA-23-00184

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00184

Company Contra Costa County
Budget Template Operating Budget : FY23 Operating Budget
Budget FY23 Operating Budget
Organizing Dimension Type
Amendment ID BDA-23-00184
Amendment Date 06/30/2023
Description Recognize new revenue and reallocate appropriations for PY 22/23 expenditures
Amendment Type Appropriation / Estimated Revenue Adjustment
Balanced Amendment Yes
Entry Type Mid-Year Adjustments
Status In Progress

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo	Exceptions
FY 2022-23 Year (FY23 Operating Budget)	5011:REIMBURSEMENTS-GOV/GOV	4503 PW FINANCE (Home Org)	0637 CENTRAL CO AREA/BENEFIT	124200 CENTRAL CO AREA/BENEFIT	\$50,000.00	\$0.00	Increase appropriation	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org
FY 2022-23 Year (FY23 Operating Budget)	9181:EARNINGS ON INVESTMENT	4503 PW FINANCE (Home Org)	0637 CENTRAL CO AREA/BENEFIT	124200 CENTRAL CO AREA/BENEFIT	\$0.00	\$50,000.00	Recognize new revenue	Critical : - Home Org on Budget Line Not Equal Initiator's Home Org

Process History

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
Budget Amendment Event	Budget Amendment Event	Step Completed	07/18/2023 04:57:46 PM	07/19/2023	Michelle Gonsalves	1	
Budget Amendment Event	Review Budget Amendment	Not Required		07/19/2023		0	
Budget Amendment Event	Approval by Department Approver – Budget Amendment	Approved	07/18/2023 05:07:29 PM		Diana Oyler (Department Approver – Budget Amendment)	1	
Budget Amendment Event	Approval by Budget Specialist (Auditor Office)	Awaiting Action			Analiza Pinlac (Budget Specialist (Auditor Office))	4	
					Angela Chow (Budget Specialist (Auditor Office))		

View Budget Amendment: Budget
 Amendment: FY 2022-23 - Operating Budget
 on 06/30/2023 : BDA-23-00184

Process	Step	Status	Completed On	Due Date	Person (Up to 5)	All Persons	Comment
					Xia Zhang (Budget Specialist (Auditor Office))		
					Yesenia Campos (Budget Specialist (Auditor Office))		



Contra
Costa
County

To: Board of Supervisors
From: Esa Ehmen-Krause, County Probation Officer
Date: August 1, 2023

Subject: Funding for OJJDP Strategies for Youth Program

RECOMMENDATION(S):

ACCEPT funds and APPROVE Fiscal Year 2023-24 Appropriation and Revenue Adjustment No. BDA-23-00225 authorizing new revenue from the Office of Juvenile Justice and Delinquency Prevention in the amount of \$1,180,000 to the Probation Department for the Supporting Youth in the Community Initiative.

FISCAL IMPACT:

This action will provide revenue to fund the Supporting Youth in the Community Initiative in Contra Costa County. This program is 100% funded by the federal government through the Office of Juvenile Justice and Delinquency Prevention. No County match is required.

BACKGROUND:

The Probation Department is a recipient of a federal Community Project Funding award of \$1,180,000 for the launch of The Strategies for Supporting Youth in the Community Initiative - A Collaborative Project with Strategies for Youth to provide evidence-based training sessions on adolescent development to all departments and offices with law enforcement duties in the County.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sarah Shkidt, Chief of Administrative Services
(925)313-4195

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Strategies for Youth (SFY), a Cambridge, MA based organization, offers a trademarked training curriculum and program with a specific focus on effective interaction with youth for law enforcement personnel. The program, based on research in adolescent development and psychology, was designed to supplement standard law enforcement training and increase officers' understanding of young people. Training sessions highlight the differences between youth and adult cognitions, including that youth cognitions are more likely to be "hot" and that they have the tendency to assert their autonomy. Role-play exercises with youth from local communities allow young people to share their perceptions of officers' responses and reinforce the differences between youth and adult perceptions and behaviors to social and contextual cues. Training participants are taught skills and techniques to respond to young people in a manner that recognizes but redirects behavior that is typical of a young person as well as strategies to de-escalate emotionally heated or aggressive encounters to minimize violence and ultimately, reduce arrests. In addition, participants are taught to identify compromised youth behavior that might indicate mental health problems, substance use, trauma, or some combination. Lastly, portions of the training focus on factors that commonly affect youth and their behavior, such as neighborhood demographics and cultural messaging. This important aspect of the training program speaks to the potential for mitigating any racial disparities in the arrests of young people.

The Probation Department will partner with SFY to offer a standard 2-day training that includes an assessment to customize the training to meet the needs of the local community as well as a policy review with an eye toward how the language of each policy reflects a trauma-informed, youth development approach. The project will also include a 4-day train the trainer program conducted by a SFY psychologist and patrol officer where local officers learn how to train their peers. This training includes identification and training of local psychologists and community-based youth-serving organizations to provide future trainings and to serve as a resource to the agency as well as coaching to assist in the implementation of 2-day trainings. Given the size of the Probation Department and the Sheriff's Office, the train the trainer program was deemed to be the most efficient for long term sustainability. The funds for this program will be spent directly on the trainings offered by SFY for all county-wide law enforcement agencies willing to participate. The training costs include SFY's fees as well as the backfill overtime costs for agencies to sustain operational staffing levels while officers attend the training courses.

CONSEQUENCE OF NEGATIVE ACTION:

If unapproved the program would not be implemented and appropriations would not be properly allocated.

ATTACHMENTS

BDA-23-00225

Budget Amendment: FY 2023-24 - Operating Budget on 07/26/2023 : BDA-23-00225

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo
FY 2023-24 Year (FY2023-24 Operating Budget)	2479:OTHER SPECIAL DPMTAL EXP	3033 SB678 EB PRACTICES (Home Org)	3022 ORJ ADMINISTRATIO N	100300 GENERAL	\$590,000.00	\$0.00	OTHER SPECIAL DPMTAL EXP
FY 2023-24 Year (FY2023-24 Operating Budget)	2310:NON CNTY PROF SPCLZD SVCS	3033 SB678 EB PRACTICES (Home Org)	3022 ORJ ADMINISTRATIO N	100300 GENERAL	\$590,000.00	\$0.00	NON CNTY PROF SPCLZD SVCS
FY 2023-24 Year (FY2023-24 Operating Budget)	9966:MISC GRANTS & DONATIONS	3033 SB678 EB PRACTICES (Home Org)	3022 ORJ ADMINISTRATIO N	100300 GENERAL	\$0.00	\$1,180,000.00	MISC GRANTS & DONATIONS



Contra
Costa
County

To: Board of Supervisors
From: Marc Shorr, Chief Information Officer
Date: August 1, 2023

Subject: Budget Amendment to move FY 22/23 funds from Information Technology (0147) to Public Works (0111- Plant Acq-office Bldgs)

RECOMMENDATION(S):

APPROVE FY 2022-23 Appropriation and Revenue Adjustment No. BDA-23-00218 and AUTHORIZE the transfer of appropriations in the amount of \$155,000 from the Department of Information Technology to Public Works Plant Acquisitions for the replacement of a fire suppression system.

FISCAL IMPACT:

This action increases appropriations in Public Works Plant Acquisitions (0111) by \$155,000 and reduces appropriations in Information Technology (0147) by that amount.

BACKGROUND:

The Department of Information Technology (DoIT) is working with Public Works to replace the FM200 fire suppression system, as it is in disrepair, and presents a hazard to the County's primary data center. Due to the age of the wall unit, replacement parts are no longer available. The system requires a full replacement that can provide proper monitoring and fault detection and complies with current fire safety standards. A recent site survey provided the following status of the current system: 1) The Data Center

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Michelle Colefield, 608-4033

By: , Deputy

cc:

BACKGROUND: (CONT'D)

fire suppression system is over 25 years old, and the Fire Alarm panel and replacement parts are obsolete and no longer available. 2) There was a recent incident when a discharge occurred in one zone due to a defective part. DoIT's halon support determined that based on the series of lights being displayed on the wall control unit, there is a faulty circuit switch that controls the halon activation in the UPS room. The Halon in the UPS room can trigger automatically without warning and must be disabled through a sequence of manual interventions resulting in unplugging the panel's battery. If the battery does not become disengaged within 1 hour, the wall unit will activate all the halon alarms and dispatch the fire department. 3) The current Data Center fire alarm system does not meet current NFPA codes. This project is urgent in nature, as protection of the County's primary data center is of utmost importance.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, there will be insufficient funds in Public Works Plant Acquisitions (0111) to complete the data center fire suppression system replacement, which is critical to protecting the County's primary data center in the event of fire.

CHILDREN'S IMPACT STATEMENT:

None

ATTACHMENTS

BDA-23-00218

Budget Amendment: FY 2022-23 - Operating Budget on 06/30/2023 : BDA-23-00218

Budget Amendment Entries

Period	*Ledger Account/Summary	Home Organization	*Cost Center	*Fund	Debit Amount	Credit Amount	Memo
FY 2022-23 Year (FY23 Operating Budget)	2251:COMPUTER SOFTWARE COST	1050 ADMINISTRATION (Home Org)	1070 NETWORK SERVICES	100300 GENERAL	\$0.00	\$155,000.00	Move funds to PW's for fire suppression system upgrade.
FY 2022-23 Year (FY23 Operating Budget)	4413:274-FIRE SUPPRESSION SYS	1050 ADMINISTRATION (Home Org)	4405 PLANT ACQ-OFFICE BLDGS	100300 GENERAL	\$155,000.00	\$0.00	Move funds to PW's for fire suppression system upgrade.



Contra
Costa
County

To: Board of Supervisors
From: Lewis T. Broschard III, Chief, Contra Costa Fire Protection District
Date: August 1, 2023

Subject: Reallocate pay for Fire Emergency Vehicle Tech I (PMVC), Fire Apparatus Service Coordinator (PMSC), Fire Emergency Veh Tech II (PMTc), and Lead Fire E

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 26170 reallocating pay for Fire Emergency Vehicle Technician I (PMVC) (represented) and Fire Apparatus Service Coordinator (PMSC) (represented) at salary plan and grade TB5 1575 (\$6444.744 - \$7105.33) to \$7,858.13 - \$8,707.07, Fire Emergency Vehicle Technician II (PMTc) (represented) at salary plan and grade TB5 1000 (\$7466.133 - \$8231.411) to \$9,103.41 - \$10,086.89, and Lead Fire Emergency Vehicle Technician (PMNC) (represented) at salary plan and grade TB5 1001 (\$9,527.63 - \$10,504.21) to \$10,537.07 - \$11,675.43 in the Fire Protection District.

FISCAL IMPACT:

Upon approval, this action has an annual cost adjustment of approximately \$82,471. Since the Contra Costa County Fire Protection District is a special district, there will not be an impact to the County's General Fund.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Elizabeth Loud 925-941-3300 ext 1303

By: , Deputy

cc:

BACKGROUND:

The classifications in the Fire Emergency Vehicle Technician series diagnose and make vital mechanical repairs to fire fighting apparatus and equipment, heavy duty vehicles, and trucks. Recruitments over the last several years have been minimally successful, highlighting the difficulty of recruiting experienced fire equipment mechanics. Direct feedback from candidates who declined job offers was that they declined due to the pay. In addition, attrition by staff to higher paying agencies has highlighted the difficulty in retaining experienced fire equipment mechanics.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Fire District will not be able to recruit or retain qualified mechanics, which will adversely impact the services provided by the District.

ATTACHMENTS

P300 No. 26170 CCCFPD

POSITION ADJUSTMENT REQUEST

NO. 26170
DATE 6/30/2023

Department CCC Fire Protection District
Department No./ Budget Unit No. 7300 Org No. 7300 Agency No. 70

Action Requested: Reallocate pay for Fire Emergency Vehicle Technician I (PMVC) (represented) and Fire Apparatus Service Coordinator (PMSC) (represented) at salary plan and grade TB5 1575 (\$6444.744 - \$7105.33) to \$7,858.13 - \$8,707.07, Fire Emergency Vehicle Technician II (PMTTC) (represented) at salary plan and grade TB5 1000 (\$7466.133 - \$8231.411) to \$9,103.41 - \$10,086.89, and Lead Fire Emergency Vehicle Technician (PMNC) (represented) at salary plan and grade TN5 1001 (\$9,527.63 - \$10,504.21) to \$10,537.07 - \$11,675.43

Proposed Effective Date: 8/1/2023

Classification Questionnaire attached: Yes [] No [x] / Cost is within Department's budget: Yes [x] No []

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$82,471.00 Net County Cost \$0.00
Total this FY \$75,603.00 N.C.C. this FY 0

SOURCE OF FUNDING TO OFFSET ADJUSTMENT 100% CCCFPD General Operating Fund

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Elizabeth Loud
(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Enid Mendoza 7/24/2023
Deputy County Administrator Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE 7/25/23

Reallocate pay for Fire Emergency Vehicle Technician I (PMVC) (represented) and Fire Apparatus Service Coordinator (PMSC) (represented) at salary plan and grade TB5 1575 (\$6444.744 - \$7105.33) to \$7,858.13 - \$8,707.07, Fire Emergency Vehicle Technician II (PMTTC) (represented) at salary plan and grade TB5 1000 (\$7466.133 - \$8231.411) to \$9,103.41 - \$10,086.89, and Lead Fire Emergency Vehicle Technician (PMNC) (represented) at salary plan and grade TN5 1001 (\$9,527.63 - \$10,504.21) to \$10,537.07 - \$11,675.43

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [] Day following Board Action.
[x] 8/1/23(Date)

Seantea Stewart 7/25/23
(for) Director of Human Resources Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE 7/27/2023

[x] Approve Recommendation of Director of Human Resources
[] Disapprove Recommendation of Director of Human Resources
[] Other:

Enid Mendoza
(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED [] DISAPPROVED []

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

DATE

BY

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. _____

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services
Date: August 1, 2023

Subject: Increase/Decrease the Hours of 2 Occupational Therapist II Positions and its Incumbents in the Rehabilitation Therapy Services Unit

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 26166 to increase the hours of one (1) Occupational Therapist II (V5VH) position No. 7592 and its incumbent from 36/40 to 40/40 (Org No. 6371); and decrease the hours of one (1) Occupational Therapist II (V5VH) position No. 8691 and its incumbent from 36/40 to 32/40 (Org No. 6379) both at salary plan and grade TC5-1746 (\$8,416 - \$10,230) in the Contra Costa Health Department. (Represented)

FISCAL IMPACT:

Upon approval, there will be no additional cost associated with this request (Cost Neutral) (100% Hospital Enterprise Fund I)

BACKGROUND:

Occasionally, incumbents may submit a request to their managers to increase or decrease their position hours. The managers then evaluate the request based on operational requirements and program service needs. One incumbent requested for their position (position No. 7592) hours to be increased from 36/40 to 40/40 due to being assigned to work in the inpatient psych and medical floor units. These units typically have a heavier workload compared to other units. The manager approved this request to make the position 40/40. In addition, increasing the hours to 40/40 will eliminate overtime costs. The second incumbent requested for their position (position No. 8691) hours to be decreased from 36/40 to 32/40. This position is assigned to work in industrial rehabilitation / ergonomic outpatient services. Decreasing the position hours would not affect the operations of the unit; therefore, the manager approved this request of the incumbent.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the department will not be able to fulfill the request of the incumbents and support the operational needs.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Lauren Jimenez, 925-957-5262

By: , Deputy

cc: Lauren Jimenez, Larita Clow, Linh Huynh, Kathi Caudel, Karen Lloyd

ATTACHMENTS

P300 26166

POSITION ADJUSTMENT REQUEST

NO. 26166
DATE 7/6/2023

Department Health Services
Agency No. 18

Department No./
Budget Unit No. 0540 Org No. 6371 & 6379

Action Requested: Increase the hours of one (1) Occupational Therapist II (V5VH) position No. 7592 from 36/40 to 40/40 (Org No. 6371); and decrease the hours of one (1) Occupational Therapist II (V5VH) position No. 8691 from 36/40 to 32/40 (Org # 6379) and its incumbents in the Contra Costa Health Department. (Represented)

Proposed Effective Date: 8/1/2023

Classification Questionnaire attached: Yes [] No [x] / Cost is within Department's budget: Yes [x] No []

Total One-Time Costs (non-salary) associated with request: _____

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost \$0 Net County Cost _____
Total this FY \$0 N.C.C. this FY _____

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: Cost Neutral - 100% funded by Hospital Enterprise Fund I

Department must initiate necessary adjustment and submit to CAO.
Use additional sheet for further explanations or comments.

Laurén Jimenez

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Kennard for

7/21/2023

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE _____

Exempt from Human Resources review under delegated authority

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [x] Day following Board Action.
[] _____(Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

7/26/23

[x] Approve Recommendation of Director of Human Resources
[] Disapprove Recommendation of Director of Human Resources
[] Other: _____

Paul Reyes

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

Adjustment is APPROVED [] DISAPPROVED []

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

DATE _____

BY _____

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services
Date: August 1, 2023

Subject: Decrease the hours of one Nurse Practitioner position #15679 and its incumbent in the Health Services Department

RECOMMENDATION(S):

ADOPT Position Adjustment Resolution No. 26175 to decrease the hours of one (1) Nurse Practitioner (VWSB) position #15679 and its incumbent EE#81433 from 24/40 to 22/40 at salary plan and grade L35-1873 (\$13,262 - \$16,562) in the Health Services Department. (Represented)

FISCAL IMPACT:

Upon approval, there is an annual cost savings of approximately \$15,717 with pension costs of \$4,008 already included. The entire cost is funded by Hospital Enterprise Fund I (100%).

BACKGROUND:

The Health Services Department is requesting to decrease the position hours for Nurse Practitioner position #15679 and its incumbent from 24/40 to 22/40. This request is being made because it was discovered that per the CNA MOU, as a 24-hour employee, they are only allowed to bill for two (2) hours of administrative time, but their schedule was set up to bill for four (4) hours. The incumbent currently works five (5) clinics and with two (2) hours of admin time. This would give the incumbent a 22-hour position. The option was given to add additional clinic time, but the incumbent elected to decrease their position hours in lieu of more clinic time. No clinical hours are affected by this change.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the department will not be able to fulfill the request of the incumbent and support the operational needs.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Larita Clow, (925) 957-5244

By: , Deputy

cc: Samir Shah, Linh Huynh, Jo-Anne Linares, Kathi Caudel, Larita Clow

ATTACHMENTS

P300-26175

POSITION ADJUSTMENT REQUEST

NO. 26175
DATE 7/10/2023

Department Health Services
Department No./ Budget Unit No. 0540 Org No. 6412 Agency No. A18

Action Requested: Decrease the hours of one (1) Nurse Practitioner (VWSB) position #15679 and its incumbent EE#81433 from 24/40 to 22/40 in the Health Services Department. (Represented)

Proposed Effective Date: 8/1/2023

Classification Questionnaire attached: Yes [] No [x] / Cost is within Department's budget: Yes [x] No []

Total One-Time Costs (non-salary) associated with request: \$0.00

Estimated total cost adjustment (salary / benefits / one time):

Total annual cost (\$15,717.00) Net County Cost
Total this FY (\$14,407.00) N.C.C. this FY

SOURCE OF FUNDING TO OFFSET ADJUSTMENT: Cost Savings (100% Enterprise Fund I)

Department must initiate necessary adjustment and submit to CAO. Use additional sheet for further explanations or comments.

Larita Clow

(for) Department Head

REVIEWED BY CAO AND RELEASED TO HUMAN RESOURCES DEPARTMENT

Sarah Kennard for

07/26/2023

Deputy County Administrator

Date

HUMAN RESOURCES DEPARTMENT RECOMMENDATIONS

DATE

Exempt from Human Resources review under Delegated Authority

Amend Resolution 71/17 establishing positions and resolutions allocating classes to the Basic / Exempt salary schedule.

Effective: [] Day following Board Action. [] (Date)

(for) Director of Human Resources

Date

COUNTY ADMINISTRATOR RECOMMENDATION:

DATE

- [] Approve Recommendation of Director of Human Resources
[] Disapprove Recommendation of Director of Human Resources
[] Other:

(for) County Administrator

BOARD OF SUPERVISORS ACTION:

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

Adjustment is APPROVED [] DISAPPROVED []

DATE

BY

APPROVAL OF THIS ADJUSTMENT CONSTITUTES A PERSONNEL / SALARY RESOLUTION AMENDMENT

POSITION ADJUSTMENT ACTION TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT FOLLOWING BOARD ACTION

Adjust class(es) / position(s) as follows:

REQUEST FOR PROJECT POSITIONS

Department _____

Date _____

No. xxxxx

1. Project Positions Requested:

2. Explain Specific Duties of Position(s)

3. Name / Purpose of Project and Funding Source (do not use acronyms i.e. SB40 Project or SDSS Funds)

4. Duration of the Project: Start Date _____ End Date _____
Is funding for a specified period of time (i.e. 2 years) or on a year-to-year basis? Please explain.

5. Project Annual Cost
 - a. Salary & Benefits Costs: _____
 - b. Support Costs: _____
(services, supplies, equipment, etc.)
 - c. Less revenue or expenditure: _____
 - d. Net cost to General or other fund: _____

6. Briefly explain the consequences of not filling the project position(s) in terms of:
 - a. potential future costs
 - b. legal implications
 - c. financial implications
 - d. political implications
 - e. organizational implications

7. Briefly describe the alternative approaches to delivering the services which you have considered. Indicate why these alternatives were not chosen.

8. Departments requesting new project positions must submit an updated cost benefit analysis of each project position at the halfway point of the project duration. This report is to be submitted to the Human Resources Department, which will forward the report to the Board of Supervisors. Indicate the date that your cost / benefit analysis will be submitted

9. How will the project position(s) be filled?
 - a. Competitive examination(s)
 - b. Existing employment list(s) Which one(s)? _____
 - c. Direct appointment of:
 1. Merit System employee who will be placed on leave from current job
 2. Non-County employee

Provide a justification if filling position(s) by C1 or C2

USE ADDITIONAL PAPER IF NECESSARY



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: APPOINTMENT OF A PLANNER III INCUMBENT TO A NON-CONFORMING SALARY STEP IN THE PRINCIPAL PLANNER A JOB CLASS

RECOMMENDATION(S):

ADOPT Resolution No. 2023/511 to appoint, effective August 1, 2023, Planner III incumbent 69906 to the class of Principal Planner – Level A (5AHD) at Step 7 of the ZA2-1871 salary range, in the Department of Conservation and Development.

FISCAL IMPACT:

The estimated annual cost of \$2,200 associated with this action is budgeted in the Land Development Fund.

BACKGROUND:

The Department of Conservation and Development will promote one DCD Planner III incumbent to the class of Principal Planner-Level A, as a result of a competitive recruitment. The employee currently receives differential pay of ten percent on a regular basis as allowed under the Local 21 MOU (Section 42.19) in recognition of complex and special Planner III assignments. The differential pay is not available to Principal Planner classifications. Based on the Salary Regulations rules on promotion, the specialized differential is not used to calculate step placement upon promotion, which, if strictly interpreted, will result in the employee receiving a cut to pay. This serves as a disincentive for competent employees to take promotions. Consequently, the County Administrator is recommending that an exception be made to appoint the employee from Step 3 to Step 7 (Employee Number 69906) of the Principal Planner – Level A classification.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Planner III incumbent will be adversely impacted by having to take a reduction in pay to accept a promotional opportunity.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Julie Enea (925) 655-2056

By: , Deputy

cc:

ATTACHMENTS

Resolution
2023/511

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:
NO:
ABSENT:
ABSTAIN:
RECUSE:



Resolution No. 2023/511

IN THE MATTER OF appointing one Department of Conservation and Development Planner III incumbent to the class of Principal Planner – Level A at a nonconforming salary step

WHEREAS, the salary regulations state that “Any employee who is appointed to a position of a class allocated to a higher salary range than the class he previously occupied shall receive the salary in the new salary range which is next higher than the rate he was receiving before promotion”; and

WHEREAS, Planner III incumbent 69906 in the Department of Conservation and Development currently receives pay differential of 10% on a regular basis as allowed under the Local 21 MOU (Section 42.19) in recognition of complex and special assignments; and

WHEREAS, were the Salary Regulations strictly applied to the promotion of this employee to Principal Planner - Level A, it would result in a reduction in pay and become a disincentive for this competent employee to accept promotion; and

WHEREAS, as recommended by the appointing authority, there is a need to recognize and compensate this employee for the more complex and responsible work assigned to the Principal Planner - Level A classification;

NOW, THEREFORE, BE IT RESOLVED THAT effective August 1, 2023, Planner III incumbent 69906 is appointed to the class of Principal Planner - Level A (5AHD) at Step 7 of the ZA2-1871 salary range.

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

Contact: Julie Enea (925) 655-2056

ATTESTED: August 1, 2023

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

By: , Deputy

cc:



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Lease with Pacific Clinics at 25 Allen Street, Martinez

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a lease with Pacific Clinics for approximately 2,098 square feet of space at the County-owned property located at 25 Allen Street in Martinez, under which, in lieu of paying rent, Pacific Clinics will provide services to children and adolescents 4-17 years old with behavioral health issues in the Crisis Stabilization Unit located at the site under a service contract with the County, for the term of the service contract.

FISCAL IMPACT:

There is no impact to the General Fund. If the County were to charge rent under this lease it would create duplicative efforts because the tenant will be operating the facility under a service contract with the County, which requires County to reimburse the tenant for the cost of the rent payments.

BACKGROUND:

Under a service contract with the County’s Health Services Department (HSD), Pacific Clinics will operate the County’s Crisis Stabilization Unit (the “CSU”) at 25 Allen Street, Martinez, providing services to children and adolescents ages 4-17 who are experiencing severe psychiatric symptoms. Pacific Clinics will operate the CSU 24/7, providing care that will include intake assessment, on-going supervision, resourcing and discharge planning, and psychiatric and medication evaluation. In lieu of rent, Pacific Clinics will provide these very needed services to the County in accordance with the service contract.

The term of the lease will be co-terminus with the service contract. If the service contract is terminated, the lease will terminate. If the service contract is extended, the term of the lease will be extended. The term of the lease and the service contract is expected to begin July 1, 2023, upon the completion of in-progress tenant improvements. The initial term of the lease and the service contract runs through June 30, 2024.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Margaret Eychner 925-957-2463

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this lease is not approved, Pacific Clinics will not be able to carry out the service contract at this location.

ATTACHMENTS

25 Allen Pacific Clinics

LEASE

25 Allen Street
Martinez, California

This lease is dated July 1, 2023, and is between the County of Contra Costa, a political subdivision of the State of California (“**County**”) and Pacific Clinics, a California non-profit corporation (“**Lessee**”).

Recitals

- A. The County owns the property located at 25 Allen Street, California, which is improved with a building measuring approximately 9,990 square feet (the “**Building**”). The Building is used by the County to provide various behavioral health services to the community.
- B. The County desires to lease to Lessee and Lessee desires to lease from County a portion of the Building consisting of approximately 2,098 square feet of floor space, in that part of the Building shown on the floorplan attached as Exhibit A (the “**Premises**”), along with the non-exclusive use of three parking stalls, for the duration of the Service Contract, as defined below. The Premises is used for the operation of what is known as the “Crisis Stabilization Unit” (the “**CSU**”), which receives children and youth ages 4-17 who are experiencing severe psychiatric symptoms.
- C. The “**Service Contract**” is a separate agreement between the County and Lessee dated July 1, 2023, under which Lessee will begin operating the CSU on the date in-progress tenant improvements are complete (the “**Commencement Date**”). The term of the Service Contract is through June 30, 2024.

The parties therefore agree as follows:

Agreement

- 1. Lease of Premises. In consideration of compliance with the terms and conditions of this lease, the County hereby leases to Lessee and Lessee hereby leases from the County, the Premises, under the terms and conditions described in this lease.
- 2. Term. The “**Term**” of this lease begins on the Commencement Date and ends on June 30, 2024.
 - a. The Commencement Date will be set forth in a notice from the County to Lessee that is in substantial conformity with Exhibit B.

- e. Parking; Exterior Lighting; Landscaping. County shall maintain the parking lot, exterior lighting system, and landscaping in good order, condition, and repair.
 - f. Life Safety. County shall maintain, in compliance with government codes and standards, the fire life safety system. When needed, County shall repair and/or replace such systems.
 - g. Covenant against Liens. Lessee may not permit any mechanic's, materialman's, or other lien against the Premises, or the property of which the Premises forms a part, in connection with any labor, materials, or services furnished or claimed to have been furnished. If any such lien is filed against the Premises, or property of which the Premises forms a part, Lessee will cause the same to be discharged, provided however, Lessee may contest any such lien, so long as the enforcement thereof is stayed.
8. Taxes. Lessee agrees to pay before delinquency all taxes (including, but not limited to, possessory interest tax), assessments, license fees, and other charges that are levied and assessed upon Lessee's interest in the Premises, or upon Lessee's personal property installed or located in or on the Premises, by Contra Costa County or other legally authorized government authority. Lessee may pay any taxes and assessments under protest, without liability, cost, or expense to the County, to contest the amount in good faith.

Payment of taxes, assessments, license fees, or other charges levied and assessed upon Lessee's interest is the liability of Lessee.

9. Quiet Enjoyment. Provided Lessee complies with the terms of this lease, the County covenants that Lessee will peaceably and quietly have, hold, and enjoy the Premises during the Term.
10. Assignment and Sublease. Lessee may not assign this lease or sublease the Premises or any part thereof at any time during the Term.
11. Alterations and Additions. Lessee may not make any alterations, erect any additional structures, or make any improvements on the Premises without the prior written consent of the Director of Public Works or his or her designee. In the event Lessee makes alterations or constructs additions that violate the conditions contained in this lease (an "**Unauthorized Addition**"), at the County's sole discretion, Lessee shall remove any Unauthorized Addition at Lessee's sole cost and expense. If Lessee is required to remove any Unauthorized Addition, Lessee, at its sole cost and expense, shall restore the Premises to the conditions existing immediately prior to the existence of the Unauthorized Addition, or such other condition designated by the County in its election. If Lessee is not required to remove any Unauthorized Addition, such Unauthorized Additions shall remain on and be surrendered with the Premises on expiration or termination of this lease.

If Lessee wishes to make any alterations, erect any additional structures, or make any additional improvements to the Premises as provided in this Section, Lessee may not commence construction until Lessee has the prior written consent of the County. In addition, a Notice of Lessor Non-Responsibility must be posted and recorded by Lessee during construction in accordance with Civil Code Section 3094. Lessee shall mail a copy of such Notice of Lessor Non-Responsibility to Lessor upon filing it with the County Recorder.

12. Insurance.

- a. Liability Insurance. Throughout the Term, Lessee shall maintain in full force and effect, at its sole expense, a comprehensive general liability or commercial general liability insurance program covering bodily injury (including death), personal injury, and property damage. The limits must be not less than one million dollars per occurrence and two million dollars aggregate. The policy must name the County, its officers, agents and employees, individually and collectively, as additional insureds. The liability insurance maintained by Lessee must be primary.
- b. Property Insurance. The County will maintain property insurance coverage on its real property. Lessee has no interest in the proceeds of insurance on the County's real property, improvements, equipment, or fixtures. Lessee shall sign all documents necessary or proper in connection with the settlement of any claim or loss by the County. Lessee shall maintain in full force and effect, at its sole expense, a standard All Risk policy, which may exclude earthquake and flood, to insure its own personal property, contents, improvements, and betterments within or on the Premises. The coverage must be for not less than 90% of the actual cash value of the personal property. Lessee shall name the County as an additional insured and loss payee with respect to the improvements and betterments.
- c. Worker's Compensation and Employer's Liability Insurance. Lessee shall maintain in full force and effect, at its sole expense, (i) statutory California Workers' Compensation coverage including a broad form all-states endorsement, and (ii) employer's liability coverage for not less than one million dollars per occurrence for all employees engaged in services or operations at the Premises.
- d. Evidence of Insurance. Within thirty days of execution of this lease, Lessee shall provide to the County, on a form approved by the County, an original copy of a Certificate of Insurance. The Certificate of Insurance must certify that the coverage required by this lease has been obtained and remains in force for the period required by this lease.
- e. Notice of Cancellation or Reduction of Coverage. Lessee shall cause all policies it is required to obtain under the terms of this lease to contain a provision that the County is to receive written notification of any cancellation or reduction in coverage at least thirty days prior to the effective date of such cancellation or reduction. Any such notification is to be sent to the County in accordance with Section 22 – Notices.

- f. Waiver of Subrogation. Except as may be specifically provided elsewhere in this lease, the County and Lessee hereby each mutually waive any and all rights of recovery from the other in the event of damage to the Premises or any personal property that is caused by acts of God, perils of fire, lightning, and the extended coverage perils, as defined in insurance policies and forms approved for use in the State of California. Each party shall obtain any special endorsements, if required by their insurer, to evidence compliance with this waiver.
13. Surrender of Premises. On the last day of the Term, or sooner termination of this lease, Lessee shall peaceably and quietly leave and surrender to the County the Premises, along with their appurtenances and fixtures, all in good condition, ordinary wear and tear, damage by casualty, acts of God and circumstances over which Lessee has no control excepted.
- a. Personal Property. Title to personal property belonging to Lessee will remain in Lessee at all times during the Term of this lease, and Lessee has the right at any time to remove any or all of its personal property from the Premises, provided that upon any such removal, Lessee shall repair, at Lessee's expense, any damage resulting therefrom and leave the Premises in a clean and neat condition.
- If Lessee fails to remove any personal property from the Premises within thirty days after the expiration, cancellation, or termination of this lease, such personal property may be removed by the County at Lessee's expense, which will be paid immediately upon receipt of the County's written demand therefor.
- b. Effectiveness. The provisions of this Section will survive the expiration, cancellation, or earlier termination of this lease.
14. Abandonment. Lessee may not vacate or abandon the Premises at any time during the Term. If Lessee abandons, vacates, or surrenders the Premises, or is dispossessed by process of law, or otherwise, the County may deem any personal property belonging to Lessee that remains on the Premises to be abandoned.
15. Waste, Nuisance. Lessee may not commit, or suffer to be committed, any waste upon the Premises, or any nuisance or other act or thing that may disturb the quiet enjoyment of any other occupant of the Building or the neighborhood in which the Premises is located.
16. Inspection. The County may enter the Premises at any time in an emergency and with 24-hours' notice in a non-emergency to determine that (i) the Premises is being reasonably cared for, (ii) no waste is being made and that all actions affecting the Premises are done in the manner best calculated to preserve the Premises, and (iii) Lessee is in compliance with the terms and conditions of this lease.
17. Destruction. If damage occurs that causes a partial destruction of the Premises during the Term from any cause, the County may, at its option, make repairs within a reasonable time. Partial destruction does not void this lease.

If the County does not elect to make repairs, this lease may be terminated by either party, without cost, obligation or liability to the other party, except as described herein.

This lease will terminate in the event of a total destruction of the Premises.

18. Indemnification. Lessee shall indemnify, defend and hold County, its officers, agents and employees harmless from any and all claims, costs and liability, for any damage, injury or death, including without limitation, all consequential damages from any cause whatsoever, to any person or the property of any person arising directly or indirectly from or connected with this lease, Lessee's operations, or Lessee's use or possession of the Premises, save and except claims or litigation arising through the sole negligence or sole willful misconduct of County, its officers or employees, and shall make good to and reimburse County for any expenditures, including reasonable attorneys' fees, County may make by reason of such matters.

19. Default.

The occurrence of any of the following events is a default under this lease:

- a. Lessee. Lessee's failure to comply with any material term or provision of this lease if such failure is not remedied within thirty days after receipt of a written notice from the County to Lessee specifying the nature of the breach in reasonably sufficient detail (a "**Notice of Default**"). If the required cure of the noticed failure cannot be completed within thirty days, the failure to cure will not be deemed to be a default of this lease if Lessee has attempted to cure the failure within the thirty-day period and has diligently and continuously attempted to complete the cure as soon as reasonably possible. In no event will the cure period extend beyond the sixty-day period after Lessee's receipt of the Notice of Default.
- b. County. The County's failure to perform any obligation under this lease if the failure is not remedied within thirty days after receipt of a written notice from Lessee to the County specifying the nature of the breach in reasonably sufficient detail. If the required cure of the noticed failure cannot reasonably be completed within thirty days, a default will not be deemed to occur if the County has attempted to cure the failure within the thirty-day period and has diligently and continuously attempted to complete the cure as soon as reasonably possible.

20. Remedies.

- a. County. Upon the occurrence of a default by Lessee, the County may reenter and repossess the Premises and remove all persons and property from the Premises, after giving Lessee written Notice of Default and in accordance with due process of law.
- b. Lessee. Upon the occurrence of a default by the County, Lessee may terminate this lease by giving written notice to the County and quit the Premises without further cost or obligation to the County.

21. Notices. Any notice required or permitted under this lease shall be in writing and sent by overnight delivery service or registered or certified mail, postage prepaid and directed as follows:

To Lessor: Pacific Clinics
251 Llewellyn Avenue
Campbell, CA 95008-1940

To County: Contra Costa County
Public Works Department
Attn: Principal Real Property Agent
255 Glacier Drive
Martinez, CA 94553

Either party may at any time designate in writing a substitute address for that set forth above and thereafter notices are to be directed to the substituted address. If sent in accordance with this Section, all notices will be deemed effective (i) the next business day, if sent by overnight courier, or (ii) three days after being deposited in the United States Postal system.

22. Successors and Assigns. This lease binds and inures to the benefit of the heirs, successors, and assigns of the County and Lessee.
23. Holding Over. In the event Lessee remains in possession of the Premises after the expiration of the Term, such holding over does not constitute a renewal or extension of this lease, but will be construed to be a tenancy from month to month on the same terms and conditions set forth in this lease.
24. Time is of the Essence. In fulfilling all the terms and conditions of this lease, time is of the essence.
25. Governing Law. The laws of the State of California govern all matters arising out of this lease.
26. Severability. In the event that any provision in this lease is held to be invalid or unenforceable in any respect, the validity and enforceability of the remaining provisions of this lease will not in any way be affected or impaired.

[Remainder of Page Intentionally Left Blank]

27. Entire Agreement; Construction; Modification. Neither party has relied on any promise or representation not contained in this lease or the Service Contract. All previous conversations, negotiations, and understandings are of no further force or effect. This lease is not to be construed as if it had been prepared by one of the parties, but rather as if both parties prepared it. This lease may be modified only by a writing signed by both parties.

The parties are executing this lease as of the date set forth in the introductory paragraph.

COUNTY OF CONTRA COSTA, a
political subdivision of the State of
California

Pacific Clinics, a California non-profit
corporation

By: _____
Brian M. Balbas
Public Works Director

By: 

Kim M. Wells
Chief Legal Officer

RECOMMENDED FOR APPROVAL:

By: 

Jessica L. Dillingham
Principal Real Property Agent

By: 

Margaret Eychner
Senior Real Property Agent

APPROVED AS TO FORM
THOMAS L. GEIGER, COUNTY COUNSEL

By: 

Kathleen M. Andrus
Deputy County Counsel

Exhibit A

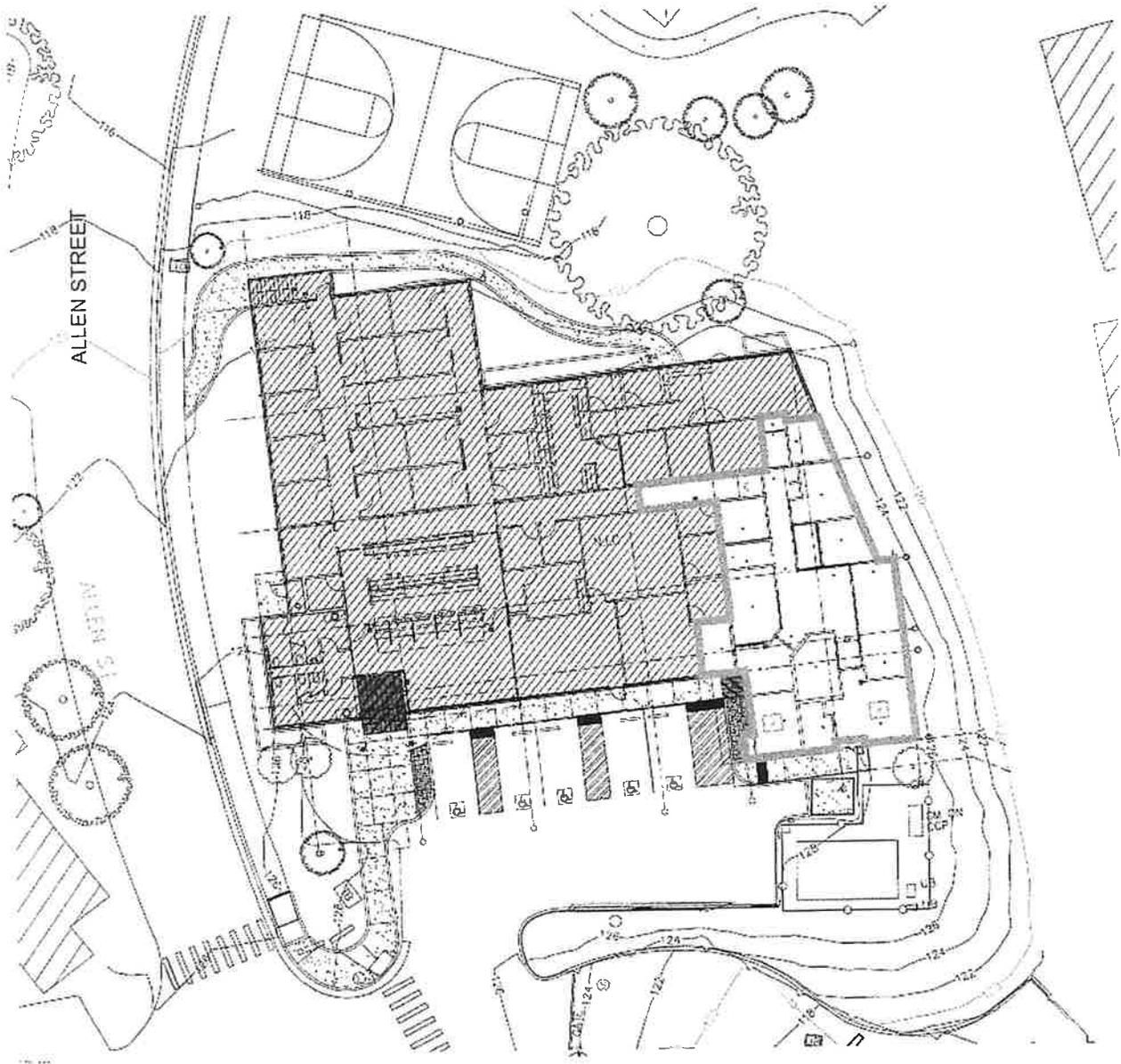


Exhibit B

FORM OF DELIVERY NOTICE

To: Pacific Clinics (“Lessee”)
From: Contra Costa County (“County”)
Date:
Re: Commencement Date of Lease between County and Lessee dated as of May 16, 2023 for the Premises Located at 25 Allan Street, Martinez, California (the “Lease”)

In accordance with Section 2 of the Lease, this notice is provided to inform you that the tenant improvements to the Premises are complete and that the Commencement Date of the Lease is _____, 2023.

All terms not otherwise defined herein have the meaning ascribed to them in the Lease.

Contra Costa County

Julin Perez
Supervising Real Property Agent



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Grant Agreement #29-806-8 with the City of Concord Community Development Block Grant Funding

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Grant Agreement #29-806-8 with the City of Concord to pay the County an amount not to exceed \$12,500 for the provision of homeless outreach services for the Coordinated Outreach, Referral and Engagement (CORE) Program for the period July 1, 2022 to June 30, 2023.

FISCAL IMPACT:

Approval of this agreement will allow the county to receive an amount up to \$12,500, for Fiscal Year 2022-23, from the City of Concord to provide homeless outreach services. No County funds required.

BACKGROUND:

CORE teams serve as an entry point into the County’s coordinated entry system for unsheltered persons and work to locate, engage, stabilize and house chronically homeless individuals and families. County has been providing homeless outreach service under this contract since July 2017.

On December 15, 2020 the Board of Supervisors approved Amendment #29-806-6 to receive funds in an amount of \$12,500 from the City of Concord for the provision of homeless outreach services for the CORE Program which locates and engages homeless clients throughout Contra Costa County for the period July 1, 2020 through June 30, 2021.

On September 14, 2021 the Board of Supervisors approved Amendment #29-806-7 with the City of Concord to receive additional funds in an amount not to exceed \$12,500 and to extend the termination date from June 30, 2021 to June 30, 2022 for additional homeless outreach services for the CORE Program.

Approval of Grant Agreement #29-806-8 will allow county to receive funds from the City of Concord to continue providing homeless outreach services, through June 30, 2023. This agreement includes the County agreeing to indemnify and hold harmless the City for claims arising out of County’s performance under this agreement. This agreement is late due to an oversight by the Health, Housing and Homeless Services Division administrative staff.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Christy Saxton, 925-608-6700

By: , Deputy

cc: L Walker, M Parkinen

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, county will not receive funding and without such funding, the CORE program may have to operate at a reduced capacity.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Agreement #28-602-21 with the California Department of Public Health

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Agreement #28-602-21 (State #23-10311) with the California Department of Public Health, including full indemnification of the State of California, to pay County an amount not to \$3,641,396 to continue the CalFresh Healthy Living Program (CFHL) for education on healthful nutrition and physical activity practices to reduce risk for chronic diseases for the period from October 1, 2023 through September 30, 2026.

FISCAL IMPACT:

Approval of this agreement will result in an amount not to exceed \$3,641,396 of State funding for the County’s Nutrition and Physical Activity Promotion Project. There is no County match required.

BACKGROUND:

The purpose of the Grant is to provide nutrition education and obesity prevention activities and interventions for low-income Californians under the CFHL program. The negative health effects of obesity and resulting chronic diseases, such as heart disease, high blood pressure, diabetes, arthritis, and some forms of cancer, are well-documented. Obesity rates continue to grow and remain high among children, adolescents, and adults. The County has been contracting with the State for these services since 1997.

The CFHL program in contra costa county will offer a comprehensive public health approach that enables partners to work together to prevent obesity and serve Supplement Nutrition Assistance Program-Education (SNAP-Ed) eligible adults and their families, other low-income individuals who qualify for SNAP benefits or other means-tested Federal assistance programs. The objectives will be to increase access to healthy fruits, vegetables and beverages in a minimum of 6 organizations that provide supplemental sources of including food banks, school and after-school programs, summer meal programs and senior meal sites, reaching a minimum of 6,000.

On September 10, 2019, the Board of Supervisors approved Agreement #28-602-19 with the California Department of Public Health, to pay County in an amount not to exceed \$2,820,573, for CFHL Program for the period from October 1, 2019 through September 30, 2022.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Ori Tzvieli, 925-608-5267

By: , Deputy

cc: Marcy Wilhelm

BACKGROUND: (CONT'D)

On August 2, 2022, the Board of Supervisors approved Amendment Agreement #28-602-20 with the California Department of Public Health, for CFHL Program to increase the amount payment to the County by \$940,191 to a new total of \$3,760,764 and extend the termination date through September 30, 2023.

Approval of Agreement #28-602-21 will provide County continuous funding support for the CFHL Program through September 30, 2026. This Agreement includes fully indemnifying the State of California.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, the County will not receive funding from the California Department of Public Health for the implementation of the CalFresh Healthy Living Program to provide nutrition education and obesity prevention activities and interventions for low-income residents living in Contra Costa County.

CHILDREN'S IMPACT STATEMENT:

The recommendation supports the following impact statement: To ensure that children and youth are healthy and preparing for productive adulthoods with healthier eating habits and a physically active lifestyle to prevent childhood obesity and other chronic diseases.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Contract Amendment No. 1 with ECS Imaging, Inc., Countywide

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract amendment with ECS Imaging, Inc., to increase the payment limit by \$62,195 to a new payment limit of \$295,195 to provide additional software licenses, and project management hours associated with the implementation of Laserfiche, an electronic records content management system, with no change to the contract term of September 30, 2021 through September 29, 2024, Countywide.

FISCAL IMPACT:

100% of the costs for the implementation of Laserfiche will be charged out to various special revenue funds and special districts as the project is impacted by the full scope of Public Work's activities.

BACKGROUND:

On September 27, 2016, the Board of Supervisors approved a contract with ECS Imaging, Inc., for software, software support and Laserfiche implementation for all Public Works divisions. On January 16, 2018, the Board of Supervisors approved Contract Amendment No. 1 with ECS Imaging, Inc. to purchase additional software modules and licenses, and to continue with project

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Carrie Ricci, 925-313-2235

By: , Deputy

cc:

BACKGROUND: (CONT'D)

management. The project management includes working with Public Works divisions to complete their work processes and set up work flows in Laserfiche to more efficiently store records electronically. During this contract period, projects assigned to ECS Imaging, Inc. were delayed due to Public Works Staff availability in 2020 and 2021.

ECS Imaging, Inc. built the system that Public Works needs in order to have effective electronic records content management and workflows. Additionally, the projects in process are required to be completed in order to use the Laserfiche system effectively.

On September 21, 2021 the Board of Supervisors approved the current contract with ECS imaging, Inc., to provide additional project management work, to complete project management work from 2020 and 2021, to allow for additional licensing, and to provide on-call support.

The Public Works Department requires an amendment with ECS Imaging Inc. to add additional funds to the payment limit of the contract for additional project management hours and additional licenses.

Government Code Section 31000 authorizes the County to contract for services including the services that ECS Imaging, Inc. provides.

CONSEQUENCE OF NEGATIVE ACTION:

Without approval of the contract, Public Works will not be able to complete Laserfiche implementation and provide software and support for the existing system.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #74-331-15 with Helios Healthcare, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #74-331-15 with Helios Healthcare, LLC, a limited liability company, in an amount not to exceed \$492,794, to provide sub-acute skilled nursing care services for serious mentally ill and neurobehavioral clients, for the period from July 1, 2023 through June 30, 2024.

FISCAL IMPACT:

Approval of this contract will result in budgeted expenditures of up to \$492,794 and will be funded 100% by Mental Health Realignment Funds. (Rate increase)

BACKGROUND:

This Contract meets the social needs of County’s population by providing sub-acute skilled nursing care services for serious mentally ill and neurobehavioral clients in Contra Costa County. The county has been contracting with Helios Healthcare, LLC, since July 2008.

On July 12, 2022, the Board of Supervisors approved Contract #74-331-14 with Helios Healthcare, LLC, in an amount not to exceed \$473,840, to provide sub-acute skilled nursing care services for serious mentally ill and neurobehavioral clients, for the period from July 1, 2022 through June 30, 2023.

Approval of Contract #74-331-15 will allow the contractor to continue providing services through June 30, 2024. This contract includes mutual indemnification to hold harmless both parties for any claims arising out of the performance of this contract. This contract was requested late due to delayed negotiations with the contractor.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, there will be fewer sub-acute skilled nursing care services available for county’s seriously mentally ill and neurobehavioral clients.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5212

By: , Deputy

cc: L Walker, M Parkinen

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Alyson Greenlee
Date: August 1, 2023

Subject: Agreement with EDD for Confidential Employment and Wage Data

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Conservation and Development Director, or designee, to execute a contract with the State of California, Employment Development Department, in an amount not to exceed \$4,992, to provide confidential employment and wage data to the County for the period May 15, 2023 through May 14, 2024.

FISCAL IMPACT:

The cost will be funded by the Northern Waterfront Economic Development initiative allocation from the General Fund.

BACKGROUND:

The State of California, Employment Development Department (EDD) compiles regional employment and wage data. This data is informative of local and state-wide economic and labor trends and can be a useful tool in developing economic development strategies. This data is, however, confidential and may only be obtained by agreement with EDD. Pursuant to this proposed agreement, the EDD will produce and provide confidential Quarterly Census of Employment and Wages data to the County for the purpose of economic planning and development.

The County has entered into a separate contract with Beacon Economics to perform analysis of employment and employer trends and prepare economic forecasts for the County and its sub-areas (e.g., South County, East County, Supervisorial Districts, etc.). The proposed agreement with EDD authorizes the County to disclose the confidential employment and wage data obtained from EDD to Beacon Economics for the specific purpose of fulfilling the Service Plan set forth into a separate contract with Beacon Economics. Under its contract with the County, Beacon Economics is responsible for payment to the EDD for the cost of the confidential data obtained through the proposed agreement. The proposed agreement requires the County to indemnify the EDD from any losses that arise from the release of confidential employment and wage data by County employees who use the data under the agreement. The proposed agreement also requires that Beacon Economics separately indemnify the EDD from any losses that arise from the release of confidential employment and wage data by employees of Beacon Economics. In the event the County incurs any losses arising from the release of confidential employment and wage data by employees of Beacon Economics, Beacon Economics is required under its contract with the County to indemnify the County from such losses.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Alyson Greenlee, 925-655-2783

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

Without this contract, the Department of Conservation and Development would not be able to gain statistical data for Contra Costa County economic analysis.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #27-188-10 with Gretchen D. Graves, M.D.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-188-10 with Gretchen D. Graves, M.D., an individual, in an amount not to exceed \$900,000, to provide pediatric primary care physician services to Contra Costa Health Plan (CCHP) members for the period from December 1, 2023 through November 30, 2026.

FISCAL IMPACT:

Approval of this Contract will result in contractual service expenditures of up to \$900,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II. (No rate increase)

BACKGROUND:

CCHP has an obligation to provide primary care physician services according to the terms of their Individual and Group Health Plan membership contracts with the county. Contractor has been a member in the CCHP Provider Network providing pediatric primary care services since February 1, 1997.

On November 10, 2020, the Board of Supervisors approved Contract #27-188-9 with Gretchen D. Graves, M.D., in an amount not to exceed \$900,000 for the provision of pediatric primary care services to CCHP members, for the period December 1, 2020 through November 30, 2023.

Approval of Contract #27-188-10 will allow the contractor to continue to provide pediatric primary care services for CCHP members through November 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized pediatric primary care physician services for its members under the terms of their Individual and Group Health Plan membership contracts with the County will not be provided.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-325-1 with Bay Imaging Consultants Medical Group, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-325-1 with Bay Imaging Consultants Medical Group, Inc., a corporation, in an amount not to exceed \$900,000, to provide diagnostic imaging services for Contra Costa Health Plan (CCHP) members for the period December 1, 2023 through November 30, 2025.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$900,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II. (No rate increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized diagnostic imaging health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been a part of the CCHP Provider Network since December 1, 2021. On November 23, 2021 the Board of Supervisors approved Contract #77-325 with Bay Imaging Consultants Medical Group, Inc. in an amount not to exceed \$3,600,000 for the provision of diagnostic imaging services for CCHP members for the period December 1, 2021 through November 30, 2023. Approval of Contract #77-325-1 will allow this contractor to continue providing diagnostic imaging services for CCHP members for the period December 1, 2023 through November 30, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized diagnostic imaging services for CCHP members under the terms of their Individual and Group Health Plan membership contract with the County will not be provided, which may delay services to CCHP members.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: August 1, 2023

Subject: Purchase Order - Shimadzu Scientific Instruments - LC/MS-MS System

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Sheriff-Coroner, a purchase order with Shimadzu Scientific Instruments in an amount not to exceed \$390,950 to purchase a Shimadzu LCMS-8050 Triple Quadrupole Liquid Chromatograph Tandem Mass Spectrometry (LC-MS/MS) System for the Office of the Sheriff, Forensic Services Division.

FISCAL IMPACT:

The requested expenditure will be fully funded through FY 22/24 California Highway Patrol (CHP)-Cannabis Tax Fund Grant revenue and have a zero net County cost.

BACKGROUND:

The Contra Costa County, Office of the Sheriff, Forensic Services Division (FSD) operates an International Organization for Standardization (ISO) 17025 ANSI National Accreditation Board (ANAB) Accredited Crime Laboratory able to provide County-wide Forensic Toxicological testing services.

The Toxicology Unit is responsible for the analysis of blood and urine evidence for driving under the influence

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

, County Administrator and Clerk of the Board of Supervisors

Contact: (925)655-0023

By: , Deputy

cc: Heike Anderson, Enid Mendoza, Donn David

BACKGROUND: (CONT'D)

of drugs (DUID) cases. The CHP Cannabis Grant funds are needed to ensure efficient processing and analysis of DUID-related offenses. The CHP Cannabis Grant funds will be used to purchase a Shimadzu LCMS-8050 Triple Quadrupole Liquid Chromatograph Tandem Mass Spectrometry (LC-MS/MS) System. The LC-MS/MS System will enable the FSD to provide comprehensive information on driving under the influence of drugs (DUID) eliminate the need to send evidence to an outside testing laboratory. The instrument will have the ability to rapidly determine and quantitate impairing substances such as designer benzodiazepines, fentanyl analogs and opiate analogs. The LC-MS/MS System will allow the FSD to meet current and future DUID guidelines for the drug assays as required by National Highway and Traffic Safety Administration (NHTSA) and the National Safety Council. The purchase of this System will improve turnaround times and reduce backlog in the Toxicology Unit.

On March 29, 2022, the Contra Costa County Board of Supervisors adopted Resolution No 2022/100, authorizing the Sheriff-Coroner to apply for and accept a grant from the California Highway Patrol Cannabis Tax Fund to purchase this equipment.

CONSEQUENCE OF NEGATIVE ACTION:

A decision not to purchase the Shimadzu LCMS will increase the Toxicology backlog, increase the turnaround time for DUID cases, and contribute to delays in criminal prosecutions.



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: August 1, 2023

Subject: Summit Food Service

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to execute a contract with Summit Food Service, including mutual indemnification, in an amount not to exceed \$9,000,000 to provide food service for inmates, employees, guests and other persons at the Office of the Sheriff's West County Detention Facility, Martinez Detention Facility and Marsh Creek Detention Facility for the period July 1, 2023 through June 30, 2026, plus two optional one-year term extensions.

FISCAL IMPACT:

Approval of this request will result in up to \$9,000,000 in contractual service expenditures over a three-year period and will be funded 100% by the Sheriff's Office budgeted General Fund.

BACKGROUND:

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Abigail Balana, 925-655-0008

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Summit Food Service will provide food procurement, menu planning and nutritional review of inmate meals per the Title 15 Minimum Standards for Local Detention Facilities, which requires a minimum diet based on specific caloric requirements and necessitates an annual review by a registered dietician. The current inmate menu has not been adequately updated by a registered dietician to reflect contemporary needs, especially as it relates to medical diets. Additionally, with the rising cost of food, contracting for procurement allows the County to access price discounts otherwise unavailable to us. This contract went out to bid on December 2022 with three companies bidding. After review, Summit Food Service was ultimately awarded the bid.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, our inmate menu may be subject to scrutiny as it has had limited updates, particularly as it relates to the medical diets prescribed by the Detention Medical Staff, and in some cases, may not be compliant with Title 15 Minimum Standards. Additionally, our current method of food procurement and preparation does not adequately address emergency food contingencies such as natural disasters or staffing crises.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #76-827 with FirstLocum Inc. (dba DirectShifts)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #76-827 with FirstLocum Inc. (dba DirectShifts), a corporation, in an amount not to exceed \$1,500,000, to provide temporary medical staffing services at Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers for the period May 1, 2023 through April 30, 2026.

FISCAL IMPACT:

Approval of this contract will result in contractual expenditures of up to \$1,500,000 over a three-year period and will be funded as budgeted by the Department by 100% Hospital Enterprise Fund I allocations.

BACKGROUND:

Contra Costa Regional Medical Center (CCRMC) and Contra Costa Health Centers have an obligation to provide medical staffing services to patients. Therefore, the county contracts with temporary help firms to ensure patient care is provided during peak loads, temporary absences, vacations and emergency situations where additional staffing is required.

Under new Contract #76-827, this contractor will provide temporary medical staffing services for coverage of employee sick leaves, vacations and workers compensation leaves at CCRMC and Contra Costa Health Centers for the period May 1, 2023 through April 30, 2026. The delay of this contract is due to labor and union negotiations. This contract includes services provided by represented classifications and the county has met its obligations with the respective labor partner(s).

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, county will not have access to contractor's temporary medical staffing services.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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ATTESTED: August 1, 2023

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

Contact: Samir Shah, M.D., 925-370-5525

By: , Deputy

cc: L Walker, M Parkinen

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Marla Stuart, Employment and Human Services Director
Date: August 1, 2023

Subject: Subscription Agreement with Progress Software, Inc

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute, a contract Subscription Agreement with Progress Software, Inc., which includes a mutual indemnification, for the provision and maintenance of a management software service to provide Secure File Transfer capabilities for the department, in the amount of \$6,517 for the period April 17, 2023 through April 16, 2026.

FISCAL IMPACT:

This contract is funded with 6% County; 36% State; 58% Federal.

BACKGROUND:

The Employment and Human Services Department, Information Technology Unit (IT), is in need of renewing is Secure File Transfer software that will enable us to securely transfer files outside the county entities.

The approval of this contract will enable EHSD to securely transfer files that contain financial and other sensitive data. This contract contains mutual indemnification. This agreement is being processed late due to delays within the review and approval process.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Tracy Story (925)608-4960

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

The Employment and Human Services Department will not be able to maintain its Secure File Transfer server to securely transfer files to outside entities.

CHILDREN'S IMPACT STATEMENT:

The services provided under this contract support all five of Contra Costa County's community outcomes: (1) "Children Ready for and Succeeding in School"; (2) "Children and Youth Healthy and Preparing for Productive Adulthood"; (3) "Families that are Economically Self-Sufficient"; (4) "Families that are Safe, Stable and Nurturing"; and (5) "Communities that are Safe and Provide a High Quality of Life for Children and Families" by providing training and employment opportunities for in-school and out-of-school youth.



**Contra
Costa
County**

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: APPROVE and AUTHORIZE a Contract with Vanir Construction Management, Inc. for Construction Management Services for East County Service Center Project.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Public Works Director, or designee, to execute a contract with Vanir Construction Management, Inc. (Vanir), in the amount of \$5,500,000, for construction management services for the East County Service Center Project for the period August 1, 2023, through April 30, 2028.

FISCAL IMPACT:

100% General Fund Capital Reserves.

BACKGROUND:

The East County Service Center Project is detailed in the recently-approved Capital Facilities Master Plan, but in brief is a project to select a location and build a new and/or renovate existing County buildings to improve service delivery options in the areas of east county where fewer options for County services now exist. The County issued a request for qualifications

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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ATTESTED: August 1, 2023

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

Contact: Eric Angstadt, 655-2042

By: , Deputy

cc:

BACKGROUND: (CONT'D)

(RFQ) for construction management services and received a total of six responses. The top three scoring firms were shortlisted and invited to an interview with staff from The County Administrator's Office, Public Works executive staff and the Public Works Capital Projects Management Director. Vanir Construction Management was the unanimous high scoring firm based on both performance in the interview and quality of the RFQ submittal.

CONSEQUENCE OF NEGATIVE ACTION:

The Public Works Department does not have the staff expertise to provide construction management services for a project of this scale. If the contract is not approved, the project will be delayed and most likely incur increases in the cost of construction.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Rescind Prior Board Action for Purchase Order with Polymedco, Inc.

RECOMMENDATION(S):

RESCIND Board action of September 20, 2022 (C.60), which authorized the Purchasing Agent, on behalf of the Health Services Department, to purchase \$1,200,000 in reagents and supplies from Polymedco, Inc; and

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a blanket purchase order with Polymedco Cancer Diagnostic Products LLC in an amount not to exceed \$1,200,000, and a related reagent agreement for the purchase of reagents and supplies to perform immunochemical fecal occult blood testing (FOBT) for the Clinical Laboratory at Contra Costa Regional Medical Center (CCRMC) for the period from February 1, 2023, through January 31, 2026.

FISCAL IMPACT:

Approval of this action will result in expenditures of up to \$1,200,000 over a three-year period and will be funded by the Hospital Enterprise Fund I revenues.

BACKGROUND:

Polymedco Cancer Diagnostic Products LLC's OC-Auto Sensor Diana with FOBT-CHECK is an automated immunochemical fecal occult blood testing system that detects human red cells only with no interferences from red meat, turnips, melons, aspirin, anti-inflammatory drugs, and vitamin C. This improvement directs many more of the "right" patients to colonoscopy leading to the earlier detection of polyps and colorectal cancer. The increased sensitivity and specifics of this test over the current method is expected to improve detection of early-stage colon cancer, which currently is the third most common cancer and the second leading cause of cancer deaths in the U.S. at 30%. The increased specificity results in fewer false positives, allowing the correct identification of patients needing expensive colonoscopy procedures. Replacing the sigmoidoscopy and colonoscopy with this lab test for cancer screening will significantly reduce the overall cost to CCRMC.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karin Stryker, (925) 370-5141

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Since the department relies heavily on the utilization of the OC-Auto Sensor Diana analyzer for not only all the hospital testing needs, but the annual birthday mailers that are sent to our community members under the health plan, it is necessary to procure large amounts of reagents and supplies for the OC-Diana to continue performing immunochemical fecal occult blood testing at the CCRMC Clinical Laboratory.

On August 6, 2019, the Board of Supervisors approved agenda item C.77 to execute a purchase order with Polymedco, Inc., in the amount of \$600,000 for the purchase of reagents and supplies for the period October 1, 2019, through September 30, 2022. On June 21, 2022, an amendment to increase the payment limit by \$150,000 for a new total of \$750,000 was approved by the Board of Supervisors on agenda item C.97 with no change in the original term dates.

On September 20, 2022, the Board of Supervisors approved agenda item C.60 to execute a purchase order with Polymedco, Inc. in the amount of \$1,200,000 for the purchase of reagents and supplies for the period of October 1, 2022, through September 30, 2025. On September 23, 2022 a purchase order requisition was created to issue a purchase order along with a vendor reagent agreement needing Counsel review and approval.

On November 10, 2022, purchase order #26474 was executed with Polymedco, Inc. in the amount of \$120,000 for the purchase of reagents and supplies for the period of September 30, 2022 through January 30, 2023 to allow time for Counsel to review the agreement.

Approval of this action will allow the CCRMC Clinical Laboratory to procure reagents, supplies to perform immunochemical FOBT through January 31, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Clinical Lab will not have the ability to procure the necessary supplies and reagents from Polymedco Cancer Diagnostic Products LLC. and unable to support testing needs for the hospital. This will have a significant negative impact on patient care, as early detection is a key tool for patients to identify potential issues, allowing them to seek treatment earlier, helping to maintain their overall good health. Further, the lab would need to send patient samples out to reference laboratories, which will result in an increase in the cost per test and additional courier fees.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Marla Stuart, Employment and Human Services Director
Date: August 1, 2023

Subject: Contract with OfficeSpace Software, Inc., for Subscription-Based Workplace Management Software Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute, on behalf of the Employment and Human Services Department a Subscription Services Agreement with OfficeSpace Software Inc., for hosted space planning software and services, in the amount of \$85,715 for the period July 19, 2023 through June 30, 2026.

FISCAL IMPACT:

This contract is funded with 59% Federal, 35% State, and 6% County General Funds, one-third of which is budgeted in FY 2023-24, one-third will be included in the FY 2024-25 budget, and one-third will be included in the FY 2025-26 budget.

BACKGROUND:

Employment and Human Services Department (EHSD) has many locations throughout Contra Costa County. EHSD’s employee directory provides the work location for each employee, but it does not indicate where each employee sits within that location. Having OfficeSpace Software, Inc. (OfficeSpace) allows EHSD to see exactly where a specific employee sits which has been very beneficial for COVID-19 tracking purposes. OfficeSpace is also necessary for EHSD to have when working on space planning needs for the department.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: V. Kaplan, (925) 608-5052

By: , Deputy

cc:

BACKGROUND: (CONT'D)

The Subscription Services Agreement obligates the County to indemnify the vendor for claims that County data infringes a third party's rights and for violation of applicable law. The agreement limits the vendor's liability under the contract to the amount paid in the twelve months preceding the claim.

CONSEQUENCE OF NEGATIVE ACTION:

If the OfficeSpace Subscription Services Agreement is not approved, EHSD will have difficulties conducting COVID-19 contact tracing as needed. In addition, EHSD space planning needs will also be severely impacted.



Contra
Costa
County

To: Board of Supervisors
From: Marla Stuart, Employment and Human Services Director
Date: August 1, 2023

Subject: Contract with Wayfinder Family Services for Child Welfare Family Finding & Engagement and Resource Family Pre-Approval Supportive Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute a contract with Wayfinder Family Services, in an amount not to exceed \$634,000 to provide family finding, engagement and resource family pre-approval supportive services for the period July 1, 2023 through June 30, 2024.

FISCAL IMPACT:

This contract is funded with 18% Federal Title IV-E and 82% State 2011 Realignment, all of which has been budgeted in FY 2023-24.

BACKGROUND:

The Employment and Human Services Department (EHSD), Children and Family Services (CFS) Bureau selected Wayfinder (Contractor) from the competitive procurement, Request for Proposal (RFP) #1197 in May 2023. The Contractor will work closely with CFS to provide Family findings and engagement and resource family pre-approval supportive services for foster youth.

The purpose of family findings and engagement and resource family pre-approval supportive services is to provide permanency focused outreach, engagement, family finding, resource family pre-approval assessments and associated activities to secure supports, lifelong connections and ideally permanent placement for foster youth.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Tracy Story (925) 608-4960

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Family findings and engagement is an intensive research, outreach, and engagement process for the CFS youth with the purpose of identifying and establishing lifelong connections for foster youth by locating the most appropriate stable family or non-related extended family members. Resource family pre-approval supportive services includes performing family evaluations (previously called Psychosocial Assessments) in compliance with the California Department of Social Services (CDSS) Resource Family Approval (RFA) program, performing resource family approvals/certifications, and providing placement supports to ensure Contra Costa County foster youth reside in a safe and nurturing environment.

CONSEQUENCE OF NEGATIVE ACTION:

Contra Costa County foster youth will have less access to supportive services to identify, approve and transition into appropriate stable permanent placements.

CHILDREN'S IMPACT STATEMENT:

This contract supports four of the five community outcomes established in the Children's Report Card: 1) Children Ready for and Succeeding in School; 2) Children and Youth Healthy and Preparing for Productive Adulthood; 3) Families that are Safe, Stable and Nurturing; and 4) Communities that are Safe and Provide a High Quality of Life for Children and Families by placing at foster youth into appropriate, stable and permanent placements.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Novation Contract #24-794-9(19) with BHC Sierra Vista Hospital, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Novation Contract #24-794-9(19) with BHC Sierra Vista Hospital, Inc., a corporation, including mutual indemnification, in an amount not to exceed \$75,000, to provide inpatient psychiatric hospital services to County-referred adults and adolescents for the period from July 1, 2023 through June 30, 2024, which includes a six-month automatic extension through December 31, 2024, in an amount not to exceed \$37,500.

FISCAL IMPACT:

Approval of this novation contract will result in annual budgeted expenditures of up to \$75,000 and will be funded by 100% Mental Health Realignment revenues. (No rate increase)

BACKGROUND:

The Behavioral Health Services Department (BHSD) has been contracting with BHC Sierra Vista Hospital, Inc. since November 1, 2006. This contract meets the social needs of County’s population by providing inpatient psychiatric hospital services to County-referred adults and adolescents.

On September 13, 2022, the Board of Supervisors approved Novation Contract #24-794-9(17) with BHC Sierra Vista Hospital, Inc., in an amount not to exceed \$75,000, for the provision of inpatient psychiatric hospital services to County-referred adults and adolescents for the period from July 1, 2022 through June 30, 2023, which includes a six-month automatic extension through December 31, 2023, in an amount not to exceed \$37,500.

Approval of Novation Contract #24-794-9(19) will allow the contractor to continue to provide inpatient psychiatric hospital services through June 30, 2024. This contract includes mutual indemnification.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, County’s mental health clients will not receive needed inpatient psychiatric services from Contractor’s facility.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5212

By: , Deputy

cc: L Walker, M Parkinen

CHILDREN'S IMPACT STATEMENT:

This program supports the following Board of Supervisors' community outcome: "Communities that are Safe and Provide a High Quality of Life for Children and Families". Expected program outcomes include a decrease in the need for inpatient care and placement at a lower level of care.



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: APPROVE a Purchase Order Amendment with Kelly Paper Company.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Public Works Director, an amendment to the purchase order with Kelly Paper Company (Purchase Order No. 024471), to increase the payment limit by \$100,000 to a new payment limit of \$299,990, extend the term through June 30, 2024, and modify the purchase order to include for both miscellaneous paper products and printing-related items, Countywide.

FISCAL IMPACT:

The cost of paper is initially charged to the General Fund but recovered through charges to the County Departments. (100% Department User Fees)

BACKGROUND:

All paper products are purchased in volume and are used by the Print and Mail Services division for printing requests received from County departments. The cost of paper is charged back to the departments. This allows the County to purchase in bulk and save money.

Kelly Paper Company is a long-established local vendor and was selected because of their proximity to Print and Mail Services. They stock a variety of specialty papers and envelopes used by County departments. Kelly Paper provides the necessary products in a timely manner enabling Print and Mail Services to meet the needs of the departments. Many print orders from County Departments are rush jobs and Kelly Paper Company delivers same day on most orders and offers competitive pricing.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Dale Morseman (925) 655-4501

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If this purchase order is not approved, cost for paper may increase.



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: APPROVE a Purchase Order Amendment with Kelly Spicers

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Public Works Director, an amendment to the purchase order with Kelly Spicers (Purchase Order No. 026172) to increase the payment limit by \$150,000 to a new payment limit of \$349,990, and extend the term through June 30, 2024, for miscellaneous paper products and printing related items, Countywide.

FISCAL IMPACT:

The cost of paper is initially charged to the General Fund but recovered through charges to the County departments. (100% User Departments)

BACKGROUND:

All paper products are purchased in volume and are used by Print and Mail Services division for printing requests received from County Departments. The cost of paper is charged back to the departments. This allows the county to purchase in bulk and save money. Kelly Spicers is an established local vendor and was selected because of their proximity to Print and Mail Services. They stock a variety of specialty papers and

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Dale Morseman (925) 655-4501

By: , Deputy

cc:

BACKGROUND: (CONT'D)

envelopes used by County Departments. Kelly paper provides the necessary products timely so that Print & Mail can fulfill and service the needs of County departments. Many print orders from County departments are rush jobs and Kelly Spicers delivers same day on most orders and they offer competitive pricing.

CONSEQUENCE OF NEGATIVE ACTION:

If this purchase order is not approved, the cost for paper may increase.

ATTACHMENTS

Kelly Paper PO



Notice of Blanket Award

Contra Costa County
 Public Works
 PURCHASING SERVICES
 40 Muir Road, 2nd Floor
 Martinez, CA 94553

V E N D O R	Alt ID #:03457
	KELLY PAPER COMPANY 1070 DETROIT AVENUE CONCORD, CA 94518

PO Date: 02/24/2022
Buyer: Ortiz, Anne
Phone: 925-957-2491
FOB: F.O.B., Destination
Terms: Net 30

Blanket Order Number
F 024471
ALL PACKING SLIPS, INVOICES, AND CORRESPONDENCE MUST REFERENCE THIS PO NUMBER. SUBMIT AN INVOICE TO THE "INVOICE TO" DEPT FOR PAYMENT.

S H I P T O	Print & Mail Services Public Works Department 4061 Port Chicago Hwy Concord, CA 94520
--	--

I N V O I C E	Print & Mail Services Public Works Department 4061 Port Chicago Hwy Concord, CA 94520
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Department	Requisition Number	Bid Number	Delivery Date
PW - Public Works	PW-PW095-22-37087		

Item	Item Description	Quantity	Unit	Unit Price	Total
1	<p>THIS BLANKET PURCHASE ORDER IS FOR THE FOLLOWING:</p> <p>MISCELLANEOUS PAPER PRODUCTS AS REQUIRED AS REQUIRED BY CONTRA COSTA COUNTY PREVIOUS PO 018075</p> <p>***** ATTENTION VENDORS PROVIDING PAPER/PAPER PRODUCTS:</p> <ul style="list-style-type: none"> - VENDOR SHALL PROVIDE RECYCLED CONTENT PAPER PRODUCTS AND RECYCLED CONTENT PRINTING AND WRITING PAPER THAT CONSISTS OF AT LEAST THIRTY PERCENT (30%), BY FIBER WEIGHT, POSTCONSUMER FIBER, IF FITNESS AND QUALITY ARE EQUAL TO THAT OF NON RECYCLED ITEM. - VENDOR SHALL ONLY PROVIDE PAPER PRODUCTS AND PRINTING AND WRITING PAPERS THAT MEET FEDERAL TRADE COMMISSION RECYCLABILITY STANDARD AS DEFINED IN TITLE 16 CODE OF FEDERAL REGULATIONS SECTION 260.12 (2013) - PROVIDE RECORDS TO THE RECORDKEEPING DESIGNEE OF ALL PAPER PRODUCTS AND PRINTING AND WRITING PAPER PURCHASED FROM THE VENDOR ON A SCHEDULE TO BE DETERMINED BY THE RECORDKEEPING DESIGNEE, BUT NO LESS THAN EVERY 30 DAYS (BOTH RECYCLED CONTENT AND NON RECYCLED CONTENT, IF ANY IS PURCHASED) 	1.00	LOT	\$199,990.00	\$199,990.00

MADE BY A DIVISION OR DEPARTMENT OR EMPLOYEE OF THE COUNTY. RECORDS SHALL INCLUDE A COPY OF THE INVOICE OR OTHER DOCUMENTATION OF PURCHASE, WRITTEN CERTIFICATIONS AS REQUIRED IN SECTION 4.2.A.3-4 FOR RECYCLED CONTENT PURCHASES, PURCHASER NAME, QUANTITY PURCHASED, DATE PURCHASED, AND RECYCLED CONTENT (INCLUDING PRODUCTS THAT CONTAIN NONE), AND IF NON RECYCLED-CONTENT PAPER PRODUCTS AND/OR NON RECYCLED CONTENT PRINTING AND WRITING PAPER ARE PROVIDED, INCLUDE A DESCRIPTION OF WHY RECYCLED CONTENT PAPER PRODUCTS AND/OR RECYCLED-CONTENT PRINTING AND WRITING PAPER WERE NOT PROVIDED.

- EMAIL ALL DOCUMENTATION TO:
 SB1383PURCHASES@PW.CCCOUNTY.US
 ++++++

Effective Dates:
 02/01/2022 through 01/31/2024
 Dept. Contact: Contact Marie Del Rosario at (925)655-4500

THE DOLLAR VALUE ON THIS BLANKET ORDER IS AN ESTIMATE OF VOLUME AND NOT A COMMITMENT TO SPEND. THE COUNTY WILL NOT BE HELD RESPONSIBLE TO SPEND THIS AMOUNT.

SUBTOTAL: \$ 199,990.00

TOTAL: \$199,990.00

DEPARTMENT

This Purchase Order authorizes the delivery of the above products and services subject to Contra Costa County's standard Terms and Conditions. The County assumes the seller accepts the order and will make delivery as specified herein, unless notified to the contrary within 10 calendar days. Standard Terms and Conditions may be viewed at www.cccounty.us.

EN	ORGN	SUBO	TAS	OPT	ACT/WAP	Percent	Amount
01	AS	CODED				100%	\$199,990.00


 Purchaser Manager / Buyer 1264



**Contra
Costa
County**

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Approve a Contract Amendment with Larry Walker Associates, Inc., for Stormwater Quality Services.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Chief Engineer, Contra Costa County Flood Control and Water Conservation District, or designee, to execute, on behalf of the Contra Costa Clean Water Program, a contract amendment with Larry Walker Associates, Inc., effective July 1, 2023 to increase the payment limit by \$500,000, to a new payment limit of \$1,415,000 and to extend the contract termination date from December 31, 2024 to June 30, 2025 for Countywide stormwater quality services necessary to comply with federal and state stormwater permit requirements issued under the National Pollutant Discharge Elimination System Permit, Countywide. (100% Stormwater Utility Assessment Funds)

FISCAL IMPACT:

All costs associated with this contract will not exceed \$1,415,000 and will be funded by stormwater utility fee assessments collected by the Cities/Towns and County, proportional to their respective populations.

BACKGROUND:

The Contra Costa Clean Water Program (the “CCCWP”) consists of Contra Costa County, its 19 incorporated cities/towns and the Contra Costa County Flood Control and Water Conservation District (hereinafter referred to collectively as “Permittees”). The CCCWP was established in 1991 through a Program Agreement in response to the 1987 amendments to the federal Clean Water Act (the “CWA”), which established a framework for regulating municipal stormwater discharges under the National Pollutant Discharge Elimination System (“NPDES”) Permit Program. The United States Environmental Protection Agency (the “USEPA”) published final rules implementing the 1987 CWA amendments in November 1990. The rules mandate that Permittees obtain and implement stormwater permits designed to reduce and eliminate the discharge of pollutants into and from Municipal Separate Storm Sewer Systems (the “MS4s”) they own and operate. Through the CCCWP, Permittees conduct many of the mandated activities collectively (referred to as “Group Activities”), such as water quality monitoring, special studies, and public education. The roles and responsibilities of the CCCWP and Permittees are outlined in the Contra Costa Clean Water Program Agreement, which was last updated and adopted by all Permittees in June 2010. The current San Francisco Bay Region Municipal Regional Stormwater NPDES Permit No. CAS612008, Order R2-2015-0049 (“Permit”), was issued in November of 2015.

The CCCWP Permittees request to retain Larry Walker

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Duanne Hernaez, 925-313-2360

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Associates, Inc., to plan, coordinate and administer mandated stormwater quality management activities as required by the NPDES permit. Larry Walker Associates, Inc., will assist the Program by negotiating permit requirements, attending various stakeholder meetings on behalf of Permittees, preparing written response to the Regional Water Quality Control Boards and will complete other activities related the re-issuance and implementation of NPDES permit.

CONSEQUENCE OF NEGATIVE ACTION:

Without the approval of the Board of Supervisors, the CCCWP, 19 Cities and Towns, Contra Costa County, and the Flood Control District will be unable to meet the outreach requirements set forth by the San Francisco Bay Region Municipal Regional Stormwater NPDES Permit No. CAS612008, Order R2-2015-0049.



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Contract with VFA, Inc., for Facility Condition Assessments of the County building facility portfolio.

RECOMMENDATION(S):

AUTHORIZE the Public Works Director, or designee, to execute an agreement with VFA, Inc., in an amount not to exceed \$700,000, for facility condition assessments of the County building facility portfolio and assistance in capital planning activities for a term of five years, effective August 1, 2023, Countywide. (100% General Fund Capital Reserves)

FISCAL IMPACT:

The cost of the facility conditions assessments and support will be \$700,000 total. Average yearly charges for the next 5 year to be \$140,000/year. (100% General Fund Capital Reserves)

BACKGROUND:

The County recently completed Facility Condition Assessments (FCA) for the entire building asset portfolio with the assistance of VFA, Inc. (formerly Accruent). These assessments were used to develop capital planning scenarios for deferred maintenance requirements as well as to identify deferred maintenance priorities. Ideally, an FCA should be performed approximately every five years to assess the condition and amount

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Jeffrey K Acuff 925-957-2487

By: , Deputy

cc:

BACKGROUND: (CONT'D)

of deferred maintenance in the building portfolio to guide capital facilities spending and planning in future years. Staff recommend regularly maintaining and updating portions of the building portfolio to ensure FCA data is current and accurate. The proposed FCA contract with VFA, Inc. will update approximately 20% of the County's building portfolio annually for the next 5 years. The first set of assessments are anticipated to occur at the end of 2023 or early 2024.

CONSEQUENCE OF NEGATIVE ACTION:

Not approving this action will prevent timely updating of the County's facility condition assessment data, which is used for deferred maintenance planning efforts.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Purchase Order with Beckman Coulter, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Beckman Coulter, Inc. for \$6,000,000 to purchase reagents and supplies for the Clinical Laboratory at Contra Costa Regional Medical Center (CCRMC), for the period from May 15, 2023 through May 14, 2026.

FISCAL IMPACT:

This purchase order will result in expenditures of up to \$6,000,000 over a three-year period and will be funded by Hospital Enterprise Fund I revenues.

BACKGROUND:

CCRMC Clinical Laboratory uses Beckman Coulter, Inc. for reagents and supplies to perform routine and STAT diagnostic testing providing accurate and timely results facilitating patient treatment protocols. Beckman Coulter, Inc. has been the laboratory's sole proprietor for the reagents and supplies for both the Chemistry and Special Chemistry Departments since 2013. The laboratory received an automation track system with components with no charge to the County with an approved extension for the two current Beckman Coulter agreements 50557US for Special Chemistry/Chemistry for 6 years and 64157US Hematology for an additional 3 years. Additional funding was required for both contracts due to the required extension of both agreements in order to acquire the DxA automated track system. The 50557US agreement covering Special Chemistry and Chemistry sections requested \$6,000,000 in funding which is currently not covered under Vizient based pricing. The laboratory Hematology agreement 64157US with a requested payment limit of \$978,378 approved by the Board on July 18, 2023, for reagents and supplies is covered under Vizient pricing agreements. These agreements with Beckman Coulter have different billing accounts due to the Vizient pricing and therefore billed separately and not collectively to the laboratory which requires separate purchase orders in order to properly pay invoices received from the vendor. The Hematology and Chemistry/Special Chemistry analyzers do not utilize the same products, the products/reagents used are specifically billed to each individual account and tied to a minimum reagent purchasing commitment allowing for a no cost to the County lease of each analyzer.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karin Stryker, (925) 370-5141

By: , Deputy

cc:

BACKGROUND: (CONT'D)

On May 10, 2022, the Board of Supervisors approved agenda item C.35 to execute an amendment to purchase order #22285 with Beckman Coulter, Inc. to increase the payment limit by \$500,000 for a new payment limit of \$2,000,000 to purchase reagents and supplies with no change in the original term of May 15, 2021 through May 14, 2022.

On March 29, 2022, the Board of Supervisors approved agenda item C.51 to execute purchase order #24989 with Beckman Coulter, Inc. in the amount of \$2,000,000 to purchase reagents and supplies for the clinical laboratory at the CCRMC, for the period from May 15, 2022, through May 14, 2023.

The original request for this agreement was submitted in March 2023, however, there were several Beckman Coulter agreement actions in process at the same time, causing confusion and resulting in processing delays. Future requests will be submitted six months prior to ensure adequate lead time for processing requests. Oversight from management and regular audit reviews will be conducted on laboratory submission requests.

Approval of this request will allow the Chemistry Department within the Clinical Lab to continue purchasing reagents and supplies from this vendor through May 14, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this purchase order is not approved, CCRMC Clinical Laboratory will not have access to this contractor's specific patient testing supplies, thus impacting patient care and clinicians' ability to treat serious medical conditions.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: August 1, 2023

Subject: Purchase Order - Sysco Food Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent to execute, on behalf of the Sheriff-Coroner, a purchase order with Sysco Food Services in an amount not to exceed \$4,000,000 to provide poultry products, equipment and supplies as needed within the three County detention facilities for the period September 1, 2023 through August 31, 2025.

FISCAL IMPACT:

Approval will result in contractual expenditures of up to \$4 million over a two-year period that are budgeted and funded 100% by County General Fund.

BACKGROUND:

Sysco Food Services provides food products including poultry, equipment and supplies needed to support the inmates feeding program at the three County detention facilities. This vendor is the only Northern California food services provider specializing in providing food products to detention facilities in bulk quantities. Their product pricing is through MedAssets contracts, in which the County has membership. The County benefits significantly by using Sysco in the form of financial incentives on both bulk purchases and manufacturer's rebates resulting in increased purchasing power to the department.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

, County Administrator and Clerk of the Board of Supervisors

Contact: Heike Anderson, 925 655-0023

By: , Deputy

cc: Heike Anderson, Donn David, Enid Mendoza

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Sheriff's Office will not have an active purchase order to acquire food products necessary for meals at the County's three adult detention facilities.



Contra
Costa
County

To: Board of Supervisors
From: Esa Ehmen-Krause, County Probation Officer
Date: August 1, 2023

Subject: Interagency Agreement with Contra Costa County Office of Education

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Chief Probation Officer, or designee, to execute an Interagency Agreement with Contra Costa County Office of Education (CCCOE) in an amount not to exceed \$264,477 to provide transitional assistance to those previously housed in the County’s adult detention facilities for the period of July 1, 2023 through June 30, 2024.

FISCAL IMPACT:

This contract will be 100% funded by Community Corrections Performance Incentive funds (SB 678).

BACKGROUND:

The mission of the Contra Costa County Office of Education (CCCOE) is to promote success in learning and life through quality leadership, programs and services. CCCOE will provide transitional services to those previously housed in the County's adult detention facilities by providing a reentry transition specialist and an office assistant. They will support these individuals by identifying and addressing barriers to employment, education and community reintegration, and provide incarcerated individuals individualized case management services. They will link individuals with appropriate support resources, including reentry centers, social services, housing authorities, drug/alcohol rehabilitations services, the DMV, health services and other appropriate community based resources.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Dyanne Fankhauser,
925-313-4068

By: , Deputy

cc:

CONSEQUENCE OF NEGATIVE ACTION:

If unapproved, previously incarcerated individuals will not be able to get the support they need transitioning back into the community.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Purchase Order with Cardinal Health

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Purchasing Agent, or designee, to execute on behalf of the Health Services Director, a purchase order with Cardinal Health in an amount not to exceed \$33,000,000 to procure pharmaceuticals and related supplies for Contra Costa Regional Medical Center (CCRMC), Contra Costa Health Centers, Martinez Detention Facility, and Contra Costa Health Plan for the period of September 1, 2023 through August 31, 2024.

FISCAL IMPACT:

Approval of this purchase order will result in expenditures of up to \$33,000,000 and will be fully funded by Hospital Enterprise Fund I revenues.

BACKGROUND:

On September 13, 2022, the Board of Supervisors approved agenda item C. 77 to execute a purchase order (#26118) with Cardinal Health in the amount of \$33,000,000 to procure pharmaceuticals and related supplies for CCRMC, Contra Costa Health Centers, Martinez Detention Facility, and Contra Costa Health Plan for the period for the period of September 1, 2022 through August 31, 2023. CCRMC has had a working relationship with Cardinal Health for over 40 years.

Cardinal Health provides three different purchasing contracts: Wholesaler Acquisition Cost (WAC-2052004299), Group Purchasing Organization for the hospital (GPO-2057200827) as well as the Public Health System contract for 340B (federal-ceiling pricing for disproportionate share facilities) for ambulatory care.

Furthermore, Contra Costa Health Plan uses Cardinal Health as their medication provider for their patients through the 340B plan contract pharmacies (i.e., Walgreens). Maintaining this vendor as our wholesaler maximizes cost savings for CCRMC and Health Clinics.

CONSEQUENCE OF NEGATIVE ACTION:

If this purchase order is not approved, the hospital pharmacy, as well as all ambulatory care pharmacies within CCRMC will not be able to receive drugs from our wholesaler and the result would be a much higher cost for pharmaceuticals.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karin Stryker, (925) 370-5141

By: , Deputy

cc:

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Cancellation Agreement #77-438-1 and Contract #77-438-2 with Sonoma Specialty Hospital, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County, as follows: (1) Cancellation Agreement #77-438-1 with Sonoma Specialty Hospital, LLC, a limited liability company, effective at the end of business on August 1, 2023; and (2) Contract #77-438-2 with Sonoma Specialty Hospital, LLC, a limited liability company, in an amount not to exceed \$3,000,000 to provide long term acute care (LTAC) services for CCHP members for the period August 2, 2023 through July 31, 2025.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$3,000,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II. (Rate Increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized long term acute care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. Contractor will provide long term acute care services including, but not limited to nursing, respiratory and nutritional therapies, pain management, case management, social services, and end of life care. Contractor has been a member of the CCHP Provider Network since April 1, 2022.

On April 12, 2022, the Board of Supervisors approved Contract #77-438 with Sonoma Specialty Hospital, LLC, in the amount of \$2,000,000 for the provision of long-term acute care services for CCHP members for the period of April 1, 2022 through March 31, 2024.

In consideration of contractor’s agreement to continue providing services, both parties have agreed to re-negotiate the contract payment provisions and the term to reflect the intent of the parties. Therefore, in accordance with General Conditions Paragraph 5 (Termination), of the contract, the department and contractor have agreed to a mutual cancellation of this contract. Approval of Cancellation Agreement #77-438-1 will accomplish this termination.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: K Cyr, A Forsythe

BACKGROUND: (CONT'D)

Under Contract #77-438-2, this contractor will continue to provide LTAC services to CCHP members with a new contract term of August 2, 2023 through July 31, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If the cancellation is not approved contractor will not be compensated as agreed for continued LTAC services. If the new contract is not approved, LTAC services for CCHP members may not be provided by this contractor, which may increase wait times for CCHP members.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Cancellation Agreement #77-437-1 and Contract #77-437-2 with Central Valley Specialty Hospital, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County, as follows: (1) Cancellation Agreement #77-437-1 with Central Valley Specialty Hospital, Inc., a corporation, effective at the end of business on August 1, 2023; and (2) Contract #77-437-2 with Central Valley Hospital, Inc., a corporation, in an amount not to exceed \$3,000,000 to provide long-term acute care (LTAC) services for CCHP members for the period August 2, 2023 through July 31, 2025.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$3,000,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II. (Rate Increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized long term acute care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. Contractor will provide long term acute care services including, but not limited to nursing, respiratory and nutritional therapies, pain management, case management, social services, and end of life care. Contractor has been a member of the CCHP Provider Network since April 1, 2022.

On April 12, 2022, the Board of Supervisors approved Contract #77-437 with Central Valley Specialty Hospital, Inc., in the amount of \$2,000,000 for the provision of long-term acute care services for CCHP members for the period of April 1, 2022 through March 31, 2024.

In consideration of contractor’s agreement to continue providing services, both parties have agreed to re-negotiate the contract payment provisions and the term to reflect the intent of the parties. Therefore, in accordance with General Conditions Paragraph 5 (Termination), of the contract, the department and contractor have agreed to a mutual cancellation of this contract. Approval of Cancellation Agreement #77-437-1 will accomplish this termination.

Under Contract #77-437-2, the contractor will continue to provide LTAC services to CCHP members with a new contract term of August 2, 2023 through July 31, 2025.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: K Cyr, A Forsythe

BACKGROUND: (CONT'D)

CONSEQUENCE OF NEGATIVE ACTION:

If the cancellation is not approved, this contractor will not be compensated as agreed for continued LTAC services. If the new contract is not approved, LTAC services for CCHP members may not be provided by this contractor, which may increase wait times for CCHP members.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #27-168-19 with Planned Parenthood: Shasta-Diablo, Inc. (dba Planned Parenthood Northern California)

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-168-19 with Planned Parenthood: Shasta-Diablo, Inc. (dba Planned Parenthood Northern California), a non-profit corporation, in an amount not to exceed \$5,000,000 , to provide obstetrics/gynecology (OB/GYN), family planning and behavioral health treatment services for Contra Costa Health Plan (CCHP) members, for the period October 1, 2023 through September 30, 2024.

FISCAL IMPACT:

This contract will result in annual contractual service expenditures of up to \$5,000,000 and will be funded 100% by CCHP Enterprise Fund II. (No rate increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized health care services, including OB/GYN, family planning and behavioral health services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been a part of the CCHP Provider Network since November 1, 2007.

On October 4, 2022, the Board of Supervisors approved Contract #27-168-18 with Planned Parenthood: Shasta-Diablo, Inc. (dba Planned Parenthood Northern California), in an amount not to exceed \$4,000,000, to provide OB/GYN, family planning and behavioral health treatment services for CCHP members, for the period October 1, 2022 through September 30, 2023.

Approval of Contract #27-168-19 will allow this contractor to continue to provide OB/GYN, family planning and behavioral health treatment services for CCHP members through September 30, 2024.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized health care services including family planning will not be provided to CCHP members by this contractor, and may limit access to these services to members.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-181-3 with Man Kong Leung, M.D., Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-181-3 with Man Kong Leung, M.D., Inc., a corporation, in an amount not to exceed \$600,000 to provide neurology and sleep medicine services for Contra Costa Health Plan (CCHP) members for the period November 1, 2023 through October 31, 2026.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$600,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues. (No Rate Increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized neurology and sleep medicine health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been a CCHP Network Provider since November 2018.

In September 2020, the County Administrator approved, and the Purchasing Services Manager executed Contract #77-181-1 with Man Kong Leung, M.D., Inc., in an amount of \$150,000, to provide neurology and sleep medicine services for CCHP members, for the period November 1, 2020 through October 31, 2023.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra

BACKGROUND: (CONT'D)

On June 8, 2021, the Board of Supervisors approved Contract Amendment #77-181-2 with Man Kong Leung, M.D., Inc., to increase the payment limit by \$150,000 to a new payment limit of \$300,000, to provide additional neurology and sleep medicine services for CCHP members, with no change in the original term of November 1, 2020 through October 31, 2023.

Approval of Contract #77-181-3 will allow the contractor to continue providing neurology and sleep medicine services to CCHP members through October 31, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this amendment is not approved, certain specialized neurology and sleep medicine health care services for CCHP members under the terms of their Individual and Group Health Plan membership contract with the County will not be provided by this contractor and may cause delay in services to members.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #27-314-17 with A.K. Bhattacharyya, M.D., Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #27-314-17 with A.K. Bhattacharyya, M.D., Inc., a corporation, in an amount not to exceed \$450,000, to provide neurological services for Contra Costa Health Plan (CCHP) members, for the period from October 1, 2023 through September 30, 2026.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$450,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II. (No rate increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized health care services, including neurology services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been a part of the CCHP Provider Network since May 1, 1997.

In July 2020, the County Administrator approved, and the Purchasing Services Manager executed Contract #27-314-16 with A.K. Bhattacharyya, M.D., Inc., in an amount not to exceed \$150,000, to provide neurology services for CCHP members, for the period October 1, 2020 through September 30, 2023.

Approval of Contract #27-314-17 will allow this contractor to continue providing neurology services for CCHP members through September 30, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain neurology services will not be provided to CCHP members by this contractor and may limit access to these services to members.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-299-1 with CEP America – AUC, PC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-299-1 with CEP America – AUC, PC, a corporation, in an amount not to exceed \$900,000, to provide wound care services for Contra Costa Health Plan (CCHP) members and county recipients for the period from August 1, 2023 through July 31, 2026.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$900,000 over a three-year period and will be funded 100% by CCHP Enterprise Fund II revenues. (No rate increase)

BACKGROUND:

CCHP has an obligation to provide certain medical specialized wound care services, for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been part of the CCHP Provider Network providing these services since August 1, 2020.

On July 28, 2020, the Board of Supervisors approved Contract #77-299 with CEP America – AUC, PC, in an amount not to exceed \$300,000, for the provision of wound care services for CCHP members and county recipients, for the period August 1, 2020 through July 31, 2023.

Approval of Contract #77-299-1 will allow the contractor to continue providing wound care services for CCHP members and county recipients through July 31, 2026.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain medical specialty wound care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county will not be provided and may cause a delay in services to CCHP members.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Sharron A. Mackey,
925-313-6104

By: , Deputy

cc: Noel Garcia, Laura Bright



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-625 with Hayward Healthcare & Wellness Center, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-625 with Hayward Healthcare & Wellness Center, LLC, a limited liability company, in an amount not to exceed \$800,000, to provide skilled nursing facility (SNF) services for Contra Costa Health Plan (CCHP) members and county recipients for the period August 1, 2023 through July 31, 2025.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$800,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:

CCHP has an obligation to provide certain specialized SNF health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. Members are released from the hospital to recover at an SNF until they are well enough to be sent home. These services include but are not limited to: twenty-four (24) hour medical care, social service and case management coordination, wound care, respiratory therapy, nasogastric and gastric tube feeding, physical and speech therapy services. This is a new Contractor who will join the CCHP Provider Network to provide SNF services as of August 1, 2023.

Under new Contract #77-625, this contractor will provide SNF services for CCHP members and county recipients for the period August 1, 2023 through July 31, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this new contract is not approved certain specialized SNF health care services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the county will not be provided and may cause a delay in services to CCHP members.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Sharron A. Mackey,
925-313-6104

By: , Deputy

cc: Noel Garcia, Laura Bright



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: Contract Amendment with Sherpa Government Solutions, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Administrator, or designee, to execute a contract amendment with Sherpa Government Solutions, LLC, to increase the payment limit by \$76,936 to a new payment limit of \$359,130 to provide vendor-hosted cloud support for the County budget system, with no change to the term.

FISCAL IMPACT:

The total cost of \$359,130 will be funded by the General Fund.

BACKGROUND:

The County replaced the Budget Reporting and Analysis Software (CGI Inc.) with the Budget Formulation and Management System (Sherpa Government Solutions) in 2016. Since 2016, the County has hosted the software on the premises with the vendor providing in-house hosting support. The server operating systems as well as physical hardware will soon be out of support and needing replacement. The County Administrator's Office, after discussions with the Department of Information Technology and Sherpa Government Solutions (the vendor), is recommending that the contract be amended to obligate the vendor to provide a cloud-hosted budget system for the duration of the

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

, County Administrator and Clerk of the Board of Supervisors

Contact: Laura Strobel (925) 655-2058

By: , Deputy

cc:

BACKGROUND: (CONT'D)

contract term. If approved, the vendor will be responsible for all hardware, network setup, network maintenance, data back-up and security, and disaster recovery.

CONSEQUENCE OF NEGATIVE ACTION:

The County will need to identify an alternative cloud-hosting solution or replace the current hardware and operating systems.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-615 with The Rehabilitation Center of Oakland, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-615 with The Rehabilitation Center of Oakland, LLC, a limited liability company, in an amount not to exceed \$800,000, to provide skilled nursing facility (SNF) services for Contra Costa Health Plan (CCHP) members and county recipients for the period August 1, 2023 through July 31, 2025.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$800,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:

CCHP has an obligation to provide certain specialized SNF health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. Members are released from the hospital to recover at an SNF until they are well enough to be sent home. These services include but are not limited to: twenty-four (24) hour medical care, social service and case management coordination, wound care, respiratory therapy, nasogastric and gastric tube feeding, physical and speech therapy services. This contractor has been a member in CCHP Provider Network formerly under a Memorandum of Understanding (MOU) and will begin working under a county-required contract starting August 1, 2023.

Under new Contract #77-615, this contractor will provide SNF services for CCHP members and county recipients for the period August 1, 2023 through July 31, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this new contract is not approved certain specialized SNF health care services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the county will not be provided and may cause a delay in services to CCHP members.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Sharron A. Mackey,
925-313-6104

By: , Deputy

cc: Noel Garcia, Laura Bright



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-616 with Princeton Manor Healthcare Center, LLC

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-616 with Princeton Manor Healthcare Center, LLC, a limited liability company, in an amount not to exceed \$800,000, to provide skilled nursing facility (SNF) services for Contra Costa Health Plan (CCHP) members and county recipients for the period August 1, 2023 through July 31, 2025.

FISCAL IMPACT:

This contract will result in contractual service expenditures of up to \$800,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:

CCHP has an obligation to provide certain specialized SNF health care services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. Members are released from the hospital to recover at an SNF until they are well enough to be sent home. These services include but are not limited to: twenty-four (24) hour medical care, social service and case management coordination, wound care, respiratory therapy, nasogastric and gastric tube feeding, physical and speech therapy services. This contractor has been a member in CCHP Provider Network formerly under a Memorandum of Understanding (MOU) and will begin working under a county-required contract starting August 1, 2023.

Under new Contract #77-616, this contractor will provide SNF services for CCHP members and county recipients for the period August 1, 2023 through July 31, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this new contract is not approved certain specialized SNF health care services for CCHP members under the terms of their Individual and Group Health Plan membership contracts with the county will not be provided and may cause a delay in services to CCHP members.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Sharron A. Mackey,
925-313-6104

By: , Deputy

cc: Noel Garcia, Laura Bright



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #23-681-3 with Well Health, Inc,

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #23-681-3 with Well Health, Inc., a corporation, in an amount not to exceed \$426,000, for hosted patient engagement software and services for the period May 20, 2023 through May 19, 2024.

FISCAL IMPACT:

Approval of this contract will result in annual expenditures of up to \$426,000 and will be funded as budgeted by the department in FY 2023-24, by 100% Hospital Enterprise Fund I. (Rate increase).

BACKGROUND:

This contract meets the needs of Contra Costa Health Services (CCHS) by providing a patient communication solution. CCHS began contracting with WELL Health Inc concerning its patient communication engagement solution, WELLApp, in May 2020 when CCHS replaced its (then) current solution that processed batches daily, causing a delay in patient outreach. In October 2022, WELL Health Inc rebranded to Artera. This contract allows CCHS to transition to Artera Plus, a HIPAA-compliant, platform-level patient communication solution that connects CCHS and patients using their existing text and messaging application(s) and integrates with CCHS's tech stack, including Epic CCHS's cloud-based electronic health records solution, single-point solutions, applications, and more, to deliver patients a simple, cohesive communications experience improving the appointment cancelation/ rescheduling process, while reducing workload for healthcare staff. CCHS may also evaluate integrating patient registration, referrals, and deeper chat assist functionality. Well Health Inc was issued a sole-source provider status for these services.

On August 2, 2022, the Board of Supervisors approved Contract #23-681-2 with Well Health, Inc. in an amount not to exceed \$578,094 for the provision of its WELLApp, patient engagement application, including software licensing and support, for the period from May 1, 2022, through May 19, 2023.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Rajiv Pramanik, 925-765-8689

By: , Deputy

cc: F Carroll, L Bright

BACKGROUND: (CONT'D)

Delays in processing this renewal request ensued after surges in usage dating back to COVID-19 analyzation of service usage better helped to understand and forecast to maintain, reduce, or increase services. After review, the parties agreed on a path forward.

Approval of Contract #23-681-3 allows the contractor to continue to provide services through May 19, 2024.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, services will be discontinued affecting CCHS patient engagement. Patient outreach will be delayed, and real-time outreach will not be possible for case managers and providers. Delays in not re-purposing patient canceled appointments could harm revenue.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-136-3 with California Sports Physical Therapy Centers, Inc. dba California Rehabilitation and Sports Therapy

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-136-3 with California Sports Physical Therapy Centers, Inc.(dba California Rehabilitation and Sports Therapy), in an amount not to exceed \$1,000,000 to provide physical therapy services for Contra Costa Health Plan (CCHP) members for the period October 1, 2023 through September 30, 2025.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$1,000,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II revenues. (Rate increase)

BACKGROUND:

CCHP has an obligation to provide certain specialized non-physician provider services for its members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been part of the CCHP Provider Network, providing physical therapy services since October 2017. In July 2020, the County Administrator approved, and the Purchasing Services Manager executed Contract #77-136-1 with Health-Pro Therapy, Inc., in an amount not to exceed \$150,000, for the provision of physical therapy services for CCHP members, for the period October 1, 2020 through September 30, 2023. In May 2021, the County Administrator approved, and the Purchasing Services Manager executed Contract Assignment #77-136-2 for transfer of company ownership, assigning to California Sports Physical Therapy Centers, Inc.dba California Rehabilitation and Sports Therapy all rights under Contract #77-136-1 previously with Health-Pro Physical Therapy, Inc., effective March 1, 2021, with no change in the contract payment limit or the original term of October 1, 2020 through September 30, 2023. Approval of Contract #77-136-3 will allow the contractor to continue providing physical therapy services to CCHP members through September 30, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain physical therapy services for CCHP members under the terms of their Individual and Group Health Plan membership contract with the County will not be provided by this contractor and may cause delay in services to members.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Sharron Mackey, 925-313-6104

By: , Deputy

cc: S Cordova, C Viscarra



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Contract #77-606 with Antioch Medical and Hospital Supply

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to execute on behalf of the County Contract #77-606 with Antioch Medical and Hospital Supply, a corporation, in an amount not to exceed \$300,000, to provide durable medical equipment (DME) related services and supplies for Contra Costa Health Plan (CCHP) members and county recipients for the period August 1, 2023 through July 31, 2025.

FISCAL IMPACT:

Approval of this contract will result in contractual service expenditures of up to \$300,000 over a two-year period and will be funded 100% by CCHP Enterprise Fund II revenues.

BACKGROUND:

CCHP has an obligation to provide certain specialized DME health care services including all related equipment and medical supplies to CCHP members under the terms of their Individual and Group Health Plan membership contracts with the county. This contractor has been a member in CCHP Provider Network formerly under a Memorandum of Understanding (MOU) and will begin working under a county-required contract starting August 1, 2023.

Under new Contract #77-606, this contractor will provide DME related services and supplies including orthotics, prosthetics and breast prostheses for CCHP members and county recipients for the period August 1, 2023 through July 31, 2025.

CONSEQUENCE OF NEGATIVE ACTION:

If this contract is not approved, certain specialized DME related services and supplies for CCHP members under the terms of their Individual and Group Health Plan membership contract with the county will not be provided and may cause a delay in services to CCHP members.

-
- APPROVE OTHER
 - RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE
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Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Sharron A. Mackey,
925-313-6104

By: , Deputy

cc: Noel Garcia, Laura Bright



Contra
Costa
County

To: Board of Supervisors
From: Monica Nino, County Administrator
Date: August 1, 2023

Subject: Fiscal Year 2023/24 County Dispute Resolution Program

RECOMMENDATION(S):

APPROVE and AUTHORIZE the County Administrator, or designee, to execute contracts with The Congress of Neutrals for \$98,642 and with the Center for Human Development for \$49,321 in a total amount not to exceed \$147,964 for the County Dispute Resolution Program for the period August 1, 2023 through June 30, 2024.

FISCAL IMPACT:

\$147,964 for the period August 1, 2023 through June 30, 2024; 100% Dispute Resolution funds. No net county cost. Program costs offset by \$8.00 filing fee on civil actions filed in the Superior Court.

BACKGROUND:

The Dispute Resolution Programs Act of 1986 (Business and Professional Code Sections 465, et seq.) provided for the establishment and funding, at County option, of local dispute resolution services as an alternative to formal court proceedings. The Act authorized participating counties to increase Superior, Municipal and Justice Courts filing fees from one to three dollars for the purpose of funding local dispute resolution programs.

On January 1, 1987, the Board approved the County's participation in the program and authorized a three dollar increase in court filing fees. The Dispute Resolution Advisory Committee was created by the Board to consider implementation strategies and funding guidelines appropriate for Contra Costa County.

From 1989 through 1998, the Advisory Committee solicited proposals for funding under the Dispute Resolution Programs Act of 1986. The purpose of the funding is to encourage the establishment and use of local dispute resolution services as an alternative to formal Court proceedings. The program operates under the provisions of the Dispute Resolution Programs Act.

In 1998, the State updated the California Dispute Resolution Programs Act and authorized counties to allocate up to \$8.00 from filing fees to generate new revenues for these local programs. Effective January 1, 1999, the dispute resolution portion of the civil filing fee in Contra Costa County increased from \$3.00 to \$8.00. The increase was approved by the Board of Supervisors pursuant to a request by the Superior Court.

The total anticipated court filing fee revenue budgeted for FY 2023/24 is \$163,000. A Request for Proposals (RFP) for the Dispute Resolution Program was issued on June 1, 2023, with a deadline of June 23, 2023. The prior contracts were extended through July 31, 2023, one month

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Chrystine Robbins, 925-655-2055

By: , Deputy

cc:

into the new fiscal year, to complete the RFP process. The FY 2023/24 contracts are therefore prorated for the remaining 11 months of the fiscal year; contracts will be extended annually for up to four additional periods, adjusted for projected revenues. The County Administrator's Office received one proposal from Center for Human Development and one proposal from The Congress of Neutrals.

The following is a brief description of each program:

BACKGROUND: (CONT'D)

Center for Human Development - \$49,321:

Guardianship Mediation will continue to offer mediation services with a panel of two mediators to clients referred by the Courts for resolution of child custody and visitation issues in Guardianship Matters. Mediations will be held in the A.F. Bray Courthouse in Martinez. Services include referral, telephone conciliation, and mediation.

General Dispute Resolution – Community Mediation will provide mediation and conciliation to landlords and tenants, consumers and merchants, neighbors, public agencies, citizen groups, families, animal disputes, family transition, and organizations. Specialty services include group facilitation, mediator training, real estate mediation, conflict resolution skills training for agencies, and business mediation and consultation.

The Congress of Neutrals - \$98,642:

Small Claims/Civil Harassment/Unlawful Detainer Mediation for all branches of the Superior Court; to improve court efficiency; assist court staff and reduce court caseload. Introduce disputants to the principles of conciliation and negotiated settlement; mediations will be done at the court, prior to the court hearing and/or on the day of the court hearing. The Congress will recruit and train community volunteers, certified law students and attorneys as mediators. This project will continue the Superior Court's high quality of Alternative Dispute Resolution ("ADR") and conflict management programs.

Family Law Contempt for the Martinez Division of the Superior Court; to improve court efficiency, assist bench officers and court staff; to support the District Attorney, the Public Defender and other agencies of Contra Costa County involved with cases where failure to pay family support becomes a contempt proceeding against the payor in default. To provide mediation and facilitated negotiation; to reduce court caseloads; introduce disputants to the principles of conciliation and negotiated settlement; mediations to be done on the day of the court hearing; to recruit and train community volunteers, law students, attorneys as mediators; to serve all areas of Contra Costa County; and to continue Contra Costa County's high-quality ADR and conflict management programs.

CONSEQUENCE OF NEGATIVE ACTION:

The FY 2023/24 County Dispute Resolution Program will not be implemented resulting in a service reduction in several areas to the citizens of Contra Costa County.

CHILDREN'S IMPACT STATEMENT:

Several of the dispute resolution/mediation services target better outcomes for children, including Guardianship mediation.



Contra
Costa
County

To: Board of Supervisors
From: Thomas L. Geiger, County Counsel
Date: August 1, 2023

Subject: Conflict of Interest Code for the Contra Costa Mosquito & Vector Control District

RECOMMENDATION(S):

APPROVE amended list of designated positions for the Conflict of Interest Code for the Contra Costa Mosquito & Vector Control District ("District").

FISCAL IMPACT:

None.

BACKGROUND:

The District has amended the list of designated positions in its Conflict of Interest Code and submitted the revised list, attached as Exhibit A, to the Board for approval pursuant to Government Code sections 87306 and 87306.5.

The changes include the addition and deletion of positions designated to file conflict of interest statements. These changes will ensure that the Conflict of Interest Code accurately reflects the current positions and organizational structure in use by the District. A red-lined version of the list of designated positions is attached as Exhibit B.

CONSEQUENCE OF NEGATIVE ACTION:

None.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

, County Administrator and Clerk of the Board of Supervisors

Contact: Kurtis C. Keller, Deputy County Counsel, (925) 655-2200

By: , Deputy

cc: Monica Nino, Clerk of the Board of Supervisors, Kurtis C. Keller, Deputy County Counsel, Paula Macedo, DVM, Ph.D., General Manager, CC Mosquito & Vector Control District

ATTACHMENTS

Exhibit A - Conflict of Interest Code of the Contra Costa Mosquito & Vector Control District

Exhibit B - Conflict of Interest Code of the Contra Costa Mosquito & Vector Control District -
REDLINED

CONTRA COSTA MOSQUITO & VECTOR CONTROL DISTRICT

CONFLICT OF INTEREST CODE

EXHIBIT 'A'



Designated Positions

Required Disclosure Category

Member, Board of Trustees	1
General Manager	1
District Counsel	1
Operations Manager	1
Scientific Programs Manager	1
Human Resources & Administration Manager	1
Public Affairs Director	1
Program Supervisor	1
Financial Administrator	2

Disclosure Categories:

Category 1

- Investments in businesses doing business in Contra Costa County
- Business positions
- Sources of income, including gifts, loans and travel payments
- Interests in real property in Contra Costa County

Category 2

- All disclosures included in Category 1, except "Interests in real property in Contra Costa County"

CONTRA COSTA MOSQUITO AND VECTOR CONTROL DISTRICT
CONFLICT OF INTEREST CODE

EXHIBIT 'A'



Designated Positions

Required Disclosure Category

Member, Board of Trustees	1
General Manager	1
District Counsel	1
Administrative Services Manager	1
Operations Manager	1
Scientific Programs Manager	1
Human Resources & Administration Manager	1
Program Supervisor	1
Public Affairs Director	1
Financial Administrator	2
Human Resources & Risk Manager	2
Administrative Analyst II	2
Administrative Analyst I	2

Disclosure Categories:

Category 1

- Investments in businesses doing business in Contra Costa County
- Business positions
- Sources of income, including gifts, loans and travel payments
- Interests in real property in Contra Costa County

Category 2

- All disclosures included in Category 1, except "Interests in real property in Contra Costa County"



Contra
Costa
County

To: Board of Supervisors
From: INTERNAL OPERATIONS COMMITTEE
Date: August 1, 2023

Subject: RECOMMENDED UPDATES TO THE COUNTY'S SOCIAL MEDIA POLICY

RECOMMENDATION(S):

APPROVE updates to the County's social media policy and DIRECT the County Administrator to promulgate the updated policy as an Administrative Bulletin for reference by all employees

FISCAL IMPACT:

For awareness, the Office of Communications & Media currently has an annual agreement in place with Archive Social for records retention. Updates to the policy and the introduction of the supplemental guide will not cost departments any additional funding.

BACKGROUND:

Social Media Policy and Staff Training

On June 17, 2014, the Board of Supervisors approved a social media policy governing the use of various online engagement tools by County employees for business communication purposes. The County Administrator requested the Office of Communications and Media, with assistance from County Counsel, develop guidelines for use and training. Input and direction from the Internal Operations Committee in 2013 and 2014 shaped the contents of the umbrella policy. Due to staffing and resource limitations, the implementation of the policy was deferred to 2016. Unfortunately, the policy was never rolled out as an Administrative Bulletin and trainings were not provided on what is now Vector Solutions, per the Internal Operations Committee direction in 2016.

The Office of Communication and Media and public information officers countywide have extensively researched best practices in implementing government social media policies. Based on that research, staff has updated the 2014 social media policy (Attachment 2), developed a new supplemental guide for best practices (Attachment 3), and will create an intranet-based website that will provide County social media administrators with guidelines for use of the

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Kristi Jourdan 925-313-1180

By: , Deputy

cc: CAO (Enea), OCM Director

BACKGROUND: (CONT'D)

primary social media tools currently being utilized. The County holds more than 100 social media accounts on platforms such as Facebook, LinkedIn, Instagram, Twitter, NextDoor, Youtube and Flickr. As more tools emerge, they will be added to the guide.

Office of Communications and Media Director Kristi Jourdan presented to the Internal Operations Committee, on July 10, 2023, her recommendations for updating the County's social media policy and, also, plans to offer training to County staff (Attachment 1). The policy has been revised to add definitions; guidance on information and a process to post, usage during emergencies, records retention, safety and security; and a protocol for correcting mistakes or removing information. The updated policy also incorporates a social media comment policy that explains what the County will and will not tolerate on its pages.

The goal of the updated policy is to generate content, not to stifle content. The updated policy provides flexibility for the differing needs of County departments. With Board approval, staff intends to format and promulgate the updated social media policy/playbook as an Administrative Bulletin for reference by all employees. The Vector Solutions training modules and intranet site with guidelines for use and other resources are expected to be ready for use by December 1, 2023, allowing the policy to go into full effect before the end of the year.

The Internal Operations Committee has asked communications staff to work with County departments to emphasize digital hygiene (keeping devices well-organized and current in terms of software and security) and also to notify or "tag" the Supervisorial District Offices about posted social media content that pertains to a specific supervisorial district.

ATTACHMENTS

Attachment 1: Powerpoint_IOC Social Media Policy

Attachment 2: Draft Updated Social Media Policy/Playbook

Attachment 3: draft Social Media Playbook Powerpoint

Internal Operations Committee – Social Media Policy & Best Practices

Office of Communications & Media
July 11, 2023





Consistency

1. Coordinate a common set of procedures for departmental use of social media
 - a. Guidance on information to post
 - b. Usage during emergencies
 - c. Records retention





Background & Timeline

1. June 2014 – Board of Supervisors approves County’s first social media policy
2. Due to staffing and resource limitations, implementation of the policy was deferred to 2016.
3. February 2023 -- Office of Communications & Media collaborates with Public Information Officers throughout the County to review and update
 - a. Staff turnover
 - b. Review to ensure aligns with ever-changing landscape of social media and to determine whether current messaging and strategy was effective



Proposed Changes

- Adding definitions
- Defining a process for posting
- Developing best practices for safety and security
- Offering clear guidance for:
 - Mistakes
 - Checking with County Counsel before removing offensive content and applying consistently
 - Branding
 - Page management
 - Comment policy
- New resource – supplemental guide of best practices



Recommendation

- Accept the proposed changes and format the policy as an Administrative Bulletin and make available to all employees.
- Instruct staff to create a training module and intranet site with guidelines for use and other resources by December 1, 2023, allowing this policy to go into full effect before the end of the year.

Questions



Contra Costa County
DRAFT – Social Media Policy Administrative Bulletin
4/14/23

Contents:

- I. Definitions
- II. Social Media Usage
 - a. Process for Posting Social Media
 - b. Information Posted on Social Media Sites
 - c. Use of Social Media During Countywide Emergency Events
- III. The Public Records Act & Retention of Posted Information
- IV. Employees' Personal Social Media Accounts

Social media is an important tool that can be used as part of a comprehensive communications strategy for providing time-sensitive information and increases the ability for the County to share its messages to the widest possible audience, including audiences that might not seek information through more established messaging channels like radio and television. Social media can help the County government build trust with the community, solve problems, and provide a better understanding of how County government improves the quality of life for Contra Costa County residents.

This policy establishes guidelines governing the use of social media by Contra Costa County departments and employees for informing the public about County programs and services.

I. Definitions

Blog: A self-published diary or commentary on a particular topic that may allow visitors to post responses, reactions, or comments.

Content: Any text, metadata, quick response (QR) codes, digital recordings, videos, graphics, photos, or links on approved sites.

Page: The specific portion of a social media website where content is displayed and managed by an individual or individuals with administrator rights.

Post: The act of publishing content on a site.

Profile: Information that a user provides about themselves on a social networking site.

Public Record: Includes any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics.

Social Media Comment Policy: An external facing social media policy used to set guidelines and protocols for public interaction with County content on social media accounts.

Social Media Representative: A County employee designated to establish and/or maintain a social media account on behalf of the County, departments, or divisions. Each representative must be designated by the department or division before they begin utilizing social media on the County's behalf.

Social Media: Internet-based technology communication tools with a focus on immediacy, interactivity, user participation and information sharing. These online technologies are operated by non-County

hosted services and are used by the Department. Examples include but are not limited to blogs, microblogs, wikis, social and professional networks, video or photo sharing, and social bookmarking.

- Examples include but are not limited to Facebook (social networking), YouTube (video sharing), Twitter (microblogging), Instagram (social networking), Pinterest (social networking) and LinkedIn (professional networking). Social media should be understood to include any web-based tool that allows for open communication on the internet, including but not limited to micro-blog sites (Twitter,) social networking sites (Facebook, LinkedIn, Nextdoor) video-sharing sites (YouTube,) and image-sharing sites (Instagram).

Terms of Service: The set of rules and regulations a provider attaches to a software service or web-delivered product.

II. Social Media Usage

A. PROCESS FOR POSTING SOCIAL MEDIA: When using social media, County departments shall do the following prior to posting content:

- 1) Have a business purpose in posting the media that clearly serves County objectives;
- 2) Review the Terms of Service for the site where the social media will be posted and, as appropriate, obtain approval from County Counsel and the department's CAO analyst before agreeing to the Terms of Service;
- 3) Check that content to be posted complies with County policies, including but not limited to technology use and personnel policies;
- 4) Ensure federal, state, and local laws are followed, including:
 - a) Copyright law: For example, posting a video, image (including individuals' names or likenesses), or music without receiving a license or authorization may violate copyright law;
 - b) Trademark law; and
 - c) Other third-party rights, including individuals' rights of privacy, are respected.
- 5) Direct any questions regarding legal issues, including compliance with trademark and copyright laws, to the Office of the County Counsel.
- 6) Publish using platform and tools approved by the Office of Communications and Media.
- 7) County departments must reset the social media password after a Social Media Representative is removed as a social media account administrator;
- 8) The Office of Communications and Media reserves the right to terminate any County social media site at any time.

B. INFORMATION POSTED ON SOCIAL MEDIA SITES

- 1) Social media should be used by County departments to communicate with the public, but not for other purposes.

Contra Costa County
DRAFT – Social Media Policy Administrative Bulletin
4/14/23

2) To help prevent errors and liability issues, social media postings should be made by a Social Media Representative for the department who has been authorized to do so by the Department Head. The Social Media Representative shall only post content reflecting the views of the County, not his or her personal views or concerns.

3) If a mistake occurs, the department should correct the mistake as soon as it is made aware of the error. If an earlier post is modified, it should be clear that the posting has been corrected. Consider designating corrections with “Fixed link” or “Fact correction” prior to the correction.

4) County departments must moderate sites that allow posts by outside users.

5) County departments may not post the following content and must remove any such content, regardless of whether posted by the County department or outside individuals:

- Electioneering for or against candidates or issues, unless such promotion or opposition is inherently related to discussion of an item posted by the County
- Information affiliated with political campaigns
- Confidential information
- Content that is unrelated to the post or work done by the County
- Threats against any person or organization
- Highly repetitive posts that amount to harassment
- Obscenity, profanity, and vulgar language
- Promotion of discrimination
- Indication or encouragement of illegal activity
- Advocacy of violence
- Spam or links to unrelated sites
- Promotions of services, products or political candidates or organizations
- Infringement of copyrights, trademarks, or other intellectual property
- Information that may compromise the safety, security, or proceedings of public systems or any criminal or civil investigations
- Personal or sensitive information (social security numbers, credit card numbers, medical information, account numbers, banking information, phone numbers, email addresses, postal addresses, and similar materials).

For questions about whether a posting falls within one of the above categories or whether a posting containing content not appearing on the list should be removed, the County department should contact the Office of County Counsel prior to taking action to remove the post.

- 6) County departments should direct users back to the County’s website when appropriate and possible for further information;
- 7) County departments must use branding, such as logo use, on social media postings;
- 8) County departments should include the Social Media Comment Policy (see Appendix A), indicating the discussion is moderated and inappropriate content will be removed, if the profile settings can accommodate it. If the profile settings cannot accommodate the Social Media Comment Policy, the social media site should include a link to the policy. This Social Media Comment Policy must be included, or a link provided to the policy, on all social media sites.
- 9) Direct or indirect communications between members of a legislative body, such as members of the Board of Supervisors, commissions and/or boards, should be strictly avoided to prevent potential violations of the Brown Act or the Better Government Ordinance. Among other precautions, members of legislative bodies should not respond to, “like,” “share,” resend or otherwise express opinions about any issue within the subject matter jurisdiction of the body.

C. Use of Social Media During Countywide Emergency Events

- 1) In the event of an emergency, County departments should coordinate all social media content with the Office of Communications and Media, unless otherwise directed by the County Administrator.
- 2) To ensure that messages are consistent across the various accounts and platforms managed by the County, with permission of the CAO, County Public Information Officer (PIO) or designee, will take the lead in delivering County emergency information via social media and keep the CAO and the Office of Communications and Media informed.
- 3) Depending upon the incident, communication managers may be asked to point to specific departmental social media sites that will serve as the main source of information.

III. The Public Records Act & Retention of Posted Information

- 1) Information posted on County social media sites is subject to the California Public Records Act. Any content that is related to the County’s business, including a list of subscribers and posted communications, may be a public record subject to public disclosure.
- 2) County departments should retain subscriber information and comments posted by outside users on County sites, including those removed by staff, for the period required by law and in accordance with department policy. In addition, when prohibited content is removed the records must include the name of the staff member who removed the content, and the date, time, and reason the content was removed.

IV. Employees’ Personal Social Media Accounts: The line between personal and professional, public, and private can be easily blurred in social media. The following guidelines, in addition to those in the County’s Administrative Bulletins, must be followed when using a personal social media account:

- 1) Personal social media accounts cannot be used for page management of County, department, or division profiles. Additionally, staff should not use their personal social media accounts to speak on behalf of the County or to present themselves as County representatives
- 2) Employees with personal social media accounts are prohibited from posting confidential information obtained from the County, such as personnel data, medical information, and attorney-client privileged information.
- 3) When commenting on County business, employees, supervisors, or policies on a personal account, employees should take care to make it clear that their personal opinions are their own and do not represent the official policy position of the County.

APPENDIX A

Contra Costa County’s Social Media Comment Policy:

Social media is an important tool that can be used as a channel for disseminating time-sensitive information and as a communications tool which increases the ability of the County to broadcast its messages to the widest possible audience and include new audiences that don’t rely on traditional media channels.

Social media can help us build our community, improve knowledge, solve problems, and provide a better understanding of how our work impacts the quality of life for residents. This policy governs all sites and websites of Contra Costa County. Public comments expressed on our social media channels do not reflect the opinions of the County, nor do we approve the content of any public postings or commentary on our social media channels. You, as the poster, are responsible for the content of your messages. Our social media channels are limited to discussion of matters related to the County and its mission. We welcome all comments, questions, and concerns about these topics that foster discussion and communication.

To further this goal, the County reserves the right to delete, hide comments, without notice, that contain:

- Electioneering for or against candidates or issues, unless such promotion or opposition is inherently related to discussion of an item posted by the County
- Information affiliated with political campaigns
- Confidential information
- Content that is unrelated to the post or work done by the County
- Threats against any person or organization

Contra Costa County
DRAFT – Social Media Policy Administrative Bulletin
4/14/23

- Highly repetitive posts that amount to harassment
- Obscenity, profanity, and vulgar language
- Promotion of discrimination
- Indication or encouragement of illegal activity
- Advocacy of violence
- Spam or links to unrelated sites
- Promotions of services, products or political candidates or organizations
- Infringement of copyrights, trademarks, or other intellectual property
- Information that may compromise the safety, security, or proceedings of public systems or any criminal or civil investigations
- Personal or sensitive information (social security numbers, credit card numbers, medical information, account numbers, banking information, phone numbers, email addresses, postal addresses, and similar materials).

Continued or egregious postings of this sort may prompt the County to further restrict your commenting on official County social media platforms. The County's use of external social media is provided as a public service.

By commenting, you are subject to the Terms of Service of the host site. Posting comments to this site will grant the County and anyone reading this site permission to copy, distribute, make derivatives, display, or perform the commenter's work.

The comments posted on this site do not reflect the views of Contra Costa County or its elected officials and employees. Reference in any comment to a viewpoint, product, service, entity, or organization is solely attributable to the individual commenter. Comments may not be reproduced for the purpose of stating or implying County endorsement or approval of any viewpoint, product, service, entity, or organization. Inappropriate comments may remain posted for a significant amount of time prior to being noticed and deleted by an administrator; however, this should not be construed as an approval of the comment or an exception to the comment policy.

Comments made through the County's online locations will in no way constitute a legal or official notice or comment to the County or any County official or employee for any purpose. Additionally, emails or messages sent via this site may not be viewed or responded to. Communications with County elected officials, officers and employees should be made through correspondence to their physical addresses or County email addresses.

This policy is subject to amendment or modification at any time to ensure that use of this site is consistent with its purpose as a limited forum.

Social Media Playbook

Office of Communications & Media Supplemental Guide to the Contra Costa County Social Media Policy

April 2023





Contents

1. Introduction

- a. Using the Playbook – Who and Why?
- b. When does social media work best?

2. Participation Guide

- a. For employees and authorized users

3. Networks & Standards

- a. Approved networks
- b. Usage standards
- c. Accessibility guidelines
- d. Records Management

4. Public Interaction

5. Resources





Introduction

1. Why use this playbook?

- a. Engage and interact effectively by:
 - i. Leveraging best social media practices
 - ii. Linking online engagement targeted objectives to specific goals
 - iii. Accessing supplemental applications to quantify, monitor, and expand efforts toward reaching goals

2. Who should use this playbook?

- a. Administrators/users who are new to social media engagement
- b. Employees designated by a department or division to establish and/or maintain a social media account on the County's behalf
- c. Administrators/users who are already engaged in social media and want to elevate their participation



Participation Guide

1. Add value to your department
 - a. Further department mission
 - b. Strengthen sense of community
 - c. Increase transparency – encourage civic engagement
 - d. Solve a problem
 - e. Enhance public knowledge of services

2. Consider your content
 - a. Informal vs. official government communications
 - b. Proper grammar, minimize jargon and acronyms
 - c. Verify the facts before publishing



Participation Guide

3. Provide proper representation

- a. Only speak on behalf of the department when your commentary is based on written standards, policies and practices or you have received prior permission
- b. Identify yourself as a representative, when necessary

4. Share links and sources

- a. Direct users back to the primary source (website) for in-depth information, forms and documents/services designed to facilitate business within the department
- b. When you reference a law, regulation, policy, provide a link or at minimum the citation
- c. Whether citing a source with a link in a post, retweeting or giving a “shoutout,” credit and thank the original creator



Participation Guide

5. Protect confidential information

- a. Ask permission from a supervisor to publish or report on conversations that occur within your department
- b. Never post information about policies or plans that haven't been finalized unless you receive permission from a supervisor
- c. Do not identify a partner or supplier by name or provide information that might be proprietary in nature without their knowledge and/or permission

6. Respect your audience and coworkers

- a. Respect the privacy of others and carefully consider the discussion of any topics that might be objectionable or inflammatory
- b. Do not use your department's social media presence to communicate among fellow employees



Participation Guide

7. Respond to your mistakes

- a. Correct errors or inaccurate information as soon as possible, in accordance with the Administrative Bulletin
- b. Once you post, it stays posted
- c. Spelling and grammar fixes OK to change – anything beyond that, make it clear you're correcting and apologize for the error
 - i. Strike through the error and correct or create a new post and link to it from the original

8. Exercise discipline

- a. Online activities should not interfere with your job or responsibility to the public and your coworkers

9. Handle inquiries and negative comments promptly

- a. Do not remove comments without approval from County Counsel
- b. Seek advice from the Office of Communications and Media and/or supervisor



Networks and Standards

Technology: Definition	Network	Opportunity/Potential in Gov't
<p>Social Networking Sites: Users can add friends, send messages and build their own profile.</p>	<p>Facebook*</p>	<p>Build/join communities. Potential of viral message spread and friend to friend content sharing. Recruitment. Event announcements.</p>
<p>Social Networking Sites (Business Professionals): Users can find others in similar professions, send messages and build their own profile.</p>	<p>LinkedIn^</p>	<p>Recruitment. Encouraging employees to maintain complete profiles may strengthen an organization's reputation.</p>
<p>Microblogging: Form of blogging which allows brief (e.g., 140 characters) text updates.</p>	<p>Twitter*</p>	<p>Broadcast messages: emergencies, news, announcements, real time reporting, recruiting. The media follows Twitter feeds of newsmakers.</p>
<p>Blogs: Journal or diary with social collaboration (comments)</p>		<p>Government information to new audiences. Puts human face on government using informal tone. Opens public conversations. Surface issues and solve them.</p>
<p>Video, Image & Multimedia Sharing: Community members can share and comment on media stored in video and image libraries.</p>	<p>YouTube* Instagram ^</p>	<p>Public outreach, education, training, other communication for "connected" and on-line audiences. How To videos, visuals & audios to improve service and achieve mission.</p>

*= preferred social media application in its technology category

^= Pre-approved for use by department



Usage Standards

Follow these standards for consistency – we will update as needed:

1. Display being the “official account”
2. Display official county/departments logo or program graphic
3. Link to an official county website
4. Display an official department email account
5. Review site activity daily for misuse
6. No profile information such as gender, age, religion, political views, relationship status, job/career, interests, etc.



Usage Standards: Facebook



Trained on advanced topics such as appropriate set-up, insights, monitoring, likes, etc.

Standard Item Standard Setting

Type of Page	Set-up as "Pages" which do not allow "Friends" to be added but only "Likes"
Information	Display Department mission or program overview that informs the topic and intent of the site
Apps	Only use Facebook provided, or County authorized, applications

FB Facts & Stats

- ✓ Founded in 2004
- ✓ 2.9 billion active users worldwide

Resources:

- [Download the Facebook Government Guide](#)
- www.facebook.com/FacebookPages



Usage Standards: Facebook



1. Basics

- Likes are better than views
- Comments are better than likes
- Shares

2. Pictures

- Landscapes
- Faces

3. Posts

- Simple
- Value
- Plan





Usage Standards: Twitter

Trained on advanced topics such as appropriate set-up, monitoring, buttons, follows, hashtags, etc.

Standard Item Standard Setting

Type of Page	Relevant, timely and informative with the intention of assisting the department to fulfill its mission.
Information	Use discretion on whom to follow. As a general rule, only follow entities that contribute to Contra Costa County's business value.
Apps	Setup to receive an email when direct texts are sent to the Twitter account and where information can be retained.

Facts & Stats

- ✓ Launched in 2006
- ✓ 1.3 billion accounts created
- ✓ 500 million tweets sent/day
- ✓ 330 million monthly active users

Resource:

- Visit Hootsuite– [Twitter Marketing](#)



Usage Standards: Twitter

Con Fire PIO @ContraCo... · 12/15/20 ...
 Ridgeview Ct, Pleasant Hill fire has been knocked down and searches completed. No injuries reported to firefighters or civilians. Crews now mopping up. Please continue to avoid the immediate area.
[#ridgeviewic](#)

Contra Costa Health Services · 2h ...
 Did you know that our website now has frequently asked questions about COVID-19 vaccines? Read them here:
bit.ly/2CfkbH3

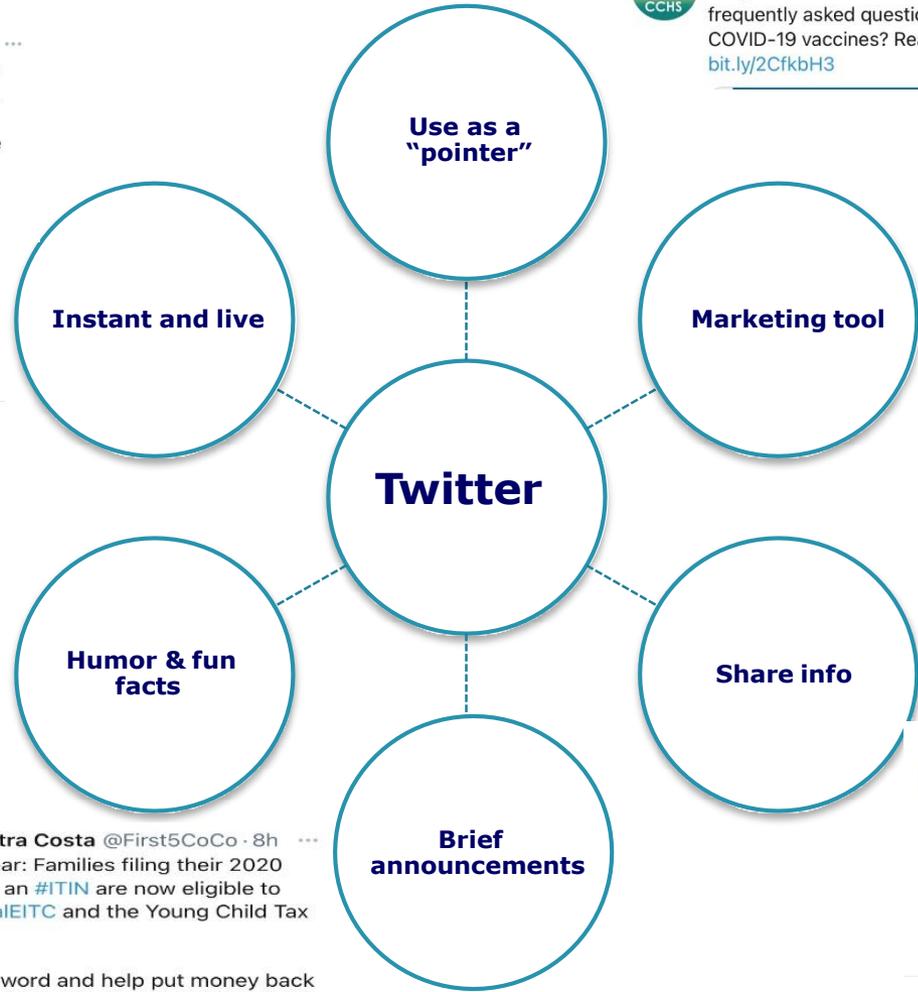
Contra Costa Animal Services @... · 1d ...
 Danica is a 2-year-old kitty with the softest fur and the cutest white tuft on the tip of her tail. She loves pets and loves to meet new people. For more pics and to inquire about adopting this sweet girl check out her pet profile here:
petharbor.com/pet.asp?uaid=C...

Contra Costa Elections @cocoelections ...
 Voting in the time of COVID: A brief retrospective on the November 3 election. [#cocovote](#)



First 5 Contra Costa @First5CoCo · 8h ...
 New this year: Families filing their 2020 taxes using an [#ITIN](#) are now eligible to receive [#CalEITC](#) and the Young Child Tax Credit.

Spread the word and help put money back into the pockets of CA families! For more, visit: buff.ly/35XD9hn



Contra Costa Elections @coc... · 3h ...
[#tbt](#) Shoutout to our awesome colleagues in [@MercedCountyROV](#) and [@YoloCoACE](#) for taking home [@EACgov](#) Clearie awards last year! 🏆👏
eac.gov/election-offic...



Usage Standards: NextDoor

Trained on advanced topics such as appropriate set-up, monitoring, etc.

Standard Item Standard Setting

Type of Page

Relevant, timely and informative with the intention of assisting the county to fulfill its mission.

Information

Use discretion on whom to follow. As a general rule, only follow entities that contribute to Contra Costa County's business value.

Apps

Setup to receive an email when direct texts are sent to the NextDoor account and where information can be retained.

Facts & Stats

- ✓ Launched in 2008
- ✓ 69 million members across 290,000 active neighborhoods across 11 countries

Resource:

- Visit Hootsuite– [How-To Guide](#)



Accessibility Guidelines

Increase the accessibility of your social media efforts in the following ways:

1. Provide captions for your videos
2. Title your photographs descriptively and usefully
3. Avoid acronyms
4. Make all information provided on social media accessible in formats elsewhere (website)



Records Management & Resources

1. California Public Records Act requires government agencies preserve public records regardless of physical form
 - a. Follow your department's records retention policy and ask County Counsel if you have questions.



Public Interaction – What to Monitor

- Electioneering for or against candidates or issues, unless such promotion or opposition is inherently related to discussion of an item posted by the County
- Information affiliated with political campaigns
- Confidential information
- Content that is unrelated to the post or work done by the County
- Threats against any person or organization
- Highly repetitive posts that amount to harassment
- Obscenity, profanity, and vulgar language
- Promotion of discrimination
 - Indication or encouragement of illegal activity
- Advocacy of violence
- Spam or links to unrelated sites
- Promotions of services, products or political candidates or organizations
- Infringement of copyrights, trademarks, or other intellectual property
 - Information that may compromise the safety, security, or proceedings of public systems or any criminal or civil investigations
- Personal or sensitive information (social security numbers, credit card numbers, medical information, account numbers, banking information, phone numbers, email addresses, postal addresses, and similar materials).



Network Attack Protocol

If you suspect security of an account has been compromised

- a. Change login and password information immediately
- b. Work with Office of Communications and Media to develop communication strategy/response
- c. Acknowledge social media breach to followers
- d. Look for signs of damage, make necessary corrections
- e. Contact your supervisor and report to the social media company



Social Media Matrix

Office of Communications and Media working to build a foundational matrix of Countywide social media presence

a. PIOs to verify accuracy once audit is complete

								
Who uses?	7 in 10 US adults use, teens use less and more passively.	Most popular among tech, marketing, entertainment and politically focused people.	Millennials though developing mainstream audience since FB acquisition.	Everyone though especially popular with millennial generation.	Professional from all industry.	Teens & millennials. Growing among adults.	18-24-year-olds and 13-17-year-olds.	Adults in specific communities.
Content	Strong visuals and videos, live content, Groups, Business pages.	280-character limit, text based, image and video content, GIFs, Live.	Strong visuals (image and video/Reels) w/artistic aesthetic, live and ephemeral.	How to videos, vlogs, education, science, non-profit. Live.	Thought leadership, professional link sharing, image sharing. Research.	Fun, ephemeral, behind the scenes, geofilters.	Funny videos, challenges, games.	Neighborhood hub for exchange of information, goods and services.



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: CSA EM-1 Final Report (Measure H) - FY 2023-24

RECOMMENDATION(S):

ADOPT Resolution No. 2023/512 confirming the Final Report for CSA EM-1 (Emergency Medical Services) and setting assessments to be collected with the FY 2023-24 property taxes.

FISCAL IMPACT:

Proposed FY 2023-24 assessments for CSA EM-1 total \$4,859,878.66. There is no General Fund impact.

BACKGROUND:

On June 13, 2023, the Board held a public hearing on the Tentative Report for CSA EM-1 and adopted Resolution No. 2023/512 declaring the Board's intent to levy assessments set forth in that report. Pursuant to Ordinance Code Section 1012-2.612, the attached Final Report for CSA EM-1 updates the Tentative Report based solely upon changes in ownership, changes of address, subdivision of existing parcels, and changes in the class of use of parcels.

Revenues from the CSA EM-1 assessments are used to provide an enhanced countywide emergency medical service system as approved by the voters with the passage of Measure H in November 1988. Enhanced EMS services include (1) increased paramedic coverage; (2) added emergency medical training and equipment for firefighters; and (3) an improved EMS communications system.

The basic assessment rate proposed for Zone B, comprising all the area of Contra Costa County except for San Ramon Valley, is \$10.00 per single-family residence or benefit unit. The rate proposed for Zone A (San Ramon Valley), which does not include paramedic subsidy, is \$3.94. These rates are unchanged from the prior year.

CONSEQUENCE OF NEGATIVE ACTION:

Failure to set the CSA EM-1 assessment rate prior to August 10, 2023 may result in the EM-1 assessments not being included in the property tax bills.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Marshall Bennett, 925-608-5454

By: , Deputy

cc:

ATTACHMENTS

Resolution 2023/512

Final Report FY 23-24

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

Adopted this Resolution on 08/01/2023 by the following vote:

AYE:

NO:

ABSENT:

ABSTAIN:

RECUSE:



Resolution No. 2023/512

IN THE MATTER OF: Confirmation of Final Report for County Service Area EM-1 (Emergency Medical Services) Fiscal Year 2023-24 and Approval of Assessments.

WHEREAS County Service Area EM-1 has been established to provide enhanced emergency medical services as miscellaneous extended services pursuant to the County Service Area Law (Government Code Sections 25210.1 and following).

WHEREAS, the Board, on June 13, 2023, held a public hearing and thereafter adopted Tentative Report for CSA EM-1, Fiscal Year 2023-24 has been filed with the Clerk of the Board pursuant to Ordinance Code Section 1012-2.602.

WHEREAS the Tentative Report sets forth proposed assessments for Zone A and Zone B, which have been established within CSA EM-1 to receive specified miscellaneous services.

WHEREAS notice of a Board hearing on the Tentative Report was published pursuant to Government Code Section 6066; and

WHEREAS, at the public hearing, the Board afforded to every interested person an opportunity to protest or object to the Tentative Report, either in writing or orally, and the Board has considered each protest and objection.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors hereby confirms the Tentative Report for CSA EM-1, Fiscal Year 2023-24, and the assessments identified therein for Fiscal Year 2023-24.

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

ATTESTED: August 1, 2023

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

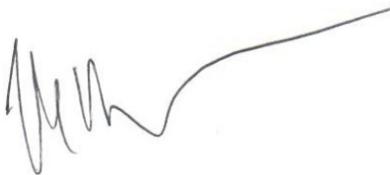
Contact: Marshall Bennett, 925-608-5454

By: , Deputy

cc:

August 1, 2023

The attached Final Report for County Service Area EM-1 (Zones A and B) for Fiscal Year 2023-24 is hereby filed pursuant to Ordinance Code Section 1012-2.602.

A handwritten signature in black ink, appearing to read 'Marshall Bennett', written over a horizontal line.

Marshall Bennett
Emergency Medical Services Director

**CONTRA COSTA HEALTH SERVICES
Emergency Medical Services Agency**

County Service Area EM-1 (Zones A and B)

Final Report

Fiscal Year 2023-24

County Service Area EM-1 has been established to provide enhanced emergency medical services as a miscellaneous extended service within two designated zones:

Zone A: Those parcels located within the territory of the San Ramon Valley Fire Protection District.

Zone B: Those parcels located within Contra Costa County, but not within Zone A, above.

ASSESSMENTS will be levied on each parcel based upon a formula using the following factors:

BENEFIT UNIT: A number of BENEFIT UNITS has been assigned to each parcel based upon the Assessor's Use Code classification. For example, a single-family residence (Use Code 11) is assigned one BENEFIT UNIT. Parcels with other Use Code classifications are assigned a number of BENEFIT UNITS based upon the relative benefit from the miscellaneous extended services provided under CSA EM-1. Exhibit A is a Table of BENEFIT UNITS showing the number of BENEFIT UNITS assigned parcels for each Use Code classification.

RATE: The RATE is the dollar amount of the ASSESSMENT levied per BENEFIT UNIT. Separate RATES have been established for each zone based upon the miscellaneous extended services to be provided within that zone.

The formula for calculating the ASSESSMENT on each parcel is as follows:

ASSESSMENT = BENEFIT UNITS x RATE

Zone A

The RATE that has been established for Zone A is:

\$3.94 per BENEFIT UNIT

Exhibit B is the "Zone A - Table of Assessments," showing the ASSESSMENT established for each parcel according to its USE CODE. A description of each parcel and the USE CODE number assigned thereto is contained in Exhibit C.

The total ASSESSMENTS for Zone A are \$238,523.66 based upon 51,995 ASSESSED PARCELS.

Zone B

The RATE that has been established for Zone B is:

\$10.00 per BENEFIT UNIT

Exhibit D is the "Zone B - Table of Assessments," showing the ASSESSMENT established for each parcel according to its USE CODE. A description of each parcel and the USE CODE number of assigned thereto is contained in Exhibit E.

The total ASSESSMENTS for Zone B are \$4,621,355.00 based upon 301,628 ASSESSED PARCELS.

**COUNTY SERVICE AREA EM-1
(ZONES A AND B)**

Table of Benefit Units

Benefit Units	Use Code	Description
RESIDENTIAL:		
0.0	10	Vacant, unbuildable
1.0	11	Single family, 1 residential on 1 Site and Duets w/o minor common areas
1.0	12	Single family, 1 residential on 2 or more sites
2.0	13	Single family, 2 or more residential on 1 or more sites
1.0	14	Single family on other than single family land
0.0	15	Miscellaneous improvements, 1 or more site, incl. trees and vines
0.0	16	Single family attached residence, townhouse, duets
0.0	17	Vacant, 1 site (includes PUD sites)
0.5	18	Vacant, 2 or more sites
1.0	19	Single family detached res. with major common area (pool, tennis, clubhouse, or other amenities), Cluster Homes
MULTIPLE:		
0.5	20	Vacant
2.0	21	Duplex
3.0	22	Triplex
4.0	23	Fourplex
3.0	24	Combinations, e.g. single and a double
5.0	25	Apartments, 5-12 units, inclusive
13.0	26	Apartments, 13-24 units, inclusive
25.0	27	Apartments, 25-59 units, inclusive
60.0	28	Apartments, 60 units or more
1.0	29	Condos, cooperatives (-1 Single Family) (-2 Rossmoor)
COMMERCIAL:		
0.5	30	Vacant
3.0	31	Commercial stores (not supermarkets)
3.0	32	Small grocery stores (7-11, mom and pop, quick stop)
3.0	33	Office buildings
10.0	34	Medical, dental
3.0	35	Service stations; car washes; bulk plants; mini lube
3.0	36	Auto repair
3.0	37	Community facilities; recreational; swim pool association
3.0	38	Golf courses
3.0	39	Bowling alleys

**COUNTY SERVICE AREA EM-1
(ZONES A AND B)**

**Table of Benefit Units
(Continued)**

Benefit Units	Use Code	Description
COMMERCIAL		
3.0	40	Boat Harbors
3.0	41	Supermarkets (not in shopping centers)
15.0	42	Shopping centers (all parcels include vacant for future shopping center)
3.0	43	Financial buildings (insurance and title companies, banks, savings and loans)
20.0	44	Motels, hotels, and mobile home parks
3.0	45	Theaters
3.0	46	Drive-in restaurants (hamburgers, taco, etc.)
3.0	47	Restaurants (not drive-in; inside service only)
3.0	48	Multiple and commercial; miscellaneous improved
3.0	49	New car auto agencies
INDUSTRIAL:		
0.5	50	Vacant Land
20.0	51	Industrial Park (with structures)
3.0	52	Research and Development, with or without structures
20.0	53	Light industrial
500.0	54	Heavy industrial
3.0	55	Mini-warehouse (public storage)
3.0	56	Miscellaneous improvements, including trees & vines on light or heavy industrial
0.0	57	(unassigned)
0.0	58	(unassigned)
0.0	59	Pipeline rights-of-way
LAND:		
0.0	60	(unassigned)
1.0	61	Rural, residential improved; 1 to 10 acres
1.0	62	Rural, with or without miscellaneous structures, 1 to 10 acres
1.0	63	Urban acreage, 10 to 40 acres
2.0	64	Urban acreage, more than 40 acres
1.0	65	Orchards, vineyards, row crops, irrigated pastures, 10 to 40 acres
2.0	66	Orchards, vineyards, row crops, irrigated pastures over 40 acres
1.0	67	Dry farming, grazing and pasturing, 10 to 40 acres
2.0	68	Dry farming, grazing and pasturing, over 40 acres
1.0	69	Agricultural preserves

**COUNTY SERVICE AREA EM-1
(ZONES A AND B)**

**Table of Benefit Units
(Continued)**

Benefit Units	Use Code	Description
INSTITUTIONAL:		
50.0	70	Convalescent hospitals and rest homes
0.0	71	Churches
1.0	72	Schools & colleges, public or private, with or without improvements
100.0	73	Hospitals, with or without improvements
1.0	74	Cemeteries, mortuaries
1.0	75	Fraternal and service organizations, group homes, shelters
25.0	76	Retirement housing complex
0.0	77	Cultural uses (libraries, museums)
3.0	78	Parks and playgrounds
0.0	79	Government- owned, with or without buildings (federal, state, city, BART)
MISCELLANEOUS:		
0.0	80	Mineral rights (productive/nonproductive)
0.0	81	Private roads
3.0	82	Pipelines and canals
0.0	83	State board assessed parcels
1.0	84	Utilities, with or without buildings (not assessed by SBE)
1.0	85	Public and private parking
1.0	86	Taxable municipally- owned property
0.0	87	Common area parcels in PUD's (open spaces, recreational facilities)
0.0	88	Mobile home
0.0	89	Other, split parcels in different Tax Code Areas
1.0	99	Awaiting assignment

COUNTY SERVICE AREA EM-1

Zone A - Table of Assessments

Use Code	Benefit Units	Zone A Rate	Assessment
10	0.0	\$3.94	\$0.00
11	1.0	\$3.94	\$3.94
12	1.0	\$3.94	\$3.94
13	2.0	\$3.94	\$7.88
14	1.0	\$3.94	\$3.94
15	0.0	\$3.94	\$0.00
16	0.0	\$3.94	\$0.00
17	0.0	\$3.94	\$0.00
18	0.5	\$3.94	\$1.97
19	1.0	\$3.94	\$3.94
20	0.5	\$3.94	\$1.97
21	2.0	\$3.94	\$7.88
22	3.0	\$3.94	\$11.82
23	4.0	\$3.94	\$15.76
24	3.0	\$3.94	\$11.82
25	5.0	\$3.94	\$19.70
26	13.0	\$3.94	\$51.22
27	25.0	\$3.94	\$98.50
28	60.0	\$3.94	\$236.40
29	1.0	\$3.94	\$3.94
30	0.5	\$3.94	\$1.97
31	3.0	\$3.94	\$11.82
32	3.0	\$3.94	\$11.82
33	3.0	\$3.94	\$11.82
34	10.0	\$3.94	\$39.40
35	3.0	\$3.94	\$11.82
36	3.0	\$3.94	\$11.82
37	3.0	\$3.94	\$11.82
38	3.0	\$3.94	\$11.82
39	3.0	\$3.94	\$11.82
40	3.0	\$3.94	\$11.82
41	3.0	\$3.94	\$11.82
42	5.0	\$3.94	\$59.10

COUNTY SERVICE AREA EM-1

Zone A - Table of Assessments
(continued)

Use Code	Benefit Units	Zone A Rate	Assessment
43	3.0	\$3.94	\$11.82
44	0.0	\$3.94	\$78.80
45	3.0	\$3.94	\$11.82
46	3.0	\$3.94	\$11.82
47	3.0	\$3.94	\$11.82
48	3.0	\$3.94	\$11.82
49	3.0	\$3.94	\$11.82
50	0.5	\$3.94	\$1.97
51	0.0	\$3.94	\$78.80
52	3.0	\$3.94	\$11.82
53	0.0	\$3.94	\$78.80
54	500.0	\$3.94	\$1,970.00
55	3.0	\$3.94	\$11.82
56	3.0	\$3.94	\$11.82
57	0.0	\$3.94	\$0.00
58	0.0	\$3.94	\$0.00
59	0.0	\$3.94	\$0.00
60	0.0	\$3.94	\$0.00
61	1.0	\$3.94	\$3.94
62	1.0	\$3.94	\$3.94
63	1.0	\$3.94	\$3.94
64	2.0	\$3.94	\$7.88
65	1.0	\$3.94	\$3.94
66	2.0	\$3.94	\$7.88
67	1.0	\$3.94	\$3.94
68	2.0	\$3.94	\$7.88
69	1.0	\$3.94	\$3.94
70	50.0	\$3.94	\$197.00
71	0.0	\$3.94	\$0.00
72	1.0	\$3.94	\$3.94
73	100.0	\$3.94	\$394.00
74	1.0	\$3.94	\$3.94
75	1.0	\$3.94	\$3.94

COUNTY SERVICE AREA EM-1

Zone A - Table of Assessments
(continued)

Use Code	Benefit Units	Zone A Rate	Assessment
76	25.0	\$3.94	\$98.50
77	0.0	\$3.94	\$0.00
78	3.0	\$3.94	\$11.82
79	0.0	\$3.94	\$0.00
80	0.0	\$3.94	\$0.00
81	0.0	\$3.94	\$0.00
82	3.0	\$3.94	\$11.82
83	0.0	\$3.94	\$0.00
84	1.0	\$3.94	\$3.94
85	1.0	\$3.94	\$3.94
86	1.0	\$3.94	\$3.94
87	0.0	\$3.94	\$0.00
88	0.0	\$3.94	\$0.00
89	0.0	\$3.94	\$0.00
99	1.0	\$3.94	\$3.94

COUNTY SERVICE AREA EM-1

Zone A - Parcel Descriptions, Use Codes, and Benefit Units

On file at:

Emergency Medical Services Agency
777 Arnold Drive, Suite 110, Martinez, CA 94553

COUNTY SERVICE AREA EM-1

Zone B - Table of Assessments

Use Code	Benefit Units	Zone B Rate	Assessment
10	0.0	\$10.00	\$0.00
11	1.0	\$10.00	\$10.00
12	1.0	\$10.00	\$10.00
13	2.0	\$10.00	\$20.00
14	1.0	\$10.00	\$10.00
15	0.0	\$10.00	\$0.00
16	0.0	\$10.00	\$0.00
17	0.0	\$10.00	\$0.00
18	0.5	\$10.00	\$5.00
19	1.0	\$10.00	\$10.00
20	0.5	\$10.00	\$5.00
21	2.0	\$10.00	\$20.00
22	3.0	\$10.00	\$30.00
23	4.0	\$10.00	\$40.00
24	3.0	\$10.00	\$30.00
25	5.0	\$10.00	\$50.00
26	13.0	\$10.00	\$130.00
27	25.0	\$10.00	\$250.00
28	60.0	\$10.00	\$600.00
29	1.0	\$10.00	\$10.00
30	0.5	\$10.00	\$5.00
31	3.0	\$10.00	\$30.00
32	3.0	\$10.00	\$30.00
33	3.0	\$10.00	\$30.00
34	10.0	\$10.00	\$100.00
35	3.0	\$10.00	\$30.00
36	3.0	\$10.00	\$30.00
37	3.0	\$10.00	\$30.00
38	3.0	\$10.00	\$30.00
39	3.0	\$10.00	\$30.00
40	3.0	\$10.00	\$30.00
41	3.0	\$10.00	\$30.00
42	15.0	\$10.00	\$150.00
43	3.0	\$10.00	\$30.00

COUNTY SERVICE AREA EM-1

Zone B - Table of Assessments
(continued)

Use Code	Benefit Units	Zone B Rate	Assessment
44	20.0	\$10.00	\$200.00
45	3.0	\$10.00	\$30.00
46	3.0	\$10.00	\$30.00
47	3.0	\$10.00	\$30.00
48	3.0	\$10.00	\$30.00
49	3.0	\$10.00	\$30.00
50	0.5	\$10.00	\$5.00
51	20.0	\$10.00	\$200.00
52	3.0	\$10.00	\$30.00
53	20.0	\$10.00	\$200.00
54	500.0	\$10.00	\$5,000.00
55	3.0	\$10.00	\$30.00
56	3.0	\$10.00	\$30.00
57	0.0	\$10.00	\$0.00
58	0.0	\$10.00	\$0.00
59	0.0	\$10.00	\$0.00
60	0.0	\$10.00	\$0.00
61	1.0	\$10.00	\$10.00
62	1.0	\$10.00	\$10.00
63	1.0	\$10.00	\$10.00
64	2.0	\$10.00	\$20.00
65	1.0	\$10.00	\$10.00
66	2.0	\$10.00	\$20.00
67	1.0	\$10.00	\$10.00
68	2.0	\$10.00	\$20.00
69	1.0	\$10.00	\$10.00
70	50.0	\$10.00	\$500.00
71	0.0	\$10.00	\$0.00
72	1.0	\$10.00	\$10.00
73	100.0	\$10.00	\$1,000.00
74	1.0	\$10.00	\$10.00
75	1.0	\$10.00	\$10.00
76	25.0	\$10.00	\$250.00

COUNTY SERVICE AREA EM-1

Zone B - Table of Assessments
(continued)

Use Code	Benefit Units	Zone B Rate	Assessment
77	0.0	\$10.00	\$0.00
78	3.0	\$10.00	\$30.00
79	0.0	\$10.00	\$0.00
80	0.0	\$10.00	\$0.00
81	0.0	\$10.00	\$0.00
82	3.0	\$10.00	\$30.00
83	0.0	\$10.00	\$0.00
84	1.0	\$10.00	\$10.00
85	1.0	\$10.00	\$10.00
86	1.0	\$10.00	\$10.00
87	0.0	\$10.00	\$0.00
88	0.0	\$10.00	\$0.00
89	0.0	\$10.00	\$0.00
99	1.0	\$10.00	\$10.00

COUNTY SERVICE AREA EM-1

Zone B - Parcel Descriptions, Use Codes, and Benefit Units

On file at:

Emergency Medical Services Agency
777 Arnold Drive, Suite 110, Martinez, CA 94553



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payment for supplies provided by DiaSorin Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller or designee, to pay an amount not to exceed \$51,405 to DiaSorin Inc. for reagents and controls for the DiaSorin Liaison XL Analyzer, for the Clinical Laboratory at the Contra Costa Regional Medical Center (CCRMC) during the period of March 22, 2023 through March 30, 2023.

FISCAL IMPACT:

Approval of this action will result in a one-time expenditure in an amount not to exceed \$51,405 and will be funded entirely by Hospital Enterprise Fund I revenues.

BACKGROUND:

The CCRMC Clinical Laboratory uses the DiaSorin Liaison XL Analyzer for numerous specialty tests such as Measles, Mumps, Rubella, QuantiFERON TB testing, and the recent addition of VZV (chickenpox) testing performed routinely on patient samples within the Clinical Laboratory.

Public Health recently made the decision to stop their in-house VZV testing, which prompted CCRMC Clinical laboratory to bring all VZV testing in-house, with the goal of cost-reduction in mind. The projected numbers were to include Public Health’s patient load, any testing that was currently being sent out by the clinical laboratory and unknown projected influx of needed testing. The Clinical laboratory could not determine the exact quantities needed based on the new influx of the potential testing pools.

The laboratory needed the supplies quickly for the initial setup of the VZV testing panels for validation. DiaSorin validation and correlations required several reagents and products along with a large sample of patients to ensure the validity of the results being produced were accurate and reproducible. The laboratory is currently in process of establishing a purchase order with DiaSorin for their proprietary supplies to continue the VZV testing.

On July 27, 2021, the Board of Supervisors approved Contract #76-753 with DiaSorin Inc., for the purchase and service of the Liaison XL Analyzer. The purchase of the new machine allowed the laboratory to upgrade their systems and improve efficiency.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Karin Stryker, (925) 370-5141

By: , Deputy

cc:

BACKGROUND: (CONT'D)

In April 2023 when the supplies were ordered, the Clinical Laboratory became aware that the contract only covered the purchase of the analyzer and service, and did not include reagents and controls. A contract amendment was initiated, but it was ultimately deemed that a purchase order would be the appropriate pathway for purchasing. The Clinical Lab is in the process of establishing a purchase order to continue ordering these supplies for the Liaison XL Analyzer and staff have been reminded to verify contract language to determine that the proper payment instruments are established prior to purchase.

Staff have determined that the vendor is entitled to payment for the reasonable value of the products and services under the equitable relief theory of quantum meruit. The theory provides that where a vendor has been asked to provide products and services without a valid contract, and the vendor does so to the benefit of the County, the vendor is entitled to recover the reasonable value of those products and services. Since the department cannot pay DiaSorin Inc. for products and services rendered as they lack the necessary instrument to issue payment, this request is for the Board to authorize the Auditor--Controller to issue a one-time payment to the vendor in an amount not to exceed \$51,405.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, DiaSorin Inc. will not be paid for products and services rendered in good faith. This will jeopardize our ability to purchase their proprietary controls and reagents that are specific to the DiaSorin Analyzer purchased by the laboratory in 2021. Patient testing will be negatively affected and result in delays in patient results while incurring significant costs due to sending out testing to a reference laboratory.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Rescind Prior Board Action Pertaining to Contracted Services with God’s Grace Caring Home, Inc.

RECOMMENDATION(S):

RESCIND Board action of July 11, 2023, Item (C.109), which pertained to a contract with God’s Grace Caring Home, Inc.; and APPROVE and AUTHORIZE the Health Services Director, or designee, to execute Contract #24-681-2(41) with God’s Grace Caring Home, Inc., a corporation, in an amount not to exceed \$441,239, to provide augmented board and care services for the period from July 1, 2023 through June 30, 2024.

FISCAL IMPACT:

Approval of this contract will result in annual expenditures of up to \$441,239 and will be funded as budgeted by the department in FY 2023-24, 100% by Mental Health Realignment funds. (Rate increase)

BACKGROUND:

This contract meets the social needs of county’s population by providing augmented board and care services including, but not limited to room and board, and twenty-four (24) hour emergency residential care and supervision for mentally ill adults.

The Health Services Department has been contracting with God’s Grace Caring Home, Inc., since September 1, 1995, to provide augmented board and care services.

On May 24, 2022, the Board of Supervisors approved Contract #24-681-2(39) with God’s Grace Caring Home, Inc., in an amount not to exceed \$392,076, to provide augmented board and care services for the period from July 1, 2022 through June 30, 2023.

Due to an administrative oversight, an incorrect payment limit was submitted by the Behavioral Health Division. The correct payment limit should be in an amount not to exceed \$441,239 to provide augmented board and care services.

Approval this Board Order will rescind the previous action (Board Item, C.109) from the July 11, 2023 meeting that contained the incorrect payment limit, and allow the Department to execute the contract with a payment limit that reflects the intent of the County and the contractor.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D,
925-957-5169

By: , Deputy

cc: Edney Suisala, Cristeta Rovira-Hernandez

CONSEQUENCE OF NEGATIVE ACTION:

If the recommendation is not approved, the prior Board action with an incorrect payment limit will stand and the contract payment limit will not be corrected.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Mental Health Services Act Program (Proposition 63) and Expenditure Plan Fiscal Years 2023-2026

RECOMMENDATION(S):

ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2023-26.

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

FISCAL IMPACT:

Adoption of the Mental Health Services Act Three-Year Program and Expenditure Plan, Fiscal Years 2023-2026 assures continued MHSA funding in the amount of \$105,736,000 for Fiscal Year 2023-24.

BACKGROUND:

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

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 Plan also 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.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023
Monica Nino, County Administrator and Clerk of the Board of Supervisors

Contact: Jennifer Bruggeman,
925-313-9579

By: , Deputy

cc:

BACKGROUND: (CONT'D)

Key updates to the Plan for the Fiscal Years 2023-2026, which is attached to this item, include:

- Full-Service Partnership performance indicators for FY 21-22
- Transitions Team Expansion to include new Behavioral Health Outreach Programs
- Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to acquire and develop capital projects for housing and treatment programs
- Funding to support Community Based Organizations (CBOs) during the transition to California Advancing and Innovating Medi-Cal (CalAIM), a multi-year statewide initiative geared toward transforming the Medi-Cal delivery system
- Prevention and Early Intervention (PEI) Data & Performance Indicators
- New Suicide Prevention 5-Year Strategic Plan
- Innovation project updates and new programming to increase equity and cultural responsiveness
- Investments in workforce retention and recruitment strategies
- Updated budget to reflect estimated available funding for FY 23-24

This Plan was posted for public comment in on the County's Mental Health Services Act webpage for a 30-day period, and was finalized following the Public Hearing held as a noticed and posted item on the July 5th, 2023 meeting of the Mental Health Commission.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, it would result in the loss of mental health programs and related services (including Full Service Partnerships, Assisted Outpatient Treatment, Forensic Mental Health, Housing Services, Prevention and Early Intervention and more) which serve Contra Costa community members of all ages who reside in every region of the County.

CHILDREN'S IMPACT STATEMENT:

Mental health impacts people of all ages and impacts entire family systems and communities.

This recommendation supports all of the following children's outcomes:

- Children Ready for and Succeeding in School;
- Children and Youth Healthy and Preparing for Productive Adulthood;
- Families that are Safe, Stable and Nurturing; and
- Communities that are Safe and Provide a High Quality of Life for Children and Families.

Additionally

- Preventing mental health problems in children and youth from developing and becoming severe and disabling.
- Children and youth recovering from impact of trauma, severe emotional disturbance, and mental illness.

ATTACHMENTS

FY 21/22 - PEI Evaluation Report

FY 21/22 - Innovation Report

MHSA Three Year Plan 23-26

2021-2022

PEI ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

CCHEALTH.ORG/MENTALHEALTH.MHSA/

CONTRA COSTA
HEALTH

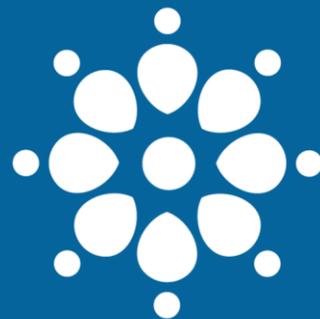




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Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of 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 over \$11 million 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 2005-2006 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.

Plan and Service Requirements: The PEI Community Planning Process requires local stakeholders to recognize the following parameters for this funding stream:

- All ages must be served and at least 51% of the funds must serve children and youth ages 0-25 years.
- Disparities in access to services for underserved ethnic communities must be addressed.
- All regions of the county must have access to services.
- Early intervention should be low-intensity and short duration.
- Early intervention may be higher in intensity and longer in duration for individuals experiencing first onset of psychosis associated with serious mental illness.
- Individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources.

PEI Strategies:

- Prevention
- Early intervention
- Outreach
- Stigma and discrimination reduction
- Access and linkage to treatment
- Improving timely access to treatment
- Suicide prevention

PEI Priorities:

- Childhood trauma
- Early psychosis
- Youth outreach and engagement
- Culture and language
- Older Adults
- Early identification

The figure on the next page represents both the PEI strategies documented in the California Code of Regulations (CCR) and the priorities enshrined through SB 1004 that all counties must adhere to.

Prevention and Early Intervention **STRATEGIES** and **PRIORITIES**

<p>Build protective factors; reduce risk factors for developing a SMI. Improve mental health for people with a greater than average risk of SMI.</p>	<p>PREVENTION</p>
<p>CHILDHOOD TRAUMA</p>	<p>Prevention and early intervention to deal with the early origins of mental health needs.</p>
<p>MH treatment, including relapse prevention, to promote recovery for a mental illness early in emergence.</p>	<p>EARLY INTERVENTION</p>
<p>EARLY PSYCHOSIS & MOOD DISORDERS</p>	<p>Detection and intervention and mood disorder and suicide prevention programming that occurs across the lifespan.</p>
<p>Engage/train potential responders to recognize and to respond to early signs of a severe and disabling mental illness.</p>	<p>OUTREACH</p>
<p>YOUTH OUTREACH AND ENGAGEMENT</p>	<p>Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.</p>
<p>Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to MH diagnosis or to seeking MH services.</p>	<p>STIGMA & DISCRIMINATION REDUCTION</p>
<p>CULTURE AND LANGUAGE</p>	<p>Culturally competent and linguistically appropriate prevention and intervention.</p>
<p>Activities to connect people with SMI to medically necessary early care and treatment.</p>	<p>ACCESS & LINKAGE TO TREATMENT</p>
<p>OLDER ADULTS</p>	<p>Strategies targeting the mental health needs of older adults.</p>
<p>Provide culturally and linguistically appropriate mental health services as early as possible.</p>	<p>IMPROVING TIMELY ACCESS TO TREATMENT</p>
<p>EARLY IDENTIFICATION</p>	<p>Prevention and early intervention to deal with the early origins of mental health needs.</p>
<p>Activities that the County undertakes to prevent MH-related suicide. May be part of Prevention or Early Intervention program.</p>	<p>SUICIDE PREVENTION</p>

PEI Strategies & Priorities Crosswalk	Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Improving Timely Access	Suicide Prevention
Childhood Trauma	BBK		COPE First Five We Care			CAPC	
Early Psychosis & Mood Disorders		First Hope			JMP	RCC	CCCC
Youth Outreach and Engagement	BBK Vicente PWC Putnam RYSE		COPE First Five Hope Solutions We Care	OCE	JMP STAND! Juvenile Justice	CHD RCC	CCCC
Culture & Language			AFRC JFCS NAHC Latina Center			CHD CAPC La Clinica LFCD RCC	CCCC
Older Adults	Putnam		AFRC Hope Solutions JFCS NAHC	OCE		CHD La Clinica Lifelong LFCD RCC	CCCC
Early Identification	BBK		Hope Solutions Latina Center COPE We Care			CAPC	

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

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 19-22, over 29,000 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCH to report on the following outcome indicators:

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

EVALUATION COMPONENT

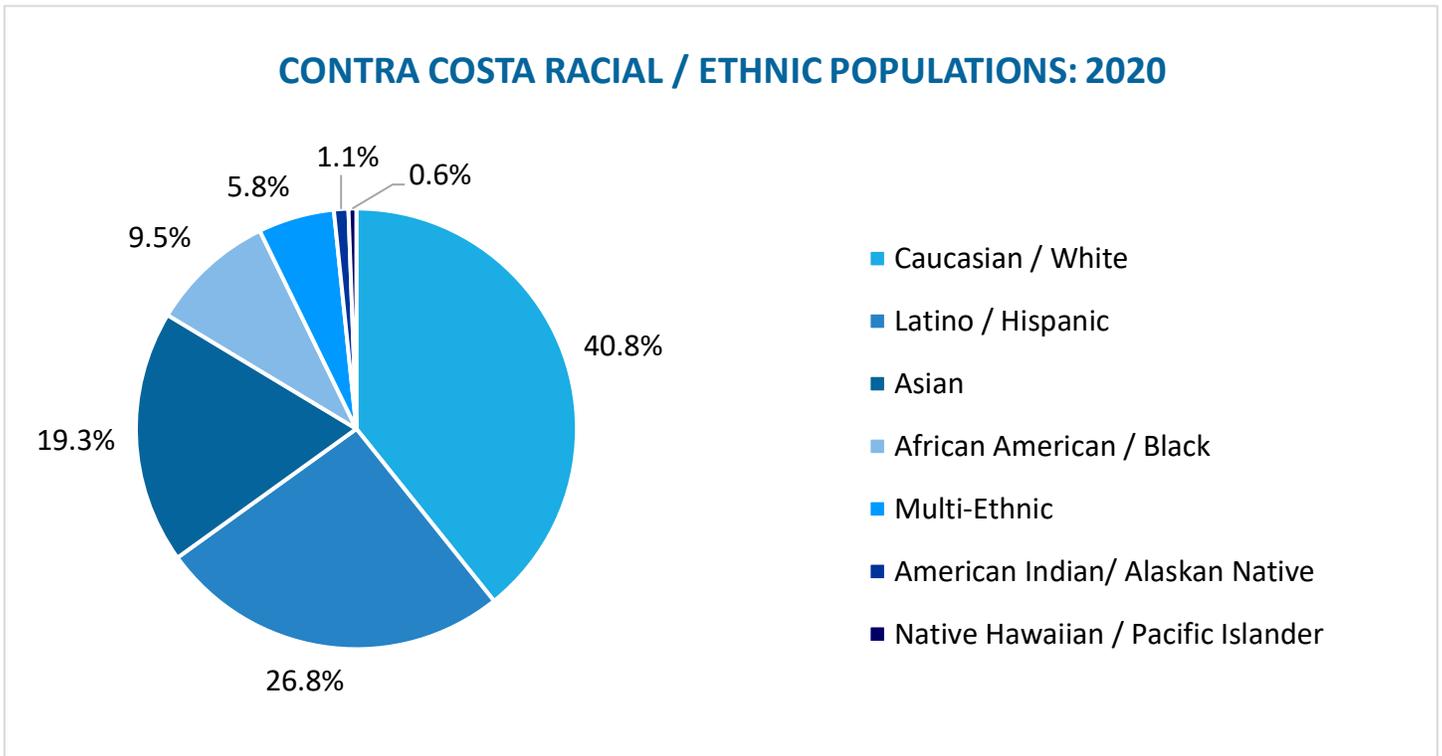
Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSa Three Year Program and Expenditure Plan; c) ensure compliance with statute, regulations, and policies. Each of the MHSa funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

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

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI program and fiscal reviews can be found [HERE](#). During FYs 18-20, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019, August 1, 2019, January 9, 2020, February 6, 2020. Reviews for FY 20-21 and 21-22 were not completed due to the COVID-19 pandemic. Reviews are resuming in FY 22-23 and will be available in future annual updates.

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the [United States Census Bureau](#) and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 29,000 individuals per year during the previous three-year period, FYs 19-22. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup (CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 19-22. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants declined to respond to demographic information,

and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 19-20: 32,442; FY 20-21: 29,105; FY 21-22: 30,442

TABLE 1. AGE GROUP	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Child (0-15)	1,395	831	1,211
Transition Age Youth (16-25)	4,514	2,944	2,376
Adult (26-59)	9,096	7,204	10,029
Older Adult (60+)	2,623	3,185	5,029
Decline to State / Data Not Captured	14,814	14,941	11,798

TABLE 2. PRIMARY LANGUAGE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
English	24,071	22,766	24,169
Spanish	1,959	1,522	2,060
Other	1,033	891	1,392
Decline to State / Data Not Captured	5,393	3,926	2,852

TABLE 3. RACE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
More than one Race	646	318	488
American Indian/Alaska Native	348	136	162
Asian	1,932	1,512	2,134
Black or African American	3,262	2,251	4,040
White or Caucasian	7,537	8,270	8,737
Hispanic or Latino/a	3,849	2,812	3,510
Native Hawaiian or Other Pacific Islander	618	55	192
Other	248	142	508
Decline to State / Data Not Captured	14,104	13,842	10,709

TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
African	443	309	231
Asian Indian/South Asian	1,036	754	794
Cambodian	3	2	1
Chinese	195	37	51
Eastern European	135	27	9
European	304	128	142
Filipino	33	30	39
Japanese	3	5	2
Korean	2	6	1
Middle Eastern	12	14	478
Vietnamese	152	185	217
More than one Ethnicity	463	109	78
Other	153	110	368
Decline to State / Data Not Captured	28,453	26,650	27,395

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Caribbean	4	3	3
Central American	101	100	174
Mexican/Mexican American /Chicano	1,251	713	694
Puerto Rican	9	14	12
South American	8	23	17
Other	23	95	326

TABLE 6. SEXUAL ORIENTATION	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Heterosexual or Straight	11,553	16,400	20,926
Gay or Lesbian	99	198	214
Bisexual	156	132	141
Queer	18	21	71
Questioning or Unsure of Sexual Orientation	25	52	36
Another Sexual Orientation	82	111	68
Decline to State / Data Not Captured	20,509	12,193	8,990

Table 7. Gender Assigned at Birth	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Male	10,113	7,031	7,930
Female	11,311	10,822	14,682
Decline to State / Data Not Captured	9,495	11,252	7,830

TABLE 8. CURRENT GENDER IDENTITY	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Man	10,263	6,846	8,008
Woman	11,281	10,696	14,319
Transgender	146	91	96
Genderqueer	11	14	24
Questioning or Unsure of Gender Identity	8	15	10
Another Gender Identity	15	68	58
Decline to State / Data Not Captured	10,718	11,377	7,927

Table 9. Active Military Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	31	81	105
No	2,873	2,894	2,983
Decline to State / Data Not Captured	29,073	26,132	27,354

Table 10. Veteran Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	103	178	124
No	3,427	3,173	3,863
Decline to State / Data Not Captured	28,912	25,756	26,455

Table 11. Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	558	965	557
No	1,768	1,410	1,588
Decline to State / Data Not Captured	30,094	26,730	28,297

Table 12. Description of Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Difficulty Seeing	88	101	65
Difficulty Hearing or Have Speech Understood	77	66	46
Physical/Mobility	219	252	228
Chronic Health Condition	163	225	297
Other	36	62	575
Decline to State / Data Not Captured	25,320	28,399	6,737

Table 13. Cognitive Disability	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	144	115	141
No	1,327	1,983	2,461
Decline to State / Data Not Captured	25,387	27,007	27,840

Table 14. Referrals to Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	1,120	964	1,141
Clients who Participated/ Engaged at Least Once in Referred Service	883	794	1,093

Table 15. External Mental Health Referral	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	22,025	20,397	22,675
Clients who Participated/ Engaged at Least Once in Referred Service	21,849	214	544

Table 16. Average Duration Without Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	55.9	67.5	51.6

Table 17. Average Length of Time Until Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.5	5	4.8

PEI programs are listed within the seven strategy categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

Seven programs are included in this category:

- 1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish 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 (JFCS) 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 (NAHC) 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 - ECPIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP (with services beginning FY 21-22). 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 23-24
Asian Family Resource Center	Countywide	50	\$164,354
COPE	Countywide	210	\$276,270
First Five	Countywide	(Numbers included in COPE)	\$92,023
Hope Solutions	Central and East County	200	\$421,221
Jewish Family Community Services	Central and East County	350	\$190,664
Native America Health Center	Countywide	150	\$ 273,451
The Latina Center	West County	300	\$137,178
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	299	\$132,613

TOTAL 1,359+ \$1,523,870

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

Five programs are included in this category:

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

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Building Blocks for Kids	West County	400	\$245,428
Vicente	Central County	80	\$202,985
People Who Care	East County	200	\$391,905
Putnam Clubhouse	Countywide	300	\$820,581
RYSE	West County	2,000	\$549,662

TOTAL 2,980..... \$2,210,562

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	MHSA Funds Allocated for FY 23-24
First Hope	Countywide	200	\$3,550,789
TOTAL		200	\$3,550,789

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:

- 2) 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/accluturation.
- 3) 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.
- 4) 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	MHSA Funds Allocated for FY 23-24
James Morehouse Project	West County	300	\$115,815
STAND! Against Domestic Violence	Countywide	750	\$150,944
Experiencing Juvenile Justice	Countywide	300	\$433,535
TOTAL		1,350	\$700,295

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 Clínica 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	MHSA Funds Allocated for FY 23-24
Child Abuse Prevention Council	Central and East County	120	\$192,311
Center for Human Development	East County	230	\$176,633
La Clínica de la Raza	Central and East County	3,750	\$315,771
Lao Family Community Development	West County	120	\$214,315
Lifelong Medical Care	West County	115	\$147,201
Rainbow Community Center	Countywide	1,125	\$853,161

TOTAL..... 5,460 \$1,899,393

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 MHSA 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) Through the Take Action for Mental Health and Know the Signs initiatives 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. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County’s capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

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

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 23-24
OCE	County Operated	Countywide	\$248,577
CalMHSA	MOU	Countywide	\$78,000
TOTAL			\$326,577

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) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are 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.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a draft countywide Suicide Prevention Strategic Plan located [here](#). A final draft of the plan is slated to be published in calendar year 2023. 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	MHSA Funds Allocated for FY 23-24
Contra Costa Crisis Center	Countywide	25,000	\$413,652
RFP New Funding	Countywide		250,000
Library Initiative			150,000
County Supported	Countywide	N/A	Included in PEI administrative cost
TOTAL			25,000 \$813,652

PEI ADMINISTRATIVE SUPPORT

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

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	\$742,862

TOTAL \$742,862

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2023-24

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,523,870
Prevention	\$2,210,562
Early Intervention	\$3,550,789
Access and Linkage to Treatment	\$700,295
Improving Timely Access to Mental Health Services for Underserved Populations	\$1,899,393
Stigma and Discrimination Reduction	\$326,577
Suicide Prevention	\$813,652
Administrative, Evaluation Support	\$742,862

Total\$11,768,000

APPENDIX A - PROGRAM PROFILES

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ASIAN FAMILY RESOURCE CENTER (AFRC)

Sun Karnsouvong, Skarnsouvong@arcofcc.org

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

- a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
- b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.
- d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- f. Payment Limit: FY 23-24: \$164,354
- g. Number served: FY 19-20: 583; FY 20-21: 584; FY 21-22: 624
- h. Outcomes:
 - FY 19-20:
 - Successful adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing,

- and connecting participants to resources that were more difficult to access due to the pandemic.
- All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
- Services are offered in the language of the consumer and outreach is conducted in areas frequented by those they are trying to engage.
- Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.
- FY 20-21:
 - Continued adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
 - Primarily reached multilingual and multicultural individuals and families (specifically of Chinese, Vietnamese, Laos, Khmu, and Mien backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county).
 - Emphasized on offering support to vulnerable populations like the elderly and the homeless.
 - Primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Chinese, Vietnamese, Laos, and Mien to reach a wider range of potential responders. These brochures consisted of AFRC's mission, the types of services offered, language availability, and contact information.
 - Held virtual psychoeducation workshops for community members on mental health (warning signs, risk factors, stigma reduction, etc.), self-care, human wellness, cultural and family/parenting issues, and where and how to get help if needed, particularly for those who may feel limited due to language barriers.
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.
- FY 21-22
 - After the height of the COVID-19 pandemic, responders reached primarily consisted of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county)
 - Due to the ongoing consequences of the COVID-19 pandemic, AFRC emphasized offering support to vulnerable populations like the elderly and the homeless.
 - The primary method of outreach and engagement were program brochures printed in several languages (e.g., Vietnamese, Laos, Mien, and Chinese) and began to increase outreach compared to during the height of the pandemic.
 - Held psychoeducation workshops (some virtual some in-person small groups of 10-12 people) for community members on prevention and early intervention, self-care and human wellness, cultural and family/parenting issues, early signs of mental health issues, resources, etc. to increase knowledge about mental health, reduce stigma, and lessen barriers to accessing treatment.
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, connecting with local community leaders such as pastors and community associations, and other essential benefits.

BUILDING BLOCKS FOR KIDS (BBK) (FISCAL SPONSOR TIDES)

Sheryl Lane, slane@bbk-richmond.org

310 9th Street, Richmond, CA 94804, (510) 232-5812, www.bbk-richmond.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: NOT ABOUT ME WITHOUT ME

a. Scope of Services:

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

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

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

b. Target Population: Parents and caregivers and their families living in West Contra Costa County

c. Payment Limit: FY 23-24: \$245,428

d. Number served: FY 19-20: 336; FY 20-21: 466; FY 21-22: 300

e. Outcomes

- FY 19-20:
 - During the COVID-19 pandemic, BBK pivoted to continue to engage the community. Staff transitioned into a virtual model. Programs was offered through Zoom meetings, phone calls, and videos on their Facebook page.
 - 195 women participated in a total of 28 Black and LatinX Women's Peer Sanctuary groups where they

received facilitated support for self-care, advocacy, personal goal setting and reclaiming positive cultural practices.

- Family Engagement activities events, during which families are invited to spend an enjoyable and safe time with their families, were held at Monterey Pines Apartments. 87 people participated in Family Engagement activities, including: an informational session about the Welcome Home Baby Program, Mindfulness practices, YouthService Bureau, Effective Ways of Communication through Community Circles, Census Information as well family bonding arts & crafts and games.
- At the Health and Wellness free summer program, children under the age of 18 had access to free lunch Monday through Friday, Zumba classes and enrichment activities. BBK staff served an average of 90 children daily and altered their offerings to accommodate virtual programming to follow safety guidelines during the pandemic.
- BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 26 parents/caregivers graduated from the 22-week program and 146 adults participated in a parent-child skills development playgroup.
- FY 20-21:
 - Due to the COVID-19 pandemic, BBK continue to engage the community via a virtual model.
 - Connected families to accessible mental health professionals that provide no and low-cost individual, family, and group mental health support and prevention services.
 - Continued to conduct check-in phone calls with program participants, conducted needs assessments, and connected 24 families to food resources, financial assistance, and free/reduced internet service options, and tenants' rights resources.
 - 68 people participated in seven Family Engagement Virtual Events. BBK staff hosted these activities, sometimes in collaboration with community partners including the East Bay Regional Park District. Based on participant feedback, BBK staff focused on family game nights, family bonding arts & crafts, dancing, and storytelling.
 - Offered Zumba, cooking classes, and playgroups through Facebook live. In the month of July 2020, 313 people joined the live streams. In June 2021, staff launched the 2021 summer program via Zoom in collaboration with the Mindful Life Project, the Native American Health Center, a local Zumba instructor, and Redemption Fitness & Wellness LLC to host live for one hour, 5-days a week, arts and crafts activities, mindfulness activities, story times, boxing classes, and Zumba classes. A total of 88 people participated in these daily activities.
 - In response to feedback from men surveyed in the community, BBK launched its first men and father's peer group in 2021. Since March 2021 staff, in collaboration with a male facilitator from Richmond, BBK has hosted a total of four meetings and has served 30 men. Through these meetings, men have built relationships with other men in their community and had conversations about Healthy Communication with Partners, How to Manage Strong Emotions, Goal Setting and Celebrating Accomplishments, and Getting to Know Ourselves. Additionally, before the end of the meetings participants are led through a drumming circle. Since the launch of the Men's Sanctuary called "Holding Space" BBK has seen increased participation and participants share their excitement about having a healthy space to build relationships and learn from other men.
 - In February 2021 BBK launched their Life Coaching program. Eight women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.
- FY 21-22:
 - Linkages with East Bay service providers: Participants connected to 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.

- Family Engagement: 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Activities included family bonding arts & crafts, dancing, boxing, storytelling, yoga, and mindfulness activities.
- Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches.
- Sanctuary Peer Support Groups: Hosted 33 peer support meetings. 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, the men’s peer support group, BBK served 31 participants. Through these meetings, men have continued building relationships with other men in their community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.
- Self-and-Collective Advocacy: Trained and supported families to self-advocate, build collective advocacy and directly engage the services they need.
- Life-Coaching: 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.

CENTER FOR HUMAN DEVELOPMENT (CHD)

David Carrillo, david@chd-prevention.org

901 Sun Valley Blvd., Suite 220, Concord, CA 94520 (925) 349-7333, <http://chd-prevention.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

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

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 23-24: \$176,633
- d. Number served: FY 19-20: 733; FY 20-21: 198; FY 21-22: 262
- e. Outcomes:
 - FY 19-20 African American Wellness Program:
 - Served 623 participants during FY 2019-20.
 - Moved to telehealth due to COVID-19.
 - Provided 9 clients with mental health referrals.
 - Participants were provided individualized services to help them to address the current issues they are facing
 - FY 19-20 Youth Empowerment Program:
 - 110 individuals were served.
 - Staff facilitated 134 educational group sessions, trainings, and Leadership sessions and staff had 412

individual one-on-one meetings with youth. This is nearly double the number of individual check-ins and one-on-one meetings from the previous year.

- Successfully Moved to telehealth due to COVID-19
- Provided 6 clients with mental health referrals.
- All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 20-21 African American Wellness Program:
 - The African American Wellness Program Roster for support groups from July 2020- June 2021 contained a total of 141 unduplicated attendees.
 - There were 389 newsletters distributed to people (outreach) and 67 people attended outreach events.
 - Participants who attended the Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa Crisis 211 and the Mental Health Access Line.
 - Staff assisted participants by helping them to navigate through the system by assisting with calls to the Mental Health Access line for appointments, attending doctor appointments, and following up with participants to check on progress.
- FY20-21 Youth Empowerment Program:
 - 57 individuals were served. This number is much less than previous years due to the extreme difficulty in connecting with LGBTQ+ youth in their home environments during COVID-19. Youth cited lack of privacy in their home environments and overall stress due to the pandemic as a reason for lack of participation.
 - Telephone communications, email and secure video conferencing, via Zoom, were the main forms of delivering telehealth support to participants, since COVID-19.
 - Staff facilitated 43 educational group sessions, one leadership session, and 833 individual check-ins, assessments and support sessions. This is double the number of individual check-ins and one-on-one meetings from the previous year. The sharp increase in this number is due primarily to the shelter in place order, which led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms.
 - Staff worked closely with local schools in East County to coordinate care and referrals.
 - Staff periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff provided 10 clients with mental health referrals.
 - All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 21-22 African American Wellness Program:
 - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

- Provided support groups for 155 unduplicated attendees.
- 755 newsletters were distributed
- Outreached to 120 people at community events.
- Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line.
- C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
- The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor's appointment, provided follow up.
- FY 21-22 Youth Empowerment Program:
 - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
 - Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
 - During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming.
 - Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
 - As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
 - Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
 - Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
 - The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.

CHILD ABUSE PREVENTION COUNCIL (CAPC)

Carol Carrillo, ccarrillo@capc-coco.org

2120 Diamond Blvd #120, Concord, CA 94520, www.capc-coco.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: THE NURTURING PARENTING PROGRAM

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 23-24: \$192,311
- d. Number served: FY 19-20: 169; FY 20-21: 159; FY 21-22: 213
- e. Outcomes:
 - FY 19-20:
 - Two 20-week classes in Central and East County serving parents and their children.
 - During the first semester of The Nurturing Parenting Program a total of 44 parents and 45 children enrolled in the program. A total of 29 parent and 36 children completed and graduated from the NPP successfully.
 - During the second semester of The Nurturing Parenting Program a total of 41 parents and 39 children enrolled in both regions. A total of 31 parents completed and graduated from the program despite the many challenges faced during the COVID-19 Shelter-in- Place.
 - Staff modified sessions to meet parents needs during the pandemic and offered resources to families who lost their jobs, linked parents to internet access, and guided them on how to start using zoom to stay connected.
 - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).
 - FY 20-21:
 - Two 20-week classes in Central and East County serving parents and their children. Modifications were made as needed to accommodate challenges that arose due to the COVID-19 pandemic.
 - The Nurturing Parenting Program enrolled a total of 83 Latino parents and 76 children during the fiscal year.

- The first semester Central County served 22 parents, successfully graduating 17 parents, East County served 20 and graduated 12 parents. The second semester Central County served 21 parents and graduated 13, East County served 20 parents and graduated 15.
- Parents who dropped out of the program were contacted to gather feedback and offer additional support. Parents dropping out reported having the opportunity to return to the work force, others shared feeling overwhelmed with school demands and not having time to attend sessions.
- All parent participants completed pre- and post-tests. Overwhelmingly, parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, appropriate family roles, and values power independence)
- FY 21-22:
 - Four 18-week classes in Central and East County serving parents and their children.
 - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
 - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.
 - The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11.
 - Parents who dropped out of the program were contacted by NPP staff to offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings: parents financial demand increased, return to the work force, and/or work additional job.
 - In addition to the curriculum information, psychoeducation was provided to help raise self-awareness, identify mental health/behavioral challenges that may need professional support.
 - NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.

CONTRA COSTA CRISIS CENTER

Tom Tamura, TomT@crisis-center.org

P.O. Box 3364 Walnut Creek, CA 94598 925 939-1916, x107, www.crisis-center.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides real time warm transfer to those services when appropriate. because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service when they need it and

Immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) In a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.

- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one- month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year, Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co- chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 23-24: \$413,652

d. Number served: FY19-20: 21,577; FY 20-21: 20,082; FY 21-22: 21,971

e. Outcomes:

- FY 19-20:
 - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240 languages.
 - Upgraded to an advanced web-based phone system software in July 2019, allowing for remote work in case of a disaster, and increased the accuracy of calls answered, average speed to answer (in seconds), and abandonment rate measurements. This allowed calls to the 24-hour crisis lines to continue without interruption with staff and volunteers working either in the office or remotely due to COVID-19.
 - 21,577 referrals were made to mental health services
 - Managed an unprecedented increase in total call volume starting in March 2020 with callers needing referrals for health, food, housing, and financial assistance as well as experiencing feelings of high anxiety and stress.
 - Provided a 54+ hour call center training for new call center staff and volunteers several times throughout the year
- FY 20-21:
 - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240+ languages.
 - 20,082 Mental Health / Crisis Calls received. Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
 - Maintained a pool of 58 active call center volunteers during this reporting period.
 - Provided 54 hours of training curriculum over 10 weeks virtually (30 hours) and in-person (24+ hours) for each new volunteer training cohort in June-July 2020 and January-February 2021.
 - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services, Suicide Prevention, Grief & Loss, and participated in virtual resource fairs due to COVID-19 concerns during this reporting period
 - Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health
 - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings
 - Three- 1-hour Trainings (one conducted in Spanish)
 - Two- 4-hour Trainings
- FY 21-22:
 - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
 - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.

- Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
- Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
- Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
- Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
- Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings (two virtual, one in-person)
 - Three- 1-hour Virtual Trainings (one conducted in Spanish)
 - Two- 4-hour Virtual Trainings
- Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
- Continued to co-chair the Suicide Prevention Coalition monthly meetings.
- Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
- Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

COUNSELING OPTIONS PARENT EDUCATION (C.O.P.E.) FAMILY SUPPORT CENTER

Cathy Botello, cathy.botello@copefamilysupport.org

3000 Citrus Circle, Ste. 220, Walnut Creek, CA 94598 (925) 689-5811, <http://copefamilysupport.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

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

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

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

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

- b. **Target Population:** Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. **Payment Limit:** FY 23-24: \$276,270
- d. **Number served:** FY 19-20: 235; FY 20-21: 200; FY 21-22: 217
- e. **Outcomes:**
- FY 19-20:
 - Provided 21 Triple P Positive Parenting Group classes and seminars to groups in West, Central and East

Contra Costa County.

- Enrolled 235 client family members in Triple P Parenting classes.
- Provided a Family Transitions Triple P training program and accredited 18 practitioners.
- Beginning in Mid-March 2020, COPE moved all Triple P classes to online using the Zoom video conferencing platform.
- Pre and Post Test Survey results indicate program participants showed a 37% decrease in depression, 41% decrease in anxiety, and 24% decrease in overall stress.
- Access and linkage to on-going treatment supported through warm handoff referrals for housing, vocational, legal, and mental health services.
- FY 20-21:
 - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County. Enrolled 257 individuals in these classes and seminars.
 - Provided a Family Transitions Triple P training program and accredited 22 practitioners.
 - Continued Triple P classes online using the Zoom video conferencing platform due to the COVID-19 pandemic.
 - Provided case management services for families who asked for additional resources. Additionally, if a parent's assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.
 - Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal, and mental health services.
- FY 21-22:
 - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County.
 - Enrolled 217 family members in Triple P Positive Parenting classes.
 - Provided case management services for families in need of additional resources.
 - Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

Wanda Davis, wdavis@firstfivecc.org

1486 Civic Ct, Concord CA 94520. (925) 771-7328, <http://www.first5coco.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: FY 23-24: \$92,023
- d. Number Served: FY 19-20: 189; FY 20-21: 189; FY 21-22: 193
- e. Outcomes:
 - FY 19-20:
 - Delivered 15 classes and 2 seminar series throughout the county at various times and convenient locations to accommodate transportation barriers. (through partnership with C.O.P.E.)
 - Held 12 presentations and briefings to early childhood organizations as an engagement and recruitment tool
 - Offered case management support to parents as appropriate
 - FY 20-21:
 - Delivered 15 classes throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
 - Held 14 presentations and briefings to early childhood organizations as an engagement and recruitment tool
 - Offered case management support to 45 families who asked for additional resources.
 - Trained and accredited 7 practitioners who supported classes for parents with children ages 0-5.
 - FY 21-22:
 - Provided 16 Group Triple P classes for parents with children ages 0-5 and served 193 participants.
 - 80% of families completed the Triple P program.
 - Classes were free to all participants and provided in English and Spanish in East, West, and Central

County.

- Conducted 12 Seminars African American families with children ages 0-5.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

FIRST HOPE (CONTRA COSTA HEALTH)

Jude Leung, yatmingjude.leung@cchealth.org

391 Taylor Boulevard, Suite 100, Pleasant Hill, CA94523 925-608-6550, <http://www.firsthopeccc.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Contra Costa Behavioral Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
 - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work, and social relationships.
 - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
 - In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode
- b. Target Population: 12–30-year-old young people and their families
- c. Total Budget: FY 23-24: \$3,550,789
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 19-20: 960; FY 20-21: 987; FY 21-22: 876
- f. Outcomes:
 - FY 19-20:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - One conversion out of 78 from clinical high risk to psychosis.
 - 104 First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 19-20.
 - Trained 13 new staff in the Coordinated Specialty Care (CSC) model and trained and certified all staff in MultiFamily Group Treatment (MFGT) and Cognitive Behavioral Therapy for Psychosis (CBTp).
 - Reduced the stigma associated with symptoms.
 - FY 20-21:

- Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
- Two conversions out of 63 from clinical high risk to psychosis (conversion rate of 3%).
- 108 First Hope clients had zero PES visits or hospitalizations.
- Zero completed suicides in FY 20-21.
- Conducted fewer outreach presentations than usual due to the COVID pandemic; however, First Hope still trained 66 clinicians that included staff from hospitals and community-based mental health agencies such as Seneca and Putnam Clubhouse, as well as psychology interns.
- Reduced the stigma associated with symptoms.
- FY 21-22:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - Zero conversions from clinical high risk to psychosis.
 - 80% of First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 21-22.
 - Trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.
 - Reduced the stigma associated with symptoms.
- Long Term Public Health Outcomes:
 - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.
 - Reduce incidence of psychotic illnesses in Contra Costa County.
 - Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Beth Limberg, blimberg@hopesolutions.org

399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530 (925) 944-2244, <https://www.hopesolutions.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: STRENGTHENING VULNERABLE FAMILIES

a. Scope of Services:

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

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

c. Payment Limit: FY 23-24: \$421,221

d. Number served: FY 19-20: 433; FY 20-21: 367; FY 21-22: 429

e. Outcomes:

- FY 19-20:
 - Provided 8 parenting support groups, 8 sessions/group at the 4 housing sites for a total of 67 group sessions and least 83 participants.
 - Provided 4350 hours of support services with on-site case management to 275 families/433 individuals.
 - After the Shelter-in-Place order many residents lost their jobs. Working remotely, case managers assisted 23 residents to access unemployment resources, and 33 residents to access COVID funds to subsidize rents. At Lakeside 12 undocumented families were also assisted to receive the COVID California state funds designated for immigrants.

- Staff also organized food resources for families with limited funds and delivered food to over 100 households to help keep residents safe. Case managers also distributed activity bags to youth including crayons, activity booklets, and hand sanitizer/PPE. Masks were distributed to over 100 families as needed, and education and support was offered regarding the stay-at-home order and the COVID19 virus.
- Provided 2914 hours of service to 181 youth at youth enrichment centers in the four housing sites. Activities included afterschool programming, summer programming, educational advocacy, and a teen support group.
- 99% (277/281) of families maintained their housing. 96% (104/108) of families at risk for eviction remained housed. 98% (243/248) of families requesting assistance with concrete resources had their request fulfilled (e.g., access to food, employment, transportation, healthcare, and mental health resources).
- 100% (8/8) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
- 77% (33/43) of youth who were assessed with the Social Skills Index Survey (SSIS) improved their skill score over the year.
- 87% (71/82) of youth that participate in the afterschool academic and tutoring program achieved at least four new CA Academic benchmarks.
- 86% (62/72) of grades K through 5 children achieved progress with their reading skills
- 100% (4/4) of Teen Club youth participants completed end of year surveys and showed improved self-concept/self-esteem.
- 88% (75/85) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.
- FY 20-21:
 - Altered services as needed to accommodate family needs during the COVID-19 pandemic.
 - 89% (16/18) of youth that participated in the afterschool academic and tutoring program achieved at least 4 benchmarks.
 - 94% (74/79) of the families receiving intensive case management, showed improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix (and had an average score of stable (3) or better on this assessment).
 - 100% (193/193) of families maintained their housing and 100% (103/103) of families at risk for eviction remained housed. One of the families living for many years at Garden Park Apartments was able to purchase their own home
 - 98% (126/128) of families requesting assistance with concrete resources had their request fulfilled. This was a heavy year for concrete service needs as families coped with the stay home orders, home schooling, unemployment and access to the financial resources being offered under the pandemic. Examples of their requests included access to food, employment support/unemployment applications, technological resources (computers, internet) transportation, healthcare and mental health resources and benefits offered under the Rescue Bill.
 - 80% (8/10) of families taking the Parental Stress Index assessment showed lowered levels of stress after group participation.
 - 100% (10/10) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
 - 100% (74/74) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

- Provided 914 hours of advocacy for families working with remote learning.
- Many parents attended the remote support groups at the 4 sites. Anecdotal feedback from the parents was uniformly positive, as reported above. Hope Solutions had challenges with getting the Parental Stress Index data due to the paper/in-person nature of the assessment. With the realization that the pandemic would be continuing for a while, Hope Solutions applied for and received a grant to purchase digital versions of the PSI assessment tool and will be using that in the coming year to be able to obtain more feedback.
- FY 21-22:
 - Provided on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community. The last 3 housing sites house 4 individuals at each of 3 houses.
 - 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
 - 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

Jenn Rader, jenn@jmhopp.org

540 Ashbury Ave, El Cerrito, CA 94530, (510) 231-1437, <http://www.jamesmorehouseproject.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

- a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/accluturation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

- b. Target Population: At-risk students at El Cerrito High School
- c. Payment Limit: FY 23-24: \$115,815
- d. Numbers Served: FY 19-20: 405; FY 20-21: 328; FY 21-22: 399
- e. Outcomes:
- FY 19-20:
 - With the help of a team that included 8 clinical interns, JMP served 405 youngpeople participated in 23 different groups and/or individual counseling.
 - Referred 17 young people to mental health services.
 - Altered services to accommodate remote support with COVID-19 including partnering with community-based partners like the Seneca MRT in crisis situations.
 - COVID-19 related needs were addressed through case management, including working with young people and families around challenges with distance learning (e.g., accessing Wi-Fi, troubleshooting tech challenges), and securing cash assistance and accessing other resources (e.g., food, legal assistance).
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
 - Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.

- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- FY 20-21:
 - Continued to provide services virtually due to the COVID-19 pandemic. The JMP stayed connected with school staff, young people and families, through a range of outreach strategies: setting up a JMP space on Google Classroom, staffing an ongoing drop-in space through Google Meet and collaborating closely with teachers, guidance counselors, the attendance clerk and JMP's administrative team to ensure that JMP was able to contact students/families in need.
 - 328 young people participated in 12 different groups and/or individual counseling.
 - Partnered with community-based organizations like the Seneca MRT in crisis situations.
 - Fifteen-Twenty people attended JMP led monthly evening English Language Advisory Committee (ELAC) meetings on Zoom. Families learned to access resources in the community and how to advocate for the rights of their children with school staff. Immigrant families also received case management support connecting them to legal, housing and other family supports in addition to counseling services for youth on-site.
 - 92% of participating youth reported feeling like "there is an adult at school I could turn to if I need help."
 - 93% of participating youth "I deal with stress and anxiety better" after program participation.
 - 72% of participating students reported they "skip less school/cut fewer classes after program participation."
- FY 21-22:
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."
 - Increased in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, "I deal with stress and anxiety better" after program participation.
 - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they "skip less school/cut fewer classes after program participation."
 - Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

Fouzia Azizi, fazizi@jfcs-eastbay.org

1855 Olympic Blvd. #200, Walnut Creek, CA 94596 (925) 927-2000, <https://jfcs-eastbay.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

PROGRAM: COMMUNITY BRIDGES

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$190,664
- d. Number served: FY 19-20: 311; FY 20-21: 225; FY 21-22: 461
- e. Outcomes:
 - FY 19-20:
 - Provided culturally and linguistically appropriate care to all consumers served
 - Served 311 people, including 135 frontline staff and 176 clients.
 - Completed three out of four planned trainings for the year. The fourth training was cancelled due to COVID-19. All three trainings were held via Zoom and had high attendance. In total, 135 service providers from the community were trained, exceeding the target of training 75 frontline staff. 96% of respondents reported a better understanding of recognizing stress and risk factors after the training and 91% of respondents reported a better understanding of when to refer clients to specialized services.
 - Provided mental health education classes to 16 Russian-speaking seniors, parenting workshops to 16 Afghan parents, bilingual/bicultural case management to 160 clients (including 85 children ages 18 and under and 75 adults ages 18 and older and provided bicultural individual therapy services to 25 Dari-speaking clients.

- 100% of the 75 adult case management clients reported upon exit they were able to independently seek help for mental health services, knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues, and had an increased understanding of health and mental health care systems in Contra Costa County.
- 81% of participants in the Russian Mental Health classes reported a better understanding of when and how to seek help, 93% reported an increased ability to recognize stress and risk factors in themselves and/or family members, and 93% reported feeling more supported after coming to the group.
- 100% of participants in the Afghan Parenting Workshops reported they learned useful skills to become a more effective parent, had a better understanding of when and how to seek help, and felt more supported after coming to the group. 87.5% reported having an increased ability to recognize stress and risk factors in themselves and/or family members.
- FY 20-21:
 - Served 225 people, including 120 frontline staff and 105 clients.
 - Facilitated two virtual trainings (via Zoom) during the pandemic. Trained 120 service providers from the community, exceeding the target of training 75 frontline staff
 - Provided 10.5 hours of individualized mental health education sessions to 14 Russian-speaking seniors.
 - Provided three 7- week series online psychosocial support groups serving 20 Afghan mothers.
 - Provided 77 clients with bilingual/bicultural case management.
 - Provided over 100 hours of culturally attuned therapy services to 3 refugee clients with in-house and referred 5 refugee clients to external providers.
 - 94% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services.
 - 92% of the adult case management clients reported knowing how to link to the appropriate persons for resolution of health or mental health issues.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County.
 - 94% of respondents from our cross-cultural staff trainings reported that they had a better understanding of recognizing stress and risk factors after the training.
 - 91% of respondents from our cross-cultural staff trainings reported that they had a better understanding of when to refer clients to specialized services.
 - 78% of participants of the Russian Mental Health Classes reported to have a better understanding of when and how to seek help.
 - 100% of participants of the Russian Mental Health Classes reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members, reported feeling more supported after coming to the group, and reported having a better understanding of the concepts discussed in individual sessions.
 - 100% of participants of the Afghan Mothers' Support Groups reported having an increased ability to recognize stress and risk factors, a better understanding of trauma and how it affects the mind and body, a better understanding of the concepts discussed in group, having learned helpful techniques to deal with their own stress and emotions, a better understanding of when and how to seek help if I need it, feeling more supported after attending the group, having learned helpful parenting skills that they will use with their own children, and being able apply what they learned from the group in their own life.
 - Provided culturally and linguistically appropriate care to all consumers served.

- FY 21-22:
 - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
 - Completed 208 pre-post assessments with adult case management clients (ages 18+).
 - Provided 10- week series family support with Sutter Health partnership serving 6 families.
 - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
 - Health and Mental Health System Navigation (Case Management)
 - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
 - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
 - Women / Men Support / Educational Groups
 - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
 - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
 - 100% of participants reported to have a better understanding of the concepts discussed in group.
 - 100% of participants reported to have learned helpful techniques to deal with their own stress and emotions.
 - 93% of participants reported to have better understanding of when and how to seek help if I need it.
 - 100% of participants reported to feeling more supported after attending the group.
 - 100% of participants reported to have learned helpful parenting skills that they will use with their own children.
 - 100% of participants reported to apply what they learned from the group in their own life.

JUVENILE JUSTICE SYSTEM – SUPPORTING YOUTH (CONTRA COSTA HEALTH)

Steve Blum, steven.blum@cchealth.org

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: ORIN ALLEN YOUTH REHABILITATION FACILITY (OAYRF) / MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

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

- a. Scope of Services: *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- c. Target Population: Youth in the juvenile justice system in need of mental health support
- d. Payment Limit: FY 23-24: \$433,535
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FYs 19-20, 20-21, and 21-22: 300+
- g. Outcomes:
 - FYs 19-20, 20-21, and 21-22:
 - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
 - Increased access to mental health services and other community resources for at risk youth.
 - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
 - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
 - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
 - Help youth and families increase problem-solving skills.

Joanna Ekstrom, jekstrom@laclinica.org

PO Box 22210, Oakland, CA, 94623, (510) 535 2911, <https://www.laclinica.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

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

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. **Target Population:** Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 23-24: \$315,771
- d. **Number served:** FY 19-20: 922; FY 20-21: 845; FY 21-22: 799
- e. **Outcomes:**
 - FY 19-20 Vías de Salud:
 - Offered 3623 depression screenings (120% of yearly target), 296 assessments and early intervention services (118% of yearly target), and 1238 follow-up support/brief treatment services (99% of yearly target).
 - Programming pivoted to telehealth as needed during COVID-19
 - FY 20-21 Vías de Salud:
 - Offered 8,521 depression and anxiety screenings (284% of yearly target), 1,180 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (472% of yearly target), and 2,786 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (222% of yearly target).
 - Continued to provide telehealth services as needed due to COVID-19.

- FY 21-22 Vías de Salud:
 - 9,393 depression and anxiety screenings (313.10% of yearly target).
 - 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target).
 - 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).
- FY 19-20 Familias Fuertes:
 - Offered 661 screenings for youth (88% of yearly target), 113 assessments for youth (105% of yearly target), and 333 follow-up visits with families (111% of yearly target).
 - Programming pivoted to telehealth as needed during COVID-19
- FY 20-21 Familias Fuertes:
 - Offered 766 screens for risk factors in youth ages 0-17 (102% of yearly target), 233 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (310% of yearly target), and 597 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (199% of yearly target).
 - Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Familias Fuertes:
 - 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target).
 - 469 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target).
 - 683 follow up visits occurred with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target).

LAO FAMILY COMMUNITY DEVELOPMENT (LFCD)

Kathy Rothberg, krothberg@lfcd.org

1865 Rumrill Blvd. Suite #B, San Pablo, CA 94806, (510) 215-1220, <https://lfcd.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$214,315
- d. Number served: FY 19-20: 128; FY 20-21: 126; FY 21-22: 127
- e. Outcomes:
 - FY 19-20:
 - A total of 125 clients completed the Pre LSNS assessment and 125 clients completed the Post LSNS assessments. The average progression was 8 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
 - 98% (125 of 128 respondents) of the participants were satisfied with the program services, and 2% (3 of 128 respondents) were somewhat satisfied with the program services.
 - 101 clients were referred to mental health services.
 - Held 16 Strengthening Families Program (SFP) workshops (2 workshops per month from August 2019 to March 2020). Due to COVID-19 there were no SFP event from April to May 2020.
 - Facilitated 6 different thematic peer support groups/events during the FY
 - Provided case management and system navigation for 128 community members
 - FY 20-21:

- A total of 126 clients completed the Pre LSNS assessment and 126 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
- 95% (120 of 126 respondents) of the participants were satisfied with the program services, and 5% (6 of 126 respondents) were somewhat satisfied with the program services.
- 12 participants that were referred to mental health services because of monitoring clients' mental health status.
- Held 10 SFP workshops during the program year (1 workshop per month from August 2020 to May 2021).
- Facilitated 24 different thematic peer support groups/events during the FY.
- FY 21-22:
 - Served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).
 - Provided navigation and timely access to internal and external services including linkages to mental health and other service providers.
 - A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops.
 - 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services.

THE LATINA CENTER

Miriam Wong, mwong@thelatinacenter.org

3701 Barrett Ave #12, Richmond, CA 94805, (510) 233-8595, <https://thelatinacenter.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$137,178
- d. Number served: FY 19-20: 314; FY 20-21: 309; FY 21-22: 291
- e. Outcomes:
 - FY 19-20:
 - Served a total of 314 parents (parenting sessions, mental health workshops, psycho- educational therapy, support groups).
 - Additionally, provided 30 learning circles with activities reaching 424 children.
 - Outreach efforts reached 1,031 individuals and enrolled 42 people into their programs.
 - Parenting classes were held in 4 community-based locations: Cesar Chavez Elementary School, Mira Vista Elementary, Richmond Charter Academy, and The Latina Center. All classes completed the 10-week sessions, 6 sessions online.
 - 286 parents (244 women and 42 men) registered for the parenting class and completed a pre-survey in Spanish.
 - Based on the responses to the pre-survey, The Latina Center made at least 28 referrals.
 - Held 6 Mental Health Workshops in 3 locations (The Latina Center, St Cornelius Catholic Church and Montalvin Elementary School) for 130 participants; 94 participants completed pre- and post-surveys.
 - Before the workshop, 65% of parents said they did know what mental illnesses are; 35% did not know. After the workshop, 96.9% understood what mental illnesses are; 3.1% did not understand. Before the workshop, 57.5% knew any symptoms of mental illness and 42.5% did not. After the workshop, 81.3% stated they knew signs and symptoms and 18.8% did not.
 - FY 20-21:

- Served 309 individuals
- 198 parents completed a pre-survey in Spanish.
- Parenting classes were held via Zoom due to the COVID-19 Pandemic.
- During the fiscal year, 3 mental health workshops were offered and conducted for 72 participants. The Latina Center's social networks garnered more than a thousand views and shares on these workshops/health topics.
- 80% participants stated the course helped them improve their relationships.
- FY 21-22:
 - Served 261 participants in Parenting classes.
 - 30 participants in our 4 Mental health workshops.
 - 28 participants Psycho-educational sessions.

LIFELONG MEDICAL CARE

Branda Goldstein, bgoldstein@lifelongmedical.org

2344 6th Street, Berkeley, CA 94710 (510) 981-4156, <https://www.lifelongmedical.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

- a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes: reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

- b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$147,201
- d. Number served: FY 19-20: 150; FY 20-21: 106; FY 21-22: 137
- e. Outcomes:
- FY 19-20:
 - Prior to Shelter-in-Place, an average of 10 onsite events were held per month (including, creative movement, exercise, bilingual songs, discussion groups, tai chi, walking groups, Spanish classes, and arts & crafts, as well as memorial events for residents who passed away and an outing to visit a participant in the hospital). There was also a health fair held in the fall of 2019. The second planned health fair was cancelled due to COVID-19.
 - With COVID-19 services shifted to mainly virtual (telephone and Zoom) interactions and there was an increased emphasis on food distribution. Distribution of masks and PPE, as well as outreach to at-risk older-adult consumers was prioritized.
 - Registered 24 people for Meals on Wheels and made 289 deliveries of meals and/or groceries during April-June.
 - The Annual survey was adapted to a shorter telephone survey due to COVID-19 and they

documented 41 responses. Results were very positive, with all respondents reporting that they were very (79%) or somewhat (21%) satisfied with SNAP overall. 100% were satisfied with the food distribution portion of SNAP during Shelter-in-Place.

- FY 20-21:
 - Provided services in observance of COVID-19 safety protocols and local mandates and ordinances with services provided primarily in a virtual format. Virtual services took place via telephone and zoom and include telephonic wellness checks and social calls, case management and referrals to mental health and community resources, screening for depression and isolation, as well as meal and grocery distribution in person, thanks to donations from Sojourner Truth Church, Help Berkeley, and Bridge Storage and Artspace.
 - Provided two enrichment events in accordance with COVID-19 safety protocols.
 - Presented two live Brazilian music and dance performances in collaboration with Brasarte, a Brazilian Cultural Center in Berkeley. The event also included raffles and audience participation in the dancing. Participants identified “A Taste of Brazil” performances as one of the most enjoyable experiences of the year.
 - COVID-19 challenges prevented LifeLong from conducting the annual survey this year. LifeLong is developing plans to conduct the annual survey in FY 21-22.
 - LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate.
- FY 21-22:
 - Provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments.
 - Conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments.
 - Provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets.
 - 84% of participants agreed that participation in SNAP helped them feel less isolated.
 - 96% of participants expressed satisfaction with SNAP.
 - 72% of participants expressed SNAP helped improve their mood.

NATIVE AMERICAN HEALTH CENTER (NAHC)

Veronica Shawnego, veronicash@nativehealth.org

2566 MacDonald Ave, Richmond, CA 94804, (510) 434-5483, <http://www.nativehealth.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: NATIVE AMERICAN WELLNESS CENTER

- a. Scope of Services: Native American Health Center provides outreach for the increasing recognition of early signs of mental illness. To this end, they provide mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include: an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: basket weaving, beading, quilting, health and fitness coaching and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communication skills and address issues related to mental health, including domestic violence, individual and historical trauma, and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county. Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.
- b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$273,451
- d. Number served: FY 19-20: 68; FY 20-21: 143; FY 21-22: 307
- e. Outcomes:
 - FY 19-20:
 - Hosted weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders.
 - Made 16 behavioral health related referrals during this contract year.
 - Held a total of 11 community-based events and trainings in FY 19-20, including Mental Health First Aid
 - FY 20-21:
 - Engaged 143 community members through prevention programming.
 - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health
 - NAHC trained 2 interns and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MSHA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid,

and Safety Planning

- During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.
 - Attendance and engagement in NAHC mental health prevention and treatment services doubled from the previous fiscal year, with 1004 points of contact in FY 20-21.
 - Staff trained 2 interns in partnership with the SPIRIT program, and one staff member also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.
- FY 21-22:
 - This fiscal year we engaged 307 community members through prevention programming.
 - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.
 - Program staff participated in 10 events or activities throughout the course of the year.
 - This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

OFFICE FOR CONSUMER EMPOWERMENT (OCE) (CONTRA COSTA HEALTH)

Jennifer Tuipulotu, Jennifer.Tuipulotu@cchealth.org

1340 Arnold Drive, Suite 200, Martinez, CA 94553, (925) 957-5206

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 23-24: \$248,577

d. Staff: Three

e. Number Served: FY 19-20: 400+; FY 20-21: 1336; FY 21-22: 485

f. Outcomes:

- FY 19-20:
 - Committee for Social Inclusion convened 11 in-person and virtual meetings open to the community
 - PhotoVoice convened 6 subcommittee meetings open to the community, held Recovery Month exhibition, and trained Health, Housing and Homeless Services (H3) staff to facilitate classes for Homelessness Awareness Month exhibition
 - WRAP coordinated recertification of 17 Community Support Workers as facilitators and certification of an additional 11 CSWs as first-time facilitators.
 - WREACH convened 6 subcommittee meetings open to the community

- FY 20-21:
 - Facilitated 12 monthly Committee for Social Inclusion meetings with an unduplicated count of 63 participants in attendance.
 - PhotoVoice served an estimated 800 people through subcommittee meetings open to the community, one Recovery Month exhibition, and trainings.
 - WRAP served 108 people, held 10 in-person WRAP groups (Forensics division). WRAP II County-wide facilitator completed 14 one-on-one WRAP plans for client. And the team held 1 WRAP quarterly subcommittee meeting.
 - WREACH reached 365 people through 62 presentations.
- FY 21-22:
 - Social Inclusion: Facilitated 11 monthly committee meetings with 112 participants (duplicated count) and 65 participants (unduplicated count) in attendance. Additionally, OCE staff tabled at six community events and interacted with 274 members of the public, sharing mental health resources and information on reducing stigma.
 - WRAP: County peer staff facilitated 26 WRAP groups and the development of 16 individual WRAP plans at Martinez Detention Facility, serving a total of 146 participants. Four Community Support Workers (CSWs), including one from OCE staff, successfully completed WRAP Seminar III to become Advanced Level Facilitators, allowing them to train fellow CSWs to facilitate WRAP in group settings across the county. There were also two WRAP facilitator subcommittee meetings facilitated by OCE staff. There was ongoing collaboration and consultation with the Copeland Center for Wellness and Recovery to advance the countywide WRAP program.
 - OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

Constance Russell, pwc.cares@comcast.net

2231 Railroad Ave, Pittsburg, 94565 (925) 427-5037, <http://www.peoplewhocarechildrenassociation.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

PROGRAM: PWC AFTERSCHOOL PROGRAM

- a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at- risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: FY 23-24: \$391,905
- d. Number served: FY 19-20: 207; FY 20-21: 140; FY 21-22: 130
- e. Outcomes:
 - FY 19-20:
 - After Shelter-in-Place started, organized online tournaments to keep students engaged and connected. 40 students participated in each week-long and 2 week-long competitions.
 - During the Green Jobs Bridge program (virtual adaptation of existing/pre-covid program) a total of 12 unduplicated, and 78 duplicated students participated in the program. More than 50% of participants did not re-offend during the participation in the program
 - Students participated in a weeklong simulation in which they had to utilize skills and learning from personal finance lesson taught to make financial and life decisions in an open simulation combining all finance-oriented modules (Budgeting and Saving, finding an apartment, choosing and balancing a bank account, getting a credit card, fixing your credit, online banking, time management and health, paying and filing taxes, intro to investing for retirement, risk vs. return, and diversification). The goal was to have the highest net worth by the end of a week's time. The winner went from \$0 and homeless to home-owning, college-educated with 250k in the bank. Majority of participants showed an increase in school day attendance and decrease in school tardiness.
 - FY 20-21:
 - 100% of the participants enrolled in PWC's remote courses gained knowledge in aspects of business such as marketing/advertising, accounting, and banking skills.
 - Of the 117 students enrolled in PWC After-School Program that answered the resiliency questions on pre-and-post Student Surveys, 81% demonstrated improved resiliency.
 - Of the 23 probation students enrolled in PWC After-School Program, 99% did not re-offend during their participation in the PWC After-School Program.
 - Of the 117 students enrolled in PWC After-School Program that answered the survey questions about

caring adults on their post Student Surveys 72% indicated that they had caring relationships with adults in their lives.

- PWC was very successful with assisting schools in improving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.
- FY 21-22:
 - Offered weekly online and Telehealth mental health support, and weekly in-person mental health counseling to students in Pittsburg and surrounding areas.
 - Conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training classes at the Senior Center and simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training courses at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health.
 - Conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club.

PUTMAN CLUBHOUSE

Tamara Hunter, tamara@mentalhealthconnectionsca.org

3024 Willow Pass Rd #230, Concord CA 94519 (925) 691-4276, (510) 926-0474, <https://www.putnamclubhouse.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

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

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

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

ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops.

iii. Project Area C: Putnam Clubhouses assists Contra Costa County Behavioral Health in several other projects, including organizing community events and by assisting with administering consumer perception surveys.

iv. Project Area D: Putnam Clubhouse assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.

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

c. Payment Limit: FY 22-23: \$820,581

d. Number served: FY 19-20: 456; FY 20-21: 505; FY 21-22: 326

e. Outcomes:

- FY 19-20:
 - 456 unduplicated members spent 57,290 hours engaged in Clubhouse programming activities. 55 newly enrolled Clubhouse members participated in at least one Clubhouse activity
 - Members helped prepare and eat 30,938 meals at the Clubhouse. This is significantly higher than in past years due in large part to the implementation of a food pantry in response to COVID-19.
 - 1,543 rides provided to members to and from Clubhouse activities, job interviews, medical appointments, etc..
 - 1,403 in-home outreach visits were provided.
 - 131 postings were made on the Career Corner Blog and 4 career workshops were held (target 4).
 - Three community events were held with 378, 389, and 397 people in attendance respectively. The

latter was held virtually due to COVID-19.

- Assisted the implementation of the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- Survey data demonstrated positive outcomes in terms of consumer and caregiver satisfaction, respite, well-being, decreased hospitalizations, increased referrals, etc.
- FY 20-21:
 - Members spent 58,642 hours engaged in Clubhouse programming).
 - 54 newly enrolled Clubhouse members participated in at least one Clubhouse activity, 16 of whom were young adults ages 18-25 years.
 - 62 activities were held for young adult members ages 18-25 years.
 - 89 members and caregivers completed the annual survey.
 - 90% of caregivers who completed the annual survey reported that Clubhouse activities and programs provided them with respite care.
 - 100% of caregivers who completed the annual survey reported a high level of satisfaction with Clubhouse activities and programs.
 - 100% of caregivers and 92% of members completing the annual survey reported that the member's independence had increased.
 - 94% of Clubhouse members who used the Career Unit indicated that they were "very satisfied" or "satisfied" with the services related to employment and education.
 - 100% of Clubhouse members who indicated education in their career plan (return to school/finish degree/enroll in a certificate program) as a goal were referred to education resources within 14 days.
 - 100% of members who indicated employment as a goal in their career plan were referred to employers, applied for jobs, and/or had a job interview within 3 months of indicating goal.
 - 26,432 meals were served to members.
 - 94% of members completing the annual survey reported an increase in peer contacts.
 - 93% of members & 84% of caregivers (88% combined average) completing the annual survey reported an increase in their health and well-being (mental, physical, emotional).
 - The program achieved its goal of reducing hospitalizations and out-of-home placements of active members.
- FY 21-22:
 - Served 326 unduplicated members.
 - 40 new members enrolled and participated in at least one activity. 10 of these new members were young adults aged 18 to 25 years. At least 49 activities were held specifically for the young adult age group.
 - Held 17 career workshops.
 - Prepared 9,681 meals for members.
 - Provided 39,637 hours of Clubhouse programming to members.
 - Provided 432 rides to and from Clubhouse activities.
 - Provided 427 In-home outreach visits.
 - Made 127 blog postings.
 - Caregivers reported the Clubhouse activities provided them with respite care, stated they were highly

satisfied with programming, and reported the Clubhouse increased member independence.

- Members reported the Clubhouse activities supported them in self-advocacy, communication, increased knowledge on health and wellness, and increased access to healthcare resources, increased peer interactions, and increased sense of belonging.
- Members and caregivers reported the Clubhouse activities increased their mental and physical health and overall wellbeing.

RAINBOW COMMUNITY CENTER

Christian Aguirre, christian@rainbowcc.org

2118 Willow Pass Rd, Concord, CA 94520. (925) 692-0090, <https://www.rainbowcc.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and unconflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services.

Services are available in English, Spanish, and Portuguese.

- ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
- iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
- iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

- b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

- c. Payment Limit: FY 23-24: \$853,161

- d. Number served: FY 19-20: 941; FY 20-21: 677; FY 21-22: 547

e. Outcomes:

- FY 19-20:
 - Implemented a Training and Curriculum Manager position with a seasoned SOGIE (Sexual Orientation, Gender Identity and Expression) national trainer and published educational curriculum writer that joined the staff in March 2020. This enabled Rainbow to launch within the two months of the state's Shelter-in-Place orders, a meaningful update to culturally informed work through virtual SOGIE workshops and trainings.
 - Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo,
 - Pittsburg, Acalanes, West Contra Costa Unified.
 - Offered services to LGBTQ seniors, adults, and youth through their various tiered services.

- FY 20-21:
 - Served a total of 677 unduplicated clients. Offered services to LGBTQ seniors, adults, and youth through their various tiered services
 - Tier 1 and Tier 2 reached 396 unduplicated clients. Tier 1 provides community-based programming through events and outreach. Tier 2 is group-based programming such as support groups and food pantry deliveries.
 - Tier 3 served a total of 281 clients. Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 2009.68 hours of services were provided to clients with Tier 3 alone.
 - Provided virtual services due to the COVID-19 pandemic and adopted an electronic health records platform called, Simple Practice. Virtual offerings have allowed Rainbow to extend service offerings to a wider base, for example, offered district-wide rather than being limited to individual sites as was the case prior to the pandemic with our in-person service model.
 - For several older adults who lacked technology skills and adequate technology, Rainbow started a Tablet Program which provided loaner tablets for seniors in order for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.
 - Rainbow Community Center's Kind Hearts Food Pantry (RCCKHFP) delivered 148 meals and food resources to 24 unduplicated and 49 duplicated LGBTQI+ Seniors (55+), and HIV positive community members throughout Contra Costa County
- FY 21-22:
 - Rainbow served a total of 547 unduplicated clients.
 - Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients.
 - Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management.
 - 1,765.75 hours of services were provided to clients with Tier 3 alone
 - Increase targeted HIV Prevention outreach via multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup, as well as targeted email blasts to educate and inform all community members about RCC HIV Prevention and Education services in Spanish and English.
 - Delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County.
 - Organized volunteers to outreach to 150+ senior clients to encourage engagement.

RYSE CENTER

Kanwarpal Dhaliwal, Kanwarpal@rysecenter.org

205 41st Street, Richmond. CA 94805 (925) 374-3401, <https://rysecenter.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUPPORTING YOUTH

- a. **Scope of Services:**
 - i. **Trauma Response and Resilience System (TRRS):** Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
 - ii. **Health and Wellness:** Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
 - iii. **Inclusive Schools:** Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.
- b. **Target Population:** West County Youth at risk for developing serious mental illness.
- c. **Payment Limit:** FY 23-24: \$549,662
- d. **Number served:** FY 19-20: 865; FY 20-21: 255; FY 21-22: 340
- e. **Outcomes:**
 - FY 19-20:
 - 283 new members enrolled, for a total of 613 unduplicated members attending. Since March 2020. An additional 322 youth participants (not unduplicated) who are not formally enrolled as members took part via virtual program offerings.
 - Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in the community, with over 2,000 views.
 - Supported students across WCCUSD to respond to distance learning policies, surveyed over 282 youth about distance learning needs and ideas, organized a Youth Town Hall for over 100 participants on

- distance learning, and participated in local, statewide, and national forums to share youth experiences.
- Created a Youth COVID-19 Care Fund, providing direct cash disbursements to nearly 200 youth and their families, as well as assisted the City of Richmond with establishing a community-guided Richmond Rapid Response Fund
- 107 young people completed Education, Career, Let's Get Free or Case Management Plans
- 22 young people completed Community Service requirements with support from RYSE.
- Engaged at least 33 young people who came to RYSE through reentry/transition from juvenile confinement in the Hire Up, Rysing Professionals, and Side Hustle programming.
- 23 young men, ages 15-18, completed the Hidden Genius Project (HGP), a 15-month intensive Tech Literacy and Skill-Building program for Black-identified males in the areas of computer science and entrepreneurship.
- Engaged over 326 young people through an arts-based healing program.
- FY 20-21:
 - Served 255 young people virtually, plus hundreds of youths and adults engaged through online/events. RYSE primarily engaged young people and community members through virtual programs and events and through trainings and workshops in high schools, continuation schools, partner agency sites and within juvenile hall. While unduplicated numbers of enrolled youth members reached were lower than in years with in-person operations, RYSE reached hundreds of additional young people who were not formally enrolled through social media engagement, virtual events, and in providing emergency financial support to young people and their families.
 - At least 97 members engaged in direct academic and career supports including 1:1 case management, education & career workshops, and mentorship/coaching. 21 young people engaged in identity groups (LGBTQQ group, Young Men's Group, Sister Circle). At least 42 youth participated in leadership cohorts, projects, led campaigns, and training in RYSE's Youth Leadership Institute. 28 young people participated in RYSE's Youth Leadership Institute in April 2021.
 - RYSE has established a partnership with Brighter Beginnings and hosted their staff to begin a cross-referral process between agencies.
 - Through RYSE's Youth COVID-19 Direct Supports Fund, RYSE provided over 300 \$500 disbursements, including participants impacted and hospitalized by gun violence. COVID care funds were used to fund 25 RYSE Scholars, students who were provided with a \$500 disbursement to help with meeting immediate school-related expenses in Fall 2020.
 - As a result of participating in RYSE programming RYSE members:
 - 70% reported benefiting from RYSE programs and services that support mental health and wellness, and reported positive or increased sense of self-efficacy, positive peer relation, youth-adult relations, and agency in impacting change in the community.
 - 95% felt a sense of safety, respect, and community with RYSE staff and young people
 - 97% felt RYSE staff created clear, engaging, accessible workshops.
 - 94% felt they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
 - 90% felt they are interacting more with people of different cultures than their own, speaking up more, and believe they can make a positive difference in their school or community.
 - 97% felt counseling or case management is space of safety, mutual trust, and helping with emotional and navigation goals.
- FY 21-22:

- 95% of members agreed or strongly agreed that they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
- 80% of clinical and case management participants agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals.
- 88% of RYSE members agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.
- Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.
- 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.
- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

STAND! FOR FAMILIES FREE OF VIOLENCE

Rhonda James, rhondaj@standffov.org

1410 Danzig Plaza #220, Concord, CA 94520, (925) 676-2845, <http://www.standffov.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: FY 23-24: \$150,944
- d. Number served: FY 19-20: 1778; FY 20-21: 743; FY 21-22: 649
- e. Outcomes:
 - FY 19-20:
 - *You Never Win with Violence* presentations to 1445 middle and high school youth (during 55 presentations) in Contra Costa County
 - 17 *Expect Respect* groups reached 146 participants
 - Offered 17 10-week long gender-based support groups
 - Trained adult allies (teachers and other school personnel)
 - FY 20-21:
 - Served 743 participants in 30 presentations of "You Never Win with Violence".
 - Adult Allies: 30 teachers and 40 other school/community personnel trained.
 - STAND! was unable to conduct Expect Respect and Promoting Gender Respect Support Groups due to the Covid-19 Pandemic.

- FY 21-22:
 - Served 649 participants overall.
 - Served 432 participants in 18 presentations of “You Never Win with Violence”.
 - Conducted 21 Expect Respect and Promoting Gender Respect gender-based support groups.
 - Reached Adult Allies: 30 teachers through 18 presentations, and 20 other school/community personnel trained. Additionally, 60 adults were reached through a presentation in June 2022 for the Church Women United foundation.

Ami Nichols, anichols@martinez.k12.ca.us

925 Susana Street, Martinez, CA 94553 (925) 335-5880, <http://vmhs-martinez-ca.schoolloop.com/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12th grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

- a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
- individualized learning plans
 - mindfulness and stress management interventions
 - team and community building
 - character, leadership, and asset development
 - place-based learning, service projects that promote hands-on learning and intergenerational relationships
 - career-focused exploration, preparation, and internships
 - direct mental health counseling
 - timely access and linkage to direct mental health counseling

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

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: FY 23-24: \$202,985
- d. Number served: FY 19-20: 245; FY 20-21: 125; FY 21-22: 125
- e. Outcomes:
- FY 19-20:
 - 97% of the Vicente student body and 54% of Briones students participated in PEI activities.
 - All seniors participated in service-learning hours. A minimum of 15 hours is usually required. Due to the school closure because of COVID-19 some students didn't complete all hours but were given a waiver for these hours.
 - All students were offered mental health counseling and there was one full time mental health counselor on campus daily.
 - Staff organized and hosted 70 different types of activities and events to enrich the curricula.

- Vicente was again a recipient of the Model Continuation High School Recognition through the California Department of Education
- and the California Continuation Education Association.
- All students were given the opportunity to apply, interview and participate in career- focused internships.
- At least 70% of students who participated in four or more services and who had had chronic absenteeism increase their attendance rate by 5%.
- FY 20-21:
 - 97% of enrolled students received a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
 - At least 90% of identified students participated in four services per quarter that supported their individual learning plan. The average number of PEI activities of those who participated was seven.
 - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
 - At least 70% of students who participated in four or more services and who have had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
 - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.
 - The schools closed and transitioned to a distance learning model on March 16, 2020. PEI services continued and even increased services during this time. All services were provided via virtual means. Outreach increased to families and students given the impact this model was having on students. Times for families and students to meet so that we could provide support were offered.
- FY 21-22:
 - All students enrolled in Vicente and Briones had access to a variety of PEI intervention services through in-school choices that met their individual learning goals.
 - 97% of enrolled students received:
 - An orientation on program offerings
 - A self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
 - The average number of PEI activities of those who participated was seven.
 - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
 - At least 70% of students who participated in four or more services and who had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
 - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.

Pete Caldwell, pcaldwell@wecarechildren.org

2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, <https://www.wecarechildren.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care’s programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

- f. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

Component 1: Family Engagement and Outreach. First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children’s social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIC members and partners will reach out to their community contacts as well. ECPIC members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community “hubs” such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

Component 2: Early Childhood Mental Health Home-Based Support. This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center in East County.

“Meeting the child and family where they are,” in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during “everyday moments” of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*

Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children’s social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

Component 3: Parenthood Education and Empowerment Component. This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children’s resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2 hour small group format discussions, and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

- g. Target Population: Families with children ages 0-5
- h. Payment Limit: FY 23-24: \$132,613
- i. Number served: FY 21-22: 234
- j. Outcomes:
 - FY 21-22:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach:
 - Goal: Recruit minimum number of 299 parents
 - Actual: 420 parents were recruited; 4400 were contacted.
 - Goal: Recruit 200 parents for Parent Groups
 - Actual: 388 parents were recruited; 190 participated
 - Goal: Recruit 99 parents for Home-Based Services
 - Actual: 32 parents were recruited; 22 participated
- Parent Groups:
 - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
 - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support:
 - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
 - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
 - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

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FISCAL YEAR: 2021 - 2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

- 1) After the height of the COVID-19 pandemic, the potential responders we have reached primarily consist of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county) within the past reporting period. In addition, due to the ongoing consequences of the COVID-19 pandemic, we emphasized on offering support to vulnerable populations like the elderly and the homeless. These groups and individuals are frequently underserved as a result of language barriers and cultural differences.
- 2) Our primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Vietnamese, Laos, Mien, and Chinese to reach a wider range of potential responders. These brochures consisted of our mission statement, the types of services we offer through our programs, the language services we have available, and our contact information. The ongoing COVID-19 pandemic caused us to scale back on community events and reduce the number of sites we distribute our brochures to, but we have begun to increase our reach once again, and continue to focus heavily on more interpersonal community outreach, sharing our resources from family-to-family and via word of mouth.

Furthermore, we hold psychoeducation workshops for community members in regards to the importance of prevention and early intervention relative to mental health, as well as self-care and human wellness. These workshops also touch on cultural and family/parenting issues. These workshops raise the attendees' awareness and understanding of the early signs of mental health issues, increase their knowledge about mental health, and reduce the stigma that surrounds the topic of mental health. Additionally, we provide information about where and how to get help if needed, particularly for those who may feel limited due to language barriers.

- 3) Several strategies are utilized to provide access and linkage to treatment. For instance, if there is a potential case that needs mental health assessment and treatment, the case would be transferred to another program we offer in the instance of Medi-Cal recipients. For individuals who are not qualified for this treatment program, this leads them to be in immediate risk, meaning they would have more difficulty accessing or receiving services due to language and cultural barriers. They would then be encouraged to receive individual/family consultation for up to one year under the PEI program or participate in wellness support groups in a variety of Asian languages (this program is also under the PEI program.)
- 4) We were able to host small workshops for groups of about ten to twelve people, but we mainly were able to help individuals access services by connecting with local community leaders such as pastors and community associations. We received updated training to better serve our communities. This way we, as providers, can develop a better understanding of the needs of services for underserved populations and provide better catered and more supportive services.

OUTCOMES AND PROGRAM EVALUATION:

We utilize the Demographics Form to conduct evaluation and measure outcomes. Some questions in the form have been modified to better reflect cultural competency. Some of the qualitative data we collect include primary language spoken, race, ethnicity, gender, sexual orientation. Our quantitative data includes the number of individuals that attend group, their ages, and the number of hours attended. The Demographics Form does not include the client name so their information will always be confidential. We use 1 form per 1 individual per 1 contact. The data is compiled at end of the month and analyzed.

VALUES:

Our program reflects the values of wellness, recovery, and resilience. We base our work on our agency's mission statement, which emphasize the need to provide and advocate for multilingual and multicultural family services that empower people in Contra Cost County to lead healthy, contributing and self-sufficient lives. The services we provide always aim to assist, educate, and eliminate the stigmas of mental health-related issues. Our doors are always open to anyone that seeks assistances, regardless of race, color, ethnicity, religion, sexual orientation and with the assistance of our bilingual staff; we are able to provide language-based care and services. Being able to provide language-based care is something that we value deeply, and believe that it truly provides a safe place for those who are English as a Second Language and need of services

VALUABLE PERSPECTIVES:

Our Mien staff at Vistability/Asian Family Resource Center have been working with Laiian Saeteurn (62 years old) since March of 2021. Laiian went through a lot in her life. She and her husband got divorced and one of her sons was on drugs and he burned down the house that they were renting because he felt no one loved him and didn't feel like living without a father. Laiian was depressed and felt that no one respected or cared about her anymore, because being a divorced woman in the Mien community means that she is worth nothing. She and one of her daughters (42 years old) moved to Portland, Oregon for a while hoping for better life, but when she was there things got worse. She got more depressed and stressed, and didn't know what to do to help herself get better. She wanted to take her own life by taking off her clothes and walking into the street to try to get run over by cars. Her relatives in Oregon didn't know what to do to help her with her problems so they sent her and her daughter back to California.

When her and her daughter got back to the Bay Area, our Mien staff helped them find the help they needed through our outreach programs. Our Mien staff took them to West County Adult Behavioral Health Services for assessment. Laiian and her daughter were both diagnosed with mental/psychiatric problems. Laiian has been getting treatment at West County Adult Behavioral Health for depression and anxiety and her daughter is in an Antioch group home and has been seeing a psychiatrist there.

Our Mien staff has been seeing Laiian one to two times a week to assist her with scheduling doctor appointments and provided translation for her. Our Mien staff also worked with her on personal development, counseling, walking, and sometimes grocery shopping. This is one case of many, and our staff have been helping lots of clients in the community through PEI programs, especially underserved populations in Contra Costa County. Because of PEI programs our agency has been able to help a lot of people and save many lives. Thank you for the funding the programs.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The goals of the 2021-2022 scope of work were three-fold: (1) Community and Family Engagement: working with Richmond and West Contra Costa County families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental and emotional health information and community services; (2) Social Support and Referral: reduce risk factors for developing a potentially serious mental illness and to increase protective factors; and, (3) Self-and Collective Advocacy: train and support families to self-advocate and directly engage the services they need and want to access and to promote health equity for all.

BBK set out this year to enhance our existing peer-to-peer groups and develop new programs and resources that increase emotional well-being for Richmond and West Contra Costa community members.

OUTCOMES AND MEASURES OF SUCCESS:

- 1) Community and Family Engagement: Ensure Richmond/West County families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services
 - Linkages with East Bay service providers: In 2021-2022, BBK continued to focus on connecting families to mental health and support services that are available within the region. Through our programs, participants have connected to a total of 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.
 - Family Engagement: In the 2021-2022 fiscal year a total of 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Through these activities, participants had access to fun, hands-on activities that helped families spend time together and have a distraction from the ongoing pandemic and other stressors in their lives. Activities included family bonding arts & crafts, dancing, boxing, story-telling, yoga, and mindfulness activities.

- 2) Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches
 - Sanctuary Peer Support Groups: In the 2021-2022 fiscal, BBK hosted a total of 33 peer support meetings. A total of 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, our men’s peer support group, we served a total of 31 participants. Through these meetings, men have continued building relationships with other men in their

community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.

- 3) Self-and-Collective Advocacy: Train and support families to self-advocate, build collective advocacy and directly engage the services they need.
- Life-Coaching: During the fiscal year, 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset. Additionally, LeJon Fahim Reese, our Holding Space group facilitator completed his life coaching certification training in March of 2022 and will begin in Fall 2022 supporting men with life coaching at no cost to them.

Measures of Success:

Families are knowledgeable about and have access to a network of support, mental health information, and services that promote well-being and reduce stress factors

Organizational Support and Family Engagement

- 100% of participants will report having a better understanding of ways to support positive emotional and wellbeing
- 100% of participants will be connected to a resource that supports their wellbeing

Reduce risk for negative outcomes related to untreated mental illness

Sanctuary:

- 100% of participants will report improved access to mental health education, and mental health support services
- 100% of participants that consistently participate in a Sanctuary Group will report feeling connected to others and confident in their strengths.
- 100% of participants will feel fortified to make positive changes within themselves and their families
- 100% of participants will be able to identify at least two other group participants that they can connect with outside of the Sanctuary Meetings

Train and support families to self-advocate and directly engage the services they need

Sanctuary Facilitator and Life Coach:

- 100% of parents that work with a Sanctuary Facilitator and Life Coach will report that they feel safe advocating for mental health services for themselves, their child, or other family members.
- 100% of participants will feel fortified to affect community change
- 100% of participants will feel fortified to make positive changes in their families
- 100% of participants will report a plan for supporting mental wellness for themselves
- 100% of participants will report progress in achieving at least one wellness goal

DEMOGRAPHIC DATA:

BBK routinely collects essential demographic fields (adult/child, race, gender, preferred language). For this fiscal year (15) children ages 0-15, (72) transitional youth ages 16-25, (160) adults ages 26-59, (5) older adults ages 60+, and 48 participants who declined to state their age attended our virtual programming.

EVIDENCE-BASED OR PROMISING PRACTICES:

BBK ensures that participants' voices are at the core of our programming. For example, participants help us determine topics they want to discuss, learn and facilitate. They recommend guest speakers, and decide what day and time

programs take place. Lastly, we incorporate artistic expression in our programs, this includes dancing and art projects.

VALUES:

BBK continues to be a community of social innovators working to support Black and Latinx families in West Contra Costa County. We support families to use their voices and experiences to directly inform the systems they interact with and which impact them. We envision empowered communities that are wellness-centered and have equitable access to high-quality education, where healthy families blossom to realize their dreams and full potential.

Our three core strategies are parent-led advocacy, healing-centered care, and leadership development. These strategies drive our mission to amplify the voices of parents/caregivers of color and partner with them to advance equitable access and opportunities for all youth to have quality education and all families to achieve emotional and physical well-being. Our staff continues to keep families' health & wellbeing at the forefront of our work in all of our programming. Our approach continues to align with and bolster MHSA's PEI goal of providing activities intended to reduce risk factors for developing a potentially serious mental illness and to increase protective factors.

BBK's theory of change is simple and enduring: by providing healing-centered care, leadership development, and activating inclusive parent-led advocacy, we support the personal and collective transformation of parents and caregivers as they reclaim their power. Furthermore, we seek the transformation of education and health systems, so that all youth achieve success and all families experience positive emotional and mental well-being. We collaborate with families to overcome trauma and barriers so that they may strengthen their ability to support their children, family, and community toward healthy, successful development. Efforts focus specifically on ensuring the well-being of parents and supporting parents to determine long-term success for their children. We do this by offering nurturing and culturally responsive environments where parents can heal and identify practices that promote well-being. We also help parents make direct linkages to mental health tools and resources that may not otherwise be accessed. Furthermore, we develop the leadership capacity of parents/primary caregivers. Our ultimate aim is that Richmond and West County parents/primary caregivers affect positive changes in homes, schools, and neighborhoods to ensure that they are responsive to the needs of families and children.

VALUABLE PERSPECTIVES:

During the 2021-2022 fiscal year, we have had the honor to see several of our program participants lead in our programs in several capacities. This year we partnered with Community Financial Resources (CFR) to train two of our parent leaders on CFR's financial wellness curriculum. Blanca, a mom who has participated in BBK programs since 2014, and La Trece, a mom who has participated in BBK programs since 2018, completed the training and led financial wellness workshops for BBK families in March. Additionally, La'Quesha, a Black Women's Sanctuary and Life Coaching participant presented a topic during the May meeting.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

The Child Abuse Prevention Council (CAPC) reached out to the Latino community in Central and East County offering The Nurturing Parenting Program (NPP) to Spanish Speaking Parents and their children. CAPC collaborated with community based agencies such as First 5 Centers, Head Start, WIC, Contra Costa County Behavioral Health, and school district including Mt. Diablo Unified, Antioch Unified and Oakley Elementary School District, and Brentwood Elementary School District to promote this program. Parents enrolled in the NPP reported that hearing other parents' opinion and comments about this program motivated them to enroll. The Nurturing Parenting Program offered 18 -week session in July 2021 ending December 2021 and the second session starting January 2022 ending in June 2022.

The Nurturing Parenting Program enrolled a total of 91 Latino parents and 122 children during the fiscal year. The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated. The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11. Parents who dropped out of the program were contacted by NPP staff offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings; , parents financial demand increased, return to the work force, and/or work additional job.

CAPC staff developed lesson plans to serve this groups for 18 consecutive weeks following the fidelity of the NPP evidence-based curriculum to increase parenting skills, decrease isolation within this population, decrease stigma related to accessing mental health services for self and/or child in a culturally sensitive manner. The NPP curriculum has been enhance with Mental Health presentations to decrease fears, stigma, educate and promote early intervention for those parents and children in need of this support.

The NPP team continued working remotely after consulting and following direction from our Executive Director. The NPP staff modified operations to maintain families engaged and increased motivation to attend sessions, as well as identify needs. Staff engaged parents one on one by phone providing linkage to workshops, offered resources to families who continue to struggle due to lost their jobs and link to resources to help families meet basic needs. The NPP team was able to continue lessons and utilizing program materials as suggested by curriculum and encouraged parents to use time to implement with their children creating an opportunity to bond and build a stronger relationship with their children whenever possible.

CAPC and NPP provide support, offering meal baskets to families enrolled in the program, providing ingredients and instructions for families to prepare one meal per week as a family and eat together as a family (as suggested by the curriculum). The children meet with their facilitators in a separate space to continue the program and materials are delivered monthly to have parents and children working together to promote family time.

OUTCOMES AND PROGRAM EVALUATION:

CAPC continues to support our community by offering services weekly and NPP staff continues our program as planned. In addition to the curriculum information and psycho-education is presented to help raise self-awareness,

identify mental health/behavioral challenges that may need professional support. NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as “normal” parenting practices.

The Nurturing Parenting Program incorporates pre and post self-report assessment measures: AAPI Adult-Adolescent Parenting Inventory is a 40 item, norm-referenced, Likert scale designed to assess the parenting beliefs and practices of parent population. The AAPI is designed to assess the beliefs for parenting children from infancy to 12 years of age. Response provide an index of risk for child maltreatment in five parenting practices known to result in child maltreatment. CAPC/NPP staff utilizes this tool to identify parents at risk.

Responses to the AAPI provide an index of risk in five parenting constructs:

A - Appropriate Expectations of Children. Understands growth and development. Children are allowed to exhibit normal developmental behaviors. Self-concept as a caregiver and provider is positive. Tends to be supportive of children.

B – High Level of Empathy. Understands and values children’s needs. Children are allowed to display normal developmental behaviors. Nurture children and encourage positive growth. Communicates with children. Recognizes feelings of children.

C – Discipline/ VALUES ALTERNATIVES TO CORPORAL PUNISHMENT Understands alternatives to physical force. Utilizes alternatives to corporal punishment. Tends to be democratic in rule making. Rules for family, not just for children. Tends to have respect for children and their needs. Values mutual parent-child relationship.

D - APPROPRIATE FAMILY ROLES tends to have needs met appropriately. Finds comfort, support, companionship from peers. Children are allowed to express developmental needs. Takes ownership of behavior. Tends to feel worthwhile as a person, good awareness of self.

E - VALUES POWER-INDEPENDENCE Places high-value on children’s ability to problem solve. Encourages children to express views but expects cooperation. Empowers children to make good choices.

These five parenting constructs enhance **the Five Protective Factors** that replace risk of abusive behavior with positive parenting skills.

The Five Protective Factors are the foundation of the Strengthen Families Approach: Parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Inventory A and B are given to parents at the beginning of the session and at the end.

AAPI Results Session East County

Construct	A	B	C	D	E
Form A	7.29	6.93	7.21	8.57	7.21
Form B	8.27	8.64	8.73	9.27	6.82

AAPI Results Session Central County

Construct	A	B	C	D	E
Form A	7.00	6.33	6.56	7.78	7.33
Form B	5.50	7.50	9.00	8.00	5.50

LINKAGE AND FOLLOW-UP:

Dr. Hector Rivera-Lopez offers Mental Health presentations to enhance the program and promoting self-care to increase emotional availability for parents caring for their children and decrease the risk of child abuse.

The NPP supervisor not only oversees sessions, she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP engages with each family to offer linkage to the appropriate resources and staff follows up to gather information about how outcome of services and monitor progress per parent self-report.

Parents received the Surviving Parenthood Resource Guide to facilitate access to community based organizations providing a wide variety of services at no cost or sliding scale as an effort to encourage parents to connect and explore preventive/intervention programs, in addition NPP offered flyers and other contact information to facilitate families access to services. NPP staff offered guidance on how to access mental health support, crisis intervention, EDD services, food banks, low cost, housing and many others, Care Parent Network, First 5.

NPP staff followed up with families attempting to connect with providers for services, families report accessing groups for education and support took less time than accessing one on one MH services. Unfortunately, some families have given up as wait times for one on one have increased.

VALUES:

The CAPC Director and The Nurturing Parenting Program Supervisor continue to meet regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance thought out the course of the session.

The Child Abuse Prevention Council staff continues finding resources for the Latino community who has reported challenges accessing mental health services that are culturally appropriate. Staff has learned of challenges parents are facing in trying to connect adults to mental health resources offered in their language of preference. To support this need staff has worked with parents by linking to access line and coaching them to advocate for their family. CAPC links parents to support groups in their area creating opportunity for families to connect with families in their own neighborhood. CAPC strongly believes in building community connections to increase children's safety.

VALUABLE PERSPECTIVES:

Serving our community from a prevention lens has being challenging as most of our parents believe or have learned not to access support if "things" are not as "bad". The story below was touching in many different way, as we often find parents not seeing the origin of certain behaviors of mental health challenges as parents themselves have learned to normalize these challenges their whole life. We make a difference by educating communities to prevent our children from getting to higher level of care, increasing parental awareness of and decreasing stigma to access mental health support gives parents the opportunity to improve the quality of life.

My Parenting Experience Mr. GS

My experience as a father has been wonderful, challenging, and a lifetime experience. Becoming a father at any age is difficult; My first parenting experience was with my step-son JP. I married my wife when JP was 6 years old and I was 43, at the beginning it was fun and games and as we established as a new family here in the United States, soon the challenges became to be bigger when we were a new family.

I noticed changes in JP's behaviors and I was certain there something need it to be done to "fix" him. Of course, I was far from reality. The NPP has been a guide to help me overcome these challenges, this class thought me to be more understanding with the children, to understand that they all have needs and they are individuals with their own and

unique personality, it helped me to be flexible, to be more empathetic with JP, and to understand how my wife's brain works different than my brain. My experience during class was unique because it helped me learn more about myself, learn more about my children, learn more about my wife, and understand that parenting is not easy, but we are doing everything we can to do a better job by learning each day more from one another and continue parenting with love.

One way to describe it is to love your children no matter what. We as a parents need to be there to help them understand the complexity of this life but during the process of doing this it must be through love, kindness, and respect. This class opened my eyes and made me reflect about what I was doing wrong with JP. It made me realized that I was too strict, demanding and my expectations were unrealistic. One day during class I broke in tears during class as I finally had that moment when I knew, JP didn't need to be "fixed". I hugged JP and told him how much I love him; I asked him for forgiveness because I was not paying attention to his needs, I didn't understand my role as a father and overlooked his needs.

I am glad that I was able to be part of this class because it also helped me to realized that my wife and I need to work more to be a better team. Parenting is challenging and it needs to have the attention of both parents. Both parents must be in the same page to make this journey easier.

At the end, my experience as a parent continues to be challenging and stressful but NPP clarified that it is not easy for all parents, and I am not alone. We just need to learn more about our children and ourselves on how the brain works so that we have a mutual understanding to manage this life experience in a more comfortable way by avoiding conflict with love and caring.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Scope of Services:

24-hour Crisis & Suicide Hotline

- 1) Provided immediate counseling, active listening, emotional support, and referrals to community resources on our 24-hour Crisis & Suicide hotline via phone and text for all Contra Costa County residents. Calls and texts are answered by live Call Specialists in English and Spanish, and we continued to have access to the 24/7 Language Line interpreter services for over 240 languages.
- 2) Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
- 3) Provided debriefing, supervision, silent monitoring, and consultation for all staff and volunteers in a manner that meets national industry standards and American Association of Suicidology accreditation standards. Our staff and volunteers reflect Contra Costa County demographics in our diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
- 4) Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.

Recruit and Train Volunteer Pool

- 1) Continued to recruit and train a diverse group of volunteers representing communities countywide with bi-lingual fluency in Spanish, Russian, German, Hindi, Punjabi, Urdu, and Korean.
- 2) Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
- 3) Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).

Outreach & Education

- 1) Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - a. Three- 6-hour Trainings (two virtual, one in-person)
 - b. Three- 1-hour Virtual Trainings (one conducted in Spanish)
 - c. Two- 4-hour Virtual Trainings
- 2) Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services

and Suicide Prevention.

Co-chair Suicide Prevention Committee

- 1) Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health.

County Coroner Referrals and Suicide Data

- 1) Continued to receive monthly Coroner data and maintain collaboration for referrals from the Coroner's Office to our Grief Counseling Support Group services for grieving survivors.

Postvention/Mobile Grief Response

- 1) Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.

Psychiatric Emergency Services Follow Up

- 1) Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

OUTCOMES AND PROGRAM EVALUATION:

This fiscal year we provided thirty-four in-service and professional development training opportunities to all staff and volunteers to promote knowledge of community resources and continuous cultural humility in working with and supporting a diverse population over the crisis hotlines such as youth, families with young children, seniors, people who are homeless, people who have mental illness, and people who experienced trauma.

We are active participants in meetings that strive to improve cultural sensitivity, awareness, and education to better serve our community such as Historically Marginalized Communities, Community Care Coalition, Help Me Grow Café, 988 Crisis Centers, ACEs Partners, Bay Area Suicide & Crisis Intervention Alliance (BASCIA), Child Death Review Team, 211 CA Meeting, Homeless Providers, Human Service Alliance, and Office of Emergency Services.

We maintain a feedback box in our front lobby for staff, volunteer, and clients, as well as gather feedback and evaluation surveys at the conclusion of every training and grief support group we provide for continuous improvements and program development.

Our policies (HIPAA and clinical license standards informed) ensure confidentiality – including use of technology, storage of records, destruction of records, subpoena response, record keeping, report writing, and (non)use of identifying client information on server.

Our core values of compassion, integrity, inclusion, accessibility, and collaboration along with continuous cultural humility development is written, spoken and practiced. Our policies, protocols, and office environment support these values.

VALUES:

Our services are designed on the belief that emotional support can make a significant difference in a caller's ability to self-manage and minimize psychiatric hospitalization visits when the support is available any time it is needed 24/7/365. We believe every person has a basic right to assistance in life-threatening or other crisis situations. Our mission is to keep people alive and safe, help them through crises, and provide or connect them with culturally relevant resources in the community. Our vision is that people of all cultures and ethnicities in Contra Costa County are in a safe place

emotionally and physically. Every resource in our 211 Resource Database is vetted, maintained, and up-to-date and is accessible for agencies partners and members of the community to use throughout the county free of charge.

The Contra Costa Crisis Center holds the following core values:

1. Compassion: We are driven by a desire to alleviate the emotional pain, distress, and needs of our clients.
2. Integrity: We respect and honor our colleagues and clients through trustworthy actions.
3. Inclusion: We affirm the value of differing perspectives and are committed to representation from, and service to, all members of our diverse community.
4. Accessibility: We believe that people in need should be able to get help 24/7/365.
5. Collaboration: We are committed to developing strong, lasting partnerships with community members to achieve common goals.

VALUABLE PERSPECTIVES:

Call Record #: 511111

“Tammy”, a 53-year-old African-American woman calling from Pittsburg, has so many things going on and she is really close to giving up. She was feeling incredibly depressed and defeated and her thoughts of suicide were unmanageable. She is waiting until after her daughters’ sixteenth birthday next week before she goes through with another suicide attempt. She has many physical issues and has suffered two significant losses, her fiancé in 2016 and then her other partner in 2020. She has two daughters and a 15-month-old grandchild, but her physical and emotional pain is overwhelming. She has been hospitalized twice in the past, once for two weeks and once for a month. After providing active listening and emotional support, Tammy agreed to stay safe for now. The Call Specialist provided her with a referral to the Mobile Crisis Response Team if she needs someone to be with her immediately in the future. The Call Specialist arranged for a follow-up call to check in with Tammy after her daughter’s birthday next week.

1st Follow up call:

The Call Specialist spoke with Tammy and she sounded much better. She really needed to vent and have someone to talk to and arranged for a second follow up call.

2nd Follow up call:

Tammy's eldest daughter is there at the house, her daughter and her boyfriend are fighting, and the baby is crying. She is feeling overwhelmed with stress and brainstormed potential options with the Call Specialist. She arranged for another follow up call.

3rd Follow Up call:

Tammy has the baby at her home, her daughter waited until she went to the rest room then left the baby there at the house. Her daughter has been gone since yesterday. Her daughter does not care, and has no consequences for her behavior, and she feels angry and frustrated. The Call Specialist brainstormed potential “safe places” to bring the baby if needed because she feels like she is going to “snap” and end up in the psychiatric ER. She arranged for another follow up call.

4th follow up call:

Tammy is thinking that when her 16-year-old goes to summer camp she will check herself into the psychiatric hospital in Martinez, she is feeling overwhelmed and feels like she’s having a mental breakdown. She arranged for another follow up call.

5th follow up call:

Tammy is now in the hospital after taking an Uber and checking herself in but is still feeling stressed and overwhelmed. She arranged for another follow up call.

6th follow up call:

Spoke with "Tammy" she sounded better but things are not going as planned. Her cousin is now helping her to take care of her grandchild. She laughed quite a few times it was good to hear her laugh. Tammy was grateful for our support and will continue to call us when she is feeling overwhelmed or when her thoughts of suicide surface.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Center for Human Development’s African American Wellness Program provides prevention and early intervention services that empower participants to:

1. Increase emotional well-being.
2. Decrease personal stress and isolation.
3. Increase their ability to access appropriate mental health services to African Americans living in Bay Point, Pittsburg, and surrounding East County communities.

Key activates included culturally appropriate education on mental health topics through Six Mind, Body and Soul support groups. A monthly newsletter and outreach at health orientated community events, and navigation assistance for culturally appropriate mental health referrals. Community Health Advocate Michelle Moorehead and Resident Leader Lisa Gordon facilitated services for the African American Wellness Program. Our east county office location is at the Spark Point center in Bay Point. Through collaboration with Spark Point the African American Wellness Program was able to provide services to participants and local community members. The program activities during the 12-month period included the following:

Six facilitated Mind, Body and Soul support groups at 3 locations in East County.
 Pittsburg Health Center, Pittsburg 1st & 3rd Tuesday
 Ambrose Center, Bay Point, 1st & 3rd Wednesday
 Pittsburg Senior Center, Pittsburg 2nd & 4th Wednesday

With some of the restrictions lifted for Covid19 all our support groups have returned to full operation. Following all CDC guidelines to ensure health and safety, our participants were still required to wear mask during all program activities and meetings. During July 2021-June 2022 fiscal year African American Wellness attended 3 community events.

1. Breast Cancer Awareness event. This event was hosted by West Pittsburg Community church in Bay Point. We provided information about mental health services, invitation to attend our monthly support groups meetings, and a copy of newsletter. We outreached to 25 participants.
2. Our program attended a Juneteenth celebration in collaboration with The Souljah’s (Pastor Greg Osorio, at John Buckley square in downtown Pittsburg. During this event our program provided information about mental health services, incentives, invitation to attend our monthly support groups, and a copy of our newsletter. We outreached to 44 participants at this event.
3. African American Wellness Program attended Unity in the community event. In collaboration with Bay Point All in One (Delano Johnson). Our program tabled at this event to provide information regarding mental health services, support groups meetings, gift bags, and monthly newsletter. We outreached to 43 participants at this event.

African American Wellness Program continued to provide a monthly newsletter to all participants. Send U.S. mail or via email. Some participants did not return to our support groups after the restrictions were lifted. Due to covid. Our program still provided resources and referrals for all participants. One on One phone meetings with participants, or

zoom, and or FaceTime Meeting. Meeting participants where they are is very important. Having One on One appointments with participants, gave them extra support assistance. It helped ease stress, anxiety, depression and isolation. Taking these measures ensured that all participants' needs were met, and no participant was left behind.

African American Wellness Program launched a "Get Walking Program" for fall 2021 (Aug 4-Oct 26) & spring 2022 (Apr 8-Jun 24). In collaboration with Joy Walker (Pittsburg senior center recreation coordinator), Our participants were able to meet once a week at Small World Park for 1.5 hours and exercise and walk inside the park. All safely measures were applied at this time. Each segment was 12 weeks at a time. Participants documented there progress each week. Group T shirts, sun visors, and water was provided. There were guest speakers provided to walk and talk with the participants regarding mental and physical health topics. During the fall walk our program we had a total of 40 participants walking with an average of 17 participants per week. During the spring walk our program had a total of 52 participants walking with an average of 19 participants per week. In collaboration with Girl Trek a nationwide women's walking group, our program was able to connect with and share our program on their social media page. Many of the Girl Trek women that live in East County came and participated in our weekly walks. Out of this collaboration we shared mental health information with their group and received some new participants to our support groups as a result. Get walking program allowed our participants to re-connect with nature and to get healthier mentally & physically. Walking released stress, depression, anxiety and isolation. Participants shared feeling better during and after our weekly walks.

Spark Point received turkey donations from United Way for the Thanksgiving holiday. Our partnership with Spark Point services allowed African American Wellness Program to receive turkeys for our participants. 25 of our participants received turkeys for the holiday. Participants picked up turkey at an appointment time that was set up. Community Health Advocate Michelle Moorehead delivered turkeys to participants that did not have transportation.

OUTCOMES AND PROGRAM EVALUATION:

African American Wellness Program Roster for support groups from July 2021- July 2022 total 155 unduplicated attendees. 755 newsletters were distributed (U.S. mail, email & hand delivered. Outreached to 120 people at community events. Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line. C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants by helping them to navigate through the system so that they can receive the care they need. The Community Health Advocate will call the mental health access line with the participant ensuring the participant receives an appointment. The Community Health Advocate also supports a participant by attending Doctor's appointment to assist with advocating for participant's care. The appointment is scheduled from the initial phone call. The time for scheduling an appointment and seeing a therapist or another provider time frame is up to 4-6 weeks. The Community Health Advocate & Resident Leader will follow up with participant to check on their progress. The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

LINKAGE AND FOLLOW-UP:

Participants are provided resources & referrals to help increase emotional wellness and reduce stress, depression, anxiety and isolation in their lives. The program creates a welcoming safe environment to all participants. The Mind, Body & Soul support group helps a participant hope, while facing life challenges, helping them address & overcome barriers such as homeliness, no medical coverage, lack of transportation, or lack of food. African American Wellness Program supports participant's needs by linking participants who are low income & disadvantaged due to lack of resource with other community resources to meet their needs. Participants enter the program through word of mouth, referrals by 211 of mental health dept at Pittsburg Health Center. The Mind, Body & Soul support groups are a supportive system that begins the healing process from the hardship to transition that may have encountered in life of a sudden unexpected trauma. We strive to teach the tools and techniques that will help defuse a hectic situation by using some our self-care practices such as breathing, mindfulness, taking a brief walking and journaling. Participants were

linked to mental health services thru mental health access line and followed up with their primary care Doctor.

VALUES:

African American Wellness Program reflects the mental health & wellness for our participants we provide services to assist participants with overall intervention & prevention services. We are active in the community. Our program conducted outreach in collaboration with other agencies. C.H.A. Michelle Moorehead & R.L. Lisa Gordon attended the East County response coalition outreach event weekly in Bay Point at West Pittsburg Community church. This collaboration with The Bay Church, John Muir, and Bay Point all in one. Together services for the community were provided such as food, clothing, and showers for the homeless. Our program provided mental health information and invitation to attend our monthly support groups. Our program collaborated with Hope solutions to assist with housing for participants experiencing homeless or at the risk of homeless, providing mental health support.

VALUABLE PERSPECTIVES:

C.J. is one of our female participants age range 26-59 years old. C.J. Is a long-time participant of the Mind, Body & Soul support group C.J. experienced some hardship with Covid 19 in 2021, her work hours were reduced, which created stress and anxiety. Using the tools & techniques she learned while attending Mind, Body & soul support group. C.J. was able to practice self- care, mindfulness, and journaling her thoughts to release her stress and anxiety. C.J. also used our program partnership with Spark point CCC to enroll with the credit & financial coaches. Thru this referral to spark Point CCC, C.J. was able to receive assistance to help her budget and plan her finances during this period. She was also eligible for covid rental assistance to help her with rental cost, until she was able to obtain her regular work hours again.

T.M. is one of our female participants aged 26-59 years old. She has attended Mind, Body & Soul support group for 3 years. T.M. came to the support group with some health challenges. She had a stroke, and has diabetes, and high blood pressure. She was referred by another participant. With all these health challenges T.M. was experiencing depression, and isolation. She began attending Mind, Body & Soul support groups and made new friends, which uplifted her spirits. Also learning how to use tools & techniques learned in the meetings, she could apply to her daily life. T.M. was provided with a 211 referral and mental health access line for therapy. She is seeing a therapist and feeling emotional better and hopeful. She continues to attend Mind, Body and Soul support group meetings.

E.O. is one of our male participants aged 26-59 years old. He attended the Mind, Body, and Soul support group for 2 years. E.O. came to the support group for depression. He was referred by his primary care Doctor. E.O. was diagnosed with congestive heart failure. This created depression for E.O. He learned tools & techniques to help release the depression such as journaling his thoughts, meditation (mindfulness) also walking. With the support of the monthly meetings and working closely with his primary care Doctor, E.O. was able to feel less depression. E.O. was able to return to work. E.O. is feeling positive and heart healthy now. E.O. attends Mind, Body, and Soul support group when he is not working.

FISCAL YEAR: 2021–2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Center for Human Development’s Empowerment Program provides weekly support groups, youth leadership groups, and mental health resources for lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) youth and their heterosexual allies, ages 12 – 20, in East Contra Costa.

The annual goal is to reach 80 unduplicated youth from July 1, 2021, through June 30, 2022. During the contract, staff will provide the following services:

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group.

Component 2: Facilitate one (1) weekly educational support group at the agency’s Antioch office, providing approximately 20 ongoing sessions.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages thirteen to twenty in East Contra Costa County.

Kevin Martin, Empowerment Program Coordinator, facilitated the following services from July 1, 2021, through June 30, 2022. Mr. Martin is a full-time employee, working 40 hours per week on the project. During this reporting period, Empowerment has worked with 107 unduplicated youth, which exceeds our goal of 68 unduplicated youth. This number is much more than the previous year due to the increase in perception of safety in engaging services by LGBTQ+ youth in a school environment verses in their home environments during COVID-19. Staff utilized a variety of methods to establish and maintain connection with participants, including: phone calls, texting, email, Facebook, Zoom, collaborations and referrals from other providers, referrals from peers, and referrals from schoolteachers, counselors and administrators.

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group. Providing services at these location helps to increase access in several ways: it eliminates the need for additional transportation, as students are already at school; there is a network of supportive school staff and service providers working at these school sites (Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch), allowing for expedient linkage to additional support services as needed; and youth are more inclined to engage in support services, including Empowerment, when they can do so with, or supported by their peers and with reduced anxiety of being “outed” to their parents, or guardians.

At Hillview Junior High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 257
- Group sessions: 47
- Unduplicated participants: 22

At Pittsburg High School staff facilitated:

- Individual check-ins, assessments, support sessions: 252
- Group sessions: 23
- Unduplicated participants: 23

At Deer Valley High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 443
- Group sessions: 24
- Unduplicated participants: 42

From July 1, 2021, through June 30, 2022, Kevin Martin facilitated 94 group sessions specifically for youth from these three school sites. This number is far greater than past year due to the increased perception of safety by LGBTQ+ youth to access support services in the school environment and difficulties students experienced related to not feeling safe or comfortable accessing support in their home environments. Due to these experiences by youth and the stress associated with COVID-19 and reengaging with in-person school, staff continued to conduct frequent individual check-ins, assessments and one-on-one support sessions in addition to group sessions. Staff conducted 952 individual check-ins, assessments and one-on-one support sessions with students from Hillview Junior High School, Pittsburg High School and Deer Valley High School during this year. Due to the extremely high number of youths seeking support service staff formed multiple groups at each site, capped the number of participants in each group, and formed a waiting list of youth desiring group support. Throughout the year, CHD staff continued to receive new referrals from school staff and service providers on campus during weekly Care Team meetings and from peer participants. The number of unduplicated participants was 87. Staff has also continued to work closely with school staff and other service providers on campus to secure space for groups for the upcoming school year, as providing in-person services at school sites fills a need for youth who have difficulty with transportation to our Antioch office, at Rivertown Resource Center, and/or are not “out” in some aspect of their life (i.e. peers, family, or community), which has been exacerbated by the COVID-19 pandemic.

Topics discussed with participants at school site included: initial assessment, establishing norms, surviving trauma at home, LGBTQ+ terminology, identifying feelings, healthy boundaries, being put down by authority figures, coping with stress, writing as a coping method, coping with anxiety, reopening from COVID-19, LGBTQ+ history, symptoms of stress and anxiety, coping skills, managing effects of trauma, bullying, Trans identities, identifying values, practice stating needs to family, self-advocacy, waves of COVID infection in the community, difficulty sleeping, unhealthy relationships, characteristics of healthy relationships, stress management, Queer women’s history, impact of family on mental health, stigma related to mental health, anticipation of spring break, social justice and advocacy, restorative justice practices, safety planning, creating an emergency contact list, family rejection, internalized homophobia, self-loathing and body dysmorphia, code switching, authentic self-expression, depression and suicide, suicide prevention, the process of “coming out”, fear related to “coming out” to family, intersectionality, gender and gender expression, societal and cultural expectations, changing unhealthy habits, boundary setting, drug use and self-medicating, Black Queer trailblazers, Pride history and symbols, 2022 bucket list and goal setting, affirmations, grief, divorce of parents, selfcare, health issues faced by LGBTQ+ youth, pronoun and preferred name usage, managing conflict, romantic relationships versus platonic friendships, rejection by religious institutions, LGBTQ+ Hispanic heritage, questioning identity, support resources, anticipating the end of the school year, giving and receiving appreciations, closure.

Component 2: Facilitate one (1) weekly educational support group at the agency’s Antioch office, providing approximately 20 ongoing sessions to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location has challenges, but is the only year-round, drop-in support program for LGBTQ+ youth in East Contra Costa County, providing access to youth from Bay Point, Pittsburg, Antioch, Oakley, and Brentwood.

At Rivertown Resource Center Staff facilitated:

- Individual check-ins, assessments, support sessions: 185
- Group sessions: 22
- Unduplicated participants: 30

From July 1, 2021, through June 30, 2022, Kevin Martin facilitated 22 virtual and in-person youth support group sessions for high school aged youth throughout East Contra Costa County. The group met using the Zoom platform and at Rivertown Resource Center, in Antioch. The number of meetings exceeds our goal of 20 sessions for the year and group attendance numbers were down significantly, due to all the previously noted challenges related to COVID-19 and home environment. This group had an average attendance of 3 youth per session for this reporting period. The number of unduplicated participants was 30. This number is similar to last year, but still down compared to before COVID, undoubtedly due to previously mentioned issues related to COVID-19. Staff also noted that attendance dropped off toward the end of the year and students expressed feeling overwhelmed by all the demands for their time by school, family and friends. This year, staff also collaborated with Rainbow Community Center's Youth Program to co-facilitate one virtual session per month to help expand youth's social support networks and connection to community support providers. CHD staff conducted 185 individual check-ins, assessments and support sessions during this year with youth not associated with one of our school sites.

Topics for the Rivertown group included: group development, establishing group agreements, managing stress, self-loathing and body dysphoria, the process of gender transition, self-advocacy in therapy, stress related to COVID-19 and returning to school in person, pronoun and preferred name usage, identifying feelings, rejection by religious institutions, suicide and suicide prevention, strained family relationships, bi-sexual awareness, asexuality, LGBTQ+ Hispanic Heritage, safety planning and asking for help, mental health stigma, leadership during a crisis, negative self-talk, bullying, coping with stress and anxiety, positive self-expressions, stating needs to family, Black LGBTQ+ trailblazers, Queer women's history, support resources, Pride history and symbols, and establishing healthy boundaries.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Staff facilitated:

- Group sessions: 0
- Unduplicated participants: 0

Due to the overwhelming need for social-emotional support, staff focused on the previously noted group and individual support services. However, staff believes leadership development to be an important component of Empowerment's programming and intends to reengage this component in the upcoming fiscal year, as staff believes youth participants are better able to take on additional responsibilities after this year of transition.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Staff made specific referrals for new mental health support were made for 11 youth throughout the year. Six referred participants confirmed accessing referred supports. The average duration between stated onset of symptoms and referral, and the average length of time from referral to accessing services were both four (4) weeks. The number of referrals is short of our target of 15 annual referrals, however, all participants were given Safety Phone Lists and repeatedly encourage to reach out to the Contra Costa County Crisis Center, Trevor Project, as well as any current clinical support during times of stress, anxiety and crisis. Direct mental health referrals were made to Lincoln Child Center, John F. Kennedy University, Fred Finch, CHD Beyond Violence Program, Contra Costa County Mental Health Access Line, Contra Costa County's Gender Clinic, Gender Spectrum, Rainbow Community Center, and CHD's MediCal Enrollment Program. As noted earlier, all Empowerment participants also receive a Safety Phone List with contact information for the Contra Costa Crisis Center, Trevor Project, GLBT Youth Talk-line, Rainbow Community Center (RCC), Planned Parenthood, Homeless Hotline, Run Away Hotline, Community Violence Solutions, and STAND for Families Against Violence.

It is important to acknowledge that many of Empowerment's participants, as in previous years, were referred to CHD's Empowerment program for additional social-emotional support from other mental health providers. Thus, these participants were already connected and engaged in culturally appropriate mental health services, rendering additional referrals unnecessary.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages thirteen to twenty in East Contra Costa County.

Staff provided services to a total of 107 unduplicated youth, in East Contra Costa County. Ninety-six (96) were ages thirteen to twenty.

OUTCOMES AND PROGRAM EVALUATION:

From July 1, 2021 through June 30, 2022, staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. Information on mental health topics and services comes up “naturally” during the weekly support groups so this is not seen as a “stand alone” component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible “red flags”, such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed. Check-ins and one-on-one meetings are held more regularly, since COVID-19. During check-ins and one-on-one meetings, staff always inquires as to youth’s experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment’s programming. Staff has had 116 group sessions and 1137 individual one-on-one meetings with youth during this year. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year. The sharp increase in this number is primarily to the negative impact of the COVID-19 shelter in place order, which, as noted in earlier components, have led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms. Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19. As indicators warrant, staff makes referrals to appropriate, culturally responsive services. As noted previously, staff has ongoing relationships with Care and Cost Teams at the above listed schools which include mental health providers allowing expeditious entry into treatment, as youth become willing to do so (except in emergency circumstances). Staff also has a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems. The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks. Follow-ups regarding effectiveness of treatment is ongoing after access to treatment.

LINKAGE AND FOLLOW-UP:

As noted in a previous section, specific referrals for new mental health support were made for eleven (11) youth during the year. The average length of time between report of symptoms onset and referral for treatment during this reporting period is four (4) weeks and the average length before enter treatment after referral is also four (4) weeks. The length of time before entering treatment is longer than last year due to the large number of people seeking mental health support, and most providers have a waitlist for intake. The methodologies used during treatment are generally unknown to Empowerment staff, as Empowerment staff does not provide therapy, and all mental health referrals are made to external providers.

Also noted previously, all Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND for Families Against Violence, Runaway Hotline, Homeless Hotline, and are encouraged to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent. Direct linkages are made via phone, fax or in person, such as during Care Team, or COST meetings at school sites.

1) General encouragement of all participants to seek services that could be of support to them is continual during all sessions. Specific and direct encouragement and referrals are offered to participants during one-on-one check-ins

and assessments by Empowerment staff.

2) Empowerment staff follows up, verbally, with participants regarding referrals to external services on a weekly basis until participant successfully engages in services, or no longer wishes to engage services. The current average length of time between referral and entry into treatment is four (4) weeks. Staff also continues to follow-up on effectiveness of treatment during individual sessions after entering treatment and works to provide supplemental support as appropriate.

VALUES:

Empowerment is a social-emotional and educational support program for LGBTQ+ youth, ages 13 to 20, in East Contra Costa County, which is a highly diverse community in regard to ethnic makeup and socio-economic status, with large percentages of Latinx, black, and low-income families. Youth enter the program through referrals from self, peers, family, school staff, and other service providers. Staff works diligently to create safe, welcoming, empathetic, confidential spaces for all who attend Empowerment. This is facilitated by the development of group norms, which all attendees agree to adhere to. During groups and during individual check-ins, assessments and support sessions youth work to identify and process challenges and struggles they face, then identify and develop internal strengths, coping mechanisms and tools for building resiliency to work through challenges, with the support and encouragement of Empowerment staff and peers. Through this process, when youth are identified to need or would benefit from support services outside the capacities of Empowerment Program, referrals and linkages are made to other culturally appropriate service providers.

All youth participating in Empowerment are treated with respect as individuals, and staff makes a concerted effort to do so without bias or judgment. As noted in monthly program notes, staff also take part in multiple trainings, workshops, coalitions and other forums, including clinical supervision, throughout the year to stay up to date on issues, research, terminology, laws, possible bias, diverse perspectives, etc. relevant to the highly diverse LGBTQ+ youth community in East Contra Costa County, incorporating what they learn into the support and education provided to throughout the Empowerment Program. All LGBTQ+ youth, ages 13-20, and their heterosexual friends are welcome to join Empowerment's groups and their level of participation is completely voluntary. We believe that the diversity of our participants, as noted in our demographic form, is an indication of our success in this endeavor, however, we are always striving to do better.

In Empowerment, LGBTQ+ youth are engaged in discussions of topics, workshops and activities that are common to the broader LGBTQ+ community, such as: identity development, the process of coming out, rejection and fear of rejection, isolation, harassment, bullying, discrimination, anxiety, depression, suicidality, healthy relationships, relationship violence, drug and alcohol use and abuse, community development and engagement, leadership and activism, physical, mental and sexual health and safety. And as noted in previous sections, when staff identifies potential concerns for any participant, they respond immediately to offer information and referrals for additional support services.

VALUABLE PERSPECTIVES:

It is not an uncommon experience for staff to hear participants and parents/guardians indicated that Empowerment Program is the only source of positive support participants are able to identify, from time to time; especially during times of mental, or emotional struggle related to their identity. This year, staff asked participants to share their personal experiences with Empowerment Program. Here are a couple of their responses:

"It's fun, and you can make more friends and learn more." ~MF (HJH)

"My experience was really good, and I would 100% do it again. It's a good way to talk about things, find allies, become one, and more." ~VR (HJH)

"My experience with Empowerment has been positive and encouraging." ~EI (HJH)

"I would like others to know that it's fun being in an environment where you're surrounded by people who are like you."
~MR (HJH)

"I would like to say that I feel happier." ~MH (HJH)

"It (Empowerment) helps make you feel you can do more than you think you can do." ~EA (PHS)

"Empowerment has helped me and others to know more about my community and discover more about myself." ~AA (PHS)

"I want others to know that Empowerment helped me like me for me and that it's okay to be gay." ~MA (PHS)

"It was my best times in this place (school). I felt more relieved and supported than ever before. I loved it. ~AN (PHS)

"I got to know new people and talk about my problem. I talk about what is happening in my life easier." ~AG (PHS)

"It helped me be aware of some specifics of my own identity and made me feel less alone in my identity at school." ~JP (PHS)

"People here really make you feel welcomed, and they make you feel that you are in your safe zone." ~NC (DVHS)

"It has helped me understand how I am and how to deal with my problems." ~JP (DVHS)

"I go to hear more of others' problems, and it helped me realize I'm not alone." ~DJ (DVHS)

"My experience in Empowerment was overall an amazing experience. The people I have met throughout two or more years were really nice. Lots of memories." ~RS (DVHS)

"It's very cool. I've met some very colorful people and I've met people with similar situations as mine. It's helped me feel less estranged." ~NH (DVHS)

"If I didn't have Empowerment I'm not sure who or where I would be today. This program had helped me more than I can say." ~JP (HHS)

"It's pretty chill and is a good resource for any LGBTQIA+ in the area." ~LJ (AHS)

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Program Quality and Standards

C.O.P.E. completed all provisions of this contract.

C.O.P.E. ensured that program activities were provided by accredited Triple P qualified practitioners and focused on parents and/or guardians of children from birth through age 18, expectant parents of children, and/or early childhood educators of children from birth through age 5.

C.O.P.E. provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County. C.O.P.E. enrolled 229 individuals in these classes and seminars.

Trainings:

This year we provided a variety of different Triple P trainings including:

- Level 3 Primary Care 0-12 (4 people)
- Level 3 Primary Care Teen (3 people)
- Level 4 Group (1 person)
- Level 4 Stepping Stones (1 person)
- Level 5 Pathways (7 people)

Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

Enrollment:

C.O.P.E. enrolled **217** family members in Triple P Positive Parenting classes during the 2021-2022 fiscal year.

C.O.P.E. provided case management services for families in need of additional resources. Our case managers called every enrolled family to offer supportive check-ins and resources within C.O.P.E. and outside agencies. Additionally, if a parent’s assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.

Demographic information noted below.

1) The types and settings of potential responders you reached during the past reporting period

C.O.P.E. Family Support Center reached out to a variety of groups and individuals in West, Central and Eastern Contra Costa County. C.O.P.E. reached out to partner agencies such as, Children and Family Services, Family Justice Centers, 211 Crisis Hotline, other Community Based Organizations, and Contra Costa Family Court. C.O.P.E. attended the following SARB meetings: County Office of Education, San Ramon/West County /Martinez/ Unified School Districts to recruit

families at risk. In addition to these outside agencies, our clients found our services from our social media sites and our website.

2) methods used to reach out and engage potential responders

Methods used by C.O.P.E. to reach and engage our clients are as listed:

- Our website is updated weekly to provide potential clients with the class information available. A link is provided that allows clients to register online for the parenting class they need.
- Agency partners also have access to our updated services and can refer families by calling our office. We usually respond within 24 working hours
- Our Triple P classes are highly desired. We make every effort to start a new class every 3 weeks.
- Social media platforms are utilized and updated weekly **with** flyers and events that include the registration link as well and staff direct line for questions.
- We offer a \$50.00 incentive card when the client has perfect attendance

3) any strategies utilized to provide access and linkage to treatment

- Potential clients are screened to identify the client's needs.
- Our coordinators and/or case managers enroll the clients in the appropriate classes based on the ages of their children, court order and/or requests from outside agencies.
- We partner with community-based organizations such as, Child Family Services, Early childhood mental health, Family Justice Center, Lynn Center, We Care, Catholic Charities of the East Bay, among others who frequently refer clients to our Parent Education programs.
- Case management is available for any client in need of extra referrals, such as housing, employment, food, childcare, and/or medical care.
- Some clients who demonstrate financial need and cannot afford to pay the registration fee, have been offered a full or partial scholarship to complete the Triple P course.
- Classes have been offered on Zoom Videoconferencing to provide a safe and easier access to our Triple P parenting programs.

4) strategies utilized to improve timely access to services for underserved populations.

C.O.P.E is very intentional in providing timely access to services for underserved populations, strategies include:

- Program staff provides updated program fliers with open classes and services each week through our distribution list email that includes community-based organizations, family court, local school districts and our social media pages.
- Zoom video conferencing has made classes more accessible, since it's not only convenient for the client but, with the rapid increase in gas prices, underserved populations cannot afford to drive to other locations in the county to take advantage of our parenting courses.
- Provided \$50.00 food and gas cards as an incentive for clients who completed the Triple P parenting class.
- Class workbooks were mailed to clients who had transportation difficulties.
- Technical support was available for clients who are unfamiliar with Zoom videoconferencing or email.

OUTCOMES AND PROGRAM EVALUATION:

Programs and Outreach

Parenting Classes: We delivered **18** classes, and **3** seminar series throughout the county at various times and days. All classes and seminars were conducted through Zoom videoconferencing to comply with State and County health orders due to the ongoing COVID-19 Pandemic. C.O.P.E. provided classes in English and Spanish in West, Central and East County.

Settings for Potential Responders for the 2021-2022 FY included elementary, middle, and high schools, early education centers, homeless shelters, and community-based organizations.

We utilized the services of our clinical staff and master level social work interns to address the needs of parents and families with more intensive challenges. Our staff and interns are invited to assist accredited Triple P practitioners in the Triple P classes, by providing client support and administrative aid when needed.

Numbers served during the fiscal year

- 217 individuals enrolled in Triple P classes in MHSAs funded programs in Contra Costa County during the 2021-2022 Fiscal Year.
- 19% of participants identified as African American; 8% identified as Asian; 13% identified as Hispanic/Latino; 35% identified as Caucasian; 17% identified as more than one race, 8% identified as other.
- 10% of responding participants reported completing at least two years of college (or more)
- 5.5% of responding participants reported household income below the California state poverty level
Note: 67% of responding participants decline to report their household income.

All our Triple P participants completed the Pre and Post Assessments.

Indicators:

- The Parenting Scale measures dysfunctional discipline practices in parents.
- The Eyberg Child Behavior Inventory measures parental perceptions of disruptive child behavior using both an intensity scale and a problem scale.
 - The Intensity scale measures the frequency of each problem behavior.
 - The Problem scale reflects the parent's tolerance of the behaviors and the distress caused.
- The Depression Anxiety Stress Scale measures symptoms of depression, anxiety, and stress in adults.

Collected and Analyzed:

Pre-Assessments were administered at the first class and post assessments were administered at last class. These reports show measured changes in the scores. The report is reviewed with each parent individually to process the change in the parents' self-management, self-efficacy, personal agency, problem solving, self-sufficiency and minimal sufficient intervention.

Cultural competency and protection of the integrity and confidentiality of the individuals served.

C.O.P.E. has a culturally diverse staff, both personally and professionally with sensitivity and training in the needs and characteristics of diverse populations of participants. C.O.P.E. staff cultivate an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.

C.O.P.E. provides a culturally inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience.

All participants are provided services regardless of race, gender, sexual orientation, or religion.

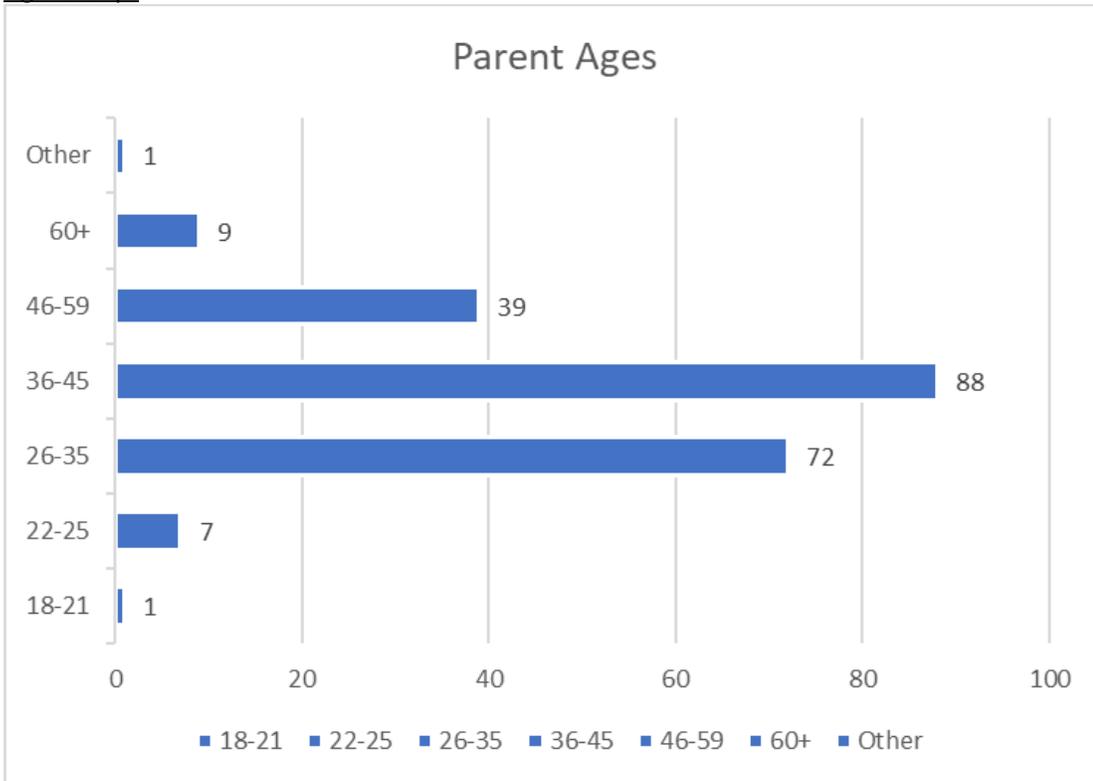
Current practices include:

- Designated language. i.e., Spanish speaker
- Practitioners are trained to understand cultural differences in parenting practices, and we strive to develop effective and consistent parenting skills that nurture the uniqueness of each family.

- Immigration Status was never asked
- Income and level of education was respected
- All information is confidential and reported using a non-identifying code
- Parents and practitioners sign a confidentiality agreement

DEMOGRAPHIC DATA

Age Group:

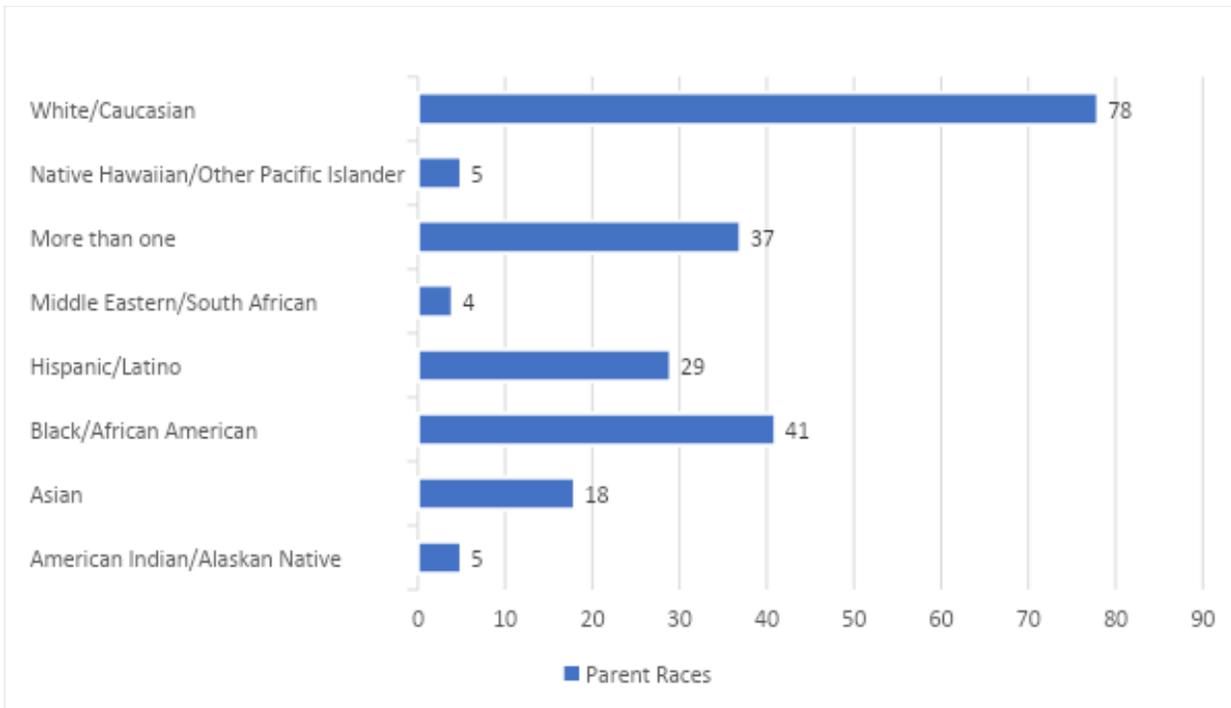
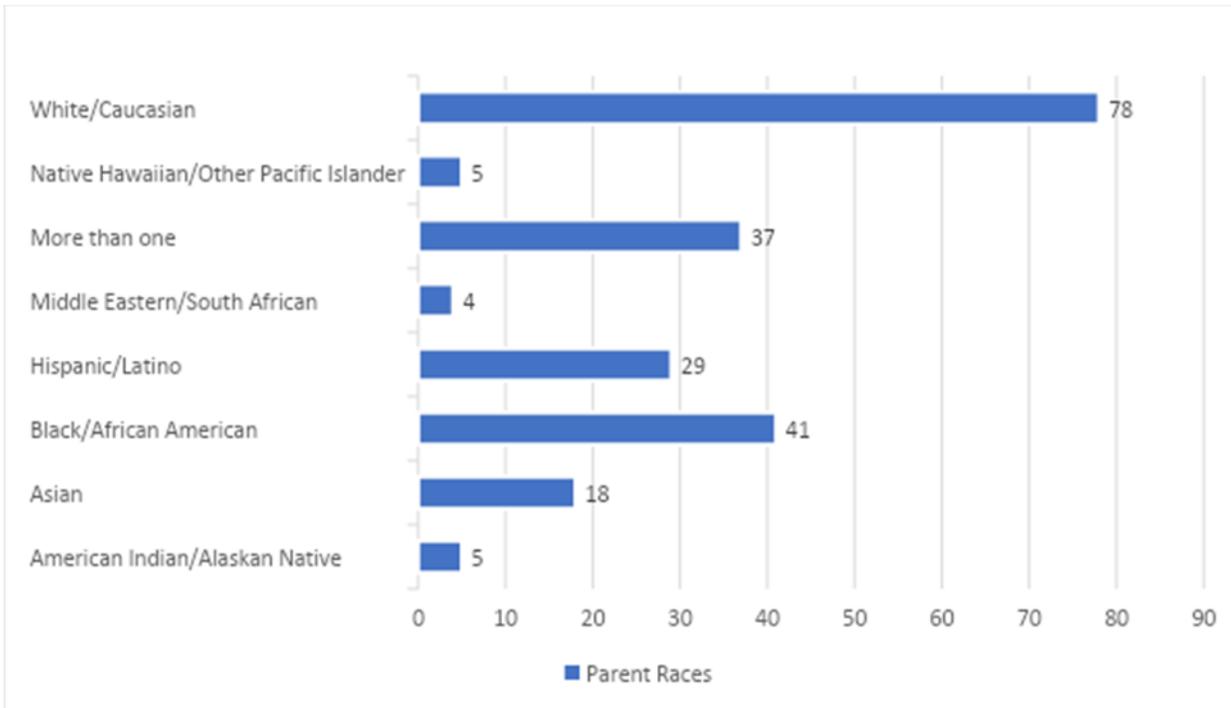


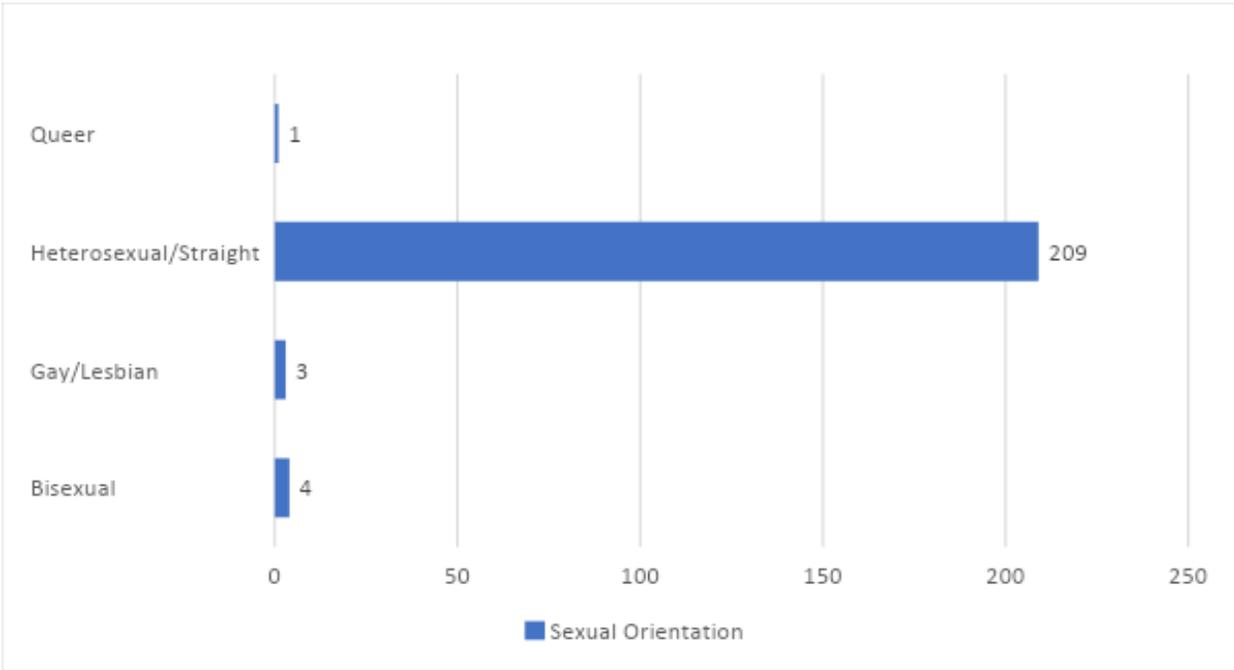
Veteran Status

6 participants reported being a veteran.

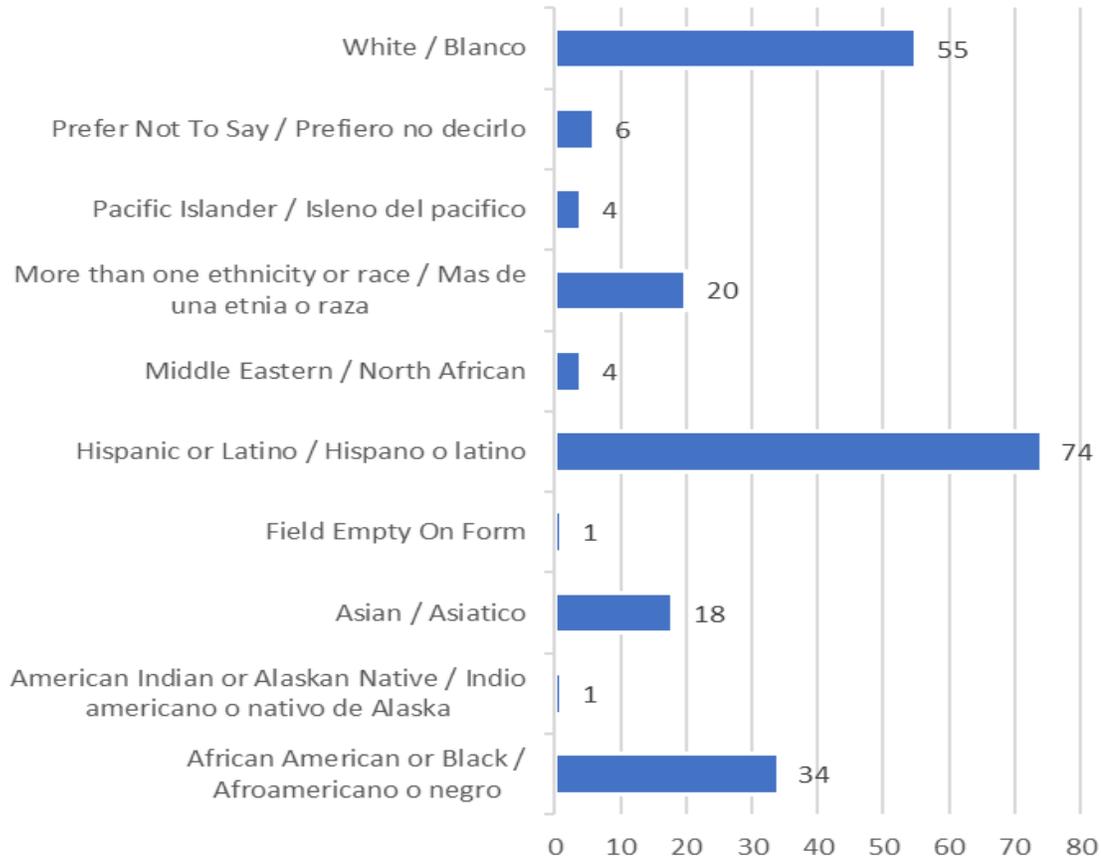
Race

Of responding participants:

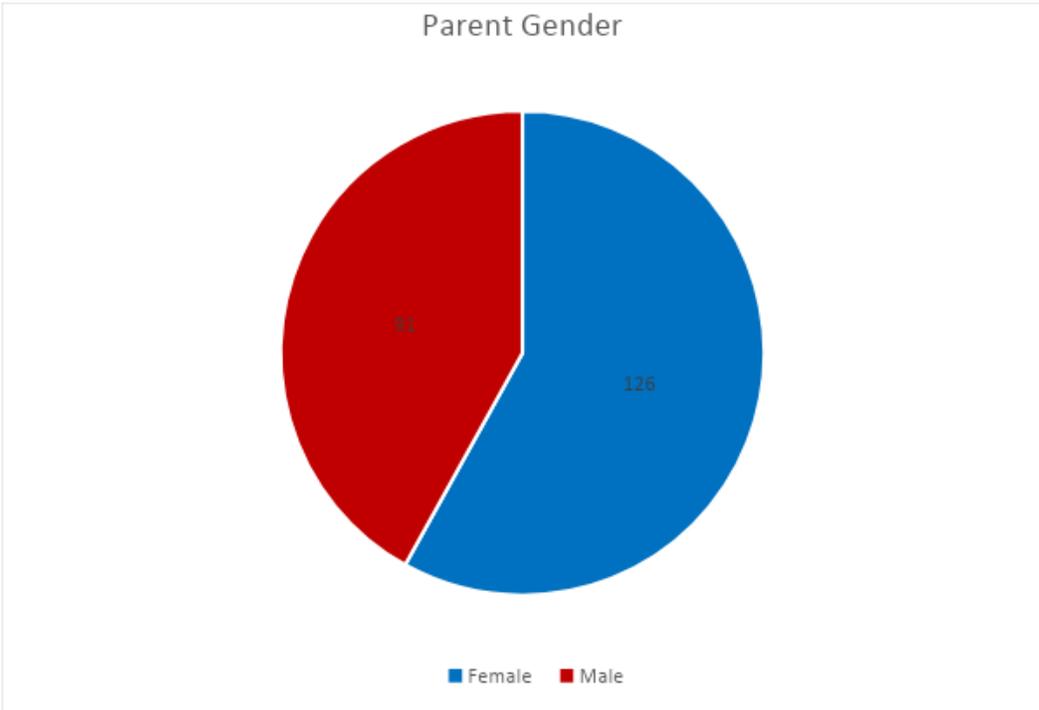




Parent Ethnicity



- African American or Black / Afroamericano o negro
- American Indian or Alaskan Native / Indio americano o nativo de Alaska
- Asian / Asiatico
- Field Empty On Form
- Hispanic or Latino / Hispano o latino
- Middle Eastern / North African
- More than one ethnicity or race / Mas de una etnia o raza
- Pacific Islander / Isleno del pacifico
- Prefer Not To Say / Prefiero no decirlo
- White / Blanco



Disability Status

	Mental Health	Physical or Mobility	Communication	Chronic Health Condition
Disability Status	6	12	3	16

VALUES:

C.O.P.E. Family Support Center fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other complementary services. Parents that express need for further intervention are identified through their participation in Triple P parenting courses and are linked to supplementary case management services provided by C.O.P.E. Some participants have expressed a need for additional services and utilized other programs we offer such as individual and family counseling, conjoint co-parent counseling, anger management and truancy intervention. By offering these wide range of services, C.O.P.E. can provide support to families and identity referrals to additional resources in the county for issues related to mental health, housing, shelter, food, and family law.

C.O.P.E. Family Support Center provides a comfortable, family-oriented atmosphere for visiting community members to our office for services. Our staff pride themselves on meeting the needs of each individual client.

Case management includes:

- Initial assessment
- Parent/Family coaching
- Resource referrals such as County Mental Health (therapy), Opportunity Junction (job training and placement), Family Justice Center (legal services)
- Enrollment into appropriate C.O.P.E. programs
- Weekly check-ins
- Preparation of progress reports/attendance verification

Strategies Utilized to Provide Access and Linkage to Treatment include:

- Provide assessment and case management to community members in need of services
- Warm-handoff referrals to community resources such as housing, job training and placement, food banks and family law centers
- Collaboration between staff and a 'point person' at each agency to ensure timely access to resources
- C.O.P.E. practitioners evaluate and provide individual parent consultation for Triple P participants scoring above the clinical-cutoff range in any pre-assessment (DASS, Parenting Scale, ECBI, Conflict Behavior), providing resources as needed.

Strategies utilized to improve timely access to services for underserved populations included:

- Free and sliding scale Triple P classes for low-income participants
- Delivery of classes throughout the county by Zoom Videoconferencing.
- Increased capacity to offer case management services for parents and families with more intensive challenges
- Provided classes in English and Spanish in all regions of the county
- Individual assessment, consultations and referrals to county mental health as needed
- Collaboration with school districts, family workers, other service providers and families to create a service plan for individuals, to ensure timely access to support and resources.
- Tailored classes that include focus topics that directly address parenting needs (ex. Having a discussion around teen's use of social media, teen depression and coping with in-person classes challenges after homeschooling for 2 years.

Use of strategies that are non-stigmatizing and non- discriminatory

- All participants are served regardless of race, gender, sexual orientation, or religion.
- All Triple P Practitioners are required to complete a harassment prevention training
- Triple P Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families.
- All Facilitators are trauma informed and aware of family differences and individual needs.

VALUABLE PERSPECTIVES:

Parent Quotes:

"I found a place where I can manage to calm myself. Power is being able to control myself."

"Sitting on the floor and playing with my son and telling him "Good job", has been helping his behavior"

" I am learning to remain calm and not yell as much"

"This class made me realized that I'm not alone that a lot of parents are going through the same experience"

Vignettes:

A client called the office because she was referred by Contra Costa Family Court to take a Triple P Family Transitions co-parenting class. This client was in the process of separation which was taking a toll on the client's relationship with her daughter. At the beginning of the class, the mom commented that she was trying to get information about her ex-husband through her daughter and that resulted in a negative impact on her eight-year-old daughter. The mom realized after the second-class session that she was wrong in using her daughter in this way and unaware of the emotional toll her daughter was going through. Mom apologized to her daughter and learned to keep her comments about her ex-husband to herself. Mom learned to be more careful when she asks questions and has seen the difference in how her daughter responds. As a result, mom decided to take a Group Triple P class to continue learning about parenting. By

the end of the class mom reported that her relationship with her daughter has significantly improved and is thankful for the strategies taught in Triple P that prevent parent -child conflict.

A father who was referred by Children and Family Services, was ordered in his case plan to take parenting classes. This client was referred by his social worker over a domestic violence incident with his co-parent and his daughter was present at the time. The father regretted what happened and his main concern was cursing in front of his young daughter. Motivated by the challenge to model the behavior he expects from his daughter, he made the commitment and allowed his daughter to be his accountability partner and over the last 8 weeks of the class he completely stopped cursing and has been able to eliminate the same inappropriate language from his daughter's vocabulary as well. What went well was the participant really invested himself in learning about his own negative emotions and the role he has been playing in enabling his own emotional distress. Armed with that knowledge he felt empowered to regain his sense of confidence and emotional self-control. He was nicknamed "2.0" to acknowledge his progress to a new version of himself and to signify that he was not the man that originally started the class. Having this new designation and progress recognition seemed to propel him to go even further in his growth and quest to get better.

A daughter called the office on behalf of her parents who didn't speak English. Our coordinator who is bilingual helped the family register for a Teen Triple P class. Both parents were mandated by their son's Probation Officer to take a parenting class since their son was caught selling drugs. Both parents shared the appreciation that taking the class together can help restore the disconnect between them and their teenage son. The father understood throughout the course that speaking calmly created a more positive response from his son. Both parents practiced self-regulation by intentionally refraining from raising their voice at their son, but incorporating clear, calm requests as a strategy to maintain a positive effect on their relationship. Both parents, especially the father, shared how he raised their oldest children differently from his youngest son. Both parents shared how the practicing Triple P strategies at home, spending more time with their son and showing more affection in supporting his sporting activities has proven to show an improvement in his child's overall behavior.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

SERVICES PROVIDED:

Triple P Positive Parenting Program is a multi-level system of family intervention for parents of children who have or are at risk of developing behavior problems. It is a prevention-oriented program that aims to promote positive, caring relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavior problems and common developmental issues.

- Sixteen (16) Group Triple P classes were conducted for parents with children ages 0-5 within Contra Costa County.
- **193** Participants enrolled in Triple P Parenting classes during the fiscal year.
- Eighty percent (80%) of families completed the Triple P program.
- Classes were provided in English and Spanish in East, West, and Central County.
- Classes were free to all participants.
- Twelve (12) Seminars were conducted for African American families with children ages 0-5 within Contra Costa County.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

1) the types and settings of potential responders you reached during the past reporting period

A variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County received outreach. We provided class flyers and enrollment links to families who inquired through the website and to families referred through other CBO's.

Presented Triple P program information briefings to staff at the following organizations:

- First 5 Centers,
- Care Parent Network,
- Contra Costa Office of Education,
- Building Blocks for Kids,
- Early Childhood Mental Health,
- National Alliance of Mental Illness, Contra Costa chapter,
- Bay Area Rescue Mission,
- R R Ministries,
- SparkPoint,
- Tandem Partners in Early Learning,
- School districts throughout Contra Costa County (Antioch/Pittsburg/Martinez/West Contra Costa/San Ramon/Oakley and Brentwood)

2) Methods used to reach out and engage potential responders:

- Online Flyers
- Outreach emails to social workers and community organization
- Social media: C.O.P.E.'s Instagram and Facebook
- First 5 Contra Costa website and social media
- Referrals from other CBOs
- Outreach to past participants through emails and phone calls
- Participation in weekly/monthly School Attendance Review Boards (SARB)

3) Strategies utilized to provide access and linkage to treatment

- Twenty-four-hour call back and intake response for parents seeking services.
- Additional individual sessions were available for parents who missed sessions.
- Waiting lists were created and referenced when scheduling classes.
- Zoom video conferencing platform for ease of attendance.
- Zoom video conferencing technical assistance available.
- Classes were adapted to ensure engagement, utilizing polls, break-out rooms, and chat rooms.

4) Strategies utilized to improve timely access to services for underserved populations.

- Classes are offered in East, West and Central Contra Costa County.
- Classes are offered in both English and Spanish
- 9-week classes were offered every quarter
- 6-week and One-day class were scheduled based on need
- Classes were provided at different times throughout the day available through Zoom video conferencing.
- Classes were free to all participants.
- Reminder emails were sent to participants in advance of the first class.
- Staff supported participants completing pre and post-assessments over the phone, when needed.
- Distributed books, tip sheets, and incentives at First 5 Centers throughout Contra Costa County, as well as through mail when parents lacked transportation.
- Culturally relevant outreach materials for target populations

OUTCOMES AND PROGRAM EVALUATION:

First 5 Contra Costa completed all provisions of the 2021-22 contract.

- Program activities were provided by staff who were trained and accredited in various levels of Triple P. Focus was geared towards parents/guardians, expectant parents, and/or early childhood educators with children ages birth through age five.
- First 5 maintains a secure database containing assessment data for all classes.
- First 5 maintains program efficacy through coordinating program activities and routine communication with its subcontractor C.O.P.E.
- First 5 receives quarterly program reports from its subcontract C.O.P.E. to ensure program compliance, track program milestones, and for program improvement when needed.

Data is collected after the first and last session through a pre- and post-assessment. Data is analyzed with use of the following assessments:

- The Parenting Scale. measures dysfunctional discipline practices in parents.
Outcomes:
15 % Reduction in Laxness (tendency to behave permissively and inconsistently when parenting children)
16 % Reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior)
5 % Reduction in Hostility (Resentment that arises from prolonged frustration)

- The Eyberg Child Behavior Inventory measures parental perceptions of disruptive child behavior using both an intensity scale and a problem scale.
Outcomes:
10% Reduction in the Intensity Scale that measures the frequency of each problem behavior.
64% Reduction in the Problem Scale reflects the parent’s tolerance of the behaviors and the distress caused.
- The Depression Anxiety Stress Scale (DASS) measures symptoms of depression, anxiety, and stress in adults.
Outcomes:
30% Reduction in depression
30% Reduction in anxiety
25% Reduction in Stress.

How often data was collected and analyzed.

Assessments are administered at the beginning and end of the course. Reports are generated showing the variance in outcomes. These reports are reviewed by the practitioner and shared with the individual participants as part of the conclusion of the course.

Cultural Competency in the Program:

Culturally diverse staff reflective of our community cultivate an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.

Classes are provided in a culturally inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience.

All participants are provided services regardless of race, gender, sexual orientation, or religion.

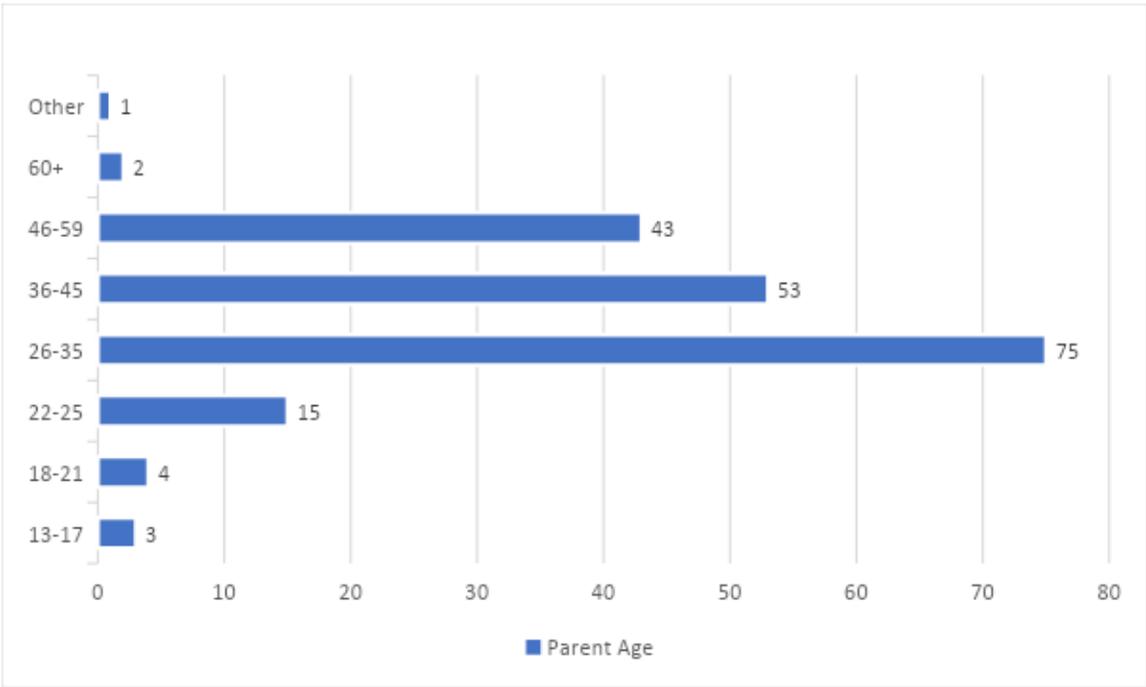
Integrity and Confidentiality

Current practices include:

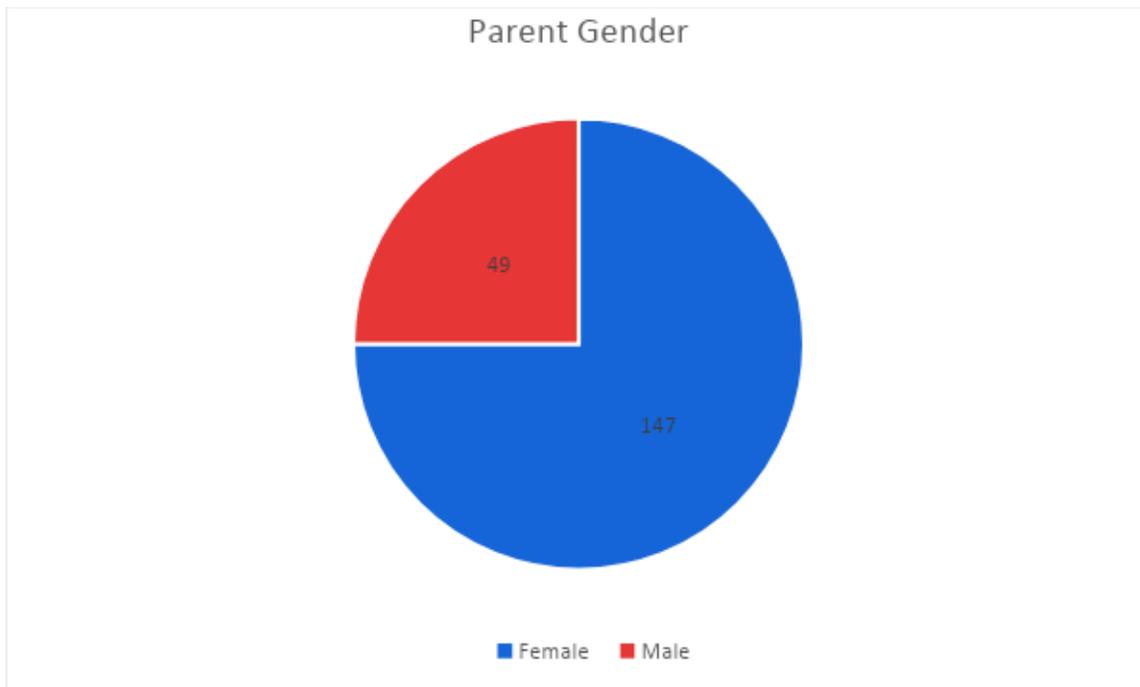
- Participants signed a confidentiality agreement and release of information to protect every participant's integrity and individual confidentiality.
- All information is confidential and reported using a non-identifying code.
- Classes are facilitated in English and Spanish. Arabic services available upon request. Parent education can provide access to services in languages such as Hindi, Punjabi, & Urdu.
- Practitioners are trained to understand cultural differences in parenting practices that nurture the uniqueness of each family.
- Participants are not asked about immigration status.
- Parents sign a confidentiality agreement.

DEMOGRAPHIC DATA:

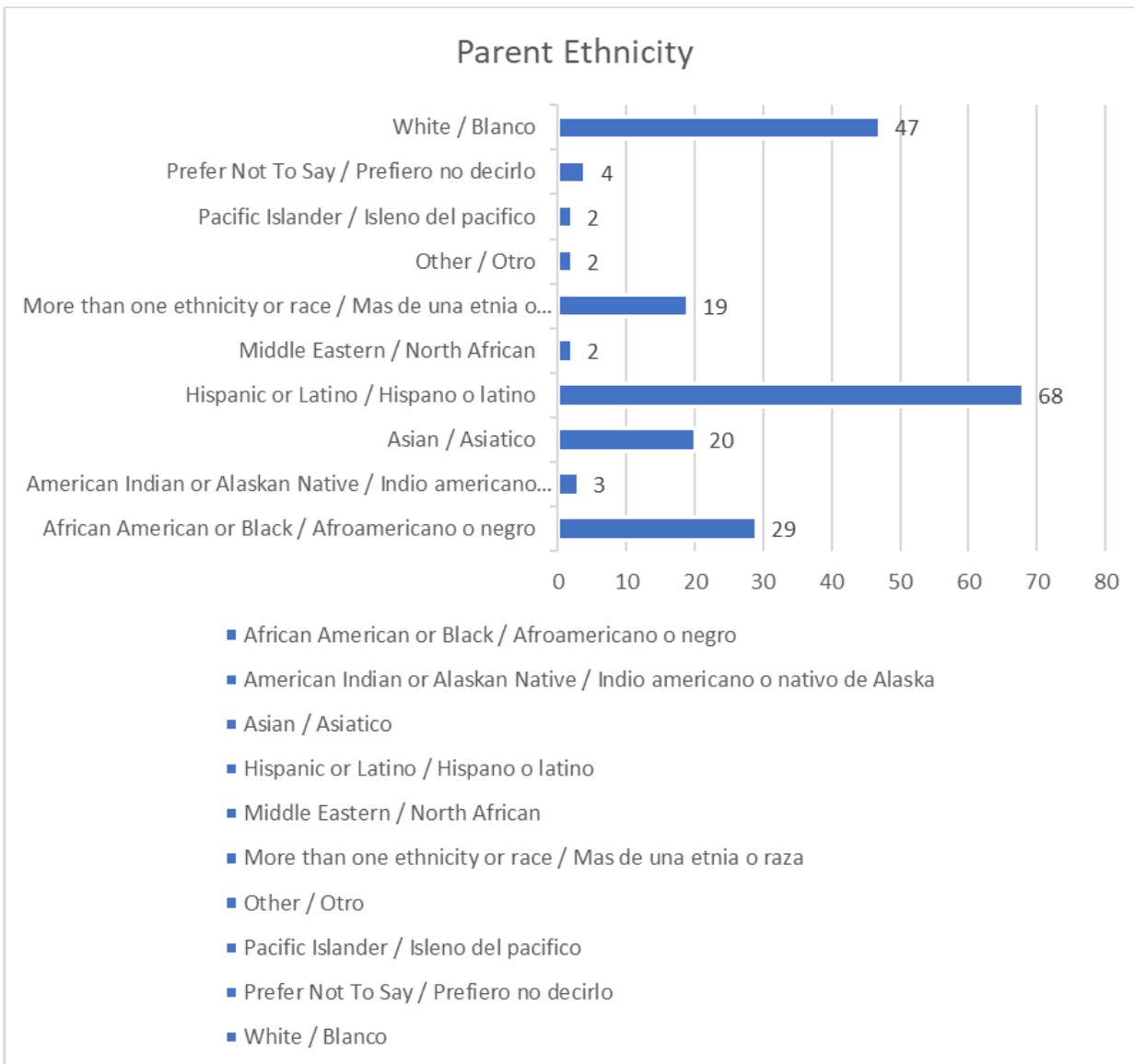
- Parent Age



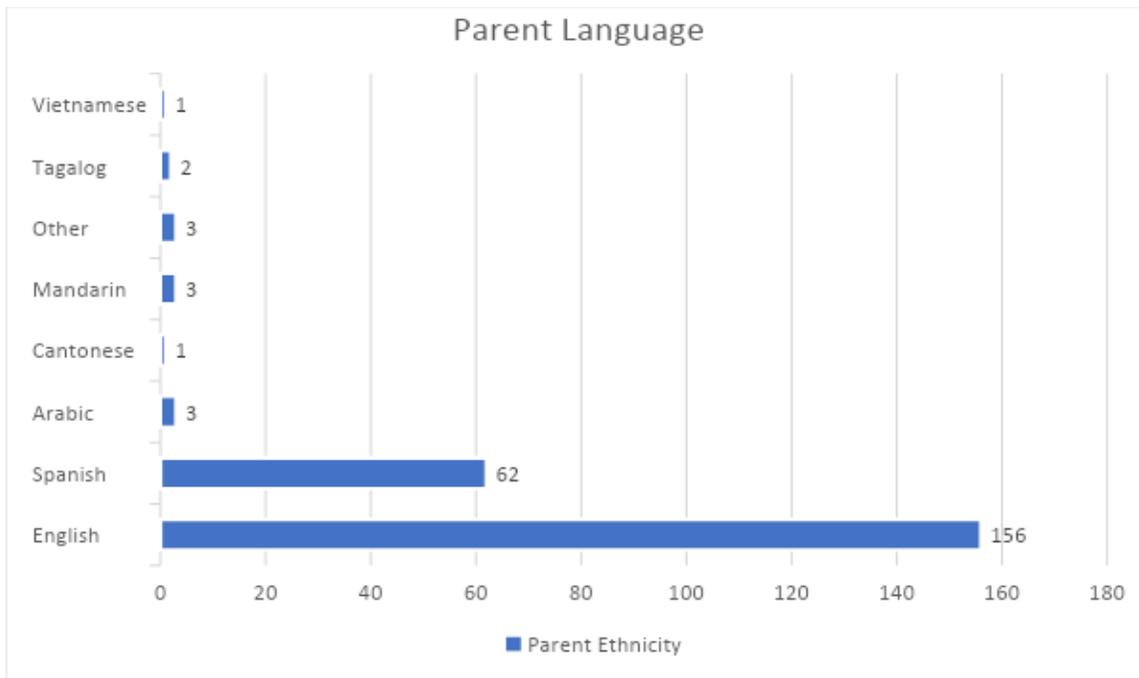
- 75% of the participants were female. 25% were Male



● Parent Ethnicity



- Parent Language



VALUES:

Wellness, recovery, and resilience:

The Triple P curriculum provides a self-regulatory model to choose strategies that support each family’s dynamics. Participants are empowered to define their own goals, work on strategies, and self-evaluate their efforts with support from a Triple P teacher. Overall, positive parenting has a powerful impact on a child’s emotional wellbeing, resiliency, and strengthens the parent-child relationship.

Services supported parents in increasing parenting skills in meeting their children’s social and developmental needs. Parents learned that the quality of the parent-child relationship is the major factor associated with the well-being of young children. The parent-child relationship nurtures emotional and social development, resilience and teaches the child how to self-regulate their emotions. Having a strong parent-child relationship supports Kindergarten readiness.

provide access and linkage to mental health care,

Participants can receive access and linkage mental health care directly through our subcontractor C.O.P.E. Staff continued utilize the Help Me Grow (HMG) resource and referral system, partner with Early Childhood Mental Health providers, First 5 Centers, and other organizations that provide services to families of young children. These services include but are not limited to food securement, parent-child activities, therapy, various support groups as well as leadership opportunities.

Strategies utilized to improve timely access to services for underserved populations.

- Classes were provided at different times throughout the day available through Zoom video conferencing.
- Classes were free to all participants.
- Reminder text and emails were sent to participants in advance of the first class.
- Program Staff supported participants completing pre and post-assessments over the phone, when needed.
- Distributed books, tip sheets, and incentives at First 5 Centers throughout Contra Costa County, as well as through mail when parents lacked transportation.

Use of strategies that are non-stigmatizing and non- discriminatory.

- All participants are provided services regardless of race, gender, sexual orientation, origin or religion.
- All Triple P facilitators are required to complete a harassment prevention training to be aware of their attitudes,

behavior and choose words carefully.

- Triple P Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families.
- All participants are treated with respect, their problems and/or concerns are handled with the care they deserve.
- All Facilitators are trauma informed and aware of family differences and individual needs.

VALUABLE PERSPECTIVES:

Parents/Quotes:

“At the beginning of the class I did not know how to organize a daily schedule and I was assigning chores to my daughter that were not appropriate with her age. After taking this class, I am giving my daughter less responsibilities and I ask before assuming that she should know how to do certain tasks. When I ask her to do something she feels more confident because she can tell me, or I can ask her.”

“With my two sons I was having behavioral problems. They were fighting a lot every time I had them with me. They were not listening to my requests; they were ignoring me, and the fights were happening all the time. They were fighting like two adults. The first week of Triple P class, we covered house rules. I went home and we had a family meeting. We all came up with house rules. We included being nice to each other, it was hard at the beginning, but it was working. The following 3 weeks we talked about bad behavior, and setting up limits, then the high-risk activity came along. That was the best part of the class, I was able to implement discipline when going to the supermarket. All I needed to do was communicate with them and they listened. Now they walk by my side and we stay together, I continue reminding them how to take care of each other instead of hurting each other, love each other instead of fighting.”

“Change is difficult but if we don't try it we will not see the results. After this class I can see that there is light at the end of the tunnel. changing one thing at a time we can accomplish a lot. Thank you for all the tools and for guiding us to a better way of parenting. Not all children behave the same way. I am going to get to know my children”.

"I have come a long way since the beginning of this class. Other parents, in the class, give me ideas and it makes me feel like I can share my struggles and other parents feel the same way I do. I enjoyed your classes because the facilitator told it the way it is in a nice way, using real life examples".

Parents Success Stories

2021-22 Fiscal year contract allowed to provide two Stepping stones classes, these classes are for parents with children with special needs. A family of a 3 years old recently diagnosed with Autism was referred through the Care Parent network. The family joined the class hesitant to see results in their child behavior and development. At the start of the class, the parent reported that her child chewed on everything, and she felt like the child was doing it on purpose to upset her. As class progressed, and we talked about what could be behind this behavior, the parent realized that the chewing was either due to anxiety or an oral sensory need. Parent bought a chew necklace and the child then stopped chewing on other things. The parent quoted: “It has been a big relief from when I first started the class. Now I stop, make eye contact, let him talk and then reflect back on what I hear." "I now give a heads-up when the schedule is going to change."

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

First Hope provides early identification, assessment, and intensive treatment services to youth aged 12-30 years, who show signs indicating they are at Clinical High Risk (CHR) for psychosis or who have experienced their First Episode of Psychosis (FEP) within the past 12 months. Target diagnoses include Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Schizophreniform Disorder, Schizophrenia, Schizoaffective Disorder, and Affective Psychoses.

Key components of our program include 1) community outreach and education, 2) rapid and easy access to screening and assessment, and 3) intensive, family-centered treatment services.

- 1) Community outreach and psychoeducation – First Hope conducts outreach presentations/trainings in early intervention in psychosis to organizations throughout our community who can assist us in identifying youth who are experiencing early warning signs of an emerging psychosis. These organizations include schools, county regional child and adult county mental health clinics, community-based mental health agencies, other community organizations such as our local LGBTQI+ community center, hospitals, psychiatric emergency services, primary care clinics, as well as community members at NAMI meetings and at our local clubhouse. Our outreach presentations focus on the importance of early intervention, how to recognize the early warning signs of psychosis, and how to make a referral to the First Hope program. This past fiscal year 2021/2022 we conducted fewer outreach presentations than usual due to the continuing COVID pandemic (though more than in the previous fiscal year). However, we still trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.
- 2) Screening and assessment – In order to provide a high level of responsiveness and access to immediate help, First Hope has an Intake Clinician of the Day who takes screening calls as well as a Clinician of the Day (COD) who takes any urgent calls when the primary clinician is not available. The telephone screen helps to determine whether a more extensive SIPS assessment is indicated whether an individual is eligible for our FEP services (based on a combination of the potential client’s self-report, a medical records review, and collateral information), or whether the caller is referred to more appropriate services. Our Urgent Response Team (URT) also has some capacity to provide an urgent response to those in crisis in inpatient psychiatry or crisis residential treatment, to facilitate discharge and the start of outpatient services.
- 3) Intensive, family-centered treatment services – First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) treatment models, which have been shown to be effective in both preventing conversion to psychosis and ameliorating disability associated with psychotic disorders. Please see section **EVIDENCE-BASED OR PROMISING PRACTICES** for additional information on these models as well other evidence-based practices used in First Hope.

Our multidisciplinary treatment team includes mental health clinicians, occupational therapists, educational and employment specialists, a family partner, peer specialists, a rehab counselor, an RN, and psychiatrists. Services include immediate access for evaluation, family psychoeducation and multifamily groups, crisis intervention, individual and family psychotherapy, care coordination, supported education and employment, occupational therapy, psychiatric evaluation and medication management, peer support and mentoring, substance use counseling, nursing medication support, and health promotion services. We continue to increase capacity in our cognitive rehabilitation program, which addresses persistent cognitive impairments to promote improved vocational and other functional outcomes. In addition, over this past year we began offering a wellness group focused on nutrition and exercise to counteract the often-deleterious side effects of antipsychotic medication.

Our First Hope program offers services both via telehealth to those who desire it and a continuation of in-person sessions as clinically indicated or as preferred by the client or family. In-person group programming has resumed, with some telehealth group options still available. Our group programming continues to be vibrant and well-attended, with 10 Multifamily

Groups, 2 peer support groups, and 4 skills-based/activity-based groups running.

Treatment services are offered in any language using the language line. Treatment services in Spanish are provided by our Spanish-speaking clinicians. One-third of our clinical staff speak Spanish, making services especially inviting to families with monolingual members. All materials are available in Spanish and Psychoeducation Workshops are also conducted in Spanish. Our Multifamily groups have consistently included at least one (currently three) Spanish-language groups.

Functional outcomes targeted are improved functioning at school and work, improved relationships with family members, decreased need for hospitalization and PES visits, and most importantly preventing conversion to psychosis or a reoccurrence of a psychotic episode.

OUTCOMES AND MEASURES OF SUCCESS:

All our clients who are offered First Hope treatment services beyond our initial assessment are identified as being early in their onset/course of a serious mental illness. As of June 30, 2022, 118 clients were enrolled in our treatment services, along with their family members. Please refer to our Aggregate Data Reporting Form for quantitative data on total number of clients and family members served throughout the fiscal year.

Participants' early onset of a potentially serious mental illness is determined by either a

- 1) Structured Interview for Psychosis-Risk Syndromes (SIPS), a semi-structured interview that is the gold standard assessment for determining if an individual is at Clinical High Risk (CHR) for psychosis.

or

- 2) First Episode Psychosis (FEP) assessment which includes a medical records review, client's self-report, and collateral information from family members and current and former providers.

The following two methodologies are used to determine the effectiveness of services:

- 1) We maintain a database to track functioning, positive and negative symptoms, and critical events. Data had been collected every six months, but we have applied for and received federal SAMHSA grant funding to revamp our data collection and analysis procedures over this upcoming year. We are working with our department's Informatics team to build a new data feature in our county's electronic health record, cLink, and we are reviewing our current assessment measures and protocols and considering revisions and additions.

- 2) The county Behavioral Health Division’s Utilization Review/Quality Improvement Committee process provides ongoing analysis of the qualitative aspects of the program each month. When issues are identified, the First Hope Program Manager identifies and implements a corrective plan of action.

Evaluation forms provided to clients and families are available in English and Spanish. Any program outcome analyses that are shared with funders or other entities outside of Contra Costa County Behavioral Health is de-identified and aggregated.

One major challenge we had experienced over fiscal year 2020-2021 was a dramatic increase in the number of referrals to our program. Despite starting a waitlist and implementing other strategies, it had become clear by March 2021 that First Hope no longer had the capacity to continue adding individuals to our waitlist, and we made the difficult decision to suspend new referrals so that we could maintain our capacity to provide the highest level of care possible to the clients and families already enrolled in our program. Over the next half year, we made steady progress in moving individuals off our waitlist into active services, and we were able to re-open to new referrals this fiscal year, in October 2021.

(We have tightened our eligibility criteria to forestall another similar situation reoccurring. For our FEP program, clients must now be within 12 months of their first psychotic break, versus 18 months previously. This change in eligibility criteria also allows us to focus our attention on clients who have the highest probability of a positive and sustained response to intensive treatment, per the early psychosis research. In addition, Contra Costa Behavioral Health Administration decided in 2021 that First Hope would no longer accept new privately insured clients due to the lack of financial sustainability. Privately insured clients who were already enrolled are allowed to complete their full course of First Hope treatment.)

We are pleased to report that despite the unprecedented demand for our treatment services and the multitude of challenges faced by our treatment team, we continue to be able to provide excellent clinical care for our clients, as evidenced by the following:

The primary desired outcome for our CHR clients is to prevent conversion to psychosis in a population estimated to carry a 33% chance of conversion within two years. We had 0 conversions from CHR to psychosis from July 2021 through June 2022.

Desired functional outcomes for both our CHR and FEP clients include reduction in crises and hospitalization, incarceration, and suicide attempts or completions.

From July 2021 through June 2022, 80% of First Hope clients had 0 psychiatric emergency room visits or inpatient psychiatric hospitalizations. This comprised of 111 individuals who could manage well enough the entire year without requiring emergency or inpatient level of care. The other 29 First Hope clients had a combined total of 65 visits to the psychiatric emergency room, about half of which resulted in an inpatient hospital stay (38 out of 65 visits). Four First Hope clients represented 45% of the PES visits (29/65).

In September 2021, we analyzed rates of PES visits and inpatient hospitalizations over time for 143 First Hope clients. We found that the frequency of emergency and inpatient hospital visits dropped meaningfully in the 6 months after clients enroll in First Hope, compared to their baseline rates during the 6 months prior to enrollment.

	PES visits 6mths-pre-enrollment	PES visits 6mths-post-enrollment	Inpt Hosp 6mths-pre-enrollment	Inpt Hosp 6mths-post-enrollment
Total	87	36	113	41
Avg per client	0.61	0.25	0.79	0.29

Regarding incarcerations, two of our clients were arrested during the time period of July 2021 through June 2022. One

served a jail sentence of about 10 days. The other is currently in pre-trial detention for not meeting the terms of his pre-trial release. He is undergoing the competency restoration process and has not been convicted of a crime nor sentenced at this time.

Suicide risk is also a major concern with psychosis, with a lifetime risk of about 5% for suicide completion. Furthermore, this risk is elevated during the FEP period and particularly within the first year of treatment when the risk is 60% higher than in later years. From July 2021 through June 2022, we had 6 known suicide attempts and 0 known completed suicides. However, we did sadly experience a client death in April 2022, when one of our clients was found dead inside a tent on the street. This client had been disengaged from her First Hope treatment providers for many months despite multiple attempts to outreach to her and her mother, and she had been unhoused and known to be using multiple substances for some time. The cause of her death is currently unknown and still being investigated.

Improvement in age-appropriate functioning is also a critical measure of a successful intervention. Our data indicates that at the beginning of treatment, the vast majority of First Hope clients were failing in school, while at discharge they were stable in school. Many who were work-eligible are now working at least part-time.

EVIDENCE-BASED OR PROMISING PRACTICES:

As noted in section 1 (Services Provided/Activities), First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) models. PIER and CSC have been shown to be effective in preventing conversion to psychosis and the subsequent disability associated with psychotic disorders, and in ameliorating psychotic symptoms and promoting functional recovery. Both models provide comprehensive and needs-driven services utilizing the combined skills of a multidisciplinary team. Our First Hope treatment team includes mental health clinicians, occupational therapists, educational and employment specialists, a community support worker family partner, community support worker peer specialists, a rehab counselor with a specialization in substance use disorders, an RN, and psychiatrists.

Our clinicians are trained and certified to provide Structured Interview for Psychosis risk Syndrome (SIPS) assessments, Cognitive-Behavioral Therapy for psychosis (CBTp), and MultiFamily Group Treatment (MFGT), evidence-based practices for assessing and treating CHR and FEP. They participate in ongoing consultation and supervision meetings in order to maintain fidelity to these treatment models. Clinicians meet biweekly with Dr. Barbara Walsh of Yale University, one of the co-authors of the SIPS, with Dr. Kate Hardy of Stanford University, an eminent trainer of CBTp, and with Dr. Jude Leung, the First Hope program manager and a faculty member of the PIER Training Institute.

VALUES:

First Hope practices a collaborative, strengths-based, and recovery-oriented approach that emphasizes shared decision-making as a means for addressing the unique needs, preferences, and goals of the individuals and families with whom we work. We define family broadly, that is, whoever forms the support team for the client, which may include friends, siblings, extended family, foster parents, significant others, and clergy. We also coordinate closely with other mental health and primary medical care service providers, to support our clients' overall mental and physical health.

Much care is taken to provide a welcoming and respectful stance and environment, from the very first contact by phone, to the individual and family's first visit to First Hope, to every interaction thereafter. We work closely with our families to identify and problem-solve barriers to accessing care, including childcare, transportation difficulties, and challenges with accessing technology.

We have a Clinician of the Day (COD) available Mon-Fri 9am-5pm to provide timely access to a First Hope staff member for any individual who may seek our help. We also over-screen so as not to miss anybody in need of service.

Any individual who is determined not to be eligible for our program is provided with a referral to more appropriate services. For any individual/family who is found to be eligible for First Hope and accepts our services, our goal is to begin treatment immediately with engagement sessions with their assigned clinician. As of June 20, 2022, we have completely cleared our waitlist, meaning that any individual who is found to be eligible for First Hope services is immediately assigned a clinician and psychiatrist to begin services.

Services are offered in any language using the language line and in Spanish by our Spanish-speaking clinicians, including a Spanish-language MFG. Our program brochures and psychoeducational materials are available in English and in Spanish.

VALUABLE PERSPECTIVES:

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several of them returned on 7/13/21, 7/15/21, 3/10/22, and 3/24/22 as volunteers to speak with our newer clients and families about their experiences with First Hope.

Below is some other feedback we have received from our clients and families:

“I see improvement in [my son]. I’m happy.”

“I now have more people to just vent and talk to whenever.”

“My son meeting up with Jessica his therapist and Brandon weekly has been the most helpful thing.”

“I believe the services are great just as is and there is nothing to change. It helped me control myself mentally and understand to take a mental break once in a while.”

“I can get the right help from the right people. Thank you for helping me and being there to help me.”

“First Hope is a great program!”

“I able [sic] to calm myself down when I am panicking [sic]. The talks with my therapist are helpful.”

“The communication with my family is definitely better.”

“The support of Jane and Tyisha for our family as a whole has been helpful.”

“This is a really good place to change and control you [sic] life and problems. This place is like family to me. Thanks for everything.”

“I know I’m not alone.”

“We can talk to someone who will understand and can suggest ideas for dealing with struggles.”

“First Hope has been life changing.”

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Types and settings of services provided:

Hope Solutions provides on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families (Garden Park Apartments/GPA in Pleasant Hill). The parents in these families have a disability as an eligibility criterion for this permanent housing, and most of the disabilities are around mental health and substance abuse challenges. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community (Lakeside Apartments in Concord, Los Medanos Village/LMV in Pittsburg and Bella Monte Apartments/BMA in Bay Point). These households are challenged due to limited income and frequently have other challenges due to lack of resources, surviving systemic racism, experience with family and community violence, and challenges with immigration status. The last 3 housing sites house 4 individuals at each of 3 houses (MHSA housing). These 12 residents are referred by CCC behavioral health, with serious mental health histories, and are funded as MHSA housing residents under this grant. All the residents in these sites are offered on-site support services in their housing setting.

Methods used to reach out and engage potential responders/Strategies utilized to provide access and linkage to treatment:

Hope Solutions staff work on-site at housing for vulnerable residents. Case managers reach out to residents who self-refer or are referred by the property management, using phone, text, and in-person strategies (e.g., scheduling appointments in the community center, offering transportation to access physical and mental health medical resources, working with walk-in residents or by appointment and offering in-home visits). Youth Enrichment staff work with school systems and community volunteers to provide tutoring and social skill building activities onsite for the youth. Residents are introduced to service staff when they first move into the housing and available services are described. After residents move into the affordable housing sites, they are contacted using fliers, robo-calls/texts and newsletters, all to let residents know of community events and resources. On-site support staff are available fulltime at GPA, Lakeside, Bella Monte and Los Medanos apartments. Case managers for MHSA housing residents have frequent on-site visits with residents to assist with needs as they arise.

Because staff are on-site and available to provide various types of support (food/transportation/health referrals/emotional support) residents learn to trust and utilize these services and reach out for them when needed. When families or individuals have problems with mental health challenges, they already have a trusting relationship with the case managers and can reach out for mental health resources. Staff are trained in trauma-informed and culturally responsive care and several of the staff are licensed mental health professionals. All programs are supervised by licensed mental health professionals and concerns about emerging mental health problems are addressed in a timely manner. Monthly team meetings and weekly staff supervision allows for the provision of mental health support quickly and sensitively as concerns come up.

Youth enrichment staff work directly with the youth in afterschool and summer enrichment programs. Youth can form trusting relationships with those staff, also, as they receive a nourishing snack, help with homework, and access to fun activities. The staff also work directly with parents and with school personnel to support the youth and to increase parent confidence in advocating for their children's needs. Youth enrichment staff can collaborate with families, schools and community mental health providers when mental health issues arise. Referrals to mental health resources are made

as needed (whether onsite, at school, or in the community) in the context of these ongoing relationships.

Strategies utilized to improve timely access to services for underserved populations.

Case managers and youth enrichment coordinators collaborate to provide support groups at all sites in addition to the services described above. The residents of the housing sites where services are provided often have limited familiarity with mental health resources. Some residents also have concerns about the stigma that could be attached to using this type of service. By forming ongoing relationships with residents and offering education about how mental health support works, staff are well situated to address questions and fears about mental health problems and mental health resources.

By providing a variety of programs and supports in the setting of people’s housing, we are also able to receive referrals from property managers when behavioral issues arise that threaten someone’s housing stability. Neighbor conflicts, problems with substance use, and family conflicts are some of the types of referrals the on-site case managers receive from property managers. Eighty-nine percent of the residents in these programs are people of color and due to systemic racism have mistrust of many resources including mental health support. Staff in these programs have training in culturally responsive services, and most live in the same communities. Their life experiences and training help them to address this mistrust with personal experience.

If a resident requests a mental health referral, registered mental health associates are able to provide home-based counseling to the youth in the programs. Case managers also assist adult residents with crisis intervention and with finding appropriate counselors through the county ACCESS line. Case managers encourage residents to ask for what they want in a counselor, including specifics of race, gender and experience/specialty. By offering basic education about how mental health counseling works (time, costs, modality options) people who have little knowledge of mental health resources can engage with these services.

OUTCOMES AND PROGRAM EVALUATION:

The following outcome measures were included in our 21.22 contract.

I. Outcome statements

- A. Improved social functioning of the school-aged youth in the afterschool programs.
- B. Improved family functioning in the realm of self-sufficiency for families receiving case management.
- C. Improved self-esteem and progress on self-identified goals for families receiving case management.

II. Measures of Success

- A. At least 75% of the youth regularly attending homework club will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2022.
- B. At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20-area self-sufficiency matrix within the fiscal year, 2021 to 2022.
- C. Two (2) family vignettes, showing the improvements and positive outcomes of the work of this project (including GPA, Lakeside, LMV, and BMA communities, as well as MHSA housing) will be provided with the end of fiscal year final report.

Hope Solutions values outcome data as a source of information to help us continually monitor and improve our programs. These outcomes are based on the ongoing case management and youth enrichment work which is provided daily and documented in notes, assessments and attendance records kept in a digital database, and in HIPAA compliant, locked files. The digital data base is protected with HIPAA level protections including passwords on the database and on the computers used for this work. We also require HIPAA training annually for all staff to be sure that everyone understands how to protect client information. Data is collected collaboratively with residents and outcomes are shared

with residents as part of our client-centered, trauma informed, culturally responsive approach. Staff are trained and hired with cultural awareness as a critical component of skills for the work. Most of our staff live in and are committed, personally, to the communities they serve.

For some of the outcomes we use client centered/reported information (as on the self-sufficiency matrix). We also use some standardized screening tools like the Piers-Harris Self-Esteem assessment and the Parental Stress Index to help us evaluate the effectiveness of our work. Most of these assessments are given once a year at the end of the fiscal year and then compared to responses from the previous year.

Specific Goals and Outcomes for the 21.22 fiscal year:

Goal: At least 75% of the youth regularly attending homework club will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2022.

Outcome: 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.

This outcome is based on students who were regularly engaged in youth programming. Sixty-four youth were assessed overall, with comparison data (pre-and post- measures) available for 41 youth.

Goal: At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20-area self-sufficiency matrix within the fiscal year 2021 to 2022.

Outcome: 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

The self-sufficiency matrix is reviewed annually for residents that are receiving intensive support from case managers. All residents have services offered to them and we respect residents' right to engage in services at their own pace or to decline services.

In addition to those two goals listed in our contract, we also attach two vignettes regarding work with two residents.

VALUES:

MHSA values parallel well with Hope Solutions values:

Hope Solutions is committed to excellence, and we accomplish our work with integrity, respect, compassion, and humility.

Providing housing and support services with these values allows Hope Solutions staff to support wellness, recovery and resilience in residents and clients in our programs. The Strengthening Vulnerable Families program reflects MHSA and HS values by providing on-site, on-demand support when and where residents need it. By being available immediately and in a timely manner when problems emerge, we can improve the trajectory of those problems with early interventions that are embedded in the housing community where residents live. When mental health care is needed, support staff in these programs are ready and available to assist residents with information about possible resources, transportation, and educational and emotional support that is culturally responsive and respectful of the concerns different populations have about accessing this type of resource.

By providing an array of supports and services (employment support, financial support, educational support, as well as basic needs like food, healthcare, childcare access, and social/community activities) we lower stress and help people avoid the need for formal mental health supports. We host activities and events that build community, supporting resilience and community self-reliance. When the need for mental health support arises, an individual can make this request in the context of other resources and thus is not singled out or identified with this need. By having a trusted, long-term relationship with an on-site case manager, residents can move past fears of stigma or discrimination as they

seek mental health assistance.

VALUABLE PERSPECTIVES:

David is lonely

David had lived alone for a long time, but he told incredible stories about when he was younger. He had travelled a lot, had many friends, and helped many people along the way. He spent years in the military and valued his veteran status. Over time, however, his relationship with his family deteriorated and his friends lived far away. Now, he struggled with loneliness and depression. David was connected to a VA psychologist who he often didn't want to talk to. He had a VA case worker, but he didn't really like what she had to offer. When he became particularly lonely, he would reach out to the VA Hotline to talk to a fellow veteran, but he was frequently disappointed to be connected to a civilian worker or a family member of a veteran. When looking for someone to talk to, David would occasionally call the police. He found that if he threatened to harm himself or someone else, the police would come and talk to him; often one of the officers was a veteran. He occasionally spoke with the on-site case manager at his housing site, Elena, and she helped him with practical needs like transportation and food access. He learned to know that she was reliable over time.

Last Spring, David texted this case manager at his apartment complex, stating that he was prepared to take his life. He texted that he had called the police and that once the police arrived, he would aim a crossbow at them and "hopefully" an officer would shoot him. David had been struggling with a chronic, debilitating medical condition that was affecting his mobility. He had asked to move to a downstairs apartment but, despite repeated advocacy by the case manager, the move was delayed. David texted that he couldn't wait any longer, that he had not been out of his apartment in 7 days.

Elena replied to David's text immediately, asking him not to hurt himself and asking if they could talk. David texted that they could talk, but that he'd made up his mind and he was "locked and loaded." While texting with David, Elena coordinated with her supervisor, David's VA case worker, and the police. She talked to him on the phone until her supervisor Liz, a mental health professional, arrived. Liz was able to assess that David was not committed to dying, but that he was frustrated and lonely. After talking over the phone for a while, David agreed to meet in the community center to talk, leaving his crossbow in his apartment.

Elena continued to keep communication open with the police, the mobile crisis unit, and David's VA case manager. Based on David's conversation, Elena also reached out to her colleague in another program, Joe, who is a veteran. Liz and Elena were able to bring David to the community wellness center in Martinez for evaluation, where Joe met David and stayed with him through his evaluation. With the support of this case management team, David felt "heard" and was able to return home. On the way home, Joe suggested a stop at the grocery store. Once home, Joe helped carry groceries upstairs, assessed the safety of the apartment, and helped David take his garbage down the stairs.

Over the following weeks, Elena worked with property management to expedite David's move, which happened successfully. She also worked with Joe to clean his apartment, which was heavily impacted by his hoarding behaviors. With Elena's encouragement, David resumed his bi-weekly visits with his VA psychologist and agreed to talk to a psychiatrist. David reached out to Joe several times to chat, usually about what was now going well in his life. He was excited about the move, and about a new scooter that he was getting from the VA to help with his mobility. He was also making plans to visit one of his daughters in Washington in hopes of reconciling with her and his other children.

Despite the availability of many community resources, the on-site case manager (partially funded with MHSA PEI funds) was the person with the ongoing relationship and was able to intervene at a critical time for this resident.

Carol perseveres

Carol grew up in the Bay Area as an only child, loved by her parents. As a teen, she began acting out. She started skipping school, using drugs, and running away. At times, her behavior was bizarre. She disengaged from her parents

and started living on the streets. She became pregnant and when she gave birth to her daughter, she tested positive for illegal drugs. Her daughter, Cindy, was removed from her care and placed in fostercare while Carol agreed to participate in a substance abuse recovery program. While in treatment, Carol was diagnosed with schizophrenia and prescribed medication to help stabilize her thoughts and behavior. Within a year, Carol completed her program and was reunited with her daughter. The foster parents agreed to be a continued support to Carol in being the best parent she could be. Carol left treatment (and former homelessness) and entered permanent supportive housing.

Carol and her daughter flourished in supportive housing. Carol began dating and soon her partner moved into housing as well. The family was friendly and well engaged in the housing community. They participated in community activities and sought supports from on-site staff when needed. After a few years, Carol and her partner decided to have a baby. They worked with Carol's doctors to adjust her medications to reduce risks to the developing child. This was a tricky process, during which Carol's moods and thoughts changed frequently. But the couple persisted and finally landed on medication that worked for Carol and posed limited risk to the baby. Services staff provided support throughout this process. Shortly after, Carol became pregnant. She and her partner were ecstatic! With their then 7-year-old daughter, the couple made preparations for the arrival of the new baby, a little girl they named Angie.

Unfortunately, Carol began experiencing post-partum depression shortly after little Angie was born. Her medications no longer seemed adequate. She began appearing blunt and disengaged. Services staff continued to provide support for Carol and her family, including calls to the county's mobile crisis team when appropriate. The services team also worked with Carol's partner, her parents, and Cindy's former foster parents to assure the girls were supported emotionally and well cared for while their mother's behavior worsened. Ultimately, Carol was hospitalized with the goal of helping her stabilize and adjust her medication.

While Carol was in the hospital, her partner left her and took the children with him. Carol returned home from the hospital to find an empty apartment. The services team worked with Carol to pull together a team to help, including Cindy's former foster parents, Carol's social worker from when she was placed in housing, her parents, and the on-site support services staff. Together, we helped Carol navigate a system that again and again showed its bias against a mother with a mental illness. With support, however, she persevered. Within 6 months, Carol was able to regain custody of her children. She and her girls remain stably housed in supportive housing. They are again participating in community activities, including parenting support for Carol and afterschool programming and social skills support for Cindy.

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

1. JFCS East Bay partnered with Sutter Health on May 9, 2022, for the Refugee Family Support Program that ran for 10 weeks in the Spring and connected resettled children and families to interpreter(s) and pediatric therapists. During the sessions six families, with children ranging from ages 5 through 10, explored therapeutic sensory play ideas with pediatric occupational therapists to teach children self-regulating skills after a traumatic experience. Under the guidance of pediatric occupational therapists' families bonded over Teatime discussed therapeutic interventions that parents can do at home to help children develop capacity to regulate their emotions and behaviors. Parents were given the opportunity to meet as a group with a child psychologist to provide support for questions about trauma and/or any other topics that arose. The weeks alternated between Occupational Therapy (OT) facilitated parent-child play time meetings and adult Teatime Talks group meetings with a child psychologist. Skills that were taught to guide children and their families included:

- Helping children and family members understand how our brains work after a traumatic experience.
- Using evidence-based strategies and practices, through play, to help calm children's bodies to help calm their minds and emotions
- Supporting parents to recognize their children's stress response and giving them a toolbox of developmentally informed skills to facilitate their children's physical and emotional regulation.

Trauma of war and instability, immigration-related stressors, and experiencing resounding levels of fear and uncertainty impacts the developing brain. Developmentally informed Occupational Therapists (OT) worked on teaching families' interventions that can be easily practiced at home to help families with children with challenging behaviors. The OTs assisted parents in understanding the link between sensory integration challenges and children who have suffered from trauma and helped parents engage with their children through body-based fun play activities. Evidence indicated that when our brains move out of the sensitized survival mode, we can access the higher-level areas of the brain for feeling and thinking.

2. JFCS East Bay facilitated and hosted two community-building events for the Eid celebration for a total of 120 participants.

- May 5, 2022, at Heather Farm Park in Walnut Creek, CA. 80 individuals participated, lunch was provided, and each family received \$25 gift card.
- June 15, 2022, in the Noor Islamic & Community Center in Concord. 120 individuals participated in a celebratory event with lunch. Information on legal process for new arrivals, as well as pertaining laws and policies. JFCS East Bay held groups throughout the year for Russian-speaking communities of Contra Costa County.

3. JFCS East Bay held groups throughout the year for Dari- and Farsi-speaking communities of Contra Costa County. JFCS East Bay conducted five support/educational groups. During their pre-assessments the clients had received case management services and referrals on indicated needs. The referrals included housing, employment, financial assistance, public benefits, healthcare, immigration legal assistance, social/community support, and more. The topics of discussion for the focus groups centered around the services they received, as well as self-care. Culturally sensitive

and trained staff discussed and documented feedback on the services and followed-up on further support needed. During this time. Staff developed educational workshops for Afghan women on various cultural orientation topics. Focusing on support to Afghan women and men is rooted in evidence-based research that the entire family unit benefits when a mother/father is more relaxed and knows how to cope with stress (i.e., if a mother has coping skills to deal with stress, it is more likely her children will have better developmental outcomes.) These groups are facilitated by staff, including clinical social workers, therapists, and volunteers, who are trained to work with and assist children.

- August 30, 2021
 - 12 women attended and focus group aimed to decrease social isolation, encourage positive parenting, and provide refugee mothers with stress management techniques.
- February 25, 2022
 - 12 women attended the focus group and was a place in which staff facilitated sharing of information regarding available resources.
- February 29, 2022 (for male clients)
 - 19 men attended the focus group and was a place in which staff facilitated sharing of information regarding available resources.
- March 17, 2022
 - 16 women attended educational session on the importance of self-care. Information was shared regarding the different technique's women can use to improve their physical, mental, and emotional health and the significance of maintaining healthy relationships with themselves and those around them. Tools were discussed to manage stress and boost their confidence.
- June 29, 2022
 - 16 women attended educational session on the importance of self-care. Information was shared regarding the different technique's women can use to improve their physical, mental, and emotional health and the significance of maintaining healthy relationships with themselves and those around them. Tools were discussed to manage stress and boost their confidence. Research indicates that self-care is important in everyday life, but during times of immense stress and uncertainty, practicing self-care is even more necessary.

4. Russian-Speaking Seniors Telehealth Mental Health Education Sessions: The purpose of the mental health education sessions is to help combat isolation, anxiety, grief, and promote wellness through learning relaxation techniques. Due to the pandemic, the decision was made to provide individual (45-minute) mental health classes via phone with 14 Russian-speaking seniors. Zoom was not used because the Russian seniors engaged with our agency stated they were more comfortable using the phone. The one-on-one format also allowed each Russian senior to get more individualized attention and personalized support from our Russian-Speaking Case Manager. The original hour-long format was also changed to 45 minutes as most Russian seniors preferred a shorter format expressing that they could not stay alert for 1hr virtual sessions.

OUTCOMES AND PROGRAM EVALUATION:

❖ Health and Mental Health System Navigation (Case Management)

- **96 %** of the adult case management clients reported upon exit that they were able to **independently seek help for mental health services**. At entry, 62 % of clients reported that they did not know how to do this.
- **93 %** of the adult case management clients reported upon exit that **they knew how to link to the appropriate persons within the county health care system** or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
- **100 %** of the adult case management clients reported upon exit that they had an increased **understanding of health and mental health care systems in Contra Costa County**. At entry, 91 % of clients reported that they did not understand care systems.

*Data was collected by case managers at intake and exit of case management services.

❖ Women/Men Support/Educational Groups:

- **100%** of participants reported to have an **increased ability to recognize stress and risk factors in myself or family**.
- **100%** of participants reported to **have a better understanding of trauma and how it affects the mind and body**.

- **100%** of participants reported to **have a better understanding of the concepts discussed in group.**
 - **100%** of participants reported to **have learned helpful techniques to deal with their own stress and emotions.**
 - **93%** of participants reported to **have better understanding of when and how to seek help if I need it.**
 - **100%** of participants reported to **feeling more supported after attending the group.**
 - **100%** of participants reported to **have learned helpful parenting skills that they will use with their own children.**
 - **100%** of participants reported to **apply what they learned from the group in their own life.**
1. Served **461** people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
 2. Completed **208 pre-post assessments** with adult case management clients (ages 18+).
 3. Provided **10-** week series family support with Sutter Health partnership serving **6 families.**
 4. Provided **208 clients with bilingual/bicultural case management:** (ages 18 and older).

HOW DATA WAS COLLECTED AND ANALYZED

The program used the following tools to evaluate the efficiency of the program:

- Participants/clients mental health evaluation forms for mental health education sessions.
- Collected after each support/ education session.
- Pre- and post-assessments case management (health and mental health navigation assistance) progress.
- Collected once at intake and once at exiting the program.

LIST OF INDICATORS

Case Management Services Indicators (Likert Scale: Not Applicable, Strongly Agree, Disagree, Strongly Disagree):

1. Is able to independently seek help for mental health services.
2. Is able to be linked to the appropriate person(s) within the county health care system or other community resources for resolution of health or mental health issue.
3. Has an understanding of consumer rights in relation to medical care, including the right to seek a second opinion.
4. Is able to apply for health benefits when eligible.
5. Has the ability to communicate with doctors and providers about medical and mental health issues.
6. Has an understanding of health and mental health care systems in Contra Costa County.
7. Has a healthy/expanding support network; household is stable and communication is open.
8. Has adapted to American culture.
9. For parents: has well-developed parenting skills.
10. For parents: can name at least one parenting skill they can apply at home.

Women/Men Support/Educational Group Indicators (Yes/Neutral/No):

1. I have an increased ability to recognize stress and risk factors in myself or my family.
2. I have a better understanding of when and how to seek help if I need it.
3. I feel more supported after attending the group.
4. I have a better understanding of the concepts discussed today.
5. I have a better understanding of trauma and how it affects the mind and body.
6. I have learned helpful techniques to deal with my own stress and emotions.
7. I have learned helpful parenting skills that I will use with my own children.
8. I plan to apply what I learned from the group in my own life.

VALUES:

JFCS East Bay's commitment and dedication to our clients greatly contributed to our success. The value of "Welcoming the Stranger" and serving vulnerable people are at the core of our mission. Clients receive wrap-around services including case management, health and mental health navigation, mental health services, and parent education classes.

JFCS East Bay is also deeply committed to taking a strengths-based approach in everything we do. Given this, goals and services are regularly evaluated with the client/family to ensure that they have the primary decision-making role. Staff also expand upon clients' existing strengths and play to them when creating personalized case management plans and throughout the entirety of service delivery. In this way, JFCS East Bay helps to empower clients on their paths to self-sufficiency. As an agency, we also recognize that new arrivals come from countries in which there may not be programs in place for mental health and well-being or, if a program exists, it is only for those who are severely mentally ill. To combat any potential stigma, staff provide clients with education about programs that may not have been available abroad.

Because JFCS East Bay is in frequent contact with clients during the early, stressful resettlement period, we can provide timely linkages to other needed services. Universally, clients agree that getting settled and learning all new systems brings a level of hope, but also high anxiety. Link to care through our trusted case managers is offered as a bonus type of support, which many are eager to seize.

VALUABLE PERSPECTIVES:

* Names, ages, genders, and minor details have been changed to protect client confidentiality. Zabihullah, 30, arrived in the Bay Area in October 2021 with his wife and two sons. In July 2021, Zabihullah was wounded in a bomb blast in Afghanistan during a mission while serving on Afghan National Defense and Security Forces Special Ops team. He had suffered multiple injuries in both legs impacting his mobility and causing him daily physical pain. He had undergone surgery in Afghanistan but was not able to receive his post-operation physical therapy in Afghanistan. Zabihullah arrived in the US using a wheelchair.

The family was immediately assigned a case manager who could speak his native language and a 6-member volunteer team for additional support. The CM provided all the core services while the volunteer team made sure to help the family with transportation and some basic needs. Zabihullah started physical therapy with mental health support. He is continuing to receive treatment to this day.

At this time of arrival, his wife was pregnant with twins and CM connected her to prenatal care and services. Zabihullah's two older sons were immediately enrolled to school and JFCS-EB volunteer group was even able to arrange school transportation for them.

JFCS-EB collaborated with Home Bridge program so the family does not have to worry about rent subsidy for a year. They moved in to a 2-bedroom apartment in a safe neighborhood that is ADA compliant. Volunteer and donation services at JFCS-EB furnished the apartment for the family.

Zabihullah showed tremendous improvement in the first 90 days post-arrival. He is now able to walk with support and managed to get his driver's license. Zabihullah was referred to the PC Program where he still gets support beyond the initial resettlement period.

Jaeleah, 21, is a Guatemalan refugee who arrived in the East Bay area in November 2021. Jaeleah was reserved and cautious in her initial interactions with JFCS-EB staff. She was assigned a Spanish-speaking Case Manager. During her intake interview she disclosed that she suffers from depression, anxiety, and at times panic attacks. She shared that she prefers to be alone in her room as being in social situations can be overwhelming for her.

CM referred her to a therapist and continued staying in touch with her and providing support as needed. Per psychiatrist's recommendation, Jaeleah started taking anti-anxiety medication in conjunction to her talk therapy. Jaeleah showed signs of improvement within a month. She started participating in group therapy in which she slowly started feeling safe and connecting with peers.

By the end of her resettlement period, Jaeleah made many positive changes in her life. She is no longer taking medication, she has made friends with more people, and started a job.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

In 2021-2022, the JMP had a team of 10 clinical interns. Over the year, JMP interns and staff worked at capacity across JMP mental/behavioral health programming—this included individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development. JMP groups engaged a wide range of young people facing mental health and equity challenges. In 2021-2022, 399 unduplicated young people participated in 19 different groups and/or individual counseling. Targeted outreach and services supported our English Language Learners (ELL) who participated in counseling, case management, in-class support and youth development programming.

The social/emotional impacts of the pandemic and the fact that 50% of ECHS students had never been on the school campus in the fall of 2021 combined to create a new set of challenges for JMP clinical staff. There was a spike in the number of students up against social isolation, social anxiety, depression and suicidal ideation. The high level of crisis work impacted the JMP’s ability to provide regular weekly counseling, since crisis assessments are always prioritized over regular counseling appointments. In January, the JMP restructured its counseling protocols to ensure counselors would keep at least one appointment per week open to respond to crises. The JMP also clarified guidelines for determining which students would have access to ongoing counseling with a JMP counselor and which student cases should be closed, scaled back, or referred to an outside provider. This new structure allowed the JMP to prioritize students with the highest need and the least access to resources for ongoing counseling, to make space for more counselors to begin their supportive groups, and to protect a dedicated time in counselors’ schedules to respond to crises.

At ECHS, the JMP director continued to work closely with two assistant principals and a teacher leadership team to lead the school faculty in a year-long professional development series around race and equity. Panels of African American recent graduates and African American current parents shared their experiences with school staff, staff met in affinity groups, examined research and continued to deepen their self-reflection around the ways that white privilege, white supremacy and implicit bias impact instructional practices and school culture and drive inequitable outcomes for Black and brown students on campus. Insights learned influence ongoing policy discussions at the school level (e.g. eliminating tracked courses in the English department for 9th-10th grades, deepening equitable grading practices and broadening participation in AP courses schoolwide). This work will continue in the 2022-2023 school year.

OUTCOMES AND PROGRAM EVALUATION:

Young people are referred for services by parent/guardians, school staff, peers and themselves.

The JMP measures a range of indicators (see Work Plan for 2019-2020) including connection to caring adults/peers and school, and a sense of well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence). The JMP engages in ongoing formative assessments throughout the school year that include participation by JMP staff/interns, school staff and youth participants.

Outcome Statements

- A) Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, “there is an adult at school I could turn to if I need help.”
- B) Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, “I deal with stress and anxiety better” after program participation.
- C) Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they “skip less school/cut fewer classes after program participation.
- D) Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

DEMOGRAPHIC DATA:

We have completed the County Demographic Form with the exception of the following:

Part 2: We import demographic data from PowerSchool (PS), the school district database; PS does not capture the ethnic categories listed in Part 2 of the County form.

Part 3: We capture only 6A, as reported by PS. It is not consonant with our respect for personal sovereignty to ask young people to identify their own sexual orientation, gender identity or disability status based on our need to know. Young people’s identity language belongs to them; they can choose to disclose aspects of their identity in ways that feel useful and owned by them. We don’t assume a right to that information.

Part 4: #8. We do not ask clients to disclose a “disability status.” See Part 3 above.

Part 5: See Part 3 above.

LINKAGE AND FOLLOW-UP:

Young people are referred to services through a “Resource Request (RR) Form” widely available on the school campus and online through the JMP website. When the JMP receives a RR form, a JMP staff/intern will meet 1:1 with the young person to determine the appropriate level of support services. This can result in participation in on-site mental health services (i.e. individual counseling or therapeutic group support), a youth development/leadership/peer support program or a referral to a community based resource. Students are also able to drop-in for services, and depending on staff/intern availability, often engage with services immediately. Because we are an on-site school based program, we are able to easily follow up with students to ensure that they have successfully engaged with (or formally declined) services. If there is a crisis or urgent referral, students are connected with services immediately. If there is a need to discern if the student needs to be hospitalized, the JMP, if possible, includes the Seneca MRT in that determination.

The length of time between referral and entry into services is 1 – 14 days depending on the urgency of the referral and staff/intern caseloads.

VALUES:

The JMP integrates an activist youth centered program with more traditional mental health and health services; we prioritize community change along with positive health outcomes for individual youth participants. The JMP clinical program and youth centered initiatives challenge the dominant narrative that sees youth as “at risk” or as problems to be fixed. JMP staff/interns partner with young people to build their capacity, and connect them with opportunities for

meaningful participation in the school community. Students in counseling or a therapeutic group have direct access to wider opportunities for participation in JMP programs. All of these efforts foster resilience and wellness as they engage young people and caring adults in active and robust relationships.

The range of supports and opportunities at the JMP creates an energetic field that powerfully mitigates against stigma. Young people come to the JMP for a counseling appointment, to offer peer support through a youth leadership program, to participate in the ELD youth committee, Culture Keepers, Skittles (a group for queer identified youth of color) or a myriad other possibilities. The JMP is a vibrant sanctuary on campus for youth of color and young people from low-income families in a school building where social identity threat is often pervasive in other spaces.

VALUABLE PERSPECTIVES:

The JMP is proud of our capacity to provide high quality culturally responsive services to a diverse student population. In 2021-2022 our team included Spanish, Mandarin and Portuguese speakers. Interns identified as Latinx, Asian, white, and African American.

The JMP Youth & Parent ELAC programs coordinator is a native Spanish speaker and WCCUSD graduate. She has been a huge support to our Spanish speaking young people and families—the largest population of ECHS English learners. Students and families report feeling less isolated, and more connected to school.

A former student shared: “The JMP gave me a foundation that has guided me to choose: my involvements, choice of major (public health!), and even how I spend my free time. The JMP also taught me what is most important to me, which is reflected in the communities I choose to be a part of, their principles and the impact they wish to have. Overall, the JMP gave me strong roots that have aided me in my journey and ground me when I most need it. I am extremely thankful for the time I spent with you all and the lessons that I continue to carry to this day.”

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- × Provide access and linkage to mental health care
- × Improve timely access to mental health services for underserved populations
- × Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 9,393 depression and anxiety screenings (313.10% of yearly target); b) 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target); and c) 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).

Familias Fuertes (Strong Families) educates and supports Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. This year, the program has provided: 1) 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target) ; 2) 469 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target); 683 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target). Services are provided at two primary care sites, La Clínica Monument and La Clínica Pittsburg.

The service site enhances access to services because they are provided in a non-stigmatizing environment where many clients already come for medical services. As research shows that Latinos are more likely to seek help through primary care (Escobar, et al, 2008), the provision of screening and services in the primary care setting may identify clients who would not otherwise access services.

Furthermore, up to 70% of primary care visits involve a psychosocial component (Collins, et al; 2010). Having integrated behavioral health care allows for clients to receive a more comprehensive assessment and treatment, especially those that cannot attain specialty psychological or psychiatric care. La Clinica's services have been adapted to maintain the safety and well-being of both patients and staff, while ensuring the continued provision of essential care.

Medical and Behavioral Health teams have returned fully to in-person, however, clinics continue to offer telehealth visits based on patient preference. As a result of more in-person appointments, behavioral health screening has reached target (80%) for most measures in Contra Costa County. There has also been an increase in Provider to Clinician warm hand-offs as well as Provider to Case Manager warm handoffs.

OUTCOMES AND PROGRAM EVALUATION:

Participants are referred to the Integrated Behavioral Health (IBH) team through either their primary medical provider or self-referral. Clients are given an annual behavioral health screen which includes screening for substance use, anxiety, and depression. If these screens yield a positive result, primary care providers discuss with the client and offer a referral to IBH. Additionally, primary care providers may identify behavioral health needs amongst their client population at any visit, discuss with the client and refer to IBH. Clients who self-refer to IBH contact the clinic themselves, or request referral during a primary care visit.

La Clinica tracked the following data on an ongoing basis:

- A. 9,393 out of 3,000 Depression & Anxiety Screenings at La Clinica's primary care sites.
- B. 1,972 out of 250 assessments and early intervention services were provided by a Behavioral Health Specialists within the FY 21-22
- C. 4,242 out of 1,250 support/brief treatment services were provided by a Behavioral Health Specialists within FY 21-22

La Clinica tracked the following data on an ongoing basis:

- A. 934 out of 750 Behavioral Screenings of clients aged 0 – 17 were completed during the 12- month period by parents (of children 0-12) and adolescents (age 12-17)
- B. A total of 469 out of 75 assessments or visits (including child functioning and parent education/support were provided for FY 21-22
- C. 683 out of 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians were provided with children/caretakers. This includes psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

La Clínica strives to reflect cultural competency in the assessment, treatment and evaluation of the program. La Clínica utilizes screening and assessment tools that are evidenced-based and have been normed for and researched utilizing a similar client population. Linguistic competence, and cultural competence and humility, are central factors to the new staff hiring process and at the core of La Clínica's program design, the approaches used, and the values demonstrated by all of the staff. An embedded value is to honor participants' traditions and culture and speak the language the participant is most comfortable in. Throughout the initial and continuing training for all IBH staff, cultural and linguistic accessibility and competence is a core element to all topics. Culturally based methods including "dichos" (proverbs) and "Pláticas" or individual/family meetings are used to engage participants and employ culturally familiar stories and discussions with Latino clients. Furthermore, mental health terms are interchanged with language that is less stigmatizing and more comfortable. For example, with Latino clients, sadness (tristeza) is a topic used to engage community members, rather than approaching discussions with mental health language terms such as "depression". At the same time, La Clínica strives to understand our unique client population and evaluate data while taking into consideration our unique client population. All behavioral health providers are bilingual (English/Spanish) and most are bi-cultural. When appropriate, La Clínica utilizes translation services for all other languages. In June 2021, the Integrated Behavioral Health Department at La Clinica, began a monthly anti-racism work group to further address the issues of structural racism and how to improve cultural responsiveness to the communities we serve.

The average length of time between report of symptom onset and entry into treatment is 90.44 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

DEMOGRAPHIC DATA:

Data for gender identity, ethnicity and disability will only be collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

The Familias Fuertes program serves children and data on veteran status and military status will not be tracked.

For clients under the age of 18, La Clínica collects sexual orientation if it is directly connected to the reason for referral or treatment plan. Given that La Clínica is providing brief treatment, La Clínica wants assessments to be as targeted as

possible. La Clínica also wants to be sensitive to the reality that our adolescent population is in the process of forming their identity and sexual preferences and do not think would be appropriate to ask sexual orientation in our entire adolescent client population.

For the Familias Fuertes program, data for gender identity, ethnicity and disability is only collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard.

Part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

LINKAGE AND FOLLOW-UP:

Participants are referred to behavioral health services through their primary care provider or self-referral. Participants are scheduled into our Integrated Behavioral Health Clinicians' (IBHC) schedules directly from their medical appointment. For more urgent need, clients are scheduled for a same-day or 'warm hand-off' appointment with the IBHC. La Clínica encourages all medical providers to discuss the behavioral health referral before it is scheduled to ensure that participant is both interested and motivated to attend the appointment. If the client does not show to the IBHC appointment, the IBHC will call the client to attempt to reschedule the appointment, which may include clarification of purpose of appointment. If the behavioral health clinician assesses participant to need a higher level of care than our program model, La Clínica will work to link the participant to the appropriate services. La Clínica continues to meet with and support the participant until they are linked and follow up with the recommended service.

We currently do not have data on the average length of time between referral and entry into treatment but are working to build the report and will report out during the next reporting period.

VALUES:

La Clínica strives to offer quality, consistent behavioral health services to the client population. By locating behavioral health clinicians within primary care facilities, La Clínica provides direct, often same-day behavioral health care to those who need services. Often clients are identified as needing behavioral health support in an early stage before they have developed severe symptoms. In these cases, services promote client wellness and provide coping skills that prevent the need of a higher level of behavioral health care. For clients with more severe symptoms, La Clínica able to assess them in a timely manner and determine what course of treatment would be most appropriate. La Clínica clinicians work in a

team-based approach along with our medical providers to offer holistic care that addresses the intersection between physical and mental health. This team approach is both effective and proves to have the best outcomes for La Clínica's client population. Many of the clients who access behavioral health care at La Clínica would not otherwise have access to behavioral health for a variety of reasons including: transportation difficulties, stigma associated with behavioral health access, and inability to navigate the larger behavioral health system due to language barriers and system complexity. La Clínica makes every effort to provide services equally to all clients who are open to receiving care. Staff use non-stigmatizing language by interchanging the terminology of mental health with emotional well-being, allowing for a more receptive message to be communicated. La Clínica emphasizes the improvement in well-being, recognizing disequilibrium, and providing tools and resources for establishing emotional well-being, physical health, and supportive, healthy relationships in one's life. La Clínica also helps normalize mental health issues by pointing out the prevalence of mental health challenges, the availability of a range of treatment services, and the efficacy of support and treatment to help reduce stigma.

VALUABLE PERSPECTIVES:

Familias Fuertes Vignette -

During the pandemic, a 7 y/o Latino child was referred to IBH for anxiety and tic behavior. Child was having difficulties adjusting to distance online learning, was having academic challenges and was also having difficulties adjusting to the arrival of baby sibling. Clinician worked with both child and mother teaching coping skills to manage anxiety and coached

mother on ways she could support child. They also supported the family in the process of adjusting to the arrival of baby sibling. They worked on ways child can be included in the baby's daily routine, coached mother on addressing child's thoughts and feelings as well as quality time. They also briefly worked with mother's stress and self-care. Months after completing brief treatment in IBH, mother and child returned for support with child adjusting to school in person. Child was having behavioral challenges as well as was a victim of bullying. Mother was also having difficulties managing parenting stress. The Clinician supported child and mother with behavior modification strategies, boosting child's self-esteem, assertiveness, and strategies to handle the bullying. They also coached mother on advocating for child at school. Mother was also supported with individual counseling with my IBH colleague. Mother expressed gratitude for the support the family has received in IBH.

Vías de Salud (Pathways to Health) Vignette -

A 69 y/o Latino female patient was referred to IBH for depression and anxiety symptoms. Patient had a history of depression and was significantly affected by the isolation of the pandemic. Patient considered herself a happy and social person, used to get together with friends and the pandemic put a rough stop to patient's social activities, interactions and family gatherings. Patient was also affected by her adult son's alcohol abuse. Patient was depressed, isolated, felt lonely, had persistent worry and trouble with sleep. The clinician provided supportive counseling; patient expressed she would look forward to the monthly calls from this IBHC. They worked on strengthening coping strategies to manage symptoms, on ways patient could continue connected with friends and family, discussed ways patient could support her son with substance use and assisted her to explore pleasurable activities that she could engage in within the limits of the pandemic. During the brief treatment, patient retired from her job. Patient had difficulties adjusting to this new life stage. They supported patient during this process and continue to work with her. Patient has improved significantly, and she is working on completing brief treatment in IBH.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

1) the types and settings of potential responders:

The Latina Center offered culturally and linguistically relevant 10 to 12 weeks of parenting and mental health workshops to potential responders in our community-based settings:

- CFS, (Child Family Services)
- SAN FRANCISCO SUPPREME COURT,
- Social media such as Facebook, Instagram, Text Link,
- Referrals from other Schools.

2) Methods used to reach out and engage

Still Due to COVID pandemics, The Latina Center made referrals during the parenting classes via Zoom made referrals to the following:

- West Contra Costa Mental Health Services,
- Educational Path to Support (Caminos al Apoyo classes)
- Psychoeducational sessions, and
- Online Services (One year Leadership program)

During FY July 2021 – June 2022 we served a total of 319 participants:

- We served 261 participants in our Parenting classes
- 30 participants in our 4 Mental health workshops,
- 28 participants Psycho-educational sessions

3) any strategies utilized to provide access and linkage to treatment

Our community outreach staff conducted calls to recruit and engage people in our services. Successfully, we were able to recruit more than 430 parents to participate in our programs. Besides the use of phone calls, we recurred to using digital flyers an invitation on Facebook to invite people to participate in our parenting classes.

Referrals from The San Francisco Supreme Court, West Contra Costa District Schools, Health Clinics, Child Family Services (CFS). A total of 291 from these referrals were present at the parenting sessions and mental health workshops. During this annual reporting period, 28 participants were with our mental health counselor, making a total of 319 parents.

4) strategies utilized to improve timely access to services for underserved populations.

Due to the Health Department precautionary recommendations, we have continue registering people for the parenting classes two weeks before the initiation of our classes

OUTCOMES AND PROGRAM EVALUATION:

Parenting Classes:

The results of the in-take form, indicated that the participants wanted to be able to focus on the following indicators:

- 166 parents wanted to acquire new skills.
- 115 parents wanted to improve their communication with their partner
- 207 parents wanted to improve their communication with their children.
- 148 parents wanted to improve their relationship with their family
- 106 parents wanted to learn more about child development
- 74 parents wanted to learn more about Mental Health

According to the interview with each parent, most mention wanting to improve their communication with their children, apply more effective discipline and recover or increase their children's confidence when they enter adolescence and young people stop communicating with their parents.

Parenting Classes (STEP pre-questionnaire)

This pre-questionnaire identifies how much parents know and understand how to relate to the children when you are seeing discipline, solution to their problems, consequences to the mistakes and proper reinforcement to positive actions, and emotional regulations.

In this step questionnaire, parents recognize that they themselves reward children's bad behavior because they lack ideas to apply discipline without punishment.

- The results of each participant pre-assessment in the parent questionnaire were as follows:
- 1.-Identifies the reason for the behavior of your children.
Never,5.7%, Rarely 25.3%, Frequently 37.9%, Always 31%
- 2.- Avoids doing things for your children when the can do it themselves?
Never 10.7% Rarely 26.1% Frequently 37.5% Always 25.7%
- 3.- Recognizes positive qualities and action of your children?
Never 0.8% Rarely 8% Frequently 33% Always 58.2%
- 4.- Listen for feeling in what your children say?
Never 0.3% Rarely 8.8% Frequently 39.1% Always 51.3%
- 5.- Express you're feeling to your children in a serene way?
Never 1.5% Rarely 17.6% Frequently 39.5% Always 41.4%
- 6.- Solve the problem talking about the solution with your children?
Never 0.8% Rarely 15.3% Frequently 36% Always 47.9%
- 7.- Allows your children to learn from the consequences of their own decisions?
Never 0.4% Rarely 15.7% Frequently 39.5% Always 44.4%
- 8.- Uses discipline that is related to bad behavior of your children?
Never 6.1% Rarely 18% Frequently 42.5% Always 33.3%
- 9.-Knows what approach or response to use when discipline your children?
Never 3.8% Rarely 22.2% Frequently 41% Always 33%
- 10.- Hold family meetings?
Never 20.3% Rarely 30.7% Frequently 28.4% Always 20.7%
- 11.- Accept your children's mistakes?
Never 1.5% Rarely 7.7% Frequently 31.8% Always 59%
- 12.- Show respect for your children's opinions?
Never 0.8% Rarely 5.7% Frequently 24.5% Always 69%

Parenting Classes (STEP post-questionnaire:)

After taking the classes and learning and practicing the tools, such as: active listening, efficient discipline without punishment, and teamwork at home. the participants mentioned having learned to listen reflectively to their children, paying attention to their feelings and their body language, practicing family meetings to assign responsibilities but the most important thing they stated was their learning to better plan and enjoy quality family time, where the qualities of each member of the family were recognized.

Below the result of the STEP Parent post-questionnaire

- 1.- Identifies the reason for the behavior of your children?
Never 0% Rarely 7.1% Frequently 35.3% Always 57.6%
- 2.- Avoids doing things for your children when they can do it themselves?
Never 5.9% Rarely 12.9% Frequently 38.8% Always 42.4%
- 3.- Recognizes positive qualities and actions of your children?
Never 1.2% Rarely 3.5% Frequently 17.6% Always 77.6%
- 4.- Listen for feelings in what your children say?
Never 0% Rarely 2.4% Frequently 22.4% Always 75.3%
- 5.- Express your feelings to your children in serene way?
Never 0% Rarely 12.9% Frequently 32.9% Always 54.1%
- 6.- Solve the problems talking about the solutions with your children?
Never 1.2% Rarely 10.6% Frequently 29.4% Always 58.8%
- 7.- Allows your children to learn from the consequences of their decisions?
Never 0% Rarely 14.1% Frequently 23.5% Always 62.4%
- 8.- Uses discipline that is related to bad behavior of your children?
Never 0% Rarely 14.1% Frequently 35.3% Always 50.6%
- 9.- Knows what approach or response to use when discipline your children?
Never 0% Rarely 14.1% Frequently 32.9% Always 52.9%
- 10.- Hold family meetings?
Never 8.2% Rarely 20% Frequently 37.6% Always 34.1%
- 11.- Accept your children's mistakes?
Never 0% Rarely 2.4% Frequently 14.1% Always 83.5%
- 12.- Show respect for your children's opinions?
Never 0% Rarely 4.7% Frequently 8.2% Always 87.1%

Parenting classes and OVW:

- ✓ This year we also focused on identifying the different mistreatment and abuse that often happens to our children in our Latino community with behavior patterns that are not healthy and affect them. That is why in each session a small educational component has been included that encourages better discipline, with a safety plan in cases of emergency, so that each parent who faces some type of abuse from their partner are able to protect themselves and their children. We put emphasis on helping them understand what the best way is to heal the trauma that their children go through, by encouraging to speak up and express or share their situations to seek help. Some testimonies have been included at the end of this report.

Among our 261 participating parents, some mentioned having experienced some type of violence (physical, emotional, verbal, sexual, or economic type of abuse) at some point in their lives between childhood, adolescence, adulthood, and up to the present:

- 78 parents identified with Domestic Violence by their partner.
- 31 parents identified with Intrafamilial Violence.
- 5 parents identified with Symmetrical Violence where the two parents were violent towards each other.

The following results have been identified as secondary victims of the participants who mentioned being survivors of some type of abuse. Of these identified secondary victims none received services from our organization

- 51 children were victims of physical abuse
- 60 children were victims of verbal abuse
- 52 children were victims of emotional abuse
- 28 children were victims of psychological abuse.

Referrals from other organizations:

We continue providing support to the community with our parenting classes, thanks to referrals from other

organizations such as San Francisco, Richmond Supreme Courts, CFS, School Districts, as well as referrals from other clients.

- 5 Participants from CFS
- 11 Participants from Courts
- 20 Participants from other's clients
- 50 participants from Schools
- 114 Participants from The Latina Center Programs
- 10 participants Call themselves

Graduates:

- ✓ As a result of our classes, we continue assisting each one of our participants, until they complete the program thoroughly.
- ✓ Up to this moment, we have been able to graduate fifty-nine parents by delivering their certificates to their homes previous explanations and congratulations for their achievements.

The situation right now in our community is not easy yet, because the COVID pandemic has affected the income of many families, for which many people were forced to increase their working hour schedules. All of this has made it very hard for each parent to participate and connect to their classes. However, as an organization that takes the well-being and improvement of our clients very seriously, we have the task of continuing to offer flexible schedules.

Mental Health Workshops:

During the months of May and June, we had 4 Mental Health workshops presented by our Mental Health expert Mr. Ernesto Hidalgo via our zoom platform, broadcasted live on Facebook media.

Thanks to those workshops we were able to reach out 50 parents to participate in mental health services.

Only 30 participants filled out a pre-survey and a post-survey questionnaire about Mental Health illnesses that mostly affect our Latino community.

The results of the surveys will be described at the end of this report.

The results of the outreach and presentations of these workshops were as follows:

May 9, 2022, we presented the topic: "What is Mental Health in General"

- 16 participants were connected during the workshop on Zoom
- 21 participants interacted during the workshop on Facebook live by making a comment or liking the workshop.
- 12 people shared this workshop on Facebook, during and after the presentation.
- Currently, there are 243 views, as this workshop continues being available on The Latina Center Facebook Live page.

May 16, 2022, we presented the topic: "Mental Health in Children"

- 10 participants were connected during the workshop on Zoom
- 12 participants interacted during the workshop on Facebook live
- 21 people shared this workshop on Facebook, during and after the presentation.
- Currently, there are 211 views, as this workshop continues being available on The Latina Center Facebook Live page

May 23, 2022, we present the topic of ("Mental Health in young adolescents")

- 12 participants were connected during the workshop on Zoom.
- 12 participants interacted during the workshop on Facebook live
- 49 persons shared this workshop on Facebook live, during and after the presentation.
- Currently, there are 282 views, as this workshop continues being available on The Latina Center Facebook Live page

June 6, 2022, we present the topic: "Mental Health resources for parents with diagnosed children".

- 4 participants were connected during the workshop on Zoom

- 13 participants interacted during the workshop on Facebook live
- 46 people shared this workshop in Facebook live, during and after the presentation.
- Currently, there are 306 views, as this workshop continues being available on The Latina Center Facebook Live page

Mental Health post-evaluations

30 participants understood that mental illnesses are caused by distortions in the ability to think that affect their emotions and ultimately, their behavior

- 26 participants could now recognize a sign of mental disorder
- 12 participants mentioned having a slight depression now for different situations
- 15 participants mentioned having anxiety now
- 30 participants mentioned suffering stress now due to their work, COVID, and other economic situations

Psycho-educational Therapy:

- 28 participants were assisted by our professionals. Their information is attached

VALUES:

The Latina Center serves the Latino Community with culturally and linguistically relevant parenting classes structured to support parents by giving them the necessary tools that they can easily adopt to help them strengthen family ties and understand the feelings and rights of each member of the family. These services are provided in Spanish with flexibility in our schedules to better assist our working families. We also consider the different cultural approaches families bring to this country in relation to the way they raise their children to prevent them from using nonhealthy or dangerous methods.

As an organization, our team members, facilitators, and people trained in the different topics, strive in providing excellent services for families. By using surveys, we evaluate the program, the objectives and the work done by each staff member.

At the end of the program, the result of the evaluation gives us a better understanding of all the effort and work that each person did for our community which ultimately helps us to improve our services.

During these times of need, we are expanding our outreach efforts beyond our local community, and that is why we are making connections and referrals to other organizations that go along with the work we do at The Latina Center, such as San Francisco, Richmond Supreme Courts, Health Clinics, School Districts, Churches, and Early Childhood Mental Health.

VALUABLE PERSPECTIVES:

PARENTING CLASSES: Testimonies

- During the sessions, YL0279 learned to express her love to her children through words, kisses, and hugs, which was something that she did not consider important as she did not have these types of experiences in her childhood. However, the more she practiced and engaged in doing it, her children reacted happier and more open to following her instructions which was the reason she had participated in the classes several times.
- At the beginning of the classes, MO4014 shared that she has two children with whom she does not get along so well, especially the eldest who is always questioning the responsibilities and instructions given to him. Because he is already of legal age but still lives at home and does not contribute with anything, the participant commented that after chapter number 6 (a discipline that makes sense) she understood that she was making mistakes when giving him directions, by criticizing him and comparing him with his younger brother. So, she

decided to stop doing this and use instead words of encouragement each time. Now her son responds in a different way without feeling pressured but rather motivated to look for work and to continue studying. The participant indicated that today's result is due to the classes that taught her how she was not being as effective as she wanted and found new ways to better approach her family.

- YC9141 started the parenting classes because she thought her daughter had hyperactivity and conduct problems, hoping that she would be able to apply more effective discipline and that her daughter would obey her. But from the first session, she understood that her daughter was not so much the one with the problem but herself, because she did not have patience, she was a very demanding and bossy mother who only used to give her commands. She worked all day to meet her daughter's needs and they didn't spend much time together. In class, she learned to identify her daughter's feelings and her corporal language, she learned that material things do not replace the presence of parents and that through family meetings an agreement can be reached to spend time together. Now the participant does not feel so stressed, and they seek to spend quality family time, enjoying other activities, each one separately. She finally said she feels more relaxed now.

MENTAL HEALTH:

- ER1758: Stated that her son was diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD) when he was five years old, but the doctors were not sure whether he had developed schizophrenia and/or bipolarity. The doctors were unable to give a specific diagnosis because the child was still very young, and his brain was still developing. The client stated that this was a very difficult process because she was going through different problems in her life. Thanks to receiving the classes, she was able to better understand the instructions she was giving to her son with special skills. The parenting classes helped her to better understand how to provide what her son really needed. The Topic in mental health illnesses, helped her to learn more about her son's behavioral symptoms.
- Now she is more understanding and works on her patience and on helping her child to deal with his special needs until he is properly diagnosed.
- AR9888 shared during the topic of mental health that he had finally identified his symptoms and learned he had suffered from anxiety since he was a child, due to his parents' financial conditions that led him to stop going to school and take responsibility for his family and start working at very young age.
- IZ1942 shared that in his adulthood, he married the mother of his children, and everything was going well, but over time they separated. Since then, his anxiety and panic attacks resumed. He sought help from therapy and medication and accepted his treatment but as soon as he starts feeling well, he immediately stops treatment without consulting his doctor. He does not have a stable improvement; after these classes, he understood the importance of being compliant with his treatment for his and his children's benefit.
- MC5634 had not been able to participate in these classes before due to her husband's controlling behavior towards her. However, this time she decided to look for help because her eldest son had been expelled from school several times. Although it took several months, last year, the 17-year-old was diagnosed with schizophrenia and immediately entered treatment, thus being able to manage his mood and aggression, little by little the young man began to feel better but without saying anything to his parents, he stopped take the medication for several months. In January of this year, he had a very strong aggressive crisis where the young man fainted and had to be hospitalized immediately. The Doctors perform some tests, and the results were that his potassium was insufficient, he was dehydrated and had stopped taking his medication. After that diagnosis the client spoke with a psychiatrist and requested another evaluation, this time the doctor told her that the young man seemed to have a combination of bipolarity and schizophrenia and it was necessary to keep him for a few days in a psychiatric hospital under vigilance since his life was at risk. The mother accepted and he was hospitalized for a week.

Now she seeks information about her son's condition to help him reincorporate with his family again by

practicing healthy behaviors, following his medical treatment and where everybody could understand his condition. For this reason, she was referred to National Alliance for Mental Illness (NAMI), our workshops at The Latina Center and the Mental Health coach Veronica McManus. As for the young man he is stable taking the medication and with psychological and occupational therapy.

PARENTING CLASSES AND OVW:

- SP 6822 After the topic of Domestic Violence, the participant shared that during the class she remembered when she and her sister were little and were sexually touched repeatedly by a family member who lived with them, until one day they courageously talked to her mother and accused the person. She plucked up courage because she saw how her sister suffered every time she was touched, and she just wanted to protect her. From that day on, she promised herself that she would not let anyone else hurt her. In her marriage everything was going well, until her husband began to mistreat her and tried to hit her on several occasions even when she was pregnant. SP stated she did not allow it and protected her son, however, she admits that after that she became an overprotective mother which was not healthy either because there were so many restrictions her son suffered, so she decided to participate in the program to have a balance in her discipline, work how to heal her fears and give her child options in making decisions that will not affect his life. Now she can say that she is more flexible by encouraging her son to do more things, by talking to him about his safety, responsibility and how to protect himself. At the end of the classes, the client said she was very happy to have participated in the program.
- KG8590 shared that her parents left her and her siblings in charge of very aggressive and violent grandparents in their country of origin, Honduras. Her grandfather became very aggressive when he got drunk, which he did almost every day. when they came to live with them the mistreatment was not so constant, but over time they got increased, especially toward the girls, who were abused physically and verbally. One day the participant, still at young age, left home and decided to look for her parents in USA. She did find them, but they did not want to take responsibility of her, for which she started to work with a family as a babysitter. At the same time, she took care of her brothers in Honduras by sending money and talking to her sisters to take care of their little brothers. Then she got married and soon after word her husband began to mistreat her which for her was “normal” until her five-year-old daughter told her she feared her father when he was drunk and was bad with them. She remembered everything she went through and made the decision to separate from her husband to protect her daughters. Since then, she has been looking for all kinds of workshops in different organizations to educate and prepare her daughters to protect themselves against violence because is not normal or healthy. Now she is alone with her daughters, but the girls are safe, she has enjoyed and learned a lot from the classes, especially the family reunions that help reinforce her bonds of love and trust.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Lao Family Community Development’s (LFCD) Health and Well-Being Program for CCC Asian Families (HWB) continued to focus on delivering PEI services to 120 unique clients targeting South Asian and South East Asian immigrant/refugee/underserved residents living in Contra Costa County. This report covers services provided during the program year, July 2021 to June 2022. We served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).

We provided navigation and timely access to internal and external services including linkages to mental health and other service providers such as: a) Partnerships for Trauma Recovery in Berkeley, a community based organization offering linguistically accessible mental health care and clinical services; b) Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, California’s Employment Development Department, and Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access; c) La Clinica Fruitvale Free Clinic in Oakland for free physical medical and mental health service, d) Bay Area Legal Aid in Oakland and Richmond, for related services in family violence, restraining orders, and other civil legal assistance, e) linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation), and f) Jewish Family Services – East Bay for naturalization and citizenship services to address our clients’ issues affecting their mental health and recovery needs.

For timely access, we escorted high barrier clients such as seniors with visual and physical disabilities; monolingual language barriers, and those with few other options for transportation to 1) mental/physical health evaluations and appointments at to Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Partnerships for Trauma Recovery in Berkeley, Highland Hospital in Oakland, and La Clinica Fruitvale Free Clinic in Oakland; 2) the USCIS office in San Francisco for immigration assistance; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration services 4) Federal SSA offices in Richmond or Oakland for SSI benefits or Temporary Protected Status. These access and linkage services were provided for clients by providers located in both inside and outside CCC County in line with participants’ individual service plans. With rigorous follow-up, and redirection of these individual service plans we have been able to assist our clients in receiving mental health services in a timely manner.

OUTCOMES AND PROGRAM EVALUATION:

Participants were given a Pre and Post Lubben Social Networking Scale (LSNS-6) mental health assessment to help identify mental health needs. The LSNS-6 assessment was administered to each individual program participant at the beginning and end of their time in the program. According to program protocol, clients with initial or final scores that indicate a high level of social isolation and/or a lack of social connectivity are recommended and referred for mental health assistance.

The LSNS-6 assessment is a tool that measures social connectivity and gauges social isolation in adults by analyzing the perceived support that the participant receives from family, friends and neighbors. According to Boston College’s School of Social Work, the LSNS-6 “consists of an equally weighted sum of 10 items used to measure size, closeness and frequency of contacts of a respondent’s social network.” This provided quantitative data that measured the effectiveness of our HWB program within the framework of establishing mental health/well-being through social

interaction/community building.

NOTE: Based on discussions with clinicians at the Mental Health Services of Contra Costa County, an improved assessment tool will be used to identify mental health needs. The Refugee Health Screener (RHS-15) is a screening tool developed in a community public health setting to detect a range of emotional distress among refugee groups that better aligns with the populations that are served by this program.

A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops. Please refer to the table for LSNS results:

Pre-LSNS	Post-LSNS	Progression
# of Completion:	127	127
Average Range: 12	24	12
(Min) Range: 12	19	7
(Max) Range: 16	27	11

In addition, case management provides a continuous contact and monitoring of clients to determine if any trauma or event has affected their mental health status. Referrals to link participants to more rigorous mental health assessments and treatment were provided on an as-needed basis.

Internal evaluation of the program includes reviewing cases to ensure strategies for communication take into account the cultural competency of the counselors. Cases are reviewed to ensure participants in the program receive services that are linguistically and socially appropriate. Examples of these services include communicating in their native language (Mien, Lao, Thai, Nepalese, etc.) and understanding the cultural norms in order to address health and well-being issues in an appropriate and effective manner. A thorough review of cases every 6 months ensure that the confidentiality and integrity of the participants' information is protected.

A program activity evaluation form was completed per each activity conducted (e.g. ethnic peer support gatherings and SFP workshops). In each program activity, 5 random participants were asked to complete the activity evaluation form. This process allowed a program staff or volunteer to work one-on-one with the non-English monolingual participant to complete the form. Each set of completed evaluation forms are attached to an activity reflection form for documentation purposed. The evaluation forms are reviewed by the program staff and changes were implemented according to the participants' evaluations. Comments in the evaluations included recommendations for cultural activities, outdoor events including using the recently re-constructed Community Garden at the San Pablo office.

The last evaluation tool used was a general program evaluation form that was created by the program staff to measure the participants' comfort level, participants' engagement and the cultural competency of the program services. The tool was also used to measure the participants' knowledge of accessing services that were related to their mental health and well-being and the impact of stigma on their will to seek services after receive program services. The evaluation was completed via phone by non-program staff that spoke the same languages as the participants.

The results stated that the 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services. Some of the resources the participants listed on the survey were West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Center for Human Development, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, Jewish Family Services – East Bay in Walnut Creek, etc.

LINKAGE AND FOLLOW-UP:

Participants were linked to mental health services and other providers depending on their need and goals identified in the individual service plan. From July 2021 to June 2022, this PEI program referred 64 participants to different agencies inside and outside Contra Costa County using the following step-by-step procedure:

- 1) We carefully, patiently and attentively listen to the participants in a safe confidential setting as they explained their needs. Through our culturally competent counselors, we begin to establish understanding and trust with the participants.
- 2) We gave support to participants while helping them develop their individual service plan with step by step goals and tasks including identifying linkage providers.
- 3) Then, we encouraged individual participants to access and seek service provided by others. This process can take from 1 to 8 weeks in duration.
- 4) Once the participant feels strongly that they can trust us with their confidential information, then we escort them (most of the time) to the provider for the warm handoff.
- 5) If we are not able to do this, we set up a phone conference call to provide an introduction and assure that there is a translator available when they go to their appointments. We also provide the participants with name and address to assist them. If the provider is not available, we send an email and call while the participant is there to witness this.
- 6) Next, we followed up with the participant and referral partner within the week. Then we stay in contact either weekly, every two weeks, 3 weeks, or monthly depending on the length of time in their treatment and in the program with more attention upfront until the treatment is complete. Average time from the referral to consultation first appointment, evaluations and then entering into the treatment at the referral partners' office is 1 to 8 weeks (depending on availability of interpreters and appointment slots at the outside partners; we have found public providers take longer than CBOs or private).

This is the list of the external services including linkages to mental health and other service providers such as:

- 1) West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Center for Human Development, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, Trauma Recovery in Berkeley, and Regional Center of the East Bay in Concord for physical health services, severe mental health access and/or developmental disability services.
- 2) Dr. Lee Hee, MD, a private practice medical doctor in Oakland for affordable medical care.
- 3) Soledad Miranda, a Medical enrollment navigator from Center for Human Development, Mrs. Miranda assist our client with faster and more accessible connection to Medical and Cal Fresh needs.
- 4) Bay Area Legal Aid in Oakland and Richmond, East Bay Sanctuary Covenant in Berkeley, law office of Judith Lott in Oakland for related services in family violence, restraining orders, immigration assistance and other civil legal assistance and linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation) for our participants' needs affecting their mental health and recovery needs.
- 5) Jewish Family Services – East Bay with naturalization and immigration services.

VALUES:

At the end of the 12-month period, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHSA values in these areas:

1. Our written program policies and agency commitment and practice of providing a safe, trusting, and confidential setting at LFCD and elsewhere engenders feelings that there is no stigma. We patiently listen to understand. Knowing that anything shared is safe and that no one other than who they authorized will know.
2. We have a zero-tolerance policy for discrimination or prejudice on the basis of race, place of origin, gender, religion, disabilities, etc. and our practice gives participants confidence that they are not discriminated upon.
3. Our practice and demonstration of our commitment to timely access for our clients. This results in the high

level of satisfaction feedback we get from our clients with service provided in terms of case management, peer support, reduction of isolation, comfort in asking for helping and talking to others about mental health and increased knowledge of services in the community. Our services are provided day time, night time, weekends, and escorted assistance.

4. Our strategy to establish trust first through case management-leads to participants engaging at a higher level and higher graduation from the program and accomplishment of their goals. Our Case Managers are well-respected members of the communities that they serve which allows for an engaging relationship with participants.

5. Providing participants with timely access and warm handoffs to linkages (specific person with the linguistic competency) to the mental health PEI services and providers helps participants to begin their recovery path sooner.

Our thematic peer group activities; individual connections to the counselors, linkage providers, and each other; cultural activities, food, music and indoor/outdoor physical activities selected based on participants' wants and needs engenders resiliency and wellness. They activities help participants build their resiliency and their recovery from crisis.

VALUABLE PERSPECTIVES:

During this time period, we have had several clients with mental health stress as a result of issues concerning immigration, housing, finances and physical health. Here are a few stories:

During the program year, we had a client G. Pudasaini who was self-reporting that he was suffering from depression prior to joining our HWB program. After one by one counseling, participation in SFP workshops, attending social gathering and community events, he became more relaxed and mentally healthier. Case manager also helped him to find a job at the transportation company in Rodeo California. He was also driving Uber and Lyft to earn more money in preparation for his family immigrating to the US. Case manager also referred him to Kaiser Permanente Richmond for the mental health counselling. In January 2022, his family members also joined him here in USA. He became so happy after the reunion of his family. A month before the program graduation, he called us and let us know that he was able to buy a liquor store in San Jose California. He now moved to San Jose with his family and taking care of his business. It was a great achievement for him.

Additionally, we had a 75-year-old Filipino female client, N. Lacuesta who was on EDD benefits due losing her job from COVID pandemic. She then exhausted her EDD benefit, the client was an elderly woman who couldn't work anymore both emotional and physically. Client doesn't have any family member that lives here in California. The client was not eligible to receive retirement due to her work credit, however the client luckily happened to be a US citizen and that made her eligible to apply for SSI. Case Manager assisted the client with calling and scheduling appointments for the client to apply for her SSI benefit. It took the client a few months to finally get through the whole process and started receiving her SSI monthly benefit. The client was really appreciative because she almost became homeless as well as experiencing both mental and physical stress. Case Manager would contact her landlord and explain and reassure the process of her benefit process and that client will pay as soon as her benefits are distributed out. In addition to helping ease the financial stressors, our case managers high encouraged N. Lacuesta to join our peer support groups and social gatherings to help strengthen her familiarity with this area of California.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

LifeLong Medical Care's SNAP program provides underserved seniors in West Contra Costa County with opportunities for social engagement, creative expression, lifelong learning, and case management support. Program goals include reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and openness to reveal unmet needs and accept support services; improving quality of life by reducing loneliness and promoting friendships and connections with others; and improving access to mental health and social services for underserved populations. Service access is improved by accommodating the seniors' individual physical, mental and financial limitations and hinderances. By delivering service and support directly to the seniors, it eliminates the stress that accompanies the inability to access services due to lack of finances, transportation or otherwise compromised health.

LifeLong Medical Care provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments. During this reporting period, LifeLong conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments. LifeLong also provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets. All services provided by LifeLong were in observance of COVID-19 safety protocols and local mandates and ordinances.

This reporting period, LifeLong gradually restarted in-person social gatherings for the SNAP program with COVID-19 safety protocols. Examples of this include craft workshops, walking groups, ice cream socials, outside productions with live entertainment, and doll shows where program participants can display dolls they crafted during craft workshops. Participants demonstrated excitement for reintroducing in-person social events.

OUTCOMES AND PROGRAM EVALUATION:

LifeLong assesses mental health at the initial enrollment and during regular interactions with case management staff. The SNAP enrollment form includes questions about mental health symptoms and whether participants would like support to access services. The enrollment form also screens for depression using the PHQ-2 and PHQ-9 as appropriate. If the participant is unable to complete a form, staff are trained to ask these questions verbally. In addition to this formal process, we also check in with participants throughout the year to identify emerging issues.

- **List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.**

In addition to the use of the PHQ-2, LifeLong measures mood, isolation, and program satisfaction through a confidential annual survey developed with consumer input. LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate. Data on all services provided was collected and submitted through the SNAP program as part of our monthly reporting.

Feedback from participants was overall positive, with the vast majority reporting high levels of satisfaction and agreeing

that SNAP helps people with their nutrition and grocery needs, feel less isolated, and improves morale. Results from 25 completed surveys show that 84% of participants agreed that participation in SNAP helped them feel less isolated, 96% of participants expressed satisfaction with SNAP, and 72% of participants expressed SNAP helped improve their mood.

- **Average length of time between report of symptom onset and entry into treatment and the methodology used.**

N/A. SNAP staff are not mental health clinicians and therefore do not conduct clinical histories/assessments or provide therapy. This information is therefore not available to report. Referrals to mental health providers are provided as follow up to a positive PHQ-2 screen or upon client request.

LINKAGE AND FOLLOW-UP:

This year, LifeLong was able to gradually return to in-person services following strict COVID-19 protocols. LifeLong continually evaluates safety for the program participants, accesses risk to staff and participants, and adjusts COVID protocols as needed.

Service linkages and referrals are conducted on a case-by-case basis via a behavioral/mental health assessment. Once a resident not previously involved with SNAP, is willing, we ask them to fill out an enrollment form that includes questions about mental health symptoms and whether they would like support to access services. The enrollment form also screens for depression. If the participant is unable to complete a form, then staff asks these questions verbally. For residents who are already involved with SNAP, staff regularly check in on their well-being and offer mental health referrals as appropriate. Follow-ups occur via telephone or in person to determine the need for additional support.

For participants who are open to mental health or community support referrals, the SNAP case manager does regular check-ins to determine if the referral was met. She also checks in with participants with established mental health services, to offer support should barriers to access arise.

Treatment and the methodology used is determined by the treating agency. The SNAP program staff is not involved with direct clinical treatment.

VALUES:

SNAP promotes MHSA values to the fullest, as described below:

- 1) Wellness, recovery, resilience: SNAP staff create inclusive, welcoming, and accepting environments where participants support and encourage each other.
- 2) Access and linkage: SNAP offers highly accessible services in the buildings where our target population live, with extensive telephone contact added during COVID-19. Staff get to know and develop the trust of each resident, so that participants have a safe channel to disclose their needs. The SNAP case manager links participants to social services and facilitates referrals to mental health resources as needed. If the participant already sees a mental health provider, staff checks in regularly to encourage them to participate with external care providers.
- 3) Timely access for underserved populations: Services are provided directly in the building or local neighborhood (and now over the phone) to promote accessibility for elderly residents; culturally sensitive services are provided for this low-income and primarily African American population.
- 4) Non-stigmatizing, non-discriminatory: SNAP staff use a strengths-based approach in resident outreach, engagement and services. When operating in-person, SNAP facilitators create group environments that support diverse social thought processes, energy levels, and abilities, allowing each participant's strengths to surface and shine. Participants

can come and go from groups as they need, and it is each person's choice to participate or not. Participants have become comfortable and trusting enough in these groups to talk freely about their mental health issues, without fear of being judged. We continue to support consumers in a manner that is non-stigmatizing and non-discriminatory (and have normalized food distribution to reduce stigma around food insecurity). In addition, LifeLong staff are offered and regularly participate in training to support non-stigmatizing, non-discriminatory approaches including trauma informed care, motivational interviewing, and cultural humility.

VALUABLE PERSPECTIVES:

Ms. J is an elderly African American female residing in the Harbour View senior housing complex in Richmond, California. Her preference has always been to limit interactions with her neighbors and SNAP staff, choosing not to participate in the SNAP program on any level.

During the onset of the COVID-19 pandemic, SNAP established a hot meal and grocery distribution program to support the Harbour View seniors with maintaining healthy nutrition. Over a period of time during SNAP's social service welfare checks, Ms. J began to open up and pleasantly discuss various topics. When informed of the two nutritional programs, Ms. J repeatedly declined support. However, she welcomed the weekly welfare checks and conversation. After several months of declining nutritional support, Ms. J accepted and offered to assist with an upcoming grocery distribution.

Ms. J's volunteer support grew from assisting with one initial grocery distribution, to maintaining monthly grocery distribution support and interactions with her Harbour View neighbors. She also volunteered and assisted at LifeLong's SNAP Harbour View Senior Resource Health Fair and will be manning a table at an upcoming SNAP Harbourview Community Resource Free Flea Market. She stated that she "loves being out" and it "gives her something to do." Ms. J no longer self-secludes and is happy to interact with staff and others.

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Types and settings of potential responders:

Despite the impact of COVID-19 shelter in place, the Native American Health Center continued to use the strategy of outreach by providing prevention and early intervention services to increase the awareness of early signs of mental illness, assist community members to access culturally appropriate mental health services. We accomplished this through virtual Native American cultural groups, community events, mental health and wellness workshops. These services increase social connectedness, cultural connection, and general awareness of community and county resources to improve member's overall well-being while providing an opportunity for linkages to other required services.

Strategies to provide access and linkage to treatment:

From July 2021 to June 2022, Native American Health Center (NAHC) served the Contra Costa County Native community as well as underserved and underrepresented populations. NAHC strongly believes that culture is prevention, and integrates Native American cultural practices and traditions throughout our programming.

Throughout Contra Costa County, we provide advocacy for the needs of the community and build partnerships with local organizations within our PEI network and throughout Contra Costa County. These partnerships have grown the network of potential responders for our service population. We are able to increase access and linkages to treatment are unique to each individual's needs and medical preferences. For example, most of the time we are using the 211 phone number to connect members to services. Typically, we call together with the member to ensure timely access to care.

Strategies to improve timely access to services for underserved populations:

We conduct an intake to enroll members into our prevention services. During intake interviews (either by phone or virtually through RingCentral) staff assess members for potential resources or services. Referrals by appointment are encouraged so that staff can dedicate a significant amount of time to ensure the needs of members are fulfilled. Staff ensures that all referrals issued to members are followed up within a 48-hour window. Referrals are issued to both continuing and new members for services that are offered inter-agency and externally. Inter-agency services include Medical, Dental, youth or transitional- age youth, and behavioral health services. In instances where we cannot provide the members with the resources they are looking for, our goal is to ensure their needs are met in other ways by providing them with information about the services we do provide and connecting them with other local organizations that may have the resources that they need.

During this reporting period we have pivoted our tracking on Smartsheets, a web-based project management program. This fiscal year, we made 25 referrals to behavioral and related services, for 13 individuals through our early intervention one-on-one services.

Methods to engage potential responders:

We engage potential responders through our cultural based services that include peer support, cultural groups and

workshops, wellness checks, virtual community events, and one on one resource support. We effectively use collaboration with community partners to support and network while sharing vital resources with each other. This reporting period we served 307 participants, 307 unduplicated through our group, peer support, cultural workshops, wellness checks, virtual events and one on one resource support.

On-Going Prevention Groups

On-going prevention groups are a key component to reaching first responders. NAHC hosts weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders. Groups are facilitated by traditional consultants and trained NAHC staff members on site with a focus on traditional arts integrated with mental health and wellness messaging. These groups at the Native Wellness Center are a great resource and foundation for the services that take place here. They allow us to engage community members through culture and help translate mental health concepts in an informal and safe space. These different ways include:

- Exposure to and in-depth practice of Native Culture and Tradition
- Participating in and learning ceremony and etiquette
- Learning skills and various techniques associated with Native American focused crafts
- Community building and social connectedness
- Promotion of health and wellness
- Awareness and destigmatizing of mental health and behavioral health services

It is important to distinguish between the different ways people engage in our groups; our community is vastly diverse in cultural practice. This is why providing services based on the Holistic System of Care for Urban Natives is so important and useful. Being in the Bay Area, most of our clients are a long way from their homelands. Participation here in an urban setting means that ceremonies and traditions are upheld despite our small numbers, and that makes the resiliency factor that much more important to positive mental health outcomes. Our groups are offered to all and serve a diverse group of individuals. This plays an important role in bridging the gap between people of different cultures and experiences. It allows for the opportunity for non-Natives to learn about the Native community first-hand, reduces misconceptions, corrects misrepresentations, and increases cultural humility. Our ongoing groups are Wisdom Holder's, Traditional Drum Circle and Pow Dance Practice, Urban Rez Book Club and Story Time, Beading Circle, Art for Therapy, Quarterly Basket Weaving, Quarterly Quilting, and Health and Fitness Workshop. All these groups share a common goal; to foster learning, connect members to cultural practices, provide a safe space, empower members, all while promoting healthy lifestyles, and both health and wellness education.

Wisdom Holder's Elder Support Group:

This group meets virtually and over the phone on a weekly basis to provide our elders a positive outlet to communicate any issues or concerns that they may be struggling with. There are also opportunities for them to gain knowledge on issues surrounding health and nutrition, Native culture, family support and prevention in regards to depression and isolation. Monthly events are planned by the group to do outreach and interaction within the Native community. We have recently implemented a formal curriculum of goals we hope to accomplish with the elders. The curriculum includes three important components: Formal health and Wellness education- which includes workshops ranging from healthy food demonstration to information on "how to fall" for example. The second component is cultural education- this in particular focuses on teaching Native history, bringing awareness to issues surrounding the Native community, and providing positive entertainment that sparks awareness and constructive conversation within the group. The third component and most recent is the implementation of scheduled activities that focus on exercising the mind. Understanding that elders are commonly diagnosed with Alzheimer's and Dementia, we are more frequently scheduling activities that will help with combatting the diseases. For example, facilitating days dedicated to playing games that are proven to support brain function. In collaboration with Lifelong Medical, we partner once a month to provide our Elder's with additional support and activities they may need or want to have. Our groups combine in an effort for both programs to expand membership and build healthy relationships within the elder community. There is also a social worker with Lifelong who regular attends our elders group to provide additional support and access for wellness outside of our abilities. Throughout programming staff continually assesses attendees for way in which we may provide support

or resources and the goal is to support the members to achieve independence and empower them to take control of their own well-being.

Our elders continue to express their gratitude and appreciation for this group specifically. Many of the group members have expressed their dependence on these meetings for support because they either live alone or are facing challenges. They have expressed their need for social connection as a way to combat depression and isolation. The group facilitator also ensures that their needs outside the group are addressed as well as doing regular wellness check-ups when members are not in attendance.

Elder's Fruit Day at NAHC Oakland: Combination of Elder's Support groups from Richmond and Oakland where they gather every second Wednesday of the month. This group uses a similar strategy as the Wisdom Holder's group on a larger scale, while also providing each participant with package of fresh fruit, vegetables, and other nutritious foods.

Traditional Arts Circle:

This group has become well established in our Center and in the community, and has transformed from in person to virtually. As the group gathers more, the beading skills improve and they are getting to do more advanced projects. It's been amazing to see members begin the group with no skills at all, and now they are making beautiful jewelry, medicine bags, and accessories with intricate designs that incorporate many traditional techniques. Also, to see people that started with no patience and get frustrated easily, be able to sit for 2 hours in a very calm environment and focus on their beading techniques. While in transition of instructors, this group had remained a drop-in group where members are able to work individually on their own projects in a safe and welcoming space until the new instructor had begun facilitation in February of 2018. Since then she has established a specific curriculum focus on developing the coordination of members necessary to complete beadwork. She also focuses on the therapeutic aspects that beading provides to members and impact that on mental health this class promotes by providing a way in which the Native community can connect to cultural practices they're unable to learn at home. Beadwork is a common practice in the American Indian/Alaskan Native community and the skill is typically passed down through familial interaction. For many urban Natives this tradition is not as common and by providing this class we have the opportunity to allow members to relearn lost traditions and promote cultural connectedness.

Traditional Drum Circle and Pow Wow Dance Practice:

This group is offered virtually for Men of all ages, and often combines youth, adults, and their families. The facilitator teaches various types of Pow Wow songs like Honor Songs, Northern and Southern Drum styles with a focus on learning the words to the songs which are majority in the Sioux language. Each song is broken down into the English phonetics spelling of the words for members to learn in a visual and auditory way. This group is important because it exposes members to cultural tradition and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community. The facilitator has been successful in ensuring that the members not only learn songs and drum techniques, but rather they understand the stories and reasons behind specific traditional practices. This speaks to the high importance of the Oral tradition within the Native community. Recently, we have added the Pow Wow dance practice aspect to the group in an effort to attract more women and families to the center because traditionally drumming is a men's practice and the center does not want to encourage disconnection and separation. Through doing this both genders are able to learn about the culture and the reason why certain practices are gender exclusive. This is part of the cultural education component of our work.

In response to the pandemic, NAHC has moved our groups to a virtual platform. We now offer weekly classes and workshop through the RingCentral platform. New members are required to pre-register and adhere to our virtual group guidelines. Our data has shown this transition has had both negative and positive impacts on our program. In terms of deliverables, the program has seen a significant decrease in numbers because we are unable to open our doors and provide our normal services. Many of our members lack access to electronic devices, cell phones, and even adequate housing. This has created a communication barrier and a huge challenge for the staff to address their needs and provide crucial services. We also serve a large elder population in Richmond and many of our members have since declined

services until they are able to return in person. Some positive outcomes since the transition include; reaching a larger target population, members who experience transportation barriers and/or have mobility issues not find our program to be more accessible, and we are not able to record lessons and workshops to send out to those who have missed a class or are unable to attend due to scheduling conflicts.

Urban Rez Book Club and Story Time:

This group has just emerged during the COVID-19 Shelter in Place. During the Drum Group, there had been many questions and stories shared to further enhance the learning of the songs and understanding of the history and traditions of our Native people. We quickly realized there were so many stories to be told there was not enough time and space to tell and share stories. This group is important because it gives Native Americans the opportunity to tell our own stories of our people, from our people instead of the misunderstandings and misrepresentations many of us experience in public schools and in the media at large. This group also allows us to teach members about cultural traditions and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community.

Virtual Events

Community events are a fundamental approach to reaching first responders. Traditionally, we host many in-person events, such as: Traditional Medicine Workshop, Dream Catcher Making Workshop, Health and Wellness Fair in collaboration with Lifelong Medical SNAP Program, as well as many others. Community events allow us the opportunity to outreach to potential responders and link critical resources to prevent a mental health crisis. The pandemic negatively impacted our ability to host in-person events, however also provided an opportunity for virtual collaboration with other programs, expanding our reach and capacity to serve new individuals.

This fiscal year, we were able to hold six virtual community events and four in-person socially distanced events.

Virtual Gathering of Native Americans

Prevention staff attended (2) family virtual GONAs, and facilitated mindfulness activities. During this event, members are put into groups to discuss the importance of the medicine wheel. This traditional teaching is important for our community to learn the importance of wellness as a whole, not just diet and exercise. The medicine wheel is divided into 4 categories, (mental, spiritual, emotional and physical) each section describing how we can have wellness in our lives pertaining to that section. This collaboration was an opportunity to outreach and recruit individuals into early intervention services. This event reached an estimated 60 people.

Virtual Teachings of the Water

In partnership with San Francisco-based Prevention programming, the Teachings of the Water allows community to learn about the traditional and spiritual connectedness water gives to the people. The outcomes of Dr. Masaru Emoto's water experiment was taught to the group, which concludes that the energy you put into water reflects the shape and energy the water holds. We used this fact to encourage participants to give that same logic to how they treat themselves and foster positive thinking and positive self-talk as a way to prevent a mental health crisis. During this event, we had the opportunity to link members to one another during a time of isolation to foster social wellbeing during a vulnerable time. Participants reported back that they felt more connected to community, and that it is important to share the knowledge of water with generations to come.

39 people attended this virtual event.

Virtual Tobacco is Sacred Event

This virtual event was a way to educate our community on the importance of sacred tobacco. The tobacco plant is a sacred gift to Native Americans. Our indigenous community uses traditional tobacco for spiritual and medicinal purposes for generations; it is central to culture, spirituality and healing. That is why it is important to educate our community and to unlearn all of the misuse of our sacred plant. Our department teamed up with the medical department to teach on the dangers of commercial tobacco use and the importance to promote healing within our communities. This event

reached 30 community members.

Virtual Mindful Harvest Event

In place of our in person annual harvest dinner, we decided to shift to a virtual platform to engage our community during this important time of year for our Indigenous community. Traditionally, this is the time of year when the crops are ready to harvest, and we teach the importance of the relationship we have with the land and the food we eat. To demonstrate this importance we lead an activity called, Mindful Eating. This exercise teaches you how to observe your food, your body, and your body's reaction to eating. Each bite and chew was taught to observe with all of your senses. This slowed down form of eating is a great way to engage in your body's satiety glands and learn when you are really full to prevent over eating. This is also a traditional lesson of only taking what you need from the earth and nothing more. All community members left with a grocery gift card and made the commitment to teach the mindful exercise to at least one family member. In total, we had 13 participants.

Virtual Halloween Event

This event was in partnership with our Youth Department. Our members from Richmond loved to see the children dress up in their Halloween outfits, some reported it made their day and remembered to be happy and smile. During this event, I lead a movement activity that involved a lot of stretching while incorporating story time. This fun –filled event was a great way to get our community together for some lighthearted fun and games with prizes. We promote alternatives to candy during this time of year. This event there was a total of 11 participants and their families.

Virtual Hope for Life Movement Event

During the month of September, which is National Suicide Prevention Awareness month, we facilitated weekly Mindful Movement series, entitled, Hope for Life Mindful Movement. Each week members would join virtually to bring awareness to their minds and bodies in a gentle way. I gave education on the rising numbers around suicide amongst Native Americans and especially during the pandemic those rates have risen, not just for Native Americans, but also for all races. During the class, participants learned how to mindfully engage their movements connected with their breath. This method of breathing can lower your blood pressure and ease your mind of anxieties. There were 11 total participants during this event. Overall a great turn out and those who attended reported they felt more calm and at ease after the class.

In-Person Events

This fiscal year we were unable to host our normal events such as Traditional Medicine workshop, Dream Catcher Making Workshop, and Health and Wellness Fair with Lifelong Medical SNAP Program. However, we were able to host in-person Indigenous Family Wellness Day since shelter-in-place, Mental Health Awareness Month at the Indigenous Red Market with Socially Distanced Beading Circle, and Stick Ball Game Day with TANF.

Indigenous Family Wellness Day

This event was in collaboration with Contra Costa Public Health Department and the mobile COVID-19 testing and vaccine team. We wanted to come together to find ways of combining traditional Native American culture and wellness. We brought the community out to play a fun game of traditional Stick Ball, (where lacrosse comes from). This energetic sports game is a great way to move your body while having fun doing it. Along with Stick Ball, we provided basket weaving demonstration and finger weaving activity for participants to learn and leave with a finished project. Finger and basket weaving is especially important to integrate into our programming because this provides a traditional way to focus your mind on a single task while in a calm environment, similar to meditation, which is known to help with mental health and wellness. This event was a huge success as we are able to connect community to valuable resources and connect with our members who are not able to join in our virtual services. During this event, we had a total of 13 vaccinations and 32 community members in attendance.

Mental Health Awareness Month at the Indigenous Red Market with Socially Distanced Beading Circle

This event is a staple in the Native American community at large across all bay area counties. We gather to sing, dance, socialize and practice our culture. Indigenous Artists come to sell and promote their artwork. This is a socially healing

event as a way to connect and nourish our social wellbeing and connectedness. The Richmond site of Native American Health Center held a socially distanced beading circle during this event. We gave out beading kits and promoted our weekly virtual group. During this event, we were able to connect our community to our services in Richmond. We reached 61 individuals.

Traditional Stick Ball Event with TANF

In collaboration with TANF (Temporary Assistance for Needy Families) in Concord, we held a similar event to the Indigenous Family Wellness Day with the Indigenous youth and families in Concord. The participants learned about the importance of wellness in Native Culture with the four elements of the medicine wheel, (mental, emotional, spiritual, and physical). Along with education, community members also played a fun game of stickball. In total, there were six youth participants and their families. This was a great opportunity to collaborate with another Native organization and promote our ongoing groups and services.

OUTCOMES AND PROGRAM EVALUATION:

The Center's program evaluation uses an electronic health record system and a web-based project management system to manage and track data such as member demographics, participation and satisfaction surveys. We discuss the data along with regular debriefs on services at the weekly program status meeting. Additionally, we use a Plan, Do Study, Act approach to improve programming informed by qualitative and quantitative data.

A key piece of community feedback is collected through our annual satisfaction survey normally administered twice a fiscal year. This reporting period, due to COVID-19, we used a web-based platform and distributed the survey in June 2022. We received 6 responses from members engaged in the Center services. Given this was our first year of on-line surveys, we will work to increase the number of surveys and improve survey recruitment.

Outcome 1: Engage 150 community members through prevention service programming.

Result: This fiscal year we engaged 307 community members through prevention programming.

Outcome 2: 65% of our members utilizing referral services will be successful in accessing (connecting with) services over a 12 month period.

Result: 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.

Outcome 3: Program staff will participate in 20 outreach events or activities throughout the course of the year.

Result: Program staff participated in 10 events or activities throughout the course of the year.

Outcome 4: 10 participants, including NAHC staff, community members, volunteers and interns, and partner agencies will be trained in Mental Health First Aid.

Result: This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

Outcomes, FY 20-21

Members will have increased access to prevention activities and mental health support.

During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.

Members will increase their engagement in NAHC mental health prevention and treatment services.

When asked what areas improved due to NAHC prevention services, the 6 participants, reported mental health, emotional stress, substance abuse prevention. In examining the annual data comparing FY 19-20 and FY 20-21, attendance has doubled. In FY 19-20 we offered 506 points of contact in prevention services. In FY 20-21, we offered 1004. This data tells us that members has been an increased engagement in NAHC mental health prevention services since the onset of the pandemic.

NAHC will engage a diverse population of first responders throughout Contra Costa County. Members, Peers, and Staff will be trained in behavioral health related topics including but not limited to Mental Health First Aid.

During this last year, our center staff trained 1 intern in partnership with the SPIRIT (Service Provider Individualized Recovery Intensive Training) Program of Contra County Behavioral Health, Office of Consumer Empowerment and Contra Costa College. This 8-week intensive program trained peer interns the valuable tools necessary to become a Peer Support Specialist. Throughout the program participants were educated on how to use and apply 211 resources to community members, QPR (Question, Persuade, Refer) Suicide training, data entry, Microsoft Office skills, and effective goal coaching techniques.

One Center staff also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

VALUES:

Historical traumas and mistreatment have resulted in the Native community disproportionately experiencing generational poverty, substance abuse, and mental illness. NAHC aims to address these social determinants of health using a cultural framework. We focus on overall wellness, recovery, and resilience. These principles are embedded in traditions and culture, and are aligned with MHSA values.

Our philosophy, culture is prevention, is the driving force behind our service strategies and goals. Traditions and culture are embedded in all our programming. Exposing members to traditional practices has been proven to reduce stress by providing an outlet as well as played a key role in promoting healing from historical trauma (which we as a community understand causes those to suffer from mental illnesses). Participants report feeling a sense of belonging to community through our groups and events. The social connectedness and pride developed here directly supports wellness and recovery. It allows individual members to build relationships and prevent isolation. Our program builds upon the resiliency of our members to empower them toward the goal of self-sufficiency and self-efficacy.

NAHC also takes an intentional approach to bridging both western and traditional modalities. We integrate health related topics such as nutrition, diabetes prevention and management, self-care strategies, and insurance eligibility are all discussed in a group or event setting. Topics are covered sensitively and are mindful of language and presentation style. The values of NAHC strongly enforce a drug and alcohol-free policy while also encouraging healthy lifestyle choices outside the center. We offer events focused celebrating sobriety and recovery as well as referrals to drug and alcohol counselors.

Native Wellness Center staff are specifically trained in Mental Health first aid, trauma-informed care, suicide prevention and intervention, and are well versed in identifying outside resources useful to members. Our Community Health Workers, serve as system navigators bridging relationships with local agencies, and ensuring members are linked with reliable providers internally and externally.

Lastly, external outreach efforts are targeted toward visibility of our program and advocacy for the community. NAHC ensure our presence on various committees as well as our involvement in a number of city, county, and overall healthcare events, meetings, and groups. By doing this we provide an outlet for our staff to advocate and provide a voice for our member population. The Native community has a history of misrepresentation and under-representation. This community has its own unique identity and rich history to be proud of and it is our intention to represent so accurately and effectively.

VALUABLE PERSPECTIVES:

Our program participants are the heart and soul of our community at the Native American Health Center. Before the pandemic, the Native American Health Center played a vital role in the community for support and a safe space from the busy city life. We created a drop-in space where members can come in and have a safe space to relax and remove themselves from environments that may cause stress or be triggering to bad habits. Throughout this difficult year of shelter-in-place, many of our members expressed their gratitude for the program and staff despite not being able to meet in person.

For example, one member told us that our virtual groups were the only form of human connection they had while isolating at home. This person knew how important it was to stay in tune with their community who grew into family, as we all shared time and space with each other every day through a tiny screen.

Another program participant was able to remain sober through our cultural groups and workshops. This person was taught the value of cultural traditions and practiced spirituality through our Traditional Arts Circle. In order to make art and sit in the circle, they were required to remain true in their sobriety. They stated to myself and the group as a whole, "beading saved my life." Never in a million years would I have thought that a Native American elder would be willing to teach through a virtual platform because of historical traditions and values always had been in person with hands on teaching. There were many ups and downs with learning new technology, but when this member told us how the Traditional Arts Circle transformed their life, they were even more committed to keep teaching. This sacred Traditional Arts Circle is more than putting beads on a string, it brings in a sense of focus and perseverance to be one's higher self.

Multiple members conveyed their dire need for crucial resources, such as weekly COVID-19 testing and linkage to the COVID-19 vaccine. Serving a community of some of the most vulnerable population in the Bay Area, this connection to resources is our pledge to ensure a healthy community. One of the members who received these resources told us that we saved their life and potentially the lives of those around her. The Native American Health center is committed to linking services as prevention and early interventions of a mental health crisis, a public health crisis and beyond.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

For Project A, during the contract year of this report (2021/2022), 326 unduplicated members (target: 300) spent 39,637 hours engaged in Clubhouse programming activities (target: 40,000 hours). 40 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity; 10 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 49 activities (target: 40) were held specifically for the young adult age group.

For yet another year, Clubhouse exceeded the target goal of number of unduplicated members its served (326, 109% of goal). However, this is the second year of having virtual programming due to Covid restrictions and members are not so excited about participating in activities that are presented virtually. In addition, dues to COVID spikes, there were times when Clubhouse had to put their membership enrollment on hold. As such, the number of new members participating in at least one Clubhouse activity was slightly lower this year than in previous years.

Table 1: Clubhouse Membership Activity

	Target Goal	Actual	% of Target
Number of unduplicated members served	300	326	109%
Number of Hours spent in Clubhouse programming	40,000	39,637	99%
Number of new members participating in at least one Clubhouse activity	70	40	57%
Number of young adults (age 18-25 yrs.) participating in at least one Clubhouse Activity	12	10	83%
Number of activities specifically for young adults (age 18-25 yrs.)	40	49	123%

Other services:

Members helped prepare and eat 9,681 meals at the Clubhouse (target: 9,000). Although a target had not been set for rides, 432 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more. During the contract year 427 in-home outreach visits (no target set) were provided. Again, as it was for last year's programming, the significant increase is directly attributable to shifts made in response to COVID-19 which resulted in more outreach visits, walks, mobile wellness calls, and visits to members receiving food delivery.

Additionally, under Project B, 127 postings (target 124) were made on the Career Corner Blog and 17 career workshops were held (target 4), over 4 times the number that was targeted. The topics of the workshops included: Interagency Meet and Greet; How to Disclose when looking for employment; Boundaries and wellness-how to care for yourself when you are working; Is School for you? Managing your mental wellness; and Effective Resume building 101 & 102.

Table 2: Other services provided to Clubhouse Members

	Target Goal	Actual	% Target
Number of Meals prepared and eaten at Clubhouse	9,000	9,681	108%
Number of Rides to and from Clubhouse Activities	No target set	432	N/A
In-home outreach visits	No target set	427	N/A
Number of Blog Postings	124	127	102%
Number of Career Workshops	4	17	425%

Gratefully, the SPIRIT graduation was held in person on July 27, 2022 with 287 in attendance and 58 virtual attendees. The community partners holiday party was on December 16th. We had 305 people in attendance. The attendees were happy to have our community events in person again. The annual Community Picnic will be held on August 11, 2022. Everyone is very excited about it. We have not held a community partners picnic in person since 2019. Multiple agencies will participate, and we will have lot of games, crafts, music, and a BBQ.

OUTCOMES AND MEASURES OF SUCCESS:

Project A data is collected upon initial membership in the Clubhouse and then daily through a combination of self-completed forms, surveys, sign-on logs, and phone calls. None of the program-level outcome data is confidential and it is recorded in the program database. Any confidential information provided on individual intake forms is securely kept in the locked office of the Director of Putnam Clubhouse. Data from annual self-reported surveys is collected on Survey Monkey, an online survey site, and analyzed by Hatchuel Tabernik and Associates, an external evaluation firm.

In June 2022, members and their family members (called caregivers in this report) were encouraged to complete the annual Clubhouse survey via Survey Monkey. The number of members and caregivers completing the survey was 122 (the target was 120), of whom 20 were caregivers and 102 members. Among members who completed the survey, 1% were aged 18-21, 1% were 22-25, 17.6% were 26-35, 21.6% were 36-45, 27.5% were 46-59, and 31.4% were 60 years or older. The age distribution is representative of the age range of Clubhouse members overall.

Because not all respondents answered each item, all survey data reported below reflects the responses of those completing each individual survey item. The survey percentages referenced in this report consist of those who 'Agree' or 'Strongly Agree' with the given statement. Those who responded 'Don't know' or 'No opinion' were not included in the analysis.

Caregiver Respite

The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=20). Of the 20 Contra Costa County caregivers who responded to the survey, 65% were parents or guardians of a Clubhouse member, 5% were the child of the Clubhouse member, 20% were siblings, 5% were a husband/wife and 5% were friends.

Caregivers who participated in this year's survey reported the highest level of satisfaction with 100% of respondents Agreeing/Strongly Agreeing that they were satisfied with the Clubhouse activities and programs that their family member attended and 100% reporting satisfaction with the Clubhouse activities/programs that they themselves participated. This is the same high level of satisfaction as reported last year and in both areas the target of 75% was exceeded.

All of the caregivers (100%) also reported that Clubhouse activities and programs provided them with respite care. Such respite is intended to reduce their stress and also lead to more independence for the Clubhouse members. Eighty six percent (86%) of the members agreed or strongly agreed that in the last year, their independence had increased and 89% of caregivers who responded also perceived that their family member had become more independent in the last year. Both these measures finding far exceed the goals of 75% and indicate how important Contra Costa Clubhouse is to both members and caregivers at all times, but especially during these trying times of Covid.

Table 3a: Caregiver Respite

		GOAL	ACTUAL
Measures of Success:	N	%	%
% caregivers reporting Clubhouse activities provided them with respite care	15	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which their family member participated	18	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which they participated	17	75	100
% caregivers reporting an increase in member's independence	18	75	89
% members reporting an increase in independence	92	75	86

Below are some responses from the caregiver and member survey about the Clubhouse:

"It's accepting and understanding how to help adult mentally ill members socialize, participate, be responsible, & feel needed & capable." (caregiver)

"It's a place where I can go and be myself where I don't have to worry about what others think of me. It's fun and educational." (member)

"That everyone is very encouraging, you don't feel as alone in your illness. I have isolated during this Global Pandemic and I am coming back in now that Putnam Clubhouse has re-opened." (member)

"It changed my son's life." (caregiver)

Although no goals were set for these measures, members were also asked about their independence in terms of advocating for themselves, understanding about health and wellness and ability to access healthcare services and resources. Eighty four percent (84%) of members reported an increase in their knowledge about health and wellness and 73% reported that Clubhouse supported them in areas such as advocating for themselves and communicating with healthcare providers. While not substantially high, well over half of the members (69%) reported an increase in access to healthcare and/or resources. It is possible that the support Clubhouse gave the member in terms of healthcare knowledge and advocacy and increasing their independence may have contributed to an increase in access to health services.

Table 3b: Member Independence and Autonomy

		GOAL	ACTUAL
Measures of Success:	N	%	%
% members reporting Clubhouse supporting them in areas such as advocating for themselves and communicating with healthcare providers.	93	N/A	73
% members reporting Clubhouse contributing to an increase in knowledge about health and wellness.	93	N/A	84
% member reporting an increase in access to healthcare resources and/or services	93	N/A	69

Member and Caregiver Well-Being

Several survey items addressed improvements to the well-being of the caregivers and the members in terms of emotional, physical, and mental health. When averaging responses to self-perceived improvement of their own mental, physical and emotional well-being, 100% of caregivers agreed or strongly agreed their health (emotional, physical, mental well-being) had improved. When asked the same questions about the well-being of their family member, 94.3% also agreed or strongly agreed that their family members overall health had improved.

The member ratings for their own improvements in these categories averaged 91%, far greater than the goal of 75%. The combined family members rated improvement and the member's self-ratings for improvement in these areas in

these areas averaged 95.5%. Additionally, 92.5% of the members reported that they had more interactions with peers during the year (75% target).

Table 4: Member and Caregiver Well-Being

		GOAL	ACTUAL
Measures of Success:	N	%	%
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	17	75	100
% members reporting increase in their own health (mental, physical, emotional well-being)	94	75	91
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	111	75	96
% members reporting an increase in peer interactions	93	75	93

"[What I like best is that] it doesn't center around mental illness and focusing on our wellbeing." (member)

"It is the reason I am not mentally ill. I have a great fondness for clubhouse, they have done a lot for me." (member)

"I like the interactions I have with people. I know that they went through a similar thing. We have shared experiences." (member)

"The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

Further questions were added to the survey this year to dig deeper into the well-being of members and caregivers in terms of connectiveness and belonging, areas that Clubhouse strive to nurture.

A high proportion of the Clubhouse members felt that they belonged to a community (94%) where they were happy with their friendships (90%) and had people to do fun things with (87%). In addition, the majority of Caregivers (94%) felt that Clubhouse provided them with the opportunities to meet and connect with other caregivers/family members of people recovering from serious mental illness.

Table 5: Member Connectiveness and Belonging

		GOAL	ACTUAL
Measures of Success:	N	%	%
% members feel that they belong in their community	100	N/A	94
% members reporting that they have people with whom to do enjoyable things	100	N/A	87
% member happy with the friendships they have	100	N/A	90
% caregiver provided with opportunities through Clubhouse to meet/interact with other caregivers/family members of people recovering from serious mental illness.	16	N/A	94

Other comments made on the surveys by members and caregivers include the following:

"My family member has grown in independence, ability to socialize, intellect, planning and maturity." (caregiver)

"It is a wonderful place, where my son feels accepted and part of a community." (caregiver)

"My son has made very good friendships at the Clubhouse. He had been isolated, now he has a place to go and enjoys going and seeing his friends." (caregiver)

"The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

"...that everyone is very encouraging, you don't feel as alone in your illness. I have isolated during this Global Pandemic and I am coming back in now that Putnam Clubhouse has re-opened." (member)

"That I have to chance to meet people and I feel I belong." (member)

"Making new friends with the people I am surrounded with, i.e. meeting new people." (member)

"I like the interactions I have with people. I know that they went through a similar thing. We have shared experiences." (member)

"Being part of a Community." (member)

"The Clubhouse is R's family. He would not be doing as well as he is if it weren't for the support of members and the kind staff." (caregiver)

Hospitalizations

The decision was made to not collect Self-report Hospitalization data for the report this year as such self-report data is not always accurately reported. However, in this year's survey, members were asked if they had been hospitalized in the past year. Ten members had been hospitalized in the past year, seven (70%) for more than one hospitalization and the majority for less than 7 days in total (80%). These ten members when asked whether, when compared to last year, they had spent more, less or the same amount of time in hospital, 60% said less time, 10% the same and 30% more time. However when asked if they felt their participation in Putnam Clubhouse programming helped prevent them from being hospitalized for their mental health, 9 of the ten members (90%) who had been hospitalized responded "yes".

Career Development Unit

During the 2021-22 contract year the Clubhouse made career support services available to all members including the 219 members working in paid employment and the 107 members who attended school during this period. The Clubhouse provided support to all members who worked and attended school during the contract year including the 23 who began jobs during the year and the 10 who returned to school. Of the members completing the member survey who used career services (n=64) 96% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

During the contract year Clubhouse members completed personal career plans (32 had employment goals and 14 had education goals). 100% of members who indicated employment as a goal in their career plan successfully completed their goal and were referred to employers, applied for jobs, and/or had a job interview within three months of indicating the goal (target 80%). In addition, 100% of the members who indicated education in their career plan as a goal (i.e., return to school/finish degree/enroll in a certificate program) successfully completed their goal and were referred to appropriate education resources within 14 days (target 80%).

Table 6: Career/ Educational Development of Clubhouse Members

		GOAL	ACTUAL
Measures of Success:	N	%	%
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	46	75	96
% members referred to appropriate education resources within 14 days (of those indicating education as goal)	14	80	100
% members referred to appropriate employment resources, applied for a job, or had a job interview within three months (of those indicating employment as goal)	32	80	100

Some of the comments made on the surveys about employment and education include the following:

"getting a chance to learn and grow and feeling a sense of purpose. Also having support with school." (member)

"I like the Putnam clubhouse because it helped me to get back on my feet and helped me through school and to get thru everyday challenges." (member)

"I have a job thanks to the help I received from Putnam." (member)

"The fact that it is a place for patients with mental health disabilities to grow and participate and not be discriminated against because of a disability. I like the comradery. I don't feel like I have to hide, I can be myself. Everyone accepts you for the way you are. It gives good training for jobs." (member)

Importance of Clubhouse programs to Members and Caregivers

Clubhouse Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Clubhouse during the 2021-22 contract year.

Table 7 shows the percentage of members and caregivers were satisfied or very satisfied with the program. Those who did not participate in the program or whose family member did not participate did not respond to the survey item. As can be seen from the responses in Table 7, members and caregivers alike were satisfied or highly satisfied with Clubhouse programs, with a satisfaction rate of over 90% for most programs and activities, except Rides (members 83% & Caregiver 75%) and Virtual Shelter in Place (Members 88%) . Members were most satisfied with the Healthy Living Program and Young Adult Activities (100%) and least satisfied with the Rides program (83%) Caregivers were 100% satisfied with almost all the programs offered except the Rides Program (83%) and the Career Development Unit (90%).

Table 7: Member and Caregiver Satisfaction with Program Activities that Member or Caregiver's Member Participated in (% Satisfied/ Very Satisfied)

Clubhouse Programs/Activities	% Very/Somewhat Satisfied (N)	
	Member	Caregiver
Healthy Living Program	100% (47)	100% (11)
Young Adult Activities	100% (26)	100% (5)
Holiday programs	99% (69)	100% (14)
Weekend Activities	98% (64)	100% (14)
Work-Ordered Day (Monday – Friday daytime activities)	97% (74)	100% (16)
Meals	96% (79)	100% (17)
Evening Programming (e. Putnam Gamers, Music Appreciation, Time to Unwind, Writing/Reflecting)	96% (56)	100% (14)
Career Development Unit (assistance with education and/or employment)	96% (46)	90% (10)
Virtual Shelter in Place Programming	88% (60)	100% (11)
Rides Program (transportation to/from Clubhouse)	83% (41)	75% (8)

Finally, both members and caregivers were separately asked to rank 10 Clubhouse programs/activities in order of importance to them. Programs/activities were ranked from 1-5 in terms of importance. Using a point system where #1 Rank carried 5 points and #5 Rank carried 1, point, rankings were averaged for each activity and the highest mean indicated the most important activity. For the members the top three ranked programs/activities were the Holidays Program, Healthy Living, and Rides. For caregivers, the top ranked activity/program was also Healthy Living, followed by Holiday Program, and Young Adult Activities.

Table 8: Ranking of Program Activities in terms of Importance by Caregiver and Member

Clubhouse Programs/Activities	Mean (N)	
	Member	Caregiver
Holiday programs	3.31 (51)	4.14 (14)
Healthy Living Program	3.27 (30)	4.20 (5)
Rides Program (transportation to/from Clubhouse)	3.19 (21)	2.60 (5)
Virtual Shelter in Place Programming	3.06 (32)	3.80 (5)
Weekend Activities and Outings	3.00 (51)	3.18 (11)
Career Development Unit (assistance with education and/or employment)	3.00 (30)	2.67 (3)
Evening Programming	2.61 (33)	3.09 (11)
Work-Ordered Day (Monday – Friday daytime activities)	2.55 (62)	1.79 (14)
Meals	2.46 (67)	2.08 (13)
Young Adult Activities	2.31 (13)	3.75 (4)

*program/activities ranked for Members

Overall, the caregivers and members alike had many positive things to say about the Clubhouse programs and activities:

"The caring, dedicated team and the warm, welcoming environment are always amazing. During the pandemic we have especially appreciated the commitment to continuing programming in creative ways. Our member has especially enjoyed Fridays in the Park and is hoping that these activities will become regular events, even when the pandemic is behind us." (caregiver)

"Daily structure, meals , young adults and outings." (caregiver)

"You get a meal and go about the day working in Hospitality unit, felt good about installing mailbox. Had a fun time at the St Patrick's day celebration and the scavenger hunt, for raffle ticket prizes." (member)

"Provides structure and meaningful work to do, and is a way to make friends and work together. Also, celebration of holidays (gives me something to do when my family is not celebrating). And the many outings are beneficial." (member)

"James regards Putnam as his family. He really benefits from the work environment and social programming as he tends to isolate." (caregiver)

"What I like best about the Putnam Clubhouse is the people: the members and the staff. Coming to the Clubhouse is a good way for me to avoid isolating myself." (member)

"I am thankful that I can reach out to Putnam when I am not doing well. They always greet me very warmly and are excited to see me when I come." (member)

"I liked the social events and chores. liked to be a janitor." (member)

"I love coming to Putnam to see all the members and our staff. I love working and helping make the club house look beautiful and nice for its members and those who visit the clubhouse." (member)

"The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

EVIDENCE-BASED OR PROMISING PRACTICES:

Since 2011, Putnam Clubhouse has been continuously accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. All Putnam Clubhouse programming meets the 37 standards of Clubhouse International. A rigorous accreditation process and maintaining fidelity to the model require

Putnam Clubhouse to provide comprehensive program data to Clubhouse International annually, participate in ongoing external Clubhouse training, conduct structured self-reviews, and receive an onsite reaccreditation review every three years by Clubhouse International faculty. Learning about, discussing, and adhering to the 37 standards of the model are built into the work-ordered day structure. All program staff and program participants of Putnam Clubhouse commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

In 2021/2022 Putnam Clubhouse, in collaboration with Fountain House, introduced social practice into our programs.

Social Practice

Pioneered by Fountain House and implemented in clubhouses across the world, the social practice model is a unique blended community of both mental health professionals and peers working together to foster a specific environment for recovery. This practice has successfully addressed symptoms associated with mental illness that are not directly managed through medication alone, such as social isolation, social withdrawal, apathy, the absence of self-confidence and self-worth.

Social Practice is a specialized form of therapy that uses the setting of an **intentional community** to assist people in their mental health **recovery**. It focuses on a community-based approach of helping individuals learn new skills, hone their talents, build dignity, develop a sense of belonging, and make progress towards their goals.

Recovery can be personal, that is — the process of regaining control over one’s life in a social environment or can be one of the common outcomes in clubhouse programs - the reduction in hospitalizations, independent housing, and gainful employment.

Intentional Communities are social environments designed to combat social isolation as persons living with mental illness are often faced with barriers to access community due to stigma and discrimination. The intentionality of the group offers a safe space and the opportunity to foster mutual support between mental health professionals and peers.

The Five Elements of Social Practice

People living with a history of mental illness or living with a serious mental illness may often experience challenges such as trust issues, social injustices and marginalization, lack of self-worth, low motivation, stigmatization, social isolation and alienation. The five elements of social practice are practical ways to understand and address these common experiences:

1. Transformational/Social Design
2. Engagement
3. Relationship development
4. Integrated feedback & Intervention
5. Transitional Environments

In December 2022, Putnam Clubhouse will attend a 10 week training on social practice offered through Fountain House to learn how to further integrate these practices into our Clubhouse programming.

VALUES:

The Mental Health Service Act designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Putnam Clubhouse is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. The Clubhouse Model followed has been designed to promote recovery and prevent relapse. Putnam

Clubhouse operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That’s why Clubhouse participants are intentionally called members rather than patients, clients, or consumers. These members work together as colleagues with peers and a small, trained staff to build on personal strengths, rather than focusing on illness. The term “member” reflects the voluntary, community-based nature of the Clubhouse, making clear that members are significant contributors to both the program and to their own well-being. Thus the term “member” is empowering rather than stigmatizing. Clubhouse membership is voluntary and without time limits. It is offered free of charge to participants. Being a member means that an individual is a valued part of the community and has both shared ownership and shared responsibility for the success of the Clubhouse.

All activities of the Clubhouse are strengths-based, emphasizing teamwork and encouraging peer leadership while providing opportunities for members to contribute to the day-to-day operation of their own program through what’s called the work-ordered day. The work-ordered day involves members and staff working side-by-side as colleagues and parallels the typical business hours of the wider community. Work and work-mediated relationships have been proven to be restorative. Clubhouse participation reduces risk factors while increasing protective factors by enhancing social and vocational skill building as well as confidence. The program supports members in gaining access to mainstream employment, education, community-based housing, wellness and health promotion activities, and opportunities for building social relationships.

Putnam Clubhouse operates under the belief that every member has individual strengths they can activate to recover from the effects of mental illness sufficiently to lead a personally satisfying life. Fundamental elements of the Clubhouse Model include the right to membership and meaningful relationships, the need to be needed, choice of when and how much to participate, choice in type of work activities at the Clubhouse, choice in staff selection, and a lifetime right of reentry and access to all Clubhouse programming including employment.

Additional components include evening, weekend, and holiday activities as well as active participation in program decision-making and governance. Peer support and leadership development are an integral part of the Clubhouse. The programming also incorporates a variety of other supports include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the wider community.

The Clubhouse experience has been proven to result in positive outcomes for many members, including:

- Employment, with longer on-the-job tenure for members engaging in Clubhouse Transitional Employment.
- Cost effective, compared to other mental healthcare approaches. The cost of Clubhouses estimated to be one-third of the cost of the IPS model; about half the annual costs of Community Mental Health Centers; and substantially less than the ACT model.
- A significant decrease in hospitalizations as a result of membership in a Clubhouse program.
- Reduced incarcerations, with criminal justice system involvement substantially diminished during and after Clubhouse psychosocial program membership.
- Improved Well-Being compared with individuals receiving psychiatric services without Clubhouse membership. Clubhouse members were significantly more likely to report they had close friendships and someone they could rely on when they needed help.
- Better physical and mental health. A recent study suggests that service systems like Clubhouses that offer ongoing social supports enhance mental and physical health by reducing disconnectedness.

In Fall 2020, Fountain House launched the Care Responders campaign to advocate locally or statewide for public health responses to mental health crisis. Care Responders is currently active in 6 locations across the country including New York City, Michigan, Cleveland, Washington, San Antonio and California. In each jurisdiction, we paired a local public affairs partner with local clubhouse staff and membership. The results: Our partner clubhouse members and staff are leading coalitions and have a seat at the table with local elected and agencies. In several sites, our campaign has also fought to fund 988 as an alternative mental health crisis line to 911, which has racist roots and is not trusted by many of our constituents.

VALUABLE PERSPECTIVES:

Throughout this report we have included quotes from program participants and family members describing personal experiences and perspectives about the Clubhouse’s impact on their lives.

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The fiscal year began with the continuing cloud of the COVID-19 Pandemic hanging around. However, during this past year, PWC successfully provided our clients with services needed to reduce the likelihood of the Pittsburg Unified School Calendar Year 2021 - 2022 of school failure, disengagement, and recidivism that threatened their emotional health due to separation from school and community in the past two years.

Despite the challenges schools were experiencing because of reopening schools conversely affected due to the COVID-19 Pandemic, PWC served 130 clients and families this year. Therefore, PWC continued to succeed despite the many challenges encountered during this fiscal year. PWC served student referrals primarily from the juvenile court and probation. The PUSD Student Attendance Review Board (SARB) suspended community service hours for most of the 2021 - 2022 school year. This policy continued until March 2022, before the district began to refer its students for community service hours. PWC planned to serve 175 clients and families for this fiscal year. PWC served 130 clients and families from July 1, 2021 - June 30, 2022. Therefore, PWC continued to succeed despite the many challenges experienced during this fiscal year.

Ms. Rhiana Ray, PWC Clinical Intern, from the Portia Bell Hume Behavioral Health Center, Concord, CA. Although PWC's office was closed to the public and student clients, we offered online and Telehealth mental health support on Mondays, Tuesdays, and Wednesdays, and weekly in-person mental health counseling on Tuesdays and Wednesdays, to students in Pittsburg and surrounding areas during the year. In addition, PWC conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly on Tuesdays, Thursdays, and Fridays.

In addition, PWC also conducted two training classes this year. Both completed at the Senior Center, simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly on Tuesdays, Thursdays, and Fridays.

For this fiscal year, PWC conducted two training courses. The first of two, facilitated by Ms. Anna Green, Instructor, at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health. PWC conducted this program on Mondays between 4:00 pm and 5:30 pm from February 9, 2022, to March 23, 2022. This course section centered around the mindset and the skills needed for success in life and in business. We examined the qualities that we admire in others, in ourselves, and each other and then identified those exhibited most frequently by successful entrepreneurs and innovators who add value to organizations everywhere. We considered current events that drove discussions around how to develop a mindset that enables opportunity identification, innovation, value creation, and problem-solving ability. Via case studies, we highlighted principles, strategies, and skills through the experiences of others and applied them to our lives where possible. Every class began with several social-emotionally orienting questions and all content was delivered in a curriculum circle format.

In addition, PWC also conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club on Mondays from April 25, 2022, to May 23, 2022, from 4:00 pm to 5:30 pm. The students completed three projects while learning the fundamentals of coding (algorithms, sequences, loops, variables, conditional statements, and functions).

Thus, because of all the above, PWC has and continues to succeed despite the many challenges experienced during this fiscal year.

OUTCOMES AND MEASURES OF SUCCESS:

Due to Covid-19 restrictions our client's mental and emotional health, needs, emotional state, and sense of well-being are assessed through zoom sessions, telephone calls, or in person with masks and social distancing. Additionally, the PWC team meets weekly for consultation. This also includes an associate marriage and family therapist, as well as a waived psychologist and functional supervisor from the Portia Bell Hume Center. The team consults in the weekly meeting about client progress and needs as well as PWC's current community involvement.

PWC offers clients the opportunity to meet on-site, via phone, and through the web while providing additional access to staff members such as central office personnel. Diverse options through the pandemic have been vital in keeping the clients connected, engaged and reducing effects of isolation. They are welcomed to a myriad of programs, individual and family therapy, community event involvement and field visits. This fosters a sense of belonging while building resilience, support systems, resources and emotional stability. Improved scholastic attendance as well as decreased incidents of behavioral problems, and completed community hours, quantify the efficacy of our program. PWC's triage and assessment approach ensures that clients receive the most appropriate level of care including outside mental health services when needed.

Upon arrival, participants complete an intake packet which identifies their unique reasons for working with PWC. Our mental health resource specialist, Miss Pope, meets all clients and their families who sign up at PWC, sharing and discussing any possible community resources that may be available to the client and their family. This intervention allows her to build the necessary relationships needed to discover each client's needs and facilitates office staff's ability to provide resources and recommendations. As initial assessment information is gathered, the PWC team identifies clients that would benefit from further mental health support services. PWC team then places a referral for the clinician, consults with the client, and provides all pertinent information. The clinician then contacts the client and the client's guardian to welcome the family to the program and explain the clinician's role including confidentiality, limits to confidentiality, and informed consent. During the initial contact the clinician works on building the therapeutic relationship, assessing needs, and creating treatment goals. Once the client has established treatment ongoing sessions are scheduled.

Additionally, youth become familiar with supportive staff, looking out for additional support needed or signs of distress which they report to the clinician. The supporting team, Ms. Adriana and Mr. Jose play a key role in identifying and connecting clients to services. Their cultural competence and bi-lingual skills have helped facilitate the connection between family services provided at PWC. The referral system, frequent open communication, and clear protocols all play a vital role in effectively eliminating barriers to mental health access. PWC team members offer trauma informed support to families in an understanding, compassionate, and accepting way, while being mindful of intersecting cultural differences, shame, or stigma around mental health services.

DEMOGRAPHIC DATA:

PWC has and continues to utilize the County Demographics Form. However, PWC does not collect specific demographic domains (i.e., Veterans Status) due to family dynamics and clients (i.e., first and second-generation immigrants) that we serve.

EVIDENCE-BASED OR PROMISING PRACTICES:

Our clinical success program presents the evidence-based programs selected to meet the goals, objectives, and performance indicators. These evidence-based models include promising practices and exemplary programs from the Office of Juvenile Justice and Delinquency Preventions (OJJDP). Specifically, the utilization of a program model with

practical, proven systems that have shown to work for our at-risk and high-risk clients. This model complements our ongoing strategies and fits nicely into the underlying program foundation. Thus, the goal of the PWC program is much more than just prevention. Its purpose is to foster confidence, character, and competence at school, work, and life and to develop unity with positive peers, family, and community. Specifically, PWC aims to empower our clients with the education and training to help them successfully transition from their current educational status and career paths into well-adjusted and productive adulthood.

PWC conducts the clinical success program on-site and within the community. We built these practices on the success of its community-based programs, and the clients come to improve care processes and successful client outcomes. This therapist also utilizes evidence-based practices in sessions with our clients. Cognitive-Behavioral Therapy and Dialectical Behavior We conducted therapy in the theoretical realms from which therapy treatment and prevention sessions in groups, families, couples, or individual sessions. When meeting with individuals, families, or in a group setting, all the information discussed and explored during those sessions is data utilized for measuring the progress of the people involved. We also used this to create goals of continuation of progress, treatment planning, and development of focused material to address the individual's needs for continuation of services.

Several different tools, as well as strategies, were used in our outreach efforts as well to welcome and identify individuals who would benefit from our program. The evidence-based practice includes Cognitive-Behavioral Therapy and Dialectical Behavior Therapy when working in therapy treatment or prevention sessions in groups, family, couples, or individual sessions. PWC and this therapist value and utilize consultation that includes performance feedback is conducted weekly with the team. This method serves as oversight with adherence and competence to the program.

VALUES:

What mental health looks like to various individuals differs. This is why PWC offers mental health care tailored to the client's unique and diverse needs. With each individual, one of the first courses of action is to identify with the client what their therapeutic goals are and what an over-all sense of well-being would look like for them in particular. We conceptualize therapeutic goals with the S.M.A.R.T. goal acronym for optimal success. The goals that are created collaboratively between clinician and client (and sometimes client's guardians) are Specific, Measurable, Achievable, Realistic and Timely. One of the key features is to revisit goals regularly highlighting progress and when necessary adjusting them to fit their current situation. Being flexible is significant as even the most carefully created plans may occasionally need amending particularly due to the many variables our clients may not have control over in their lives. In this way, self-competence is increased, and clients can still feel successful if their situation changes.

Mental health services that PWC clinicians offer can take either a traditional or nontraditional stance to mental health at no cost to the client or the family, which facilitates reduction of high levels of stigma related to mental health. At PWC we encourage recovery with cultural awareness and through a trauma informed lens. This means realizing the importance of gaining a complete picture of the client's life including cultural influences and past events that may be informing their current situation. Helping to improve the client's resources and support systems can be critical to ensuring that the client feels safe and can concentrate on personal growth. PWC programs are designed to increase resilience for our clients and their families. One of the ways this goal is achieved is by practicing mindfulness and self-care techniques. Resilient people see life's difficulties as a challenge. We help to encourage this through cognitive restructuring, which includes changing how clients perceive their own locus of control and self-efficacy. This is done through activities and therapeutic sessions that build skills, confidence and positive outlook. When mistakes are made, rather than a punishment model, PWC encourages teachable moments allowing them to re-evaluate and make positive changes.

Building relationships in the community is particularly important to one's quality of life, mental wellness, recovery and resilience. Clients have ample time and space to practice "respecting the vest" which is key to learning how to represent one's self respectfully as a member of the community while representing PWC. The client's wear the vest to indicate belonging while serving others, participating, and engaging in community events such as car shows and holiday celebrations, or participating in City events that celebrate diversity. Through work and community service opportunities

at fun and entertaining events the clients can practice building social skills and self-esteem while being exposed to positive role models.

Access to mental health services is of utmost importance for the PWC team. Two of the ways PWC makes that a priority is through community participation and outreach. Another important factor is that PWC's clinicians provide various forms of access to mental health care, such as field visits, on-site sessions, internet (through Zoom), and telephone calls to increase and maintain accessibility to the community we serve. Relationships have been cultivated among the professionals in the community that promote increased access and awareness of mental health services through PWC. Additionally, PWC provides a safe space where clients can process their unique life situations and begin building healthier relationships and problem-solving skills that serve them in many ways, at home, at school, and in life.

With the support of the PWC team, a client may begin participating in PWC programs, and later reveal specific needs that could be addressed by being linked to other services in the community. Clients and families may experience lack of food, anxiety around housing stability, or health concerns. Families may need support when in crisis. Some crises the PWC team have helped with this year are sudden death, incarceration, deportation and drug abuse. PWC staff can then provide referrals and linkage to resources that support these individuals and families. When basic needs are met, and crisis is dealt with, individuals can then experience relief and begin to focus on inner growth. By normalizing mental health services and restorative conversations, we destigmatize and dismantle preconceptions about therapy and mental health care. It is no secret that mental health disparities are rampant in underserved communities and our program provides much needed support to our community.

VALUABLE PERSPECTIVES:

The following stories show the diverse perspective and background of PWC's participants, as well as the traditional and non-traditional mental health strategies utilized by the program to support and help clients and families succeed. Please note that to respect confidentiality and HIPAA regulations pseudo names will be used and identifying information will not be included.

#1) Malcolm is a 10-year-old African American male who was referred to PWC by his grandmother who is his guardian. He was referred due to grandma's report that he is repeatedly getting in trouble at school for lack of impulse control and respect for his teachers. He is also an athlete with costs that are difficult for his guardian to cover. PWC agreed to pay upfront for his sports camp which he could then work off at PWC community events as well as attending weekly therapy with the clinician. Malcolm came to live with his grandmother when he was 3 and he witnessed his mother's arrest. At the time he started with PWC both his brother and father were incarcerated. Malcolm has a very outgoing personality and warmed up quickly to the clinician. He reported enjoying having "someone to talk to" and a desire to "have more time" with the clinician. However, at first, he was reluctant to discuss any emotion or fears he was experiencing. The clinician introduced creative ways such as games and art (through zoom due to COVID restrictions) to discuss emotional content. In this way the client was able to open up to the clinician about fears he had. One example being when the clinician asked for the client to draw what his family is most afraid of when it comes to him. He drew a picture depicting himself laying on the ground with blood pouring out of him. This is a harsh reality of his environment and led to him opening up about his fears for his brother who is "always in the streets" and has been shot and incarcerated multiple times already at 14 years old. With empathetic exploration from the clinician, the client was able to identify coping skills for how he can protect himself including being "aware of his surroundings" and breathing deeply before reacting to charged situations to reduce impulsivity and perceived disrespect to elders. One way we were able to show that PWC cares about his education, was when the clinician and another team member together did a field visit to his school at lunch. Malcolm proudly showed them around the school and introduced them to teachers and friends. Previously Malcolm had been able to report up to five school days in a row with positive reports sent home. After identified coping skills he has been able to get positive reports 18 days in a row. Further, he is getting practice and guidance at PWC events where he works as a part of a team. The staff work closely with him to encourage "respecting the vest" which refers to a clear set of standards when representing PWC in the community. When he does not respect the vest, he is not punished for not meeting those standards even after three chances. He can, however, earn incentives and gain responsibilities by respecting the vest. Through PWC, Malcolm has also developed relationships with peers who are

positive influences, as well as important members of the community.

#2) The client, Christian, is a 10-year-old Mexican American boy. He lives with his mother, his two older sisters, his brother, and his niece in a small house. He and his 16-year-old sister have been members of PWC for a couple of years. He was referred to the clinician first by his mother who was concerned about a slight drop in grades, then by his sister when she reportedly found videos in his phone with him saying that he did not want to be alive anymore. He began weekly sessions over the phone until COVID restrictions lifted and he could come into the office to meet with the clinician. The client denied suicidality but explained that he felt like he had no one to talk to when he was really sad, or even when he was really excited about things. Shortly after beginning sessions with the therapist, his 16-year-old sister overdosed and passed away. This was incredibly devastating for the family. PWC and the clinician were able to support the family through the grieving process by providing field visits to the family, therapy for Christian, and providing resources for the mother to get her own therapy in Spanish as well. The clinician's focus with Christian was to identify and strengthen his support system. As determined by client report, this has been successful. He can now identify several people who he can turn to when he is feeling sad or excited. Once the family was past the worst of the grieving process PWC provided an opportunity for Christian to be the leader of a crew (his cousins and friends) to work at the Senior Center as a part of the community helping to build the garden. He and his crew receive monetary incentives for the work that they do. The clinician and staff at PWC take interest in his scholastic success as well, which he has been able to maintain even through tragic circumstances. He is an effective crew leader and proud of his position. He and his crew welcome new members and encourage them to take the High Road both at the senior center and community events.

#3) Ricardo (16) and Anthony (13) are Mexican American brothers. They were referred to PWC through SARB and to therapy by their mother who reported concerns that they were having adverse reactions due to problems in her current marriage and possibly from observing domestic violence in her previous relationship with their father. The brothers failed 9th and 6th grade completely as it was online due to COVID restrictions and they did not have the support needed space and resources to work with privacy. When they went back to school, they found themselves academically behind the other students which caused devastating effects to their motivation, self-esteem and self-efficacy. The client's began therapy with a family session facilitated by the clinician and Ms. Adrianna in both English and Spanish (mom's primary language). Then each week following they met individually with the clinician working on identifying barriers to and strategies for improving their scholastic success. Through the course of therapy, Anthony revealed symptoms that are linked to depression. A PHQ-9 depression scale assessment indicated his depression was moderate to severe. The clinician has since been identifying coping skills while empathetically exploring what may be the cause of his depression and building self-esteem. Both Ricardo and Anthony began to report concerning, strange and dangerous behaviors of their mother that are potentially indicative of experiencing moderate to severe psychosis. The clinician reported the concerns to CPS and worked with the social worker to ensure the safety of the children in the household and encourage the mother to get her own mental health services. She denied needing services and the clinician, with the help of the PWC staff, continue to monitor and support the family through weekly individual therapy with Anthony and Ricardo, as well as check-ins about attendance and performance at their school. Additionally, the PWC team performs home visits when we have not heard from them for extended periods of time. Ricardo's motivation has increased from wanting to drop out of school to reporting a desire to attend college and get an advanced degree. However, both boys are having difficulty attending school because of spill-over effects of their mother's mental health issues. The PWC team has helped to facilitate conversations with the school to bring awareness to their situation. Ricardo has been helped to enroll in an alternative school where he can make up lost units and be on track to graduate on time. The office staff has also helped try to get the boys enrolled in summer school. In addition to therapy, the brothers are able to work events in the community which further builds their support system and sense of belonging. Another way PWC and the clinician have tried to help the family is by encouraging family discussions and involvement.

APPENDIX



The underlying purpose of this evaluation is to help discern if program elements and activities are resulting in significant outcomes for targeted youth. Thus, the main focus is to track the progress of the objectives set for the program at the beginning of the year according to funder expectations as aligned with actual program activities as follows:

1. PWC Knowledge Test - A participant pre-/post-test designed to measure Financial Education and Entrepreneurial knowledge was not created for this fiscal year due primarily to challenges encountered due to the pandemic.
2. PWC Student Survey – Replicated as previously approved by Mental Health Administration staff, this year's participant pre-/post- PWC designed the survey to measure the following: resiliency, community support; recidivism; and program satisfaction.

Students take the pre-survey at program intake and the post-survey at the end of the usually 12-week program. As shown in Table 1, we divided the participants into cohorts based on when they started the PWC After-School Program.

It is important to note that many students chose to re-enroll in multiple courses upon completion. To that end, we recorded these students' surveys and stated the methodology used for the analysis.

Table 1. Participant Survey Administration (July 1, 2021 – June 30, 2022)

	PWC Survey			
	Participants N	Cohorts	Pre-	Post
Quarter 0	55	0	30	30
Quarter 1	28	1	28	27
Quarter 2	45	2	41	40
Quarter 3	41	3	36	36

School Day Attendance Data from Pittsburg Unified School District (PUSD)

Due to the pandemic and school closure this fiscal year, student attendance data was not available. However, as previously mentioned, PWC was very successful with assisting schools in approving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.

Probation Data from the Contra Costa County Juvenile Services Department

PWC provided the Contra Costa County Juvenile Services Division, Director of Field Services, a list of the program participants and duration in the PWC After-school program. PWC asked the Director to report on the number of students who committed an offense or who re-offended or went to the juvenile hall during their participation in the PWC After-School Program.

EVALUATION FINDINGS:

In this year of implementation, PWC continues to make notable progress in assisting at-risk youth in striving for a higher quality of life by providing them with a safe and supportive environment to get vocational training, mentoring, counseling, and peer group support. Clients are encouraged to stay in school, develop goals for their future and lead a purposeful, healthy life. The following pages summarize the program's progress this year as related to its tangible goals and targets.

Outreach and Participation

PWC planned to serve a targeted number of 200 unduplicated participants in this reporting year. (See Table 2.) the actual number of unduplicated participants was **130**.

Table 2. Program Participation by Quarter (July 1, 2021 – June 30, 2022)

	July-Sept	Oct-Dec	Jan-March	Apr-June	Total
	Quarter 0	Quarter 1	Quarter 2	Quarter 3	Served
# of Students (Duplicated Served Each Quarter)	57	28	45	41	171
# New Students Served Each Quarter	57	16	31	26	130

Our data collecting methods help in regard to maintaining clients' confidentiality. The client's confidential personal data are assured by following strict guidelines for collecting and managing the client's information. Clinical data are being filed away at the Hume Center while clients' program information is locked in the PWC office in double-locked file cabinets away from reach of our clients.

The PWC Clinical Success After-School Program strives to provide positive outcomes for youth and young adults by increasing protective factors such as providing structural opportunities to support at-risk youth's education and economic success and promoting lasting healthy development.

PWC used several measures, data sources, data collection tools, and strategies to track progress and outcome evaluations. We collected both qualitative and quantitative data over time. We would primarily rely on existing data or assessment tools and then, as necessary, interviews with key stakeholders to capture the process objectives. PWC developed protocols to ensure accuracy and reliability of the data and timely completion of evaluation tasks. All data is collected systematically, from various sources, in collaboration with multiple partners. For example, PWC acquired client probation data on recidivism from the Contra Costa County Juvenile Services Department. In addition, PWC acquired school attendance data from School Districts in Pittsburg and surrounding communities.

The purpose of this evaluation is to help discern if program elements and activities are resulting in significant outcomes for targeted youth. Thus, the focus is to track the progress of the objectives set for the program at the beginning of the year according to funder expectations as aligned with actual program activities as follows:

Summary of Findings

Table 3. Actual Outcomes as Compared to Target: Fiscal Year 2021-2022

Outcome Measure	Target	Actual	Percent
65% of the total number of green jobs program participants will increase their knowledge and skills related to entrepreneurship, and financial literacy and personal finance during their participation in the PWC After-School Program.	50%	71%	143%
Objective 2: 65% of the participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement during their participation in the PWC After-School Program	65%	81%	125%
Objective 3: 75% of the youth program participants will not re-offend for the duration of their program participation.	75%	100%	133%
Objective 4: 70% of the youth program participants will report having a caring relationship with an adult in the community or at school during their participation in the PWC After-School	70%	76%	108%
Objective 5: There will be a 60% increase in school day attendance among the After-School Program youth participants for the duration of their program participation.	60%	78%	130%
Objective 5: There will be a 60% decrease in school tardiness among the After-School Program youth participants for the duration of their program participation.	60%	67%	112%

Overall, PWC has fully met its targets. One of the most significant tributes to the program is that the youth continue to choose PWC to complete their community services hours, despite the ability to achieve their hours with other programs, churches, or in another city.

The above data indicates that the PWC Program serves the high-risk youth population that it has always intended to do. In addition, this fiscal year, we planned to provide services for 200 multicultural youth residing in the Pittsburg communities; however, despite the pandemic and school closure, a total of 130 unduplicated students participated in the program as of June 30th, 2022. This year PWC Clinical Success After-School Program has been an enormous success.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

The following annual report flows through describing the following programs and their intersections in the following order:

1. Adult and Family Program
 - a. HIV Prevention
 - b. Older Adult
 - c. Kind Hearts Food Pantry
2. Clinical Program
3. Youth Program

ADULT AND FAMILY PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

Rainbow Community Center of Contra Costa County (Rainbow) provided targeted community outreach and early intervention opportunities for members of Contra Costa County. Our focus is to serve Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, plus (LGBTQIA+) communities. These individuals include marginalized People of Color (POC), LGBTQIA+ seniors, undocumented and uninsured communities, people living with HIV, transgender identified community members, and folks with unrecognized health and mental health differences.

Our services focus on providing multiple learning opportunities and linkage to internal and external services to all community members. Pride and Joy (Tiers 1 and 2) activities brought opportunities focused on mental health/health disparities within our LGBTQIA+ community such as community members' increased rates of anxiety, isolation, housing instability, suicide, depression, substance abuse and victimization (e.g., bullying, family rejection, Intimate Partner Violence 'IPV', sexual assault, and hate violence).

Our community programs mentioned in this reporting section have focused on bringing services and assistance to underserved and differently resourced communities with a lens for them to feel culturally affirmed and welcomed to health and mental health support services, increasing their ability to cope with oppression when they accessed health and mental health services delivered by Rainbow. Rainbow staff have tracked an increase in depression, isolation, anxiety, housing instability and vulnerability to multiple intersections of trauma, particularly for those community members who are marginalized due to race, socioeconomic status, and other risk factors. Rainbow thoughtfully and rapidly adjusted its outreach and service model to move most of its services into in-person groups and events at the onset of the COVID pandemic. In addition to following public health protocols, the projects outlined here continued to deliver health promotion messages and increase LGBTQIA+ community members' knowledge of local and national resources available to provide mental health support – including Contra Costa County's Access Line, 211 services, Contra Costa County HIV/STI testing services, local domestic violence and sexual assault services, national suicide helplines and East Bay health and mental health services. Rainbow has increased our efforts on collecting demographic information from clients we serve to continually deepen our understanding of the changing needs of who we are serving. Our goal is to increase the efforts on serving marginalized communities.

- **HIV Services Provided:**

Rainbow's HIV Prevention outreach has increased during the past fiscal year. We have been targeting all our underserved LGBTQIA+ communities covering all of Contra Costa County.

Due to COVID-19 restrictions and relocating our facility, virtual outreach has increased our connection with our community members. This includes multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup. Part of these outreach strategies include targeted email blasts that educate and inform all community members about our HIV Prevention and Education services in Spanish and English.

We were able to re-engage with community members after events in person were possible and guided by public health. We started to shift our HIV/STI testing dates to Club 1220, a local LGBTQIA+ Bar in Walnut Creek and longtime Rainbow partner. Rainbow also provided multiple HIV/STI outreach events with community businesses such as Del Cielo Brewery and the Campbell Theater in the city of Martinez. These events provided safe services for folks to feel welcomed, accepted and safe in their own towns. While receiving HIV/STI prevention education and free testing services, enjoying activities that help reduce depression and isolation experiences have been important with affirming our community members.

Our HIV Prevention Manager focused in organizing "Men Who Have Sex with Men" (MSM) targeted groups and special events consistently throughout the past fiscal year. These activities helped promote all our services. We provided contactless and in-person HIV, Gonorrhea, Chlamydia, Hepatitis C, and Chlamydia testing along with Contra Costa County's "Home Is Where the Swab Is" mobile in-home testing alternative. We have been in communication consistently with clients who called to receive information about PrEP, testing, Social and Support Groups, and our "Safer Sex Packages Drop Off Program". We continued to offer a range of monthly social groups in person, including "Men Living with HIV" for HIV positive male identified folx, "Amigos" for our MSM Spanish-speaking clients, "Mocha" for our MSM of color that are living with HIV, and our "Social GuyZing" group that is open and welcoming to all male identified folx including transgender and non-binary men.

Shifting to safe and healthy outdoor and indoor gatherings, we were able to offer a small number of in-person social events including a successful Cinco de Mayo event in Martinez targeting LGBTQIA+ Latinx community members who were linked to our HIV/STI prevention services. In the spring we continued to host in-person gatherings which brought new clients eager for social connection, some of whom were less comfortable and less accessed with on-line/virtual support. Returning and new clients welcomed in-person gatherings and celebrated the opportunity to reconnect and socialize face-to-face.

- **Kind Hearts Food Pantry:**

Rainbow Community Center's Kind Hearts Food Pantry (Food Pantry) delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County this past fiscal year.

Additionally, due to COVID-19 restrictions and safety concerns for our staff and volunteers, we continued our successful partnership with Monument Crisis Center, and the Food Bank of Contra Costa County which provides an off-site pick-up location. Rainbow continues to deliver healthy fresh food and ensures that food supplements for community members living with HIV are being assessed and delivered. Additionally, Rainbow continued partnering with the county's Extra Helpings Food Program which specifically supplements community members with nutritional support specifically with immunocompromised statuses and diagnoses.

Our Food Pantry continued implementing COVID-19 safety protocols consistent with wearing masks, maintaining safe recommended distances, using gloves and serving aprons to all our staff and volunteers. Throughout the county we promoted safety for our community members, offering "social distance" drop off services, leaving food and resources in pre-designated areas or at the client's front door when requested. We continue to receive more requests for food service deliveries amongst our Seniors, community members with a positive HIV status, and marginalized populations, including LGBTQIA+ People of Color, and Black Trans identified community members in the county we serve.

Rainbow is invested in growing our Food Pantry and continue to help underserved communities that struggle with food insecurity, housing instability, depression, work harassment and/or elder abuse.

- **Older Adult Program:**

Rainbow's Older Adult Program offered a senior luncheon or program the first and third Friday of every month, where regular and newcomer senior attendees from the county socialize, engage, eat healthy meals, and gain information from other community partners, resources, and engage with special guests and presenters. During this last fiscal year, we continued to have virtual groups as well as in person gatherings, including the virtual support group for older adult women, "Women of the Rainbow". This group focuses on women who have suffered isolation and lack of community exacerbated by the pandemic. Our Older Adult Program Manager and volunteers continued to assist older adults to build their technology skills through our continued Tablet Program which provides loaner tablets for seniors for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.

Rainbow's focus is to provide opportunities for seniors to connect with other program attendees and staff. This includes our Older Adult Program Manager and volunteers conducting wellness check phone calls with all our program attendees weekly. During our fiscal year, seniors continued to face difficulties with grief, loss, isolation and depression. We organized volunteers to outreach to 150+ senior clients to encourage luncheon participation, which increased to weekly check-ins during this past year of shelter-in-place. In the fourth quarter of the fiscal year alone, we provided case management/wellness calls to 88 seniors, totaling 151 phone calls.

In addition, we were able to offer a handful of in-person interactions after the restrictions on outdoor in-person gatherings were lifted. Free congregate meals were coordinated to LGBTQIA+ seniors at various local restaurants all around the county to meet seniors near their locations. The Older Adult Program started a walking group that meets mornings or evenings and walks in areas around different county neighborhoods. These are led by staff and volunteers to accommodate seniors' walking capacities.

Our adapted Friendly Visitor Program (FVP) was facilitated to help members with various needs, providing resources and referrals, such as: reducing isolation in the community, assessing supply needs, physical, mental, emotional and overall wellness. Additionally, our Older Adults Program Manager continued to cross collaborate with Rainbow's HIV Prevention Manager. This collaboration helped to inform older adults about our free HIV testing services and referrals to PrEP and PEP education and navigation.

New, as of this last fiscal year, in collaboration with our Food Pantry Coordinator, seniors received meal deliveries as part of our Kind Hearts Food Pantry Service described previously. As part of that collaboration between the two managers, the restructure of the distribution of the Senior Nutrition Program continued to enable client choice while receiving their nutritional package. During our fiscal year there was a cross collaboration with our FVP and Senior Outreach and Advocacy Program (SOAP) programs. We were able to assess seniors' need to facilitate a delivery service, providing basic materials, health/medical supplies, and all other necessary items.

SOAP continues to address the needs of seniors living or transitioning into higher care. The goal of the program is to ensure that our senior members are respected as they transition into these facilities, i.e., appropriate pronouns, access to gender appropriate clothing, visitation rights for partners, etc.

Our Older Adult Program continues to provide individual case management on an as needed or long-term basis. Clients benefitted from a myriad of services as well as internal and external resources and referrals to other agencies through our many regional partnerships.

OUTCOMES AND PROGRAM EVALUATION:

During FY22, Rainbow served a total of 547 unduplicated clients. Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients. Tier 3 is our one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 1,765.75 hours of services were provided to clients with Tier 3 alone.

Rainbow clients receive information about our mental health services during programming and special events. We have also seen an increase in calls and emails from clients needing a health assessment or treatment. Our Food Pantry and Older Adult Programs contact our clients weekly to improve access to all of our services that they might need. Our data has been collected through sign-in sheets during groups and events. We have shifted into the practice of requesting our community members to complete our Demographic Form that helps us assess intersectional needs within our clients. These needs include Food Pantry assistance, mental health programming, HIV/STI testing opportunities, housing and more. The responses that we receive through these forms, help Rainbow plan upcoming groups and events that satisfy our members' needs.

LINKAGE AND FOLLOW-UP:

Rainbow provided encouragement for individuals to access services by announcing our services during support groups and special events. Services that we offer on our website along with promoting our services on multiple social media platforms including our Facebook and Instagram pages. We continued to provide case management and wrap-around support services for many clients who regularly access our support groups. Also, our Clinical Case Manager that oversees our waitlist and intake process, provided referrals to clients for faster access to services when Rainbow was not able to meet their needs immediately. Due to relocating our facility, we continued using our on-line intake form. As part of our intake process, we were also able to prioritize special needs including pairing clients with a Spanish speaking clinician, Eye movement desensitization and reprocessing (EMDR), alternative relationship styles, and connecting BIPOC clients to be seen by BIPOC clinicians.

VALUES:

- HIV Program

Our Program focuses on providing social and supportive services that include safe spaces to reduce stigma, shame and discrimination between clients living with HIV. The HIV Prevention Program also brings activities that provide education and linkage to care and prevention services. We cater to our underserved communities of color by expanding our programming celebrating diversity, culture and other languages.

- Volunteer Program/Food Pantry

Our Volunteer Program intersects with our Food Pantry Program to show resilience, wellness and recovery to all our community members. We want our program participants to feel welcomed and valued when joining our services. Rainbow Community Center's volunteers assist underserved communities that suffer from health hardships and housing instability by bringing healthy food and expanding easy access for supplements.

- Older Adult Program

Many of our senior program participants have shared their experience and hardships with isolation and depression. Our programming offers activities that break mental health stigma and provide linkage to services. Some of these activities include calling seniors regularly, mental health referrals and presentations by trained staff and community partners.

VALUABLE PERSPECTIVES:

- Client Story
 - Our community member has been attending multiple programming groups and events that provide a safe space for him to socialize. Eduardo has lived in CCC for over 20 years and identifies himself as a Latinx man living with HIV. He recently returned to our Mocha group and shared that he feels comfortable attending these meetings that help reduce stigma and language barriers between communities of color living with HIV. Eduardo has also shared that attending our programming has helped his anxiety and has motivated him to return to the LGBTQIA+ community. He attends multiple

groups and events that focus on promoting HIV prevention to communities of color, Spanish-Speaking folk while celebrating all cultures.

CLINICAL PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

Rainbow provides 50-minute counseling sessions to individuals, partnerships, and groups/families within the LGBTQIA+ community. Services are currently virtual still, and this ability allows for access to services from clients that are not comfortable at a community center or leaving their dwelling in general. This easier access has allowed our counseling program to stay open through Covid. The availability of virtual clinical services has increased and enhanced access, particularly with our adoption of Simple Practice as an electronic health records platform. In the past year, we've seen a significant increase in the demand for our services from various parts of the state, i.e., Southern California, counties of Alameda, Solano, Napa, Los Angeles, etc. along with an increased demand in more remote parts of the county. As our virtual outreach has increased to meet the demand. Due to the restoration of our clinical intern program, we will be moving back into exploring, with various school districts in fall of 2022, a return to offering LGBTQIA+ clinical support groups more widely and in partnership internally with our Sexual Orientation, Gender Identity and Expression (SOGIE) training and education programming, in school GSA and wellness center settings. QScOUTs, queer affirming learning and affinity clubs, was offered district-wide with Mt. Diablo Unified School District through one of our clinicians. The pandemic has provided an expansive approach for RCC to work with the county's school districts when previously our in school work was limited to individual sites with our in-person service model.

OUTCOMES AND PROGRAM EVALUATION:

- Participants are identified through self-referral and are seen on a first-come first-served basis. Clinical participants are identified through assessing functional impairment. We also assess people for Domestic Violence and Substance Abuse for referrals outside of our agency, as well as internal referrals to a DV support group. While we do treat acute diagnoses, we are not a crisis center. The average length of time between symptom onset and entry into treatment is dependent on our waitlist rather than symptom severity.
- Symptoms are measured annually using the county's assessment form. Data is collected through various assessments at the beginning of each treatment plan along with as needed and annually. If something needs to be changed in the treatment plan, clinicians pivot accordingly due to regular assessments. Smaller assessments may be used throughout the year by clinicians, as well, i.e., PHQ-9. Data is collected monthly through service logs that track client attendance in sessions, as well as length of sessions. Each clinician is required to participate in an annual cultural competency training offered and required by the county through Relias. We also offer psychoeducation sessions and consultation groups for our mental health professionals on how to work with LGBTQIA+ folks.
- Clients are seen on a first come first served basis, unless they request a specialized clinician, i.e., Spanish-speaking clients. The waitlist tends to be, on average, a 9-12 month wait. However, the waitlist has gone from being over 40 potential clients in 2021, to about 20 in 2022, so the wait is actively being reduced. At the time of this report, we have effectively managed the waitlist to ~10.

DEMOGRAPHIC DATA:

Clinicians and case managers submit service logs internally once a week. The RCC Data and Systems Manager creates a report based on the service log once a month. Our Mental Health Billing Specialist collects Medi-Cal data by utilizing the Electronic Health Record System provided by RCC and the county, Simple Practice and ShareCare respectively.

LINKAGE AND FOLLOW-UP:

- 1) The PEI program provides encouragement for individuals to access services by allowing folks that cannot

afford services on their own to receive services.

- 2) We follow up with the referral by email, and regularly send out emails to support potential clients until they are successfully engaged in services.
- 3) Clients are seen on a first come first served basis, unless they need a specialized clinician (For example, Spanish-speaking clients). The waitlist tends to be, on average, a 9-12 month wait. However, the waitlist has gone from being over 40 potential clients in 2021, to about 20 in 2022, so the wait is actively being reduced.
- 4) Our clinical unduplicated numbers decreased by 50% since last year. For these reasons:
 - a) We are no longer serving schools for mental health services.
 - b) We have been down 2-3 full time mental health clinicians for the entire FY22. (Which makes up half of our clinical team) Retaining and hiring clinicians continues to be a significant challenge across our organization and for non-profits across the country.
 - c) We have been committing to serving Medi-Cal clients, which means they are able to receive more consistent services. Which does not open room for new clients. Our Medi-Cal clients have high stay power because they are able to afford the care they deserve.

VALUES:

We improve timely access by giving referrals. Our whole organization is based in serving the underserved and centering the most marginalized and vulnerable. We focus more on members of the LGBTQI+ community for 1:1 counseling while allies are referred to broader group-based services or referrals out to partner agencies like PFLAG. We target specific instances of discrimination-based trauma in our treatment plans using wellness, resiliency and recovery reframed as measurable outcomes. We strategize as thought partners to ensure that all our training and curriculum work is non-discriminatory and non-stigmatizing. All of our training work is embedded with an intersectional lens towards our understanding of gender identity and sexual orientation-based discrimination and bias.

YOUTH PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

The Rainbow Community Center Youth Program aims to empower youth 12-25 to explore their identities, address internalized homophobia, promote resilience, & connect to peers and community through programming, mentorship, peer support, and leadership opportunities. This past fiscal year we pivoted from 100% virtual programming to a hybrid model offering both online and in person programming. Our youth team continued to offer virtual drop in space weekly and in response to the high need for extra support for Transgender identified youth during the pandemic, we added a weekly offering specifically for trans teens that we launched in April of 2022. Additionally, we collaborated with PFLAG Claycord and local high school youth to plan and offer the counties first ever Pride Prom in person with over 100 LGBTQIA+ juniors and seniors in attendance. While the pandemic has brought its challenges in outreach our team saw an opportunity to partner intentionally with outside agencies to develop new and innovative programming like Pride Prom and our new summer day camp, Camp Fierce serving youth ages 7-15 and its partner program Team Fierce serving youth ages 16-25.

Fierce stands for Freedom of Identity and Expression through Rainbow Community Empowerment. Camp FIERCE is an LGBTQIA+ affirming Summer Day Camp led by Rainbow Community Center Youth Program Staff and LGBTQIA+ High School/Young Adult Counselors called Team Fierce. The Purpose of Camp Fierce and Team Fierce is to build a scope and sequence continuum for our Youth Programs that builds over time addressing the needs of younger LGBTQIA+ youth/families in our communities while providing ongoing leadership skills and practice for older teens and young adults successfully preventing negative mental health outcomes at an earlier age by connecting youth and their families to affirming services and programs provided by Rainbow ongoing.

Camp FIERCE is the creative project our Youth Program Team at Rainbow manifested in July 2022 serving 32 youth.. The pandemic has been a collective social trauma, especially for youth; many LGBTQ+ youth have lost access to affirming spaces, and those who came out during the pandemic struggled to find spaces where they can connect with LGBTQ+

peers and adults. Camp FIERCE is a space where students who have felt stifled, isolated, and alone, can feel a sense of belonging, creativity, and relief. We envision a space for youth to fully express themselves, connect, play, and feel empowered in their identities, expressions, and leadership. They learned from LGBTQ+ artists and creators in their community and built connections with each other and the Team FIERCE leaders. We believe in a program that centers the positive impact of LGBTQ+ teens serving LGBTQ+ youth, which is why we have big dreams to empower our teen leaders through Team FIERCE. We are creating an environment where teens can take positive risks, develop confidence in their leadership skills, and give back to their communities. In the Inaugural year Camp Fierce served 32 youth.

Team FIERCE: is a summer program that served 7 LGBTQIA+ high school aged youth that included a leadership retreat, mentoring, advocacy workshops, and a counselor in training program to work at Camp FIERCE. Specific outreach for this program is centered with intersectional LGBTQIA+ youth. Over time participants who attended Camp FIERCE can become members of Team FIERCE growing a supportive community of LGBTQIA+ young adult activists.

OUTCOMES AND PROGRAM EVALUATION:

Participants are identified through self-referral, school wellness staff, and families seeking support for their child. Through annual demographic forms and program registrations we can assess and make recommendations for resources including but not limited to referrals for counseling. Additionally, for ongoing programs we also use a pre and post survey that helps evaluate the outcomes of our programming.

DEMOGRAPHIC DATA:

Youth Program Managers and Coordinators administer an annual demographic form to all youth attending programs. The RCC Data and Systems Manager creates a report based on the service log once a month. Additionally, we ask youth who participate in ongoing programs to fill out pre and post surveys where we can collect information about their identities and capture and evaluate programs. When Youth are under the age of 12 we ask that families participate in the demographic collection to ensure that we are receiving accurate information about the client.

LINKAGE AND FOLLOW-UP:

1. The PEI program provides encouragement for individuals to access services by allowing folks that cannot afford services on their own to receive services. We have offered all of our programs free of charge or for a suggested donation ensuring that all youth have access to affirming programs ongoing.
2. The youth program team follows up with referrals by email or phone with 24 hours of contact. Additionally, we send out a monthly eblast and regularly engage on social media with new and existing clients. Our program team contacts high school wellness staff to make sure that they are aware of our programs and can help refer youth to attend. Additionally, we visit school sites and events frequently with program information to connect youth/families to our services.
3. Because we can offer a hybrid model including weekly online groups there is only the potential for a week wait time before a youth is able to access a service/group.

VALUES:

Our youth programs are currently creating a wide variety of offerings to meet the diverse needs of our county. We focus on partnering with outside agencies and schools to ensure we are reaching our most marginalized youth. Our outreach materials are in both English and Spanish and we prioritize having Spanish speaking staff available to connect with youth and provide resources. Additionally, we survey youth ongoing in our programs and through social media to learn about what their needs are and how Rainbow can offer the most engaging

and relevant programs possible. By engaging directly with youth and families for their feedback, we are developing responsive programs that increase participation and have a positive impact on the mental health of our youth. Our programs operate in a hybrid model to ensure that youth without parent support or access to transportation can keep accessing our programs and services online. We also outreach specifically to areas in the east and west county to arrange school visits for outreach since these areas are not as close to our physical office.

VALUABLE PERSPECTIVES:

Quotes from Youth Participants

"I loved being here because it made me feel safe to be with my community" - 14-year-old.

"The Pride Prom is a powerful opportunity for young people to organize, celebrate, and exist as their most authentic selves, which is especially critical after the challenging years that so many of us have experienced. I'm really looking forward to having a prom full of queer people. Prom is such a big high school milestone; it should be a place where you feel safe to be your true self. The Pride Prom is going to do that in a whole new way." Ryan Nelson, Junior

Quotes from Families about their excitement for Camp Fierce!

"This world requires my daughter to be fierce each day; she has to assert who she is, teach others, and brace herself for how they may react. It was a relief to have a space for her to just be a kid. It was pure joy for her." - (Parent of 8-year-old camper)

"I was so relieved and excited to finally find an LGBTQ+ Camp for my teen. I had searched and searched the area and all I could find were sold out or camps that were in another state. My Trans teen feels most accepted with like-minded peers. I also feel it is a SAFE SPACE for him. We can't wait and are counting down the days!" - (Parents of teen camper)

"I'm excited for Camp FIERCE so that my kiddo has a safe, affirming, and fun camp experience. For him to have a place with other transgender, gender expansive, and gender non-conforming kids to connect with and enjoy what a summer camp is all about is heart-filling for me as a parent. He is so positive and assertive with his identity, and still, he shares that he doesn't understand why some people think you can only be a boy or a girl. It's so needed to have a space like Camp FIERCE for kiddos to be themselves without having to justify or explain, but just be accepted and understood." (Parent of 7 yo camper)

Why Does Team Fierce Matter?

"Growing up as a queer kid can often be difficult in the world and environment we live in- I know that all too well, but it doesn't have to be that way. By showing kids that they can find community, friends, and happiness in the LGBTQ+ community, it can bring them security that will follow them through the rest of their lives. I would love to be the role model I never had to these kids, and it would make me proud to be a part of something so amazing; the outreach that this program could have in these kids' lives is something I would want to contribute to." (16-year-old)

"I grew up quite rough, I quite literally escaped to the Bay Area earlier this year to be surrounded by more like-minded people, I want to get more invested in this community and think I have a lot to offer queer youth. I have spent most of my life taking care of anyone younger than me, and for once I would like to see the skills I've earned be used in an environment where I can truly be myself too." (17-year-old)

"I think that queer youth having a positive queer role model is one of the best gateways into a strong foundation of self-acceptance. I would love to be a part of that acceptance for someone!" (17-year-old)

“Growing up as gay the lgbtq+ community has been a great safe space for me. After this camp got brought to my attention it sounded like a great way to help give back to the community. I feel like this would be a great opportunity to maybe try and help the lgbtq+ youth seeing as I am trans (ftm) and I'm Omnisexual. i just feel like seeing the kids and possibly being able to help them would be awesome” (17-year-old)

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

"RYSE is more than just a place. RYSE is more than just a building. More than just a campus. RYSE is a home. And not just because of the building itself, but because of the people in it."

- Adriana Avalos, 2022 Richmond Youth Poet Laureate

MHSA services provided by RYSE in the past reporting period continue to facilitate access and linkage to mental health care (through a racial & gender justice, trauma-informed, healing centered approach), improve timely access to mental health services for young people in West County strategies that non-stigmatizing, non-discriminatory, and which actively address stigma and discrimination that creates physical, mental, and emotional harm and burden for young people in West County.

We are proud to have completed construction of RYSE Commons and for it to serve as a beacon for hope in the future for Richmond and the Bay Area. We know, more than ever, that RYSE Commons will not just be a new building. It will be the physical manifestation of the collective care, creativity and healing that will steward our liberation praxis.

RYSE's work continued to be hybrid in 2021. We returned in-person Sept-Dec, limited to cohorts of young people. From Dec-Jan, RYSE pivoted back to virtual in response to the surge in COVID-19 cases. From Feb-May, in-person cohorts and direct service meetings took place on site. In May 2022, RYSE hosted a Member ReOpening Week and resumed capacity for drop-in youth attendance and small-scale community events. We have adapted safety and screening protocols, including full vaccination and weekly testing for staff, available testing for youth, COVID vaccine info-sharing, linkages and referrals. We continue to work in coalition across CCC toward an ecosystem of support for young people and their families. In June 2022, co-tenant partners The Hidden Genius Project and the Young Women's Freedom Center moved into RYSE Commons, with HGP providing weekly programming throughout the summer. Throughout the year, young people have stepped into leadership roles in the design and vision of RYSE Commons as a sanctuary, creative space, and healthy home for Black, Indigenous and Young People of Color (BIYPOC).

As RYSE expands from 6,600 to 45,000 square feet, we have increased our facilities staffing and administrative roles to hold this greater physical responsibility and be able to hold infrastructure needed for many of the big ideas for the next 5 years, including co-tenants and event rentals. RYSE has designed a microsite that shares the roots and vision of RYSE Commons and will continue to evolve to reflect young people's vision for WCCC.

<https://rysecenter.org/rootedandrysing>.

Direct Service

"Honestly, I have been very sad and—if not sad—mad. I don't like being at home as much, but I try to get over it. I don't feel physically healthy. I'm struggling to find motivation to do anything.

- Youth Member, Fall 2021

Amidst the ongoing and, in many cases amplified, impacts of the pandemic on our communities, we stay steadfast in all our relationships and connection. RYSE works in persistent proximity with young people to listen to, validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience. We also work in proximity to the organizations and agencies responsible for young people. The RYSE clinical and case management team has continued to connect with young people in the methods that best fit with their lives and needs, from teletherapy to home visits to in-person, with increased in-person drop-in hours starting in February 2022. The team continues to refine our Clinical Referral process, and to update RYSE's case review process to help the broader system of staff support more young people coming into the center with more acute needs.

The COVID-19 pandemic continues to amplify existing inequities across all dimensions of health and well-being for our community, including health care, housing, economic security, education, and physical and emotional safety. In many cases, young people are struggling even more now than they were in 2020. Young people have raised the importance of wellness spaces, opportunities to share their feelings, and to (re)build relationships and social networks following the tumult of the past years.

As is common across the mental health field, we have encountered challenges in hiring a Clinical Director following the death of RYSE Clinical Director Marissa Snoddy in Jan. 2021. In February 2022, RYSE began a contract with Jen Leland, LMFT as an Interim Clinical Supervisor, working with Erica Woodland to support clinical staff and to conduct outreach for a full-time Clinical Director hire. This search is still ongoing. In July 2021, RYSE hired an additional bilingual therapist as well as a new clinical case manager.

Health and Wellness

RYSE's integrative program model works to improve the social and material conditions for young people in Richmond and West Contra Costa County. RYSE recognizes that a community mental health model must incorporate multiple modalities and points of entry for a youth to seek out the services they need to thrive. Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in our community. Ongoing inquiry and design spaces with young people have created spaces for them to design RYSE Commons for safety and belonging, and to share how leadership development, organizing, and arts-base healing are essential strategies for health and wellbeing in their lives.

In FY 21-22, we served 340 young people, plus hundreds of youths and adults engaged through online/events. As pandemic conditions shifted, RYSE began the year with virtual and hybrid programming only for closed cohorts of young people, which has shifted to in-person drop-in options through Spring-Summer 2022. Community events are largely through virtual trainings and workshops, as well as some in-person outreach and arts events held outdoors in RYSE's new courtyard. Staff have conducted outreach visits to high schools and partner agency sites and continue to conduct programming within juvenile hall.

We are experiencing the new challenge and opportunity to work with young people who have "aged out" of RYSE over the past 2+ years, and to conduct outreach to young people in local schools who are learning about RYSE's presence in the community for the first time.

- **COVID-19 Response** - Amidst the surge of the Omicron variant in December / January, RYSE staff and members needed to adapt to this period of uncertainty by suddenly pivoting back to a virtual model for the entire month of January. During this time, many students felt that their safety and quality of education was being sacrificed. In response, RYSE offered a virtual wellness space for youth and worked with WCCUSD educators & students on how to voice demands for better support from district leadership. Between RYSE's own fund and the Richmond Rapid Response Fund (in which RYSE is a lead partner), hundreds of COVID-19 emergency disbursements have been issued; partners are looking at the strategy and policy pathways between this response and the need for universal basic income. Our intake form asks participants to share what they want to know about COVID-19; we received some of the following support requests in responses: finding a health provider/insurance, how COVID-19 impacts youth, rights/resources for undocumented residents, signs and symptoms of COVID-19, student rights/resources, what to do if someone in my household has been exposed/tested positive, where to get a

COVID-19 test, and workers' rights/resources.

- **Education & Economic Justice** - Over the past year, 83 young people engaged in direct education supports, including college access planning, reentry support, and graduation / post-graduation planning. RYSE staff have engaged in intensive and deep relationships with the young people on their caseloads during an extremely challenging time for young people's mental health. RYSE provided drop-in tutoring, educational advocacy, and college support for young people, both virtually and in-person. This includes supporting young people in creating SMART goals that establish both long-term goals and shorter-term milestones. All youth cohort members participated in a financial toolkit pilot designed by Community Financial Resources, that consisted of multiple modules and support with setting up a savings account and credit restoration as needed.
- **Identity Groups and Peer Support** - RYSE's Community Health Manager collaborated with the College Access, Education 4 Liberation, and Young Men's Group programs to hold Health and Wellness workshops tailored to each group. Throughout Summer 2022, RYSE held a Young Men's Circle and engaged young people in planning for and participating in PRYDE month activities in June 2022. This included a youth-led workshop on gender fluidity and was an open space for young people to come learn and deepen their understanding of gender. Additionally, RYSE staff provided warm hand offs and referrals to young people seeking case management, clinical therapy, or mental health supports.
- **Leadership Cohorts & Career Pathways** - RYSE continues to empower young people in building their capacity to lead and advocate for the health of their community. RYSE's April 2022 Youth Leadership Institute prioritized relationship-building and creative healing and organizing tools. Activities examples include LinkedIn workshops, an Organizer's Self Portrait, What's Going Down in Our Schools, HipHop and Me, Self-Portrait Painting, Ancestor Poetry Workshop, Historical Medicines and more. Feedback (n=24) included:
 - 89% of youth participants felt that their experience helped them feel more grounded in RYSE's values.
 - ⅓ of respondents identified Shared Power and Relationship-Building as the most clearly felt value in the new RYSE Commons Building; ¼ identified Safety; and ¼ identified Creativity and Play.
 - 95% felt like RYSE staff were supportive and followed community agreements; 89% felt like their peers were supportive and followed community agreements.
 - 89% felt that YLI workshops helped them feel more connected to their community.
 - 70% felt that the YLI workshops supported their leadership.

In September 2021, the "outgoing" WCC District Local Control and Accountability Plan (DLCAP) cohort and RYSE staff conducted hiring of the next internship cohort for the 21-22 school year. After reading through 70 interest forms, hosting 2 info sessions, interviewing 29 youth and many google docs and conversations with staff, the team hired 12 young people for the DLCAPs, Immigrant Justice, and Richmond Youth Organizing Teams. Youth cohorts have been particularly concerned about covid safety and clear communication with families by the school district. They have been attending and providing statements at school board meetings, engaging in organizing with community partners, and helping to host wellness and debrief spaces for their peers as part of RYSE programming.

- **RYSE Culture Builders** - In Fall 2021, RYSE hired a team of 6 culture-builder interns, and in April 2022, hired 3 of them as part-time staff. This team of young people worked to plan for the opening of RYSE Commons, trained in RYSE's values and member agreements to engage their peers, provides new member orientation, and maintains culture in the RYSE space. Their work also included planning outreach activities to WCCUSD schools to bring new young people to RYSE Commons.
- **Arts-Based Healing** - RYSE's AMP internship program for young people ages 13-21 offers weekly artistic mentorship, project-based learning, and opportunities to facilitate workshops, create art, and apply their skills at RYSE and in the community. RYSE AMP cohorts include concentrations in Visual Arts, Performing Arts, and Music. RYSE transitioned to in person cohort-based programming in the fall of 2021, where all AMP interns met weekly with their peers and mentors to develop personal and collaborative projects, perform, present on panels, and co-facilitate workshops for educators and students. A few highlights include: Visual Arts AMP interns created animations in collaboration with RYSE dancers and videographers, Performing Arts AMP interns coordinated and performed at Raise the Bay (a concert held at RYSE in partnership with UC Theater, see slide 13 for more information), and Music AMP interns began producing beats and recording tracks in RYSE's newly

constructed and wired music studio. Performing Arts AMP intern (formerly an Event Production AMP intern), Sukari Wright completed the script for RYSE's multimedia production, *The Land of Sankofa*, and was invited as the lead young person in Hewlett Foundations' Think Tank on Creative Youth Development. RYSE launched our 2nd year of hiring a City of Richmond Youth Poet Laureate, who performed at numerous health and community outreach events in the Bay Area.

RYSE arts programs offer young people opportunities to explore diverse arts practices at beginner, intermediate, and advanced levels where they develop technical skills and creative voice with opportunities for public performance, publication, teaching, and speaking engagements. Visual Arts continues to be a critical practice in our community partnerships as well, including *Freedom Beatz*, a partnership with Contra Costa County's Juvenile Hall and *Arts Now: Arts Integration Professional Development* for West Contra Costa Unified School District teachers. *Freedom Beatz* promotes relationship building amongst youth, staff at The Hall, and arts educators, and focuses on healing, social-emotional learning, creativity, intellectual curiosity, and confidence building through song writing, poetry, and visual arts. In partnership with Richmond Art Center and East Bay Center for the Performing Arts, *Arts Now* offers professional development for WCCUSD classroom teachers. Arts-base healing is a core component of *Arts Now*; young people co-create teacher lesson plans, co-facilitate workshops, and share their voice and insights on their personal educational experience through conversation and performance.

- **Freedom Beatz** - *Freedom Beatz* promotes relationship building amongst youth and staff at Juvenile Hall and focuses on healing, social-emotional learning, creativity, intellectual curiosity, and confidence building through song writing, poetry, and visual arts. We offered two pop ups workshops and one full series for 41 participants, 8 probation staff, and 4 CCOE teachers.
- **Love and Rage Mural**- In Feb '22, RYSE members and staff completed the *Love & Rage* mural. The initial idea for the mural within RYSE Commons was born through RYSE's *Designing Belonging* partnership with California College of the Arts and was completed by RYSE's *Alphabet Group* members and local muralists. The mural reflects RYSE members' cultures, communities, and power: honoring those who came before us as well as those who work to create more safe and welcoming spaces for LGBTQ+ and BIPOC youth. The *Love & Rage Mural* was inspired and envisioned by RYSE members, honoring queer Black, Indigenous, People of Color (BIPOC) young people in Richmond, CA. The initial idea for the mural within RYSE Commons was born through RYSE's *Designing Belonging* program, in partnership with California College of the Arts (CCA). RYSE members partnered with CCA students to envision a mural that embodied the RYSE value of *Love & Rage*. Young people articulated a portal that connected their love and rage; they envisioned scenes that demonstrated the injustices that exist in Richmond and are mirrored throughout the world. They also hoped to highlight the intersectionality, power, struggle, and joy of the Richmond community. They defined scenes of celebration and peace, as well as protest, and wanted the mural to create a sense of belonging for each viewer to see themselves represented in the art.

Ideation sessions continued into 2021 in partnership with East Bay Getting to Zero, RYSE's *Alphabet group* members, and local muralist Agana Espinoza (DJ Agana). Over Zoom meetings and jamboards, RYSE members reflected on the original mural ideas and the need to highlight the LGBTQ+ youth culture of Richmond & Contra Costa County, as well as the style, power, and creativity of Black, Indigenous, Youth of Color. Agana presented mural drafts to the team, who offered feedback and selected the final design. The mural was completed in January 2022 by Agana, with support from local artists, as well as RYSE members and staff. The mural reflects RYSE members' cultures, communities, and power: honoring those who came before us as well as those who work to create more safe and welcoming spaces for LGBTQ+ and BIPOC youth. The mural includes a dedication to those that passed away - founding RYSE member Kenji Jones and Clinical Director Marissa Snoddy. *Love & Rage'* was gifted to RYSE by East Bay Getting to Zero.

- **Healing Garden and Outdoor Space** - Also informed by the *Design for Belonging* and youth inquiry, the *Healing Garden and Outdoor Space* are in progress. Each space includes outdoor meeting and reflection spaces, and during *Membership Week* (May 17-22) staff held daily meetings to reflect on how spaces were used and adjustments that can be made. Spring 2022 *Design for Belonging* meetings, which have included 4 RYSE youth, 2 CCA students and 2 arts and design educators, who are planning a story collection process and zines about belonging and healing that informs how we design and construct the healing garden.

- **Youth-Led Community Events** - RYSE youth leaders have held community events engaging peers and have supported in-class outreach events during the Fall. From Jan - Feb '22, RYSE youth led in planning of RYSE's Black Culture's Month events – using collective brainstorming to uplift the power and resilience of Black culture. Honoring a core value of RYSE, Love & Rage, members coordinated BCM events, guest speakers, and a Black Culture's Month spirit week for members and staff. In collaboration with UC Theatre, RYSE hosted "Raise the Bay," a femme-centered concert in celebration of BIPOC women and the femme identified community for International Women's Month in April '22. This event was led by RYSE young people, and marks the first concert to be held on our newly completed RYSE Commons campus. In June '22, RYSE hosted its PRYDE Month with the theme Show Out and Be Proud.
- **Outreach and Linkages with Local Schools** - Since April, RYSE has hosted over 100 young people and 10 teachers for site visit field trips in collaboration with Richmond High School's Law Academy and Spanish-Speaking Summer Program for English Learners. During these visits, teachers and young people were able to see and experience our new, expanded campus, participate in staff-led arts workshops, and have a music- and activity-filled lunch in our outdoor courtyard. During this visit, teachers and young people were able to see and experience our new, expanded campus, participate in staff-led workshops, and have a music- and activity-filled lunch in our outdoor courtyard. Following the visit, over 50 youth attendees registered to become a RYSE member. All attendees participated in youth group reflections – here are a few comments about the day:
 - "The whole activity made me happy."
 - "My teachers brought me joy."
 - "Painting brought my heart peace."
 - "Seeing everyone enjoying themselves in the sun!"
 - "Being in the music room studio."
 - "The things that brought me joy were my friends and the fun activities. My heart is happy and healthy."

Trauma Response and Resiliency

RYSE staff have also seen how the health burdens of young people have continued to be exacerbated by conditions of the ongoing pandemic. As too many in our community are engulfed in survival mode to tend to basic needs, we are working to respond to those needs and the compounded distress. We are responding to an increase in severe mental illness, suicidal ideation, anxiety, and depression. We are fielding increases in domestic violence and intimate partner violence, human trafficking, eviction and displacement, and gun violence - all alongside the ongoing harms and disregard by the systems responsible for young people. Clinical and case management staff were deemed essential workers in order to provide in-person supports where needed, along with flexible virtual supports as met young people's needs. In-person supports have included hospital bedside support, emergency triage meetings, clinical therapy, case management, juvenile custody transition/reentry meetings, and emergency transportation support. In FY 21-22, we served 65 young people with clinical and case management services.

- **Community Triage and Care** - RYSE coordinates with social work staff at John Muir to ensure that young people served through that program have medical coverage, including connecting them to advocacy/ navigation support in getting enrolled with insurance. RYSE actively partners with school service providers, foster care case workers, transitional housing, hospitals, probation to do outreach and linkages. RYSE also works to increase access to mental health services for Spanish speaking community members, including hiring multiple Spanish speaking community engagement staff as well as Spanish-speaking clinical therapists. These partnerships with John Muir Medical Center, Lifelong, and others work to improve timely linkages to psychiatric consultation. RYSE prioritizes providing mental health access to people who are not insured or who are experiencing gaps in coverage, through our intake process and partnerships.
- **Case Management & Clinical Therapy** - RYSE's clinical team works to address acute and ongoing needs of violently injured youth and their families through mentoring, intensive case management, resource navigation, and holistic supports. Intervention Specialists provide bedside intervention and post-discharge support services for young people affected by violence. In this grant period, RYSE has provided at least 4 support services per client, including: welcome home care packages; support with transportation; legal referrals/support; health care enrollment; providing information to the family; clothing support; DMV appointments; transportation; grocery shopping; housing and rental assistance; anger management programming; academic support;

employment/career support; and providing personal protective equipment. Crisis response and case management continued to be acute and ongoing for young people in RYSE's network; with the return to in-person programming we have revived and updated our case review and referral process, working to ensure that staff with the strongest relationships with impacted young people are working in alignment to support needs both onsite and off.

- **Probation, District Attorney's Office** - RYSE's Education & Justice Department continues to provide tailored Transition and Reentry plans in collaboration with young people and staff at the Probation Department, as well as facilitate our R.E.S.T.O.R. pilot program, a Restorative Justice diversion program in which youth who are arrested are referred to RYSE by the District Attorney's office, then engage in a restorative conference to identify, address, and meet unmet needs in the youth's life. All young people in R.E.S.T.O.R. also have access to RYSE's onsite linkages, wherein a young person can enroll in RYSE workshops and programming (spoken word, youth organizing, visual arts, beat making, etc). These linkages between diversion and RYSE programming encourage a greater sense of belonging and purpose for the young person – making for a seamless transition from R.E.S.T.O.R. into RYSE's general youth programming.
- **School Climate** - RYSE staff and youth have been working on building responsiveness from the district to what young people are experiencing, especially in the conditions exacerbated by the pandemic and recent threats of community violence. With recent national mass shootings and a school system that provides little emotional, social, or mental health support to its students, youth and staff have felt a need for deliberate and intentional safety measures and mental health support. Maintaining our commitment to the safety of young people and their communities, RYSE remains in direct contact with district leadership – giving direct and immediate feedback to schools about the safety of their students and holding them accountable to the WCCUSD Safety and Positive Climate Resolution. Before the pandemic and increasingly during the pandemic, RYSE has also begun a practice of reaching out to as many partners and district staff as possible when we learn of serious incidents involving threats, violence, and harm at or near school campuses. This impromptu response has become a go-to email group to share, inquire, and provide updates on incidents and concerns. Central staff including the Superintendent, the teacher's union, district trustees, as well as a range of community partners are part of this space. RYSE remains part of school district safety task forces, and recently joined the District's Community Schools Support Collaborative. We continue to field daily requests and referrals from schools and school-based clinics for mental health and crisis response supports.

Inclusive Schools

RYSE continues to raise visibility and promote action on gender justice and queer liberation in WCCUSD as integral to youth leadership and to creating safe space for young people of color. By staying committed to serving young people through all their varied experiences, self-discovery, and changing identity awareness and expression, RYSE served youth identifying as LGBTQ, and maintains an environment that prioritizes queer safety and leadership for all members.

- RYSE PRYDE Month activities included Fly Your Flag, Femmy Masc, Wear My Pride in my Hair, and jewelry making workshops. Young people involved in our open Sashay Away workshop series, a program dedicated to fashion design, confidence building, and runway walking, hosted the RYSE PRYDE Fashion Show at the end of the month to showcase their work.
- In the Spring 2022 semester, RYSE youth continued to host Student Town Halls and conduct Youth Participatory Action Research into the impact of high school conditions on students' mental health. Youth organizers in the Education for Liberation cohort completed a [website](#) that can hold data gathered by students and continue to advocate for policies and practices in schools that meet the emotional needs of students as full human beings. One RYSE member is currently serving on the WCCUSD Student Youth Council and Student Board of Trustees and has spoken at District Board Meetings to advocate for greater COVID safety and testing protocols in district schools.
- RYSE youth attended the SF Bay Area Regional Community Schools Forum hosted by California Department of Education on Wed, Dec 1. These forums are for students, families, educators, and community members to impact decisions the State is making about how the \$3 Billion Community Schools program will be implemented next year and beyond. This investment came out of the advocacy and organizing of many grassroots

organizations, students, families, educators and community members. Out of over 90 attendees, only 4 were youth - 3 were RYSE members.

- As an organization, RYSE has continued our arts partnerships wherein RYSE youth artists collaboratively co-design and co-lead professional development sessions for WCCUSD teachers to help teachers build capacity for arts-based healing in their classrooms and cultivating trauma-informed spaces. After a successful pilot collaboration supporting WCCUSD's Visual and Performing Arts program and teaching artist practice exchanges, RYSE hosted its first onsite Arts Now Saturday Institute for 50 WCCUSD teachers, in partnership with young artists, East Bay Center for the Performing Arts, and Richmond Art Center in March 2022. Classroom teachers attended a series of workshops on exploring their own identities, including the art of monologues, embodied healing practice, and black-out poems to process experiences and access their inner child. Feedback from Arts Now attendees included:
 - "This is so grounding. Thank you."
 - "My colleagues talked about the vulnerability they experienced and how it helped them grow."
 - "I learned so many things, Adriana's spoken word poem was incredibly inspiring- I want to share it with my students and it reminds me to dig deep into poetry."
 - "I want to continue educating myself on equitable teaching, and how to elevate all cultures in my class."
 - "I am very excited to get my students thinking about their own past and celebrating themselves."

Systems Change

Our Theory of Liberation and service-for-systems change frame requires proximity, loving support and response, and collective power-building. It has allowed RYSE to center communities that experience disproportionate harm by systems and pandemics. RYSE continued to coordinate mutual aid and rapid response through the WCC Care Coalition, The R3F, and RYSE's COVID-19 Youth Fund.

- **RYSE Commons & Activation** - In May 2022, RYSE completed construction for the RYSE Commons 45,000 square foot campus, and the space fully opened for young people. During our 2021 Youth Leadership Institute, 28 youth leaders attended tours of the campus under construction and engaged in planning and values working groups that guide RYSE Commons opening and presence. 16 Reopening Interns spent July-October engaged in review of RYSE's cultural agreements, design of the physical space and technology protocols, and planning for RYSE's opening for their peers. Youth reopening cohorts worked through Summer and Fall 2021 developing house agreements and designing the innovation center, visual arts and music production studios, black box theatre, and digital media lab. The RYSE Facilities Team is now working to implement the recommendations and RYSE members continue to be in inquiry spaces as new phases of outdoor space, murals, and the health clinic design move forward. By building a space in which young people feel comfortable and enriched, RYSE will be a better container for transformative systems, policy, and environmental change within the community, as youth will want to stay and invest their time into RYSE's space, activities, and values.
- **RYSE Climate Resilience & Liberation Hub** - (held with partner organization APEN) interns engaged in planning activities that directly informed solar installation and infrastructure planning on RYSE campus. We have selected a solar panels and battery storage system installer - installed by end of 2022. The process of working with climate interns at APEN has been a strong example for cross-organizational partnership and building community power without necessarily adding more RYSE programs at each juncture. As we benefit from APEN's expertise in the technical components for a climate resilience center, both partners agree that the next step is deeper work with young people across both organizations to determine governance and culture/ components that will ensure RYSE Commons stays relevant and accessible for young people and their families in Richmond.
- **RYSE Health Home** - RYSE has continued our convening of stakeholders and health partners to design infrastructure and develop capacity for a health home partnership model that is located on the RYSE Commons campus. Partners from Contra Costa Health Services, Lifelong Medical Care, CareStar Foundation, John Muir, and Health Leads toured RYSE Commons and the future clinic space. The transformation of our previous space into RYSE Commons and co-located Health Clinic will expand partnerships, bridge institutional services and systems in Contra Costa County, and serve as an anchor for youth movement building, grounded in racial justice and equity. In May 2022 a presentation and conversation about progress to-date was held with 20 participants. This Partner Update shared the ways that the entire RYSE Commons campus is designed to be a liberatory health

home, with the clinic positioned as a critical component of RYSE's liberatory public health model. Initial physical design plans were shared, along with insight from inquiry among young people from 2018 through present. Partners were asked to share capacity and expertise in a follow up survey to help determine next steps for organizing and planning for the clinic. A team of Public Health youth interns will also begin work in Fall 2022 to further design and activation for the clinic space.

- SLIDE DECK:
- RECORDING
- **Rapid Response for Systems Transformation** - Since March 2020, RYSE has convened monthly WCC COVID Community Care calls with up to 100 WCCC city and public systems, health and social services providers. Community-wide coordination through these meetings has included sharing of resources for the community and youth-specific materials about COVID-19 and school requirements/policies/supports, including updates/presentation/ social media posts about COVID-19 public health research, guidelines, and local ordinances. RYSE leadership communicated directly with CCC Health Services Dept., the CCC Board of Supervisors, City of Richmond staff, and WCCUSD leadership to share needs, understand, and coordinate resources and response.
- **Trauma & Healing Learning Series** - In April and May, RYSE launched its Trauma and Learning Series with a 2-part session on Understanding and Disrupting the Medical Industrial Complex, presented by Health Justice Commons. These sessions illuminated the incessant ableism and racism within medical and health institutions, as well as adjacent and intersecting industries, public and private.
- **Reimagining Public Safety** - RYSE is engaged in Reimagining Public Safety efforts and is cited as a model for what a non-police response to addressing mental health issues looks like.
- **Office of Racial Equity and Social Justice** - RYSE continues to serve in key roles for the development and launch of the Contra Costa Office of Racial Equity and Social Justice (ORESJ). At the end of January, RYSE led an ORESJ planning meeting that shared field research on systems harm and outlined a six-month work plan for reducing harm and making policy recommendations through community learning sessions. This was followed by a survey engaging 2600 respondents and listening sessions engaging 400 participants - to be presented throughout July in Community Cafes county-wide.
- **Health System Funding, Training and Sharing Praxis (CHS, Health Partners)** – RYSE remains in partnership and advocacy along with public health practitioners across the state. RYSE staff and youth leaders participated in and led in 2-5 conferences, trainings or webinars per month. A list is available if requested. RYSE's Executive Director is also serving on the Measure X Community Advisory Board, formed to advise on the use of new sales tax revenue intended for regional hospitals, community health centers, emergency response, childhood services and protective services of vulnerable populations.
- **Justice Reinvestment** - In planning for the closing of the DJJ in June 2023, RYSE continues to position itself as an advocate for and collaborator with young people, their families, and their communities. RYSE has sustained its efforts in building community engagement pathways / partnerships within local school and justice systems. In our work with the Contra Costa County Probation Office, our Director of Education & Justice is on the DJJ Realignment Committee and was nominated a co-chair along with the Probation Chief. With young people now coming to county facilities instead of state, we are working to create a clear step-down approach that includes robust community-based programming and placements. RYSE is also working to improve county-wide coordination and reentry support for young people returning to schools amidst discipline and over-policing. It will require new funding and broad collaboration.

OUTCOMES AND MEASURES OF SUCCESS:

Key measures:

- 70% of RYSE members report benefits of RYSE programs and services that support mental health and wellness.
- 70% of RYSE members report positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community.

Findings: Fall 2021 and Spring 2022 Surveys found that 95% of members agreed or strongly agreed that they are paying

more attention to their and others' emotions and feelings and that mental health supports are okay and positive. 80% of clinical and case management participants who responded agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals. 88% of RYSE members who responded agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community. Some of the ways that respondents describe RYSE services as different from other spaces they spend time in: "Non-institutional", "More support and less judgment", "safety, comfort, genuine and personal", "Que en verdad si ayudan".

Quotes from participants about their experience in the program:

- "[I have learned] new and better coping mechanisms."
- "I trusted my therapist and I felt safe with them. I was always helped by them and enjoyed talking to them. It is a place where I can express my need and concern without judgment."
- "It feels very open and allows me to tap into parts of myself I am not always comfortable with doing."
- "I am accomplishing goals I thought were almost impossible to complete."
- "The program allows you to learn more about yourself. Also, it builds relationships."
- "It's a safe place for me."
- "They communicate very well."
- "I liked the diversity within RYSE."
- "That I can express myself."

Key measures: 70% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan)

Findings: Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.

- "I feel very comfortable and safe at RYSE and the staff is always patient and nice."
- "You actually get to speak about any problem, and they listen."
- "It's a safe space where I get to share stuff I don't have the courage to share with others."

Key Measures: 70% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.

Findings: Fall 2021 and Spring 2022 Surveys found that 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.

- "This program opened up my mind to a bunch of issues in our community and ways we can help with that. It helped me gain control in situations like this. And also, was very creative."
- "It taught me how to make a workshop. How to socialize with people I've never talked to before. It reinforces a sense of community/family."

Key Measures: 80% of the total number of stakeholders involved in TRRS series will report increased understanding and capacity to practice trauma-informed youth development.

Findings: In evaluation surveys conducted at Arts Now professional development workshops, the following feedback was shared (n=39):

- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

Quotes from attendees included:

- "This is so grounding. Thank you."
- "My colleagues talked about the vulnerability they experienced and how it helped them grow."

- "I learned so many things, Adriana's spoken word poem was incredibly inspiring- I want to share it with my students and it reminds me to dig deep into poetry."
- "I want to continue educating myself on equitable teaching, and how to elevate all cultures in my class."
- "I am very excited to get my students thinking about their own past and celebrating themselves."

DEMOGRAPHIC DATA:

While the total number of youths served during this year is 340, the Race section adds up to more because youth marked both more than one race and the races they identified. Similarly, the Gender Identity and Sexual Orientation sections add up to more because some youth selected multiple responses.

- Part 2 is blank because we collect info on race and ethnicity together and with some differentiated categories than MHSA.
- Part 5 is blank because RYSE does not ask about specific disability on the member application. We noticed that there is no place to document atmospheric trauma and distress our member's experience.
- Regarding referrals out for Part 7. We do refer youth to outside services (clinical and non-clinical), however they often report negative or uncomfortable experiences with outside referrals. In most cases, RYSE staff continue to provide case management to support engagement in external non-clinical services. On occasion, members will inform us that they were unable to make an appointment.
- Regarding Part 7: Item 10 requesting the average duration of untreated mental health issues, RYSE defines and addresses trauma and distress as historical, structural, and atmospheric, operationalized through racial oppression and dehumanization of young people of color (RYSE Listening Campaign, 2013; Hardy, 2013; Leary, 2005; Van der Kolk, 2015). Therefore, RYSE's work is focused on addressing the conditions and systems that induce and perpetuate distress and atmospheric trauma, cultivating and supporting community building for collective healing and mobilization to address the harmful conditions and their generational impacts, and providing tailored supports and services necessary to provide safety, stabilization, and hope for individual young people and as a community.

We measure impacts related to RYSE's core strategies and prioritization of relationships as prevention and early intervention of mental health issues (reflected in our service workplan). We do not measure duration of untreated mental health issues, as it does not fully reflect, and is dismissive of, the context and magnitude of what young people are experiencing and embodying. It falls short of the rigor and dynamism we employ as a community mental health and healing organization. That said, we work in persistent proximity with individual members to listen to, validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience.

EVIDENCE-BASED OR PROMISING PRACTICES:

Again and again, healing-based spaces and programming have been identified by young people and partners as crucial and lifesaving in the face of compounding mental health, physical, and economic tolls throughout the pandemic, combined with institutional disregard and neglect. Again and again, RYSE has pivoted and provided community care and creative healing opportunities for young people and their families. Even while virtual, RYSE's role as a leader in the field of Creative Youth Development (CYD) has deepened over the past year. Our CYD model humanizes through reflection, connection, meaning-making, and narrative building. Young people have identified CYD as fundamental for healing from violence and distress (interpersonal and institutional), and for building power to dream and enliven the community and relationships they need and deserve. Some examples include:

- In spring of 2021, RYSE advocated for the Richmond Arts & Culture Commission to create a position for a Youth Poet Laureate for our city. After an application process led by RYSE, Sheila McKinney was selected to become the City of Richmond's first Youth Poet Laureate. With support from CieraJevae Gordon, RYSE's Media, Arts, & Culture Manager and former Richmond Poet Laureate, Sheila, age 16, led several workshops and events for youth and educators. These included Poet's Corner, a virtual spoken word production by Richmond youth. The Richmond Youth Poet Laureate enhances youth leadership, encourages self-advocacy skills, and serves as the ambassador for literary arts, and youth expression in the community. Sheila was interviewed on KTVU on November 16th 2021, and shared that she started writing and performing in 2020, using poetry as a tool for

moving the world into a more just and loving place. At the beginning of 2022, Richmond's 2nd Youth Poet Laureate, Adriana Avalos, was named. This year's fellowship expanded to be a part of the National Youth Poet Laureate program housed by Urban Word, increasing the reach for the community. In her term as Richmond's 2nd YPL, Adriana Avalos was able to build in her event planning skills, host an assembly on her campus, and bring the art of spoken word to a variety of audiences throughout her term. As mentioned in the previous section, she was able to write new works and use poetry to inspire her peers to write spoken word around their own lived experiences.

- The RYSE Community Portrait Project process was launched in Summer 2021 with staff and youth members, rooting community building and belonging for Commons in embodied arts. This is a process of honoring and humanizing, designing belonging in the building before it opens and ensuring that the visual identities of our community are centered and celebrated.
- In preparation for our RYSE Commons Grand Opening in May '22, RYSE AMP interns spent several months creating new work to welcome the community into our new space. Visual Arts Interns worked on a journal exhibition and dance animations to project in a 10ft tall RYSE designed dome, Performing Arts Interns created original poems in collaboration with RYSE dancers, and Music interns created an archive of RYSE member created music, both past and present, to share during the event. These interns collaborated in deeper ways than they could have virtually and developed relationships and creative partnerships with each other. Themes that emerged from their work included liberation, belonging, home, and celebrating and honoring BIYOC (Black, Indigenous, Youth of Color) of Richmond and West County.

VALUES:

In thinking about how we can best serve our youth in our expanded campus and future health clinic, RYSE engaged young people in thinking about what safety and belonging look and feel like in 2022. Young people were clear in wanting a space that feels safer than school-based clinics where young people may be afraid to ask questions, not feel their questions are respected and/or feel unsure of how their information will be used. As one young person shared:

“What mainly pushed me away from even talking or just thinking about my mental health was like, my experiences at certain places and with certain people. And people not really caring about you, but... just, it's their job type thing.”

In the forthcoming clinic, young people see the potential for internships, shadowing, and certification opportunities. They also hope to access a full spectrum of health services – everything from qualified professionals, people who can render first aid in an emergency/urgent care to therapy, aroma therapy, yoga, skin care, nutrition, drug and alcohol prevention and support, dental, queer and trans inclusive sexual and reproductive health – including support related to sexual assault or sexual harassment. The full spectrum of support included several mentions of support for people having their periods, from supplies and resources to alleviate cramps (heating pads, pain meds) to laundry facilities and extra clothing.

This summary marks a point in time. RYSE's practice of Radical Inquiry (described in the section that follows) and Impact Planning continues as the new space and programming come to life as RYSE Commons. Future conversation groups will refer to and build upon the conversations summarized here and will be coordinated with RYSE Partners from Hidden Genius Project, Young Women's Freedom Project, Native American Health Center. Collectively, they will engage with larger groups of young Black women and men, queer and trans young people who have engaged in survival economies now or in the past, and Indigenous youth. Additionally, RYSE intends to develop and engage young people in paid positions to continue to advise RYSE Commons, including future inquiry.

The shift in our world and work since March 2020 has illuminated the opportunities and challenges to how RYSE conducts youth-centered programming, holds systems accountable, holistically supports young people and staff, and leverages our campus to truly serve as a hub for youth-led visions for equity.

VALUABLE PERSPECTIVES:

- In early May, RYSE made the decision to cancel the Grand Opening of our newly constructed building, RYSE Commons. With over 700 guests registered during a COVID surge in the Bay Area, we decided to postpone the event to prioritize the safety of our young people and community and focus instead on a member week where we could welcome young people and celebrate our return to drop in programming. All of the work young people developed were showcased for their peers and staff during our Grand Opening week for members and are featured as well as on our microsite. [The Rooted & Rysing Microsite](#) is an interactive experience showcasing RYSE's values, new spaces, and our community: all of which contributed to RYSE's latest evolution, The RYSE Commons campus. The 45,000 square foot space now includes a multi-purpose courtyard, meditation garden, and new state-of-the-art facility designed by Richmond youth. This microsite reflects RYSE's Theory of Liberation and features a youth-led map of the space. RYSE's seven values of Safety, Youth Power, Love & Rage, Shared Power & Relationships, Healing Centered, Racial Equity & Justice, and Creativity & Play come together in this visual representation. This site will continue to grow and blossom and be a home for young artist work.
- In Nov 2021, for The Lewis Prize for Music, young people conducted a tour, performed, and described our healing-centered approach and how they envision RYSE Commons as a hub for youth creativity and systems transformation. On January 11, 2022, The Lewis Prize for Music announced that RYSE is one of four recipients of the Accelerator Award. The Lewis Prize produced the following video [highlighting RYSE](#).
- YR Media, an organization dedicated to young, majority BIPOC creatives, journalists, music producers, content creators and entrepreneurs, visited RYSE and conducted interviews with staff and members. On the cusp of the new campus getting ready to open, they spoke on where RYSE came from, where it's at, and what it means to them in this video: [Healing a Community Through it's Youth](#).
- Opening the RYSE Commons campus, we knew that in order to deepen our commitment to youth power, we needed to go beyond what RYSE could do as a single organization. To more holistically serve and empower young people, we partnered with organizations who shared our commitment to youth power and social justice while offering their own unique perspectives, missions, and modes of support. The Hidden Genius Project trains and mentors' Black male youth in technology creation, entrepreneurship, and leadership skills to transform their lives and communities. As they continue to celebrate their 10 year anniversary, The Hidden Genius Project seeks to strengthen the field of technology education for young people across communities. The partnership and perspectives of participants is highlighted in this video: [RYSE x Hidden Genius Project](#).

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- Provide access and linkage to mental health care
- Improve timely access to mental health services for underserved populations
- Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

1. Our Youth Education and Support Services (YESS) program offers education, prevention and early intervention services that support middle and high school students with navigating healthy relationships. Our **You Never Win with Violence** workshops (one focuses on teen dating violence and healthy relationships and the other on teen sexual harassment) are offered in individual classrooms. Through these workshops we educate youth on warning signs for teen dating violence, inform them of the reporting process, and link them to supportive services (i.e., student health center, therapy, crisis lines, our support groups, and our STAND! counseling services). Our support groups (**Expect Respect and Promoting Gender Respect**) work with 10-15 youth for an entire semester utilizing evidence-based curriculum and promising practices to support youth in exploring relationship trauma, healing, and tools for healthy relationship behavior.
2. Our expected outcomes were to provide primary prevention activities to educate seven-hundred fifty (750) middle and high school youth about teen dating violence, up to sixty (60) school personnel, service providers, and parents, subject to their capacity to participate with Contractor's outreach efforts, with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment, to increase knowledge and awareness of the tenets of a healthy dating relationship.
3. We served **Six Hundred-Forty-Nine (649)** participants. With schools returning to in-person, following a year of at home studies due to Covid-19, most schools had a high number of student referrals for support groups awaiting us. This high number of referrals meant that we needed to bypass classroom presentations (where most participants are typically recruited) in most cases, getting straight to support groups. In multiple schools, we offered multiple support groups due to the high referral demand.

OUTCOMES AND PROGRAM EVALUATION:

In 2020, we shifted most of our services to an online format to be assemble for the students in Contra Costa County. Returning into schools in the fall of 2021, community partners like STAND! and schools in WCCUSD, had to strategize about how we could support students in getting reacclimated to the return to in-person services. At some schools, they had already accumulated large cohorts of student referrals, while in other schools we needed to take more strategic routes to getting students into services, i.e., tabling and outreach. Only a few schools were able to provide a space for us to continue our typical way of providing outreach and recruitment for services with classroom workshops and presentations.

The Covid-19 pandemic has had a huge impact on schools' accessibility, student services, and student learning. Schools continue to struggle to be equipped to accept many supportive services for students from outside providers due to the constraints caused by Covid-19.

By the beginning of 2022 and the Spring semester, most schools had sufficient time to reacclimate themselves and were ready to have STAND! rejoin them. We were able to provide a wider range of services at more schools than we were present in, in the fall. Due to Covid-19, two of the schools we are consistently providing services in were not able to

accommodate us for the full 21-22 school year. One of the two was able to welcome us back in the Spring, but the other was not able to accommodate us at all during that time. This did cause the total number of students reached to be lower than originally anticipated.

During this reporting period, we were able to provide the following services to students:

1. During this reporting period we served **Four hundred- Thirty-two (432)** participants in **eighteen (18)** presentations of “You Never Win with Violence”.
2. **Twenty-One (21)** Expect Respect and Promoting Gender Respect gender-based support groups conducted.
3. We also reached Adult Allies: **Thirty (30) teachers through eighteen (18) presentations**, and **Twenty (20)** other school/community personnel trained. Additionally, we reached **sixty (60)** adults through a presentation in June 2022 for the Church Women United foundation.

All data collected from pre and post evaluation surveys are initially reviewed after each presentation and/or support group to determine if clients completed the questionnaire and if the surveys contained information requiring staff immediate follow up and/or intervention services. If staff identify a need for follow-up or intervention, they make additional contact with the student in need, and support them by linking them to the appropriate supportive service.

DEMOGRAPHIC DATA:

All demographic data is collected from pre and post evaluation surveys given to students when services are provided. This information is collected and entered our database.

Please Note: Our current database system only reflects inputs from students who elected to “complete” a survey. Data for students who elected not to do a survey or submitted an incomplete survey is not represented in our database. We always keep sign-in sheets that reflect the actual total number of students receiving each service. Our agency is in the process of finding a new database option that will better support our reporting needs.

Additionally, there are several pieces of demographic information that we do not formally collect and therefore cannot report on at this time. These areas are ethnicity, sexual orientation, gender assigned at birth, disability status, and military status (does not apply to age group receiving services). While we are often made aware of these pieces of information while working with students, these demographics are not included on our standard documentation and therefore we are unable to report on these numbers.

The YESS team provided services to **Four hundred-thirty-two (432)** students by providing **eighteen (18)** presentations of YNWWV. The demographics listed below only show **three hundred and sixty-two (362)** students from the completed and collected pre and post evaluation surveys received back from teachers. The remaining 70 students did not complete surveys.

Total Clients Served:

We have served a total of **six hundred-forty-nine (649)** clients through all our Prevention Programs throughout the Fiscal Year. **Four hundred-thirty-two (432)** of these students were reached through our **eighteen (18)** YNWWV presentations, while **two hundred seventeen (217)** were reached through our support groups. The data below is only representative of the students who completed both the pre and post evaluation surveys, not the full number of students reached.

Gender:

Male Identified: 192 clients; Female Identified: 273 clients; Unknown/Unreported: 55 clients.

Age:

0-12: 0 participants; 13 – 18: 520 participants

Race/Ethnicity:

African American/Black: 67 participants; American Indian/Alaska Native: 0 participants; Asian: 49 participants; Native Hawaiian/Pacific Islander: 2 participants; Caucasian/White: 20 participants; Hispanic/Latino: 292 participants; Indian: 0 participants; Other: 4 participants; Multi-racial: 61 participants; Unknown/Unreported: 25 participants

Region:

Central County: 0 participant; East County: 0 participants; Unknown: 0 participants; West County: 649 participants.

LINKAGE AND FOLLOW-UP:

Students who are identified as needing intervention services, which can include therapeutic services, will be linked to an appropriate service. Referrals are immediately responded to as it is a warm hand-off to another program.

VALUES:

The YESS program operates within the policies and procedures of our parent organization STAND! for Families Free of Violence. STAND! is a catalyst for breaking the multi-generational cycle of violence, promoting safe and strong families, and rebuilding lives. This requires that all staff adhere to state laws governing client confidentiality and professionalism. STAND!'s policies and procedures require staff employ a client centered, trauma informed approach to service provision. STAND!'s policy requires staff to respond to client's inquiry within 24 hours of contact with follow up services and support.

STAND! services include a twenty-four (24)-hour Crisis Line, twenty-four (24) bed Domestic Violence Emergency Shelter, seven (7) Transitional Housing Units, Community Services Intervention program located in east, central and west Contra Costa County; a clinical/mental health services program, and a Non-Violence Program for formerly incarcerated clients.

VALUABLE PERSPECTIVES:**STAND!'s YESS Team program is most proud of the following events in this reporting period:**

1. We were able to successfully return to in-person services at 4 different High Schools in WCCUSD.
2. Two of our Youth Against Violence members (YAV) authored on a State-wide tool kit on teens dealing with Teen Dating Violence. This was in partnership with The California Partnership to End Domestic Violence, for Teen Dating Violence and Prevention month 2022 (February).
3. YAV volunteers and STAND! staff held a Teen Dating Violence and Prevention Month Campaign event at Fernandez Park in Pinole, Ca on February 26, 2022. The Youth Against Violence volunteers created a campaign called "Hands to Heal, not to harm" highlighting the sexual assault that shows up in teen relationships that goes unreported and unaddressed. The event included youth speakers, interactive activities based around education, and advocacy.
4. Through the months of April 2022 to June 2022, Our YESS team recrafted and refined our Youth Against Violence (YAV) summer program curriculum. The staff recruited a new cohort of participants to be in our Youth Against Violence program from the students who participated in our school-based support groups. They conducted interviews with the students and held orientations with their families as they were brought into the program. We welcomed 8 new YAV participants from 5 different High schools into our summer program this year.
5. In June 2022, one of our educators presented to the Church Women United (CWU) foundation. The

presentation covered the impact of teen dating violence and strategies for adults working with teens. Over 60 women from CWU were in attendance live on Zoom.

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- X Provide access and linkage to mental health care
- X Improve timely access to mental health services for underserved populations
- X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The Prevention and Early Intervention (PEI) program at Vicente Martinez High School and Briones School is called C.O.R.E. which stands for Community Optimizing Resources for Empowerment. C.O.R.E. is an integrated mental health focused learning experience for 9th-12th grade at-risk students of all cultural backgrounds. The program is facilitated by Martinez Unified School District (MUSD). We provide 9th-12th grade at-risk students a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure and academic growth while also encouraging, linking and increasing student access to direct mental health services.

Key services include student activities that support:

1. Individualized learning plans
2. Mindfulness and stress management interventions
3. Timely access and linkage to direct mental health counseling
4. Team and community building
5. Character, leadership and asset development
6. Career-focused preparation and internships
7. Parent involvement
8. Outreach

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy and mental/behavioral health. PEI services are provided by credentialed teachers and an administrator, qualified office staff, marriage family therapist, a Pupil Personnel Services credentialed academic counselor. All students also have access to licensed Mental Health Counselors for individual and group counseling.

All students enrolled in Vicente and Briones have access to the variety of PEI intervention services through in-school choices that meet their individual learning goals. Students sometimes switch between Vicente and Briones schools at different points in the school year. Mental health and social emotional activities and services are offered to all students at both schools and are deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs no matter which school they attend, but demographics and statistics are based upon Vicente total enrollment.

This year the PEI program continued providing students experiential opportunities that fostered a strong sense of

positive, personal identity, leadership skills and intergenerational connection to the community and place that they live. These opportunities provided students an alternative to a traditional high school education while they continue to make progress toward earning the necessary credits for an accredited high school diploma. Experiences that enriched the curricula are presented below in the following categories:

- Service Learning
- Team-based Projects
- Career-Focused Internships
- Mental Health Focus
- Leadership Development
- Academic Skills Development
- College and Careers
- Teacher and Staff Professional Development

Service Learning: Due to the ongoing COVID-19 pandemic, service-learning projects were limited. Students participated in several volunteer projects with Feet First Foundation.

Career-Focused Internships: The internship program continued to be paused due to the pandemic.

Mental Health Focus: Students continue to participate in holistic health activities and seminars that support their emotional, social and academic health.

Leadership Development: Students continue to participate in leadership programs and mentorships that support students needing increased academic or emotional skill development.

Academic Skills Development: Students continue to receive academic instruction and support from teachers/contracted service providers through integrated, project-based curriculum, specific academic skills instruction and individualized, differentiated instruction.

College and Careers: Students continue to be exposed to a variety of careers and colleges through guest speakers, introduction to internship seminars and field trips in order to help them prepare for a successful transition into independent adulthood.

Teacher Professional Development: Teachers continue to attend professional development opportunities to increase knowledge about supporting at-risk students.

Outreach: Vicente Martinez High School continues to advertise the program and to inform the public about the educational opportunities that the school offers for at-risk students and to dispel misconceptions about the school and the population who attend the school.

Vicente/Briones staff and outside service providers have worked cooperatively to continue to create opportunities for all students to develop academically, socially, emotionally and mentally through participation in hands-on, place-based learning and experiential projects. Currently, all Vicente teachers and staff are actively engaged in supporting and implementing PEI program services.

Service Learning: One of our PEI fundamental values is Service. To that end, staff place great emphasis upon student participation in service-learning opportunities. Vicente and Briones require seniors to volunteer for at least 15 hours their final year and many participate in more than that. Due to the ongoing COVID-19 pandemic, the service-learning requirement was suspended. Many students still chose to participate in service-learning opportunities presented by Vicente and Briones staff.

- **Feet First Car Show:** Students volunteered at multiple car shows helping with crowd control and set up and tear down.
- **MEF Run:** Students and staff volunteered at the Martinez Education Foundation Run for Education, which is a fundraiser for Martinez Unified School District schools.
- **Service-learning guest speakers & presentations:** Service-learning focused guest speakers shared their experience, passion and expertise with students. Students were positively engaged, asking questions and some of whom committed to participating in various aspects of the speakers' groups.
- **Career-Focused Internships:** The internship program was limited due to the COVID-19 pandemic.. All students at Vicente and Briones were given the opportunity to apply, interview and participate in these career-focused internships. Internships for the year included:
 - **Culinary Academy:** This program was offered in a modified format this year due to COVID-19. This ten week program is sponsored by Loaves and Fishes and is located at their headquarters in Martinez where students learn culinary skills four days a week after school. Training in a state-of-the-art kitchen provided by Loaves and Fishes has inspired some of our students to move forward in this career pathway. Students reported going long hours or entire days without eating in their homes, and since attending the culinary program they've gained skills to make food on their own. Students who participate and complete the program become certified food handlers. All students who have participated have been hired in the hospitality industry and have been offered enrollment in Diablo Valley College's culinary certificate program, which is an impacted program.
 - **Martinez Early Intervention Preschool Program:** This program was not offered this year due to COVID-19, but will resume next school year. Twice per week there are classroom aides in special needs classrooms at our district's preschool program.
 - **Career and Internship Focused Guest Speakers:** There were a variety of guest speakers throughout the school year.

Mental Health Focus: All Vicente and Briones staff seek to infuse a social-emotional and mental health focus into every aspect of each student's experience. Students participate in holistic health activities and seminars that support their emotional, social and academic health. This school year we had one full time mental health counselor on campus daily and two part time counseling interns. When once students were resistant to participating in mental health counseling, now it is the norm among our students.

- **COPE Family Support Services:** PEI funds were utilized to contract with COPE Family Support Services. Social work and MFT interns provided virtual support for students and parents.
- **Feet First:** Thanks to a generous donor, a group of our students participated in Feet First. This program promotes discipline, self-awareness, empathy and self-control while building self-confidence and increasing focus.
- **Boys' Group:** One of the mental health counseling interns started a Boys Group. This group met weekly to discuss the impact of cultural ideas of masculinity on their personal experiences.
- **Guest Speakers:** Speakers from Martinez Unified School District presented on their career path and educational experience. Mental Health focused guest speakers included Mothers Against Drunk Driving and Tobacco Use and Prevention Education.
- **MFT Counseling Opportunities:** Vicente and Briones students have access to individual and group mental

health counseling.

● **Psychology Club:** Psychology Club met once a week for sessions during the school day with the mental health counselor. Students created group norms which were reviewed and agreed upon. Students were given the opportunity to choose what to learn about along the lines of behavioral health, throughout the year twelve students participated in Psych Club. Topics that were covered in depth included:

- stigma of mental and behavioral health
- substance abuse
- parent child relationships
- coping strategies

Allowing students to have a say in what they were learning and using teaching tools they were familiar with created a platform for safe sharing of personal experiences with the content they were learning about simultaneously. Often students had valuable moments of clarity in regard to their past or present experiences. The club continued their weekly podcast where they interview professionals in the field of psychology. They also produced 5 short films about mental health and suicide prevention for the Directing Change mini grant. One film was featured at the Contra Costa County Board of Supervisors meeting for May is Mental Health month.

- **Restorative Practices:** Vicente and Briones continued the work that we did over the last three years with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We offer restorative circles with students when a wrong needed “righting” and to remedy challenges on campus instead of turning students away through suspension. Teachers and staff also learned strategies for working with students in the classroom in lieu of sending students to the office.
- **Sandy Hook Promise:** Students continued to access the Say Something Program and can anonymously report incidents of bullying and campus safety concerns.

Leadership Development: Many students volunteered for leadership roles in activities and events that were offered.

- **Get Real Academy:** Our Vicente mental health counselor coordinated the virtual participation of junior girls for the Get Real Academy. The girls attended various workshops on how to manage their finances, their health, solutions to violence, how to secure a job and insurance.
- **Academic Development:** Students continued to receive common core centered academic instruction and support from their Vicente and Briones teachers. Strategies used included integrated instruction, project/place-based curriculum, specific skill instruction and individualized and differentiated instruction.
- **Alternative School Setting:** Vicente Martinez High School and Briones School are both alternative school options. Both schools offer individualized, scaffolded and differentiated instruction, small class sizes, engaging activities, project-based learning, skills instruction, on-line courses, self-pacing, flexible scheduling and chunking of instructions and assignments.
- **Individual Success Plans:** Teachers, the academic counselor and principal facilitated frequent check-ins with students. Students created goals for academic skills, attendance and self care. Their ultimate goals were chunked into small weekly goals and adjusted which the student reviewed every Friday.
- **Multi-Tier System of Support & Response to Intervention:** Vicente staff met weekly to discuss students of concern and academic progress of students. Staff came up with interventions and support for each individual student as needed based on their challenges and struggles. The principal developed a shared Google Doc where data was recorded on each individual student including attendance, credit accrual and social emotional wellness. Teachers and staff could view the document for insights about each student as well as provide their own comments about what was working for the student.

College and Careers: Students continued to be exposed to a variety of careers and colleges through guest speakers, introduction to internships, and seminars in order to help them successfully transition to young adulthood.

- **College Visits:** Students had the opportunity to virtually visit and tour Diablo Valley College.
- **Concurrent College Enrollment:** Ten Vicente and Briones students were concurrently enrolled at Diablo Valley College over the course of the school year. Our academic counselor and internship coordinator supported the students who were enrolled by checking in with them. The objective was to provide support for students for them to be able to complete their courses successfully. Discussions took place among students regarding their successes and challenges.
- **FAFSA Support:** Seniors were offered individual instruction on how to complete and file the Free Application for Federal Student Aid (FAFSA). Most of our students qualify for some level of free assistance for college and most are unaware of this. Once they realize that funding is available this removes the financial obstacle for our students moving on to college.
- **Resume & Cover Letter Workshop:** Students received instruction and support in English classes to complete their resumes and cover letters.
- **Professional Development:** Teachers and staff continued to participate and lead professional development opportunities to increase their knowledge about how to better support at-risk students. Mental health counselor completed a four week Advancing Diversity, Equity and Inclusion for Therapists workshop. Mental Health Counselor teaches an ongoing course on TEAM-CBT Tips and Techniques for School-Based Practitioners.
- **Brief Intervention: An Approach for Substance Using Adolescents:** The mental health counselor provides a two session intervention for students who show up to school under the influence of a substance or who are being impacted by substance use. Students who agree to complete the sessions receive reduced days of suspension.
- **Restorative Practices:** Vicente and Briones continued to hone the skills they gleaned from their work with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We held restorative circles with students when a wrong needed “righting” and in an effort to remedy challenges on campus instead of turning students away through suspension.

Outreach: Vicente and Briones continued its efforts to promote the program and to inform the public about the PEI opportunities. Most of our activities were adjusted to a virtual format.

- **Community Events:** The staff supported the development and student involvement in several community events.
- **Community Organizations:** The Vicente-Briones Psychology Club collaborates with local mental health agencies and interviews agency staff on their podcast.
- **New Family Orientation:** The principal meets one-on-one with each family before enrolling a student to orientate the family as to the school program, including the PEI services offered.
- **Partnerships:** We continued to work in partnership with Martinez Unified School District personnel and other local organizations to connect to various funding streams to support additional internships and service projects. We continued our work with the Contra Costa Crisis Center, Loaves and Fishes, Feet First, Sandy Hook Promise, Soroptomists, TUPE, Directing Change, COPE Family Services and the California Department of Education as well as local private families who provide funding for scholarships for our graduating seniors. Our Psychology Club received a \$1500 mini grant from Directing Change to help produce and promote mental health themed films.
- **Western Association of Schools and Colleges:** We remain fully accredited by the Western Association of Schools

and Colleges (WASC). This means that all graduates receive a fully accredited high school diploma.

OUTCOMES AND MEASURES OF SUCCESS:

The following are our outcome measures of success from the 2020-21 PEI work plan. Engagement Focus:

1. Increase identification of students that have greater risk of developing a potentially severe mental illness and those who need additional supportive/protective factors.
2. Increase engagement of identified Vicente/Briones students in services.

Short Term Focus:

1. Increase timely access and linkage to supportive and mental health services.
2. Increase mental health resilience among Vicente/Briones students.

Intermediate Focus:

1. Increase student ability to overcome social, emotional and academic challenges by working toward reduction of stigma and discrimination while increasing academic success, vocational awareness, relational vitality and the ability to set and achieve life goals.

VII. Outcome Measures of Success

Engagement Focus:

1. At least 85% of enrolled students will receive a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
 - o Met. This goal was met at a rate of 97%. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
2. At least 90% of identified students will participate in four services per quarter that supports their individual learning plan.
 - o Met. The average number of PEI activities of those who participated was seven.

Short Term Focus:

1. At least 90% of students identified as facing risk factors will be referred to supportive services and/or referred to mental health treatment and will participate at least once in referred support service or mental health treatment during the school year.
 - o Met.
2. At least 70% of students participating in four or more services within at least one full semester will report an increase in their Developmental Asset Profile or other risk management tool.
 - o Not Met. We did not administer the Developmental Asset Profile. We will revise this goal and use the

California Healthy Kids Survey (CHKS) which is completed annually. The goal will need to be an overall percentage since the CHKS does not disaggregate the individual student data, only schoolwide data is available. We did not administer CHKS during the previous school year due to the pandemic. However, students who received ongoing individual counseling services showed an average reduction of at least 60% in depression, anxiety and anger scores as measured by the Brief Mood Survey.

Intermediate Focus:

1. At least 70% of students who participate in four or more services and who have had chronic absenteeism will increase their attendance rate by 5% as measured at the end of the school year.

○ Met.

2. At least 70% of students who participated in four or more services and who regularly participate in mental health counseling will earn 100% of the expected grade level credits as measured at the end of the school year.

○ Met.

Indicators that measure reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning:

- Individual Success and Achievement Plan
 - Measured: Quarterly for all students
- School Attendance
 - Measured: Quarterly, individual and schoolwide percentages
- Credit Accrual
 - Measured: Quarterly, individual and schoolwide data
- Disciplinary Data
 - Measured: Semi-annually, schoolwide data
- Multi-Tier System of Support
 - Measured: Weekly by staff on an individual student basis
- Student Work Samples
 - Measured: Quarterly
- California Healthy Kids Survey
 - Measured: Annually
- Brief Mood Survey
 - Measured: At mental health counseling sessions

EVIDENCE-BASED OR PROMISING PRACTICES:

Evidence-Based Teaching Strategies

- Clear lesson goals
- Questioning to check for understanding
- Summarizing new learning in a graphical way
- Time for practice
- Provide students with feedback
- Flexibility for how long learning takes
- Teach strategies not just content
- Collaboration
- Project based learning

- Nurture meta-cognition
- Connections to real life
- Individualized supports to address each student’s needs
- Professional Learning Community
 - Data analysis, results drive programs and instructional practices
 - School-Based Mental Health Strategies
- Safe and Support School Model
 - Engagement
 - Safety
 - Environment
- Restorative Practices in lieu of punitive measures
- School Climate Assessment Tool
- Positive Behavioral Interventions and Supports (PBIS)
- Mental Health First Aid
- Trauma Informed Practices
- Collaborative for Academic, Social and Emotional Learning (CASEL)
 - Self-Management
 - Self Awareness
 - Social Awareness
 - Relationship Skills

Fidelity of these practices is upheld through teacher and staff training, surveys, classroom observations, staff meeting discussions, academic assessments and consistent monitoring of all practices.

VALUES:

Our program reflects MHSA values of wellness, recovery and resilience. Our whole staff embraces these values for our students, and we strive to ensure our students are held accountable and are supported in these ways in order for them to thrive. We provide access and linkage to mental health care by providing individual and group services during the school day and referrals to outside mental health services for students needing longer term support and services. The students at Vicente and Briones are some of our most underserved and at-risk students in our school district. Sixty-eight percent of students are on free and reduced lunch which means their families are in a low socio-economic status. The teaching staff, mental health counselor, principal and special education teacher meet regularly to discuss the needs of students and to review and analyze data. We practice the Multi-Tier System of Support or Response to Intervention Model to provide students with the individualized support that they need to be successful. While there are interventions built into the regular school day such as small class sizes, explicit expectations and universal responses to students, those who need something more are discussed, and it is determined what they need. As a staff we also utilize restorative practices and restorative conversations among ourselves and our students.

VALUABLE PERSPECTIVES:

Here is what 2021-22 current students have said about Vicente Martinez High School:

“Having a therapist on campus helps me to talk about what is going on in my life so I can focus on school. I come to school early now so I can play Uno with my friends and counselor. School is a welcoming and safe place.”

“Psychology Club is like the movie Inside Out in real life. We get to learn more about our emotions and how to help ourselves and our friends.”

From 2021-2022 Brief Mood Survey what students said they liked best about counseling:

“My counselor gave great advice and is very understanding”

“Talking and truly expressing myself”

“Being safe to talk about how I feel”

“The fact that you always have our best interests at heart”

FISCAL YEAR: 2021-2022**PEI STRATEGIES:**

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

We Care Services for Children is honored to submit this annual report to Contra Costa Behavioral Health Services for the Los Momentos Cotidianos/Everyday Moments program of Early Childhood Mental Health specifically for children from birth to age 6 and their families in Contra Costa County, to assist in the implementation of the Mental Health Services Act (MHSA) under the Prevention and Early Intervention (PEI) component.

SERVICES PROVIDED / STRATEGIES:**SERVICES PROVIDED:****1. Family Engagement & Outreach**

First 5 Contra Costa developed family engagement and outreach to promote the Los Momentos Cotidianos/Everyday Moments programming, and to recruit families to Everyday Moments opportunities by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team developed a set of marketing assets, including a flyer, a texting template, and social media posts, with messaging that emphasizes the importance and empowering the role parents play in their children's social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging was chosen to help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers.

First 5 shared these assets with its community contacts and networks, including the member organizations in the Early Childhood Prevention and Intervention Coalition (ECPIC). ECPIC members and partners, including C.O.P.E Family Support Center, We Care Services for Children, Early Childhood Mental Health Program, and Lynn Center/Vistability reached out to their community contacts, conducted collaboration with community providers such as pediatricians and public health nurses, schools and daycares, and other community referral sources. First 5 also reached out to families through community "hubs" such as the First 5 Centers and Help Me Grow. Several presentations were conducted by We Care and First 5 at community partner sites via zoom during the fiscal year, and physical flyers were posted in libraries, community centers, and health clinics across the county.

It is estimated that messaging about the Everyday Moments program, whether through electronic distribution via newsletters, email blasts, social media posts, or via presentations, reached **1000s** of people in Contra Costa County at least one time. Messaging and social media campaigns were renewed quarterly, and presentations were offered continuously throughout the reporting period. Details about the types and settings of potential responders reached during the reporting period; as well as methods used to reach out and engage potential responders, to provide access and linkage to treatment, and to improve timely access to services for underserved populations are discussed below in the Strategies section of this report.

2. Parent Groups

The Parent Groups were provided by C.O.P.E. Family Support Center. Services consisted of small guided discussion groups of parents of young children (0-5 years) where parents swap stories, share wisdom, and ask questions. Topics

and strategies shared were based on the Triple P Positive Parenting Program, a multi-level system of family intervention for parents of children who have or are at risk of developing behavior problems. It is a prevention-oriented program that aims to promote positive, caring relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavior problems and common developmental issues.

- 30 Community Groups were conducted for parents with children ages 0-5 within Contra Costa County. Topics as follow:
 - Hassle- Free Shopping with Children 10/13 Spanish
 - Managing fighting and aggression 10/27 English
 - Managing fighting and aggression 11/8 Spanish
 - Dealing with disobedience 11/9 Spanish
 - Dealing with disobedience 11/11 English
 - Developing Good bedtime routines 12/8 English
 - Developing Good bedtime routines 12/9 Spanish
 - Dealing with disobedience 1/27 English
 - Managing fighting and aggression 1/31 English
 - Developing Good bedtime routines 2/4 Spanish
 - Managing fighting and aggression 2/7 English
 - Positive Communication with Children 2/10 English
 - Positive Communication with Children 2/28 Spanish
 - Potty training 3/8 English
 - Potty training 3/25 Spanish
 - Developing Good bedtime routines 4/5 English
 - Developing Good bedtime routines 4/13 Spanish
 - Raising Resilient Children 4/21 English
 - Hassle-Free Mealtimes 5/16 Spanish
 - Hassle-Free Mealtimes 5/17 English
 - Anxiety and Fear in Children 5/26 English
 - Seminar series 1- What is positive Parenting 6/1 English
 - Screen Time and Children: How to Guide Your Child 6/7 English
 - Seminar series 2- Parenting Traps to avoid 6/8 English
 - Seminar series #3, Helping Children Develop Good behaviors 6/15 English
 - Screen Time and Children: How to Guide Your Child 6/15 Spanish
 - Seminar series #4, Managing Misbehaviors 6/22 English
 - Taking Care of Self and Family 6/23 English
 - Dealing with Loss 6/27 Spanish
 - Seminar series #5 Planning Ahead, to prevent misbehaviors 6/29 English

3. Home-Based Support

The Home-Based Support services were provided by We Care Services for Children, Early Childhood Mental Health Program, and Lynn Center/Vistability. Services consisted of individualized, home-based (either in person at the family's home or in the community; or via telehealth video) parent-centered support for young children (newborn to age 6) and caregiver(s), focusing on whatever "everyday moment" the caregiver chooses to focus on. The services are flexible, empathic, and non-stigmatizing: Any parent has "everyday moments" with their child!

The Home-Based Support services provided a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component focused on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in

support of healthy brain and mental health development for children ages 0-5. Services were provided in multiple languages, using culturally relevant supports wherever feasible.

“Meeting the child and family where they are,” the Home-Based Support services provided non-didactic developmental guidance and encouragement to caregivers as they were engaging with their child in their home environment during “everyday moments” of interaction. Caregivers were supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach enabled an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience. Families whose needs were identified during the Home Based Support to require more intensive intervention were offered referral to the suite of early childhood mental health services offered by each agency.

STRATEGIES:

1) The types and settings of potential responders reached during the reporting period

First 5 Contra Costa, C.O.P.E. Family Support Center, We Care, Early Childhood and Lynn Center together reached out to a variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County. We distributed flyers and posted program information on our respective websites and social media. See description of additional First 5 activities above under Family Engagement and Outreach. Additionally, program information briefings were provided to staff at the following organizations:

- We Care
- First 5 Centers
- Playgroups at First 5 Centers
- Help Me Grow
- Welcome Home Baby
- Seneca
- Interagency Collaborative
- Care Parent Network
- Contra Costa Office of Education
- Building Blocks for Kids
- Early Childhood Mental Health
- National Alliance of Mental Illness, Contra Costa chapter
- Bay Area Rescue Mission
- R R Ministries
- SparkPoint
- Tandem Partners in Early Learning
- School districts throughout Contra Costa County (Antioch/Pittsburg/Martinez/West Contra Costa/San Ramon/Oakley and Brentwood/Concord)
- Daycares and preschools throughout Contra Costa County

2) Methods used to reach out and engage potential responders

- Online and printed paper flyers
- Outreach emails to social workers, health clinics, community organizations, etc.
- Social media: Instagram and Facebook
- ECPIC organization individual outreach to families and referring parties
- First 5 Contra Costa, We Care, and other websites

- Partner meetings and presentations
- Recruitment of “trusted supports” through outreach to pediatricians, nurses, teachers, faith groups
- For the groups in particular, outreach to past participants through emails and phone calls

3) Strategies utilized to provide access and linkage to treatment

- Single phone number and email address for the program, with trained personnel conducting intakes and explaining the services, simplifying the process for families.
- Prompt call-back and intake response for parents inquiring about the program.
- Custom online system for distributing online access to pre- and post-intervention questionnaires, as well as paper option for those who wanted to complete the questionnaires in person.
- All questionnaires and program materials offered in English and Spanish.
- Zoom video conferencing platform for ease of attendance.
- Home-Based Support services offered in families’ homes or easy community locations to meet the needs of families.
- Zoom video conferencing technical assistance available.
- For families attending the Parent Groups, classes were adapted to ensure engagement, utilizing polls, break-out rooms, and chat rooms, and families were included in information outreach about other group parent education opportunities.
- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

4) Strategies utilized to improve timely access to services for underserved populations

- Parent Groups and Home-Based Support services were offered in East, West and Central Contra Costa County.
- Parent Groups and Home-Based Support were offered in both English and Spanish.
- All questionnaires and program materials offered in English and Spanish.
- Parent Groups were offered every other week, and Home-Based Support was offered weekly at times that fit with families’ schedules.
- Reminder emails were sent to participants in advance of Parent Groups, the day of and one hour before start time.
- Program staff supported participants completing pre- and post-assessments over the phone or in person, when needed.
- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

OUTCOMES AND PROGRAM EVALUATION:

Outcomes

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- **Outcomes of the Family Engagement & Outreach**
 - Goal: Recruit minimum number of 299 parents
 - Actual: **420** parents were recruited; 4400 were contacted.
 - Goal: Recruit 200 parents for Parent Groups
 - Actual: **388** parents were recruited; 190 participated

- Goal: Recruit 99 parents for Home-Based Services
 - Actual: **32** parents were recruited; 22 participated
- **Outcomes of the Parent Groups**
 - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: **388** parents were recruited; **190** participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
 - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: **95.5%** Intend to use or follow the parenting advice received; **90%** learned what to do to help their child gain new skills and improved behavior; **86%** Obtained information about questions they had about parenting.
- **Outcomes of the Home-Based Support**
 - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
 - Actual: **32** parents were recruited; **22** participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. **15%** of parents requested the full 10 sessions of services. A total of **109** Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
 - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For **97%** of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for **89%** of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

Data Collection

- Demographic data was collected at enrollment for both the Parent Groups and Home-Based Support services
- Pre- and post- measures data was collected before and after each Parent Group and before and after the series of Home-Based Support sessions.
- Data was collected with use of the following measures:
 - Child Behavior Checklist
 - Everyday Moments Parent Questionnaire 1 (Self-Efficacy Beliefs)
 - Everyday Moments Parent Group Evaluation

Cultural Competency in the Program

C.O.P.E., We Care, Lynn Center and Early Childhood Mental Health Program all have culturally diverse staff, and each organization cultivates an inclusive, non-judgmental environment for participants seeking services. Staff are regularly trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, as well as in topics related to cultural awareness, diversity, equity, inclusion and belonging. For the Parent Groups, C.O.P.E. provides a culturally-inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience. All participants are provided services regardless of race, gender, sexual orientation, or religion. All participants are treated with respect.

Integrity and Confidentiality

Integrity and confidentiality of data and records was ensured in compliance with applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) and county behavioral health

guidelines.

- Participants signed a consent for collaborative services among the partner agencies.
- Participants for the Home-Based Support services additionally signed consents for services and acknowledged receipt of HIPAA Policies and Procedures.
- Data are stored according to HIPAA guidelines and applicable laws.
- Data are analyzed and reported using a non-identifying code and without divulging protected health information.

DEMOGRAPHIC DATA:

For Parent Groups

- Parent Gender 91.5% Female 8.5% Male
- Parent Race
 - 44% African American
 - 25% Hispanic/ Latino
 - 20% White
 - 8% Mixed
 - 1% Asian
 - 1% Middle Eastern
 - 1% Other

For Home Based Support

- Parent Gender 100% Female 0% Male
- Parent Race
 - 37% Hispanic/Latinx (8)
 - 18% Middle Eastern (4)
 - 18% White (4)
 - 14% African American (3)
 - 9% Other (2)
 - 5% Asian/Pacific Islander (1)

VALUES:

Wellness, recovery, and resilience

The Los Momentos Cotidianos/Everyday Moments program reflects the MHSA values of wellness, recovery, and resilience by working to improve outreach to families throughout the county and to reduce stigma associated with early childhood mental health. Program intentions include changing public perceptions about early childhood mental health so that it may be viewed as a means of promoting wellness and resilience for young children and families. Every family has “everyday moments!” Early childhood mental health supports can start wherever a family and their child are, and from there build and strengthen wellness and resilience. Every moment is an important moment in which a parent or caregiver can support his or her child’s social and emotional development in positive, powerful ways.

In terms of the Parent Groups, the Triple P curriculum provides a self-regulatory model to choose strategies that support each family’s dynamics. Participants define their own goals, work on strategies, and receive support from practitioners. Overall, positive parenting has a powerful impact on a child’s emotional wellbeing and strengthens the parent-child relationship. The Home-Based Support services focus on supporting parents’ confidence and capacities to understand their child’s cues and to respond in ways that meet their child’s needs in the moment. This attunement between parent

and child builds resilience by reinforcing healthy brain development pathways for the growing child during an important period of development, leading to improved self-regulation and mutual regulation skills, and by strengthening caregiver self-efficacy, which then leads to further healthy parental choices and actions. A strong parent-child relationship also supports the young child's Kindergarten readiness and forms the foundation for his or her later success in school, relationships, and life.

Providing access and linkage to mental health care

The continued collaboration among C.O.P.E., We Care, Early Childhood Mental Health, Lynn Center, First 5, and other organizations that provide resources to families with young children is important for an Early Childhood Mental Health System of Care in Contra Costa County, a System which can respond to families' needs more quickly and directly, reducing complexity for families and ensuring more direct access to a wide range of resources relevant to early childhood. These services include but are not limited to food procurement, parent-child activities, childcare, therapy, peer support and other various support groups. Families entering the System at any point have easy access to specialty mental health services as a result of this close collaboration. The Los Momentos Cotidianos/Everyday Moments program is a means by which families are able to enter the System of Care through a non-pathologizing, destigmatizing doorway, and their needs can be identified and responded to quickly so that if they require intensive intervention, they will not only have immediate access to services, but will have begun to develop a relationship with a provider that they trust and value, improving the chances that they will trust and value the next provider they encounter.

Improving timely access to services for underserved populations, and using strategies that are non-stigmatizing and non-discriminatory

The Los Momentos Cotidianos/Everyday Moments program reflects the MHSA commitment to improve timely access to services for underserved populations, and its commitment to using strategies that are non-stigmatizing and non-discriminatory. The program has been designed from the outset to address the needs of underserved groups, and its components include individualized, family-centric services that "meet families where they are" and respond to their unique needs. All program components have been available in English and Spanish in West, East, and Central regions of the county, and each organization's commitment to diversity, equity, inclusion and belonging has resulted in diverse workforces with many bicultural and bilingual staff. With The Los Momentos Cotidianos/Everyday Moments program, families of diverse cultural identities have access to supportive, culturally responsive and trauma informed support during the important "window of opportunity" presented by the early childhood years. From Family Engagement and Outreach, to the service components of the program in the Parent Groups and Home-Based Support, non-stigmatizing and non-discriminatory strategies were designed into this program from its inception.

VALUABLE PERSPECTIVES:

From the Parent Groups:

"I really enjoyed this class, I want to do the best for my babies"

"The seminar was perfect, the engagement was amazing as well"

"I like how the parents were asked questions so we all discussed it and made us respond, as a support group"

"The facilitator did an amazing job presenting and giving examples. I love the groups and hope to attend more in the future"

"The community group was above average to excellent. Keep improving on what you are doing"

From the Home-Based Support:

Do you feel that the Everyday Moments specialist helped you understand your child better?

"Yes, she helped point out sometimes when I expected my son to understand too much and also how to explain things to him in a way that worked with his learning style. I think in general I realized how much more I know about my child and how attuned I am to him."

"Yes. She supported me by understanding my child's needs in development and listened to my concerns."

"I feel like I became more confident so it helped me parent him better and he calmed a bit."

2021-2022
INNOVATION ANNUAL REPORT

MENTAL HEALTH SERVICES ACT

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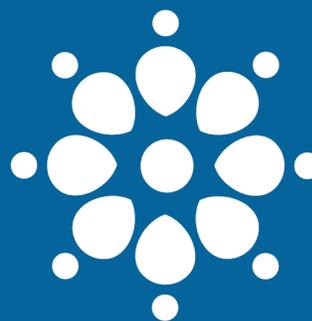




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INNOVATION INTRODUCTION

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that can be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing Community Program Planning Process that is sponsored by the MHS Advisory Council and its Innovation Committee.

New Innovation Regulations went into effect in October 2015. As before, Innovative projects accomplish one or more of the following objectives: a) increase access to underserved groups, b) increase the quality of services, to include better outcomes, c) promote interagency collaboration, or d) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on all projects.

APPROVED & UPCOMING PROGRAMS

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

- 1) **Room to Overcome Achieve and Recover (ROAR)**. Formerly known as Center for Recovery and Empowerment (CORE), the ROAR Project is an intensive outpatient treatment program for adolescents recovering from mental health and substance use issues. Services are provided by a multi-disciplinary team, and include individual, group, and family therapy, independent study and credit recovery, vocational support, youth enrichment activities, as well as linkage to community services. The ROAR project began implementation in FY 2018-19.
- 2) **Cognitive Behavioral Social Skills Training (CBSST)**. Many consumers spend years residing at County augmented Board and Care (B&C) facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented Board & Care facilities. The CBSST Project includes a clinical team, consisting of a licensed clinician and peer support worker, to lead Cognitive Behavioral Social Skills Training groups at Board & Care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills. The Cognitive Behavioral Social Skills Training in Board & Care project began implementation in FY 2018- 19.
- 3) **Psychiatric Advance Directives (PADs) - Upcoming**

In the Spring of 2022, Contra Costa County began the process of joining the existing Multi-County Psychiatric Advanced Directives (PADs) project, with an official start date was July 1, 2022. A PAD is a legal document that can help someone living with a mental illness to gain autonomy in decision-making toward their mental health care supports and services in the event of a behavioral health crisis. The multi-county project is intended to accomplish the following deliverables through a community collaboration process: Create a standardized PADs template and "tool kit," evaluate the process and success in engaging clients and stakeholders (such as first responders and hospitals), and incorporate the use of cloud-based technology. The collaborative includes the following counties: Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta and Tri-Cities.

PROGRAM ALLOCATIONS

Project	County/Contract	Regions Served	Target Annual Number Served	MHSA Funds Allocated FY 21-22
Room to Overcome Achieve and Recover (ROAR)	County Operated	West	80	\$1,180,936
Cognitive Behavioral Social Skills Training	County Operated	Countywide	240	\$400,403
*Overcoming Transportation Barriers	County Operated	Countywide	Phased out in Fall 2021	\$106,856
*Partners in Aging	County Operated	Countywide	Phased out in Fall 2021	\$133,072
Administrative Support	County	Countywide	Innovation Support	364,363
Total			320	\$2,185,630

****Projects phased out at the beginning of FY21-22. Final reports were submitted last year.***

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. Detailed project descriptions were submitted to the MHSOAC for approval in a separate document. These concepts have been discussed by stakeholders in this year's Community Program Planning Process and are consistent with stakeholder identified priorities.

The Mental Health Services Act (MHSA) states that five percent of MHSA funds will be used for Innovation Projects.

PROGRAM: ROOM TO OVERCOME ACHIEVE AND RECOVER (ROAR)

The ROAR Program (formerly known as Center for Recovery and Empowerment or CORE) is an intensive outpatient treatment program located in West Contra Costa County for adolescents with co-occurring mental health and substance use disorders (SUD). ROAR provides a multitude of full-day services to youth that include individual therapy, family therapy, group therapy, social skills training, high school education support, adventure therapy, youth development, vocational support, transportation, and healthy meal and nutrition education. Services are provided by a multi-disciplinary team including: Clinical supervisor, licensed therapist, substance use counselor, community support worker/peer, teacher and vocational specialist.

- a. **Target Population:** Adolescents between the ages of 14-17 with co-occurring substance use and mental health challenges.
- b. **Total MHSa Funding Limit for FY 2021/22:** \$1,180,936
- c. **MHSa-funded Staff:** 5.0 Full-time 1.0 Part-time equivalents
- d. **Target Number served:** For FY 21/22: 40 individuals
- e. **Targeted Outcomes:**
 - Reduce symptoms of mental illness and decrease substance use
 - Increase academic success
 - Reduce the need for (or return to) in-patient treatment
 - Improve quality of family relationships

PROGRAM: COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING IN BOARD & CARES (CBSST)

The CBSST project will involve having a team designed of one Mental Health Clinical Specialist (MHCS) and one Community Support Worker (CSW) whose primary responsibility will be to lead CBSST groups at Board and Care's (B&C's) that house Contra Costa County behavioral health consumers. CBSST is a combination of Cognitive Behavioral Therapy (CBT) Social Skills Training (SST) and Problem-Solving Therapy (PST). This differs from traditional CBT because it not only includes the general concepts of CBT, which focus on the relationships between thoughts, but works with improving communication skills through SST and basic problem-solving skills through (PST). The project brings a new intervention to the existing behavioral health system and currently has only been implemented in private hospitals or universities.

- a. **Target Population:** Adults aged 18 years and older who are currently living in a Board and Care Home, diagnosed with a serious mental illness, and receiving services at a County-operated Behavioral Health Clinic.
- b. **Total MHSF Funding Limit for FY 2021/22:** \$400,403
- c. **MHSA-funded Staff:** 2.0 Full-time equivalents
- d. **Total Number served:** For FY 21/22: 34
- e. **Targeted Outcomes:**
 - Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) will be given to all group participants.
 - Additional measuring tools would include the Recovery Assessment Scale (RAS) and the Independent Living Skills Survey (ILSS).
 - Client Satisfaction Survey
 - 5150's will be tracked for pre/post data and length of hospital stay.



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1340 Arnold Dr., Ste. 200 | Martinez, CA 94553 | Phone: 925-957-5150 | Fax: 925-957-5156
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INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 21-22

PROJECT NAME: Room to Overcome Achieve and Recover (ROAR)

Services Provided:

The Room to Overcome, Achieve and Recover (ROAR) Project is an intensive outpatient day treatment program located in West Contra Costa County for adolescents with co-occurring substance use (SUD) and mental health disorders. ROAR provides a multitude of full-day services to youth that include individual therapy, family therapy, group therapy, independent living skills, high school education support, adventure therapy, connection to community recovery services, transportation, and healthy meal and nutrition education.

Referrals to the ROAR program are made by psychiatrists, social workers, school counselors and nurses, probation, Kaiser, John Muir Behavioral Health Center, community-based organizations, or caregivers/self. Referrals are initially screened over the phone by the Program Supervisor or other dedicated staff and then the client and/or family member are asked to come to the center for an assessment. To be accepted into the project, clients need to meet an appropriate mental health diagnosis, SUD level of need and willingness/ability of client and family (if appropriate) to participate in program. Once admitted, program enrollment and on-site treatment begin.

Day program schedule is as follows:

1. Transportation provided by van pick-up
2. Check-in with teacher for Golden Gate School Program
3. School
4. Lunch and social skills integration
5. Individual therapy – clients are pulled from milieu twice a week, or as needed throughout the day.
6. Group therapy: Cognitive Behavioral Intervention for Substance Use (CBI-SU), Rehabilitation Groups such as Cooking, Expressive Art Therapy, Games and Outdoor Activities, Substance Use Psychoeducation, and gender specific Support Groups.
7. Adventure Therapy – ecotherapy, mindfulness, and recreational activities for youth individually, in a group using the nearby natural environment, and Adventure Outings

such as hikes, kayaking and geocaching.

8. Family therapy – Family therapy is conducted 1x/week per client and as needed in the late afternoon or evening. Focus of family therapy is often around family conflict resolution, psychoeducation of mental health and substance use disorders, and integrating interventions in the home environment.
9. Vocational Support - Youth meet with a vocational specialist for assessment of occupational strengths, needs, and interests. Youth are encouraged to seek some type of employment or volunteering as academic performance allows. Youth are connected to local agencies which specialize in hiring young people such as Youthworks and East Bay Regional Parks.
10. Integrative Education - Youth are offered the opportunity to participate in independent study in partnership with Golden Gate Community Schools, who provides a full-time Accredited Teacher. The program specializes in one-to-one and small classroom instruction with tailored subject matter towards credit recapture. Youth have access to Chromebooks, an online platform to access coursework and upload assignments, one-to-one tutoring, with the option of weekly meetings with the ROAR Teacher via Zoom.

Service Impact from COVID 19:

During FY 20-21, the ROAR program provided a hybrid curriculum for the majority of the year. In-person services included adventure therapy (bike rides and other outdoor activities), while education support through Golden Gate Schools, YPAA (12-Step) meetings, and individual therapy were offered via Zoom. By the spring of 2021, the remaining three staff members left their positions, which made the program impossible to continue in its current state. A decision was made to temporarily close the program due to staffing shortages and loss of enrollment and conduct an extensive re-design. The six existing clients were transferred to the West County Children’s Clinic where they were offered the opportunity to continue clinical and case management services. The ROAR program began its re-design phase immediately and a workgroup was developed to guide this process throughout the 21-22 fiscal year.

Lessons Learned:

In 21-22, Behavioral Health Services leadership seized the opportunity to re-design the program in order to better meet the needs of the community. This began with the implementation of a ROAR Workgroup made up of key staff from both Mental Health and Alcohol and Other Drugs (AOD). Initial tasks included interviewing former clients, parents/caregivers, and staff to determine what worked well and what should change. Valuable feedback was received, including the following suggestions: adopting a harm reduction framework to be less punitive and more welcoming, revising some of the recovery curriculum to be more orientated toward a cognitive behavioral framework, providing substance use disorder (SUD) training to staff, hiring an SUD counselor as part of the multi-disciplinary team, and incorporating more youth development opportunities. Other goals for ROAR include providing more direct clinical and

administrative support and oversight, as the program is in a stand-alone location. Workflows and policies were reviewed to allow for greater enrollment and program completion and success.

In the spring of 2022, we started hiring new staff, beginning with the Program Supervisor. She worked very hard during her first six months to study the initial objective and structure of the program, fully staff her team, re-brand and publicize the program in preparation for the re-opening of the program in August 2022.

Project Changes:

The ROAR program was very difficult to transition to a virtual platform. Staff attempted to provide telehealth services for individual therapy, and academic support to the extent clients were able to engage. They did deliver grocery bags to clients' homes, which was helpful for families who were struggling to make ends meet during the pandemic, particularly before a vaccine was available. As many families were experiencing economic hardship, some teens were forced to work to help support the family. Focusing on individual school and treatment became a luxury many could not afford. Vital elements of the program were shut down during the pandemic including sober social events and the physical space to connect with peers in a recovery-oriented environment.

In the spring of 2021, the supervisor and remaining three staff members all left their positions. A decision was made to put the program on hiatus due to extremely low enrollment and logistical problems operating the program during COVID. Stakeholders were informed. A workgroup was developed to focus on the ROAR Re-Design. The group is led by administrators from Children's Behavioral Health and Alcohol and Other Drugs (AOD). During the workgroup's initial phase, they took the opportunity to speak to former staff, clients and family/caregivers through interviews and focus groups. It was determined that multiple improvements could be made to make the program more responsive to community needs and accessible. These included embracing a harm reduction framework (vs. abstinence only) to prevent youth from being dismissed from the program for a relapse or in the event a family member used drugs or alcohol (which is out of their control) and increasing staff training and youth development opportunities.

Responsivity

Care was taken during the initial review of the prior program to determine strengths and challenges of original program design with a focus on responding to the needs of the community. Strength of the program included, several services being offered in one place in a tranquil setting, improved integration of substance use and mental health treatment, improved access to a higher level of care than the traditional outpatient BHS clinic, and offering of a multi-modal treatment approach not typically extended to youth insured via Medi-Cal, Contra Costa



Health Plan (CCHP), or via limited or no insurance at all. This was accomplished via a high staff to client ratio, a structured day treatment model and successful integration of several community partners including La Familia, East Bay Youth Alcoholics Anonymous, White Pony Express, CCHP Psychiatric Nursing, and West Contra Costa County School District.

Several areas of the program however, presented challenges including a strict referral, assessment, and enrollment model that included panel interviewing, active and sober participation of the whole family system, a strong desire on the part of the youth to commit to treatment, and a relapse and attendance policy which impeded participation in treatment long-term. Areas of change in regard to responding to community needs, therefore included lightening the participation burden on both the youth and family in order to attend. Changes to programming included adoption of a 'buffet' model service, where youth may agree to attend one, few, several, or all aspects of program (i.e., education, substance abuse treatment and mental health). This new structure allowed for referrals to be considered for youth that may not be co-occurring, but evidence severe functional impairments as the result of either a substance use or mental health disorder. The 'buffet' model also allowed for a youth who may be co-occurring but not willing to engage in treatment in one area, access to integrated behavioral health services. A youth no longer needs to present in the preparation or action stage of change nor acknowledge a severe mental illness in order to be admitted to treatment. Youth only attending the school portion of the program still meet the criteria either for a severe substance use or mental health disorder but may decline therapy or substance use counseling at the present. They may also have outside providers which they wish to continue with while attending the school. All youth would engage in some level of behavioral health services in the form of linkage, collateral, and short-term case management. The distinction in program participants was indicated on record as Part-Time (attending school and a low level of case management), and Full-Time (attending school and either one or more specialty aspects of the program such as individual therapy or group). Youth also now had the option of remaining at their current school for instruction while attending a group or individual treatment services.

The most noticeable benefit of these strategic changes to the referral, assessment, and enrollment model is evidenced by a predicted increase in capacity and improvement in accessibility and timely access to specialty behavioral health care. The objectives of increased service capacity, while not original to the programs design, became more and more a desired outcome of care following COVID. Post-COVID the state of California has seen a growth in the demand for behavioral health services within the landscape of an unprecedented shortage of behavioral health providers across the state as many health practitioners left county programs to provide telehealth services from home.

Harm Reduction Model

Harm Reduction was adopted as a treatment model in response to provider feedback and in line with an intention to be more inclusive to youth in various stages of change. This model adapts a cognitive behavioral approach with a focus on reducing the most harmful behavior without a commitment to abstain. Harm Reduction allows for an individualized treatment approach which normalizes relapse as part of recovery and places equal emphasis on reduction of use and relapse prevention. A Harm Reduction framework has the advantage that it can be leveraged by multiple disciplines including those that are non-clinical such as peer providers and recovery coaches.

Staff Training of Evidence Based Practice (EBP)

The previously used Modal Recognition Therapy (MRT) was seen by providers and participants as relatively limiting in that it seemed to equate substance use and mental health conditions with a life of crime. The workbook being used at the time featured a prison cell with the title, “How to Escape your Prison.” (A Moral Recognition Therapy Workbook” by Gregory L Little, PhD and Kenneth Robinson, PhD). Per the title page, this manual was last updated in 1997. During the late 1990s, the predominant treatment approach to treating youth with substance use disorders was a “Just Say No,” approach made popular by the D.A.R.E (Drug Abuse Resistance Education) Program. Since that time, youth treatment has been more often focused on strength-based approaches, an understanding of systemic factors, and the development and application of many evidenced based practices.

For the county’s relaunch of ROAR, a modality developed by the University of Cincinnati was adopted. Cognitive Behavioral Intervention for Substance Abuse combines CBT, Motivational Interviewing, and DBT interventions so youth can engage in problem solving for settings and situations that are meaningful to them. This model can be offered as a group or in an individual setting as most if not all of its sessions can be offered in a stand-alone context. Fidelity to the model is none the less encouraged to achieve the best outcome, and the manual for this treatment is highly scripted and structured. In June of 2022, this training was provided to newly hired staff including Program Supervisor, Substance Use Counselor, Community Support Worker, and 5 additional staff from behavioral health. This training was conducted in person in the course of one week by an instructor from the University of Cincinnati.

Outcomes and Program Evaluation:

Assessment Tool. This project used the Teen Addiction Severity Index (T-ASI) to measure many of its outcome goals upon enrollment and at discharge. The T-ASI can be defined as a semi-structured interview tool that was developed to fill the need for a reliable, valid, and standardized instrument for a periodic evaluation of adolescent substance abuse. The T-ASI uses a multidimensional approach to assessment and is an age-appropriate modification of the Addiction Severity Index. It yields 70 ratings in seven domains: chemical (substance) use, school

status, employment/support status, family relations, peer/social relationships, legal status, and psychiatric status.¹

Demographics. During FY 21-22, ROAR served a total of 6 youth (5 male, 1 female). No new enrollments were made during the FY because of the severe impact of COVID on the program viability. The program typically serves low income and/or low resourced BIPOC youth from west county. On May 1st, 2022 the program began receiving referrals again looking forward to an August 1st 2022 re-opening date. During this time period, the program received 17 referrals from a variety of sources, resulting in 10 open cases.

Demographics of Referrals Received 5/1/2022 - 6/30/2022 ROAR

Ages	
Yrs	Total
13	0
14	1
15	2
16	5
17	5
18	4
19	0
Total:	17

Gender	
Male	6
Female	11
Total:	17

*No one in this sample identified as Non-Binary or Transgendered.**

Race/Ethnicity		
	Total	Percentage
Hispanic	9	52.94%
Black/African American	6	35.29%
White/Caucasian	1	5.9%
Unknown	1	5.9%
Total:	17	100%

Diagnosis at Intake		
	Total	Percentage
Substance Use Disorder	1	5.9%
Mental Health Disorder	9	52.94%
Both	6	35.29%
Neither*	1	5.9%
Total:	17	100%

*Referrals meeting neither the criteria for a substance use or mental health disorder were linked to appropriate resources but did not enter the program.**

Outcome of Referral		
	Total	Percentage
Opened to Program	10	58.82%
Not Opened	7	41.18%
Total:	17	100%

Reasons for unopened referrals include 1) No Client Response, 2) Referral Withdrawn from Provider, 3) Does Not Met Criteria/Medical Necessity, and/or 3) Client or Parent/Caregiver Declines Services

Linkage and Follow Up:

ROAR provides an extensive intake process upon enrollment. If the program cannot meet the needs of the client, they may be referred out to various other services. Besides residential SUD, ROAR refers youth and parents/providers on behalf of youth to the following:

- WCCAS (West County Child & Adolescent Services) Behavioral Health
- WCCAS outpatient SUD
- Psychiatric Emergency Services
- Seneca Mobile Response Team and Seneca START
- Kaiser CDRC
- John Muir Behavioral Health
- EBYPAA
- Young People Narcotics Anonymous
- REACH
- Hanna Boys Center (residential but not primarily SUD)
- Rebekah House (residential but not primarily SUD)

- RYSE Center
- MISSEY (for CSEC youth)
- Golden Gate Schools/County Office of Education - Alternative Education
- Contra Costa County Child & Family Services (CFS)
- First Hope
- James Morehouse Project
- Behavioral Health Access Line
- West County Health Center
- Richmond Works Program
- West County High Schools Health Centers
- Monument Crisis Center
- Familias Unidas
- La Familia
- Latina Center
- Access Mental Health and Substance Abuse Line
- East Bay Regional Parks
- Contra Costa Health Services - Public Health
- Wellness in Schools Program (WISP)

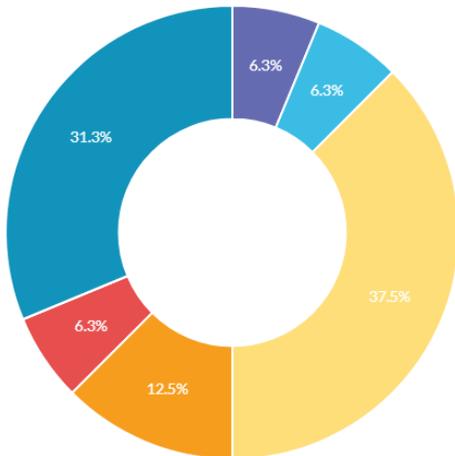
If a client is enrolled in the program and needs additional services, they may be referred to activities such as sports, art, dance, summer jobs and other similar programs. There is no lapse in referral time therefore this is not a measured outcome.

Valuable Perspective:

As part of data gathering on directions to move forward, a sample of 54 referring providers were administered a survey to gather general opinions. The majority (57%) of the sample were providers that either referred a participant to the original program and/or had knowledge of the program prior to closure during COVID. Of note, the majority of providers indicated a need for a more streamlined and referral process with bilateral communication, expansion the program criteria in order to admit more qualifying clients, and a preference for certain evidenced based therapies. Respondents indicated that the Adventure Therapy and Family Engagement were valuable aspects of the original program design, and suggested a preference for including Multi-Family Group Treatment and Expressive Arts Therapy into the re-launch model. Secondary interest was in development of mindfulness based and motivational enhancing/relapse prevention-based programming. 37.5% of respondents indicated the greatest barrier to recovery for their clients was a general lack of desire to be sober, suggesting the value of a harm reduction versus an abstinence approach.

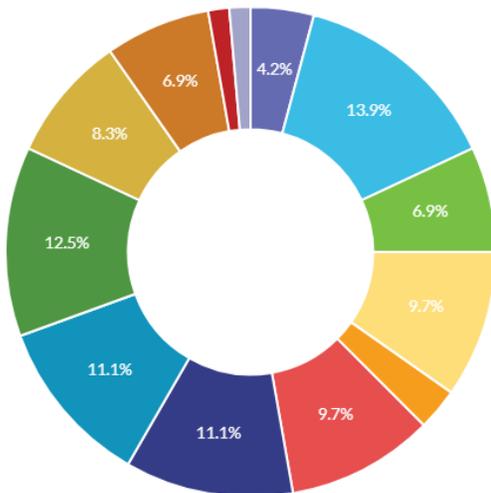
The results have been summarized in these data sets.

Q1 In your experience working with youth with co-occurring disorders what do you think is the most difficult barrier in getting them to attend an intensive outpatient program or day program? 🗲️ ^
Multiple Choice



Choice	Total
Program doesn't meet their needs	1
Transportation getting to/from the program is too difficult/non-accessible	1
Conflicts with other obligations (work, care taking, free-time)	0
Lack of desire to be sober	6
Distrust of providers or systems of care	2
Lack of parental involvement	1
Lack of interest in program	0
Other	5

Q2 What treatment groups would you like to see offered at CORE? (Select up to 5)
Multiple Choice



Expressive Art Therapy	10
Music/Movement Therapy	5
Recreational/Adventure Therapy	7
Seeking Safety	2
Process Group	7
Mindfulness Based Stress Reduction	8
Motivational Enhancement/Relapse Prevention	8
Multi-Family Group	9
AA/NA	6
DBT	5
I have no opinion	1
Other	1

Q3

Think about your experience with completing a referral. What is important to you when completing a referral? (Please rank from 1-6 with 1 being the most important.)

Form

Date	How long it takes to complete the referral; I prefer a referral form I can complete quickly	That there is enough space, so that I can be as detailed as possible	That the referral criteria is understandable	Receiving timely feedback that my referral was recieved	Receiving direct feedback on the status/outcome of the referral	Referrals available in a variety of languages
May 26	-blank-	-blank-	X	-blank-	-blank-	1
May 26	2	5	1	6	4	3
May 26	1	1	1	1	-blank-	1
May 26	1	2	3	4	5	6
May 26	3	4	5	2	1	6
May 26	1	5	4	3	2	6
May 26	1	5	6	2	3	4
May 26	1	2	5	3	4	6
May 26	1	5	1	1	1	1
May 26	4	6	1	2	3	5
May 26	-blank-	-blank-	I don't do referrals	-blank-	-blank-	-blank-
May 26	-blank-	-blank-	I don't do referrals	-blank-	-blank-	-blank-
May 26	3	4	1	2	6	5
May 26	6	1	5	2	3	4
May 26	2	3	1	5	4	6
May 26	6	2	1	3	4	5
May 26	6	1	2	5	3	4

Q4

Think back to when CORE was initially opened: What worked well in your opinion?
Essay



Date	↓	Answers
May 26		I knew a program was available unsure what the program was about.
May 26		i wasn't here then
May 26		I don't have an opinion at this point. I'm still learning about it.
May 26		Transportation was provided.
May 26		Availability to accept referrals
May 26		The outdoors activities.
May 26		I did not have a good experience in the past so I am looking forward to the new beginning!
May 26		Not much. Couldn't seem to get anyone there and heard next to nothing about the program
May 26		I believe having a family therapy component is very important. I also appreciated that the program accessed client information from CC link without having to include assessment ect as part of referral packet.
May 26		nothing
May 26		I didn't fully understand the focus and goal of CORE.
May 26		Unsure/NA
May 26		That there was not a long waiting list...
May 26		I was not involved in the initial opening, so n/a for me
May 26		n/a
May 26		N/A

Q5 What would you like to see different about CORE as it re-launches?
Essay

Date	±	Answers
May 26		I would like to know the purpose; population serve and the supports in place to attain the purpose.
May 26		n/a
May 26		We need in that team people who understands substance abuse experience, take good care of themselves, understand the youth and family experience and include the family in the process. We compassionate and professional staff.
May 26		More collaboration
May 26		Collaboration with clinicians
May 26		Less stringent criteria
May 26		An acceptance and warm-ness to all! I want to see it be easily accessible for clients and parents.
May 26		Way more collaboration!
May 26		Nothing I can think of at this time
May 26		Actual services
May 26		Understand the purpose and to collaborate more.
May 26		More family engagement, easier referral process
May 26		To be able to offer them the AOD services promptly.
May 26		more community knowledge about the existence of CORE
May 26		not sure wasn't here when it was open
May 26		N/A

Q6

In your experience working with youth and families, what has been most successful for you to engage the whole family? (Please rank these options from 1 -9 where 1 has been the most successful and...

Form

Date	Providing Resources to met the needs of the youth	Providing Resources to met the needs of caregiver	Flexible Appt Times	Community Engagement Events	Tangible incentives such as gift cards or food	A good overall therapeutic rapport	Delivery of timely services	Delivery of culturally responsive services	Other
May 26	8	8	8	10	10	9	10	10	N/A
May 26	1	7	6	5	8	2	4	3	9
May 26	Invest a good buch of time learning about the youth and the family. Who they are, what they like, what they need to be different.	Yes. Helping the family reduce their stressors definitely helps the youth as well	Yes.	Yes. Definitely	Food. Always food for families.	Yes.	Yes.	Of course.	N/A
May 26	6	7	1	8	5	2	3	4	9
May 26	1	2	6	7	8	3	5	4	9
May 26	8	7	1	6	5	4	3	2	9
May 26	5	6	4	7	9	1	3	2	0
May 26	1	7	2	5	6	3	8	4	9
May 26	1	1	1	5	5	1	1	1	9
May 26	9	8	7	6	1	5	4	3	Cannot rate tbh
May 26	8	8	8	8	10	9	9	10	n/a
May 26	5	6	2	7	8	1	3	4	9
May 26	1	2	3	4	5	6	7	8	9
May 26	4	3	2	5	6	1	7	8	9
May 26	3	4	5	6	8	1	7	2	9
May 26	6	7	8	5	3	1	4	2	9

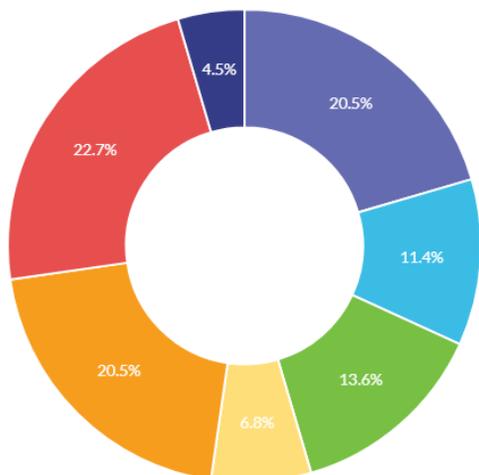
Q7

If you were to re-name the CORE program what would you call it?
Essay

Date	↓	Answers
May 26		I'm not able to think of a name.
May 26		hmmmm have to think about that. Uplift? Hope? Youth Rising up? ask the kids!
May 26		N/A
May 26		Thrive
May 26		Same
May 26		No feedback
May 26		I do not have an exact name idea and it would be nice if it did not include AOD in it
May 26		?
May 26		Sorry, I don't have feedback
May 26		no clue
May 26		Not enough time to provide a reply.
May 26		Unsure
May 26		CORE
May 26		no ideas yet
May 26		Not sure
May 26		N/A

Q8

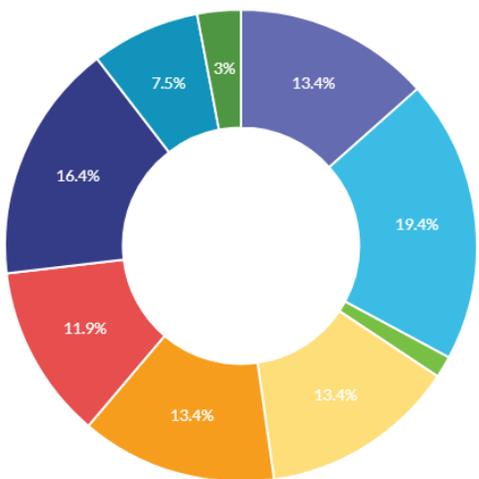
What Outings would you like to see CORE offer to the youth? (Please check up to 3)
Multiple Choice



Choice	Total
Academic Outings: libraries, museums, colleges	9
Youth Development/Employment related	5
Volunteering/Service Learning	6
Art Inspired: Galleries, Poetry Slams, Movies, Concerts, Workshops	3
Outings to Natural Environments; Muir Woods, Beach, etc...	9
Outings Promoting independent living skills; such as, cooking classes, riding the bus, etc...	10
Other	2

Q9

What type of incentives would you like to see offered to the youth for participation in the program? (Please check all that apply.)
Multiple Choice



Choice	Total
Gift Cards	9
Special Outings	13
Completion of program at a sooner date	1
Incentives tied to employment opportunities or trainings	9
Special Events such as Pizza Party, Taco Tuesday, or Ice Cream Social	9
Small items such as; games, notebooks, markers, cell phone cases	8
Participation in a Peer-to-Peer program for alumni	11
One-on-one staff engagement	5
Other	2

Q10

Any additional comments or questions?
Essay

Date	↕	Answers
May 26		N/A
May 26		YOU're doing a great job! good luck with the launch! We support you.
May 26		N/A
May 26		None at this time
May 26		Not at this time
May 26		I needed more time.
May 26		Thank you!
May 26		none at this time
May 26		N/A



MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 21-22

PROJECT NAME: Cognitive Behavioral Social Skills Training (CBSST) in Board & Care Homes

Overview:

Cognitive Behavioral Social Skills Training (CBSST) is an evidenced-based practice that combines Cognitive Behavioral Therapy (CBT), Social Skills Training (SST) and Problem-Solving Therapy (PST) into one treatment protocol. It has been effectively used around the world as a therapeutic, non-medication-based intervention for clients with serious persistent mental illness (SPMI) diagnoses. Contra Costa Behavioral Health Services (CCBHS) Innovation project uses CBSST to assist clients residing in Board & Care (B&C) homes. The intent is to offer a more service-enriched housing model by optimizing B&Cs with the goal of them becoming healing centers where residents are able to learn and proactive skills in the environment in which they live. B&Cs have historically served to house our most functionally impaired clients but offered little in the way of recovery services. The CBSST in Board & Care Project seeks to bring evidenced-based practical interventions to the settings where problems are most likely to occur and assist B&C residents in achieving practical goals to enhance wellness, self-sufficiency and improve overall quality of life.

The project involves a team consisting of one Mental Health Clinical Specialist (licensed therapist) and one Community Support Worker (peer with lived experience) whose primary responsibility is to lead CBSST groups at B&Cs that house CCBHS clients. Long term goals include expanding to include additional Clinician / Peer teams that can serve a greater geographical area. Unfortunately, goals have been severely impacted by the COVID-19 pandemic, as the project is intended to be conducted in-person and B&C operators were very concerned about allowing non-residents into their homes during the pandemic. Staffing shortages were another factor, as the clinician left her position early in the year. As a result, services were not able to be delivered to scale during this time.

FY 21-22 was a time period of effective hiatus, due to low staffing and inability to conduct in person services. For most of the year, there was only one direct-service staff member. In early 2023, the program was finally able to begin re-building by hiring two new clinical positions, resuming in person groups, and expanding the number of B&C homes served. This will be fully addressed in the 22-23 Final Report. The project began implementation in 2018 was approved for five years.

Services Provided:

The CBSST project is designed to enhance the quality of life for those residing in B&Cs by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. This involves both group and individual work provided by a licensed clinician and peer support worker team. During FY 21-22, the project provided the following services:

- Served 5 Board & Care homes in East and Central County
- Provided CBSST individual and group rehabilitation services to 34 individuals during FY 21-22
- Support to Board & Care operators (psychoeducation, partnering on goals utilizing CBSST framework and skills, consultation re: concerns/consumer needs)
- Support West County Adult Mental Health Clinic clients

Lessons Learned:

- The *CBSST in Board & Care Homes* model works best in person. Despite attempts to conduct virtual sessions during the pandemic (and offer technology to make this more accessible), clients did not respond as favorably to this modality.
- Virtual sessions can be useful for individual work, but not for group sessions within this context.
- When fully staffed, the CBSST team will be able to administer surveys and questionnaires, as needed, at appropriate pre and post time intervals to gauge effectiveness of the interventions.
- Relationship and trust building with B&C operators and administrators is key and takes time to establish.
- CBSST skills, when adopted, help improve self-sufficiency and quality of life for vulnerable community members!

Project Changes:

The project continued to be severely impacted by the COVID-19 pandemic during FY 21-22. The CBSST clinician left her position in 2021, and it remained vacant for the rest of the FY due to the healthcare workforce shortage and difficulty hiring during this time. New staff members were hired in early 2023, and this will be reflected in the FY22-23 Annual Report. The CBSST team is now housed under the newly developed CCBHS Housing Services Team, which provides a variety of services and supports to clients living in various types of Behavioral Health / MHSA funded housing.

Outcomes and Program Evaluation:

The goals of the project are to learn the following:

- 1. Will CBSST have a positive effect on the client's mental stability and growth? (e.g., decrease need for intensive clinic services, reduce 5150 holds, increase likelihood of compliance with mental health treatment, increase likelihood of reaching out voluntarily to mental health supports when needed)*
- 2. Will CBSST lead to a higher overall functionality and quality of life? (e.g. , increase engagement with community resources and social supports, increase independent living skills, increase self-reported life satisfaction)*
- 3. Will CBSST help clients develop skills to maintain a stable living environment?*

Client Satisfaction Survey

In 20-21, we introduced a Client Satisfaction Survey, an additional tool to help gauge improvements in overall functionality and quality of life. The survey elicits direct feedback *from the clients' perspective* as to whether the project is having a positive impact. Questions relate to quality of life, independence, and ability to maintain a stable living environment. Surveys are intended to be administered annually. Due to very low staffing for the program during FY 21-22 and the departure of the clinician, only one survey response was collected. The team is fully staffed currently, so we expect to gather much more feedback to be reported in the FY 22-23 report.

Survey Questions	Average Response
<i>N=1</i>	
Q1: CBSST has given me tools that improve my overall quality of life	5/5
Q2: CBSST has taught me skills that help me live more independently	5/5
Q3: CBSST has helped me maintain a stable living environment	5/5

Client Comments

"I thought that group sessions have helped me stay stable and I've learned many valuable lessons. Thank you!"

As part of the CBSST model, additional questionnaires may be utilized throughout the course of enrollment in order to measure depression, anxiety and community adjustment. These include:

- Patient Health Questionnaire – 9 (PHQ-9)

- Recovery Assessment Scale (RAS)
- Independent Living Skills (ILS) Survey

Valuable Perspective: CBSST CASE VIGNETTE

“Lucy”

Lucy is a 58-year-old female, currently living in a 6-bed B&C in East County. She moved here during the pandemic and was completely unfamiliar with the area. Although she shared her unpleasant feelings, she utilized the skills she has practiced in CBSST and was able to get help and support she needed throughout the process of adjusting to a new home and neighborhood. She used problem solving and identified ways to investigate whether the thoughts were accurate or inaccurate. She has learned to independently manage her diabetes type II medication. During the rise of the pandemic, she continued to follow all protocols using cognitive and social skills. She made positive requests and advocated for herself to get the things she needed.

Lucy has been a huge part of CBSST. She contributes by role modeling for her peers, giving supportive advice and sharing experience that has worked for her. She now has taken such good care of herself with med management and food balance that her primary care doctor has significantly reduced her meds. Basically, she monitors her A1C-levels and manages on her own through healthy diet and exercise. Her doctor, family, and all in her life are extremely proud of her. Most of all, she is proud of herself, as she should be. It has been wonderful being part of her journey. I see her as an upcoming ambassador representative of CBSST.

-Written by an CBSST Team Member

“Erwin”

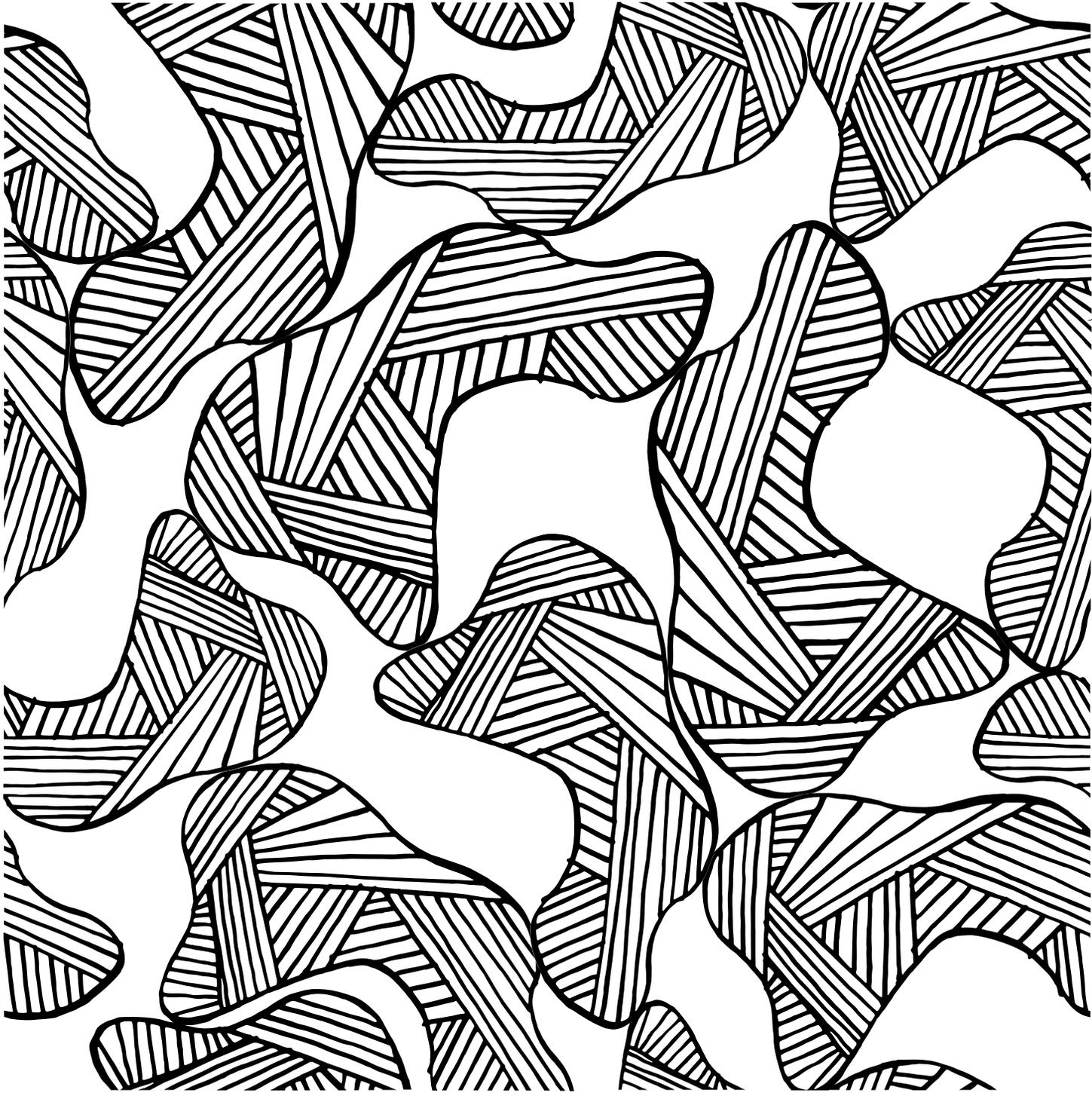
Erwin a 67-year-old male living in a 6-bed B&C in East County. Erwin has been participating in our CBSST groups consistently when he is in the home. I like to think of him as another Ambassador of the curriculum. He has been utilizing the skills to help him face the challenges of being admitted to the hospital over the past two years for medical emergencies with his health. Two times he was facing some “fearful” respiratory issues and he felt that using “catch it, check it, change it” really helped him identify with his health and problem solve around it.

Erwin has found ways in everyday life that help him problem-solve socially and cognitively. He sets goals and attains them. He is always willing to offer help and support to his housemates and even to the group leaders. He is a prime example of how well these CBSST skills work in real life.

-Written by an CBSST Team Member

ROOM TO OVERCOME

ACHIEVE & RECOVER



C-1



**R
A
R**

ENGLISH

1609



WHO WE ARE

Room to Overcome, Achieve, and Recover (ROAR) is an evidenced-based day program for youth (age 13-18) with co-occurring substance use and mental health disorders within Contra Costa County's Behavioral Health Services (BHS).

ROAR provides both a non-traditional school and a therapeutic environment where youth can work towards their health, wellness, and education goals. Youth may attend one or many parts of the program in order to succeed. The 3 main components of the ROAR program are: Education, Mental Health Treatment, and Substance Abuse Counseling.



TREATMENT TEAM

- Program Supervisor
- Substance Abuse Counselor
- Individual and Family Therapist
- Graduate Interns in Counseling & Psychology
- Mental Health Specialist
- Office of Education Credentialed Teacher
- Vocational Specialists
- Adventure Therapist

ADMISSION CRITERIA

- MediCAL insured or no insurance
- Youth ages 13 - 18 years
- Struggling with a substance abuse & mental health disorder

HOURS



Monday	9:00 - 5:00 PM
Tuesday	9:00 - 5:00 PM
Wednesday	4:00 - 5:00 PM
Thursday	9:00 - 5:00 PM
Friday	9:00 - 5:00 PM

WHAT WE DO:

**EDUCATION, MENTAL HEALTH TREATMENT,
SUBSTANCE ABUSE COUNSELING**

- Peer Recovery Counseling
- High School/GED Credits
- Expressive Art Therapy
- CBI for Substance Use
- Adventure Therapy
- Individual Therapy
- Group Therapy
- Psychoeducation
- Nutritious Meals
- Family Therapy



Transit can be provided at no cost by Uber or Lyft with Contra Costa Health Plan (CCHP) 1-(855)-222-1218



HOW TO ENROLL

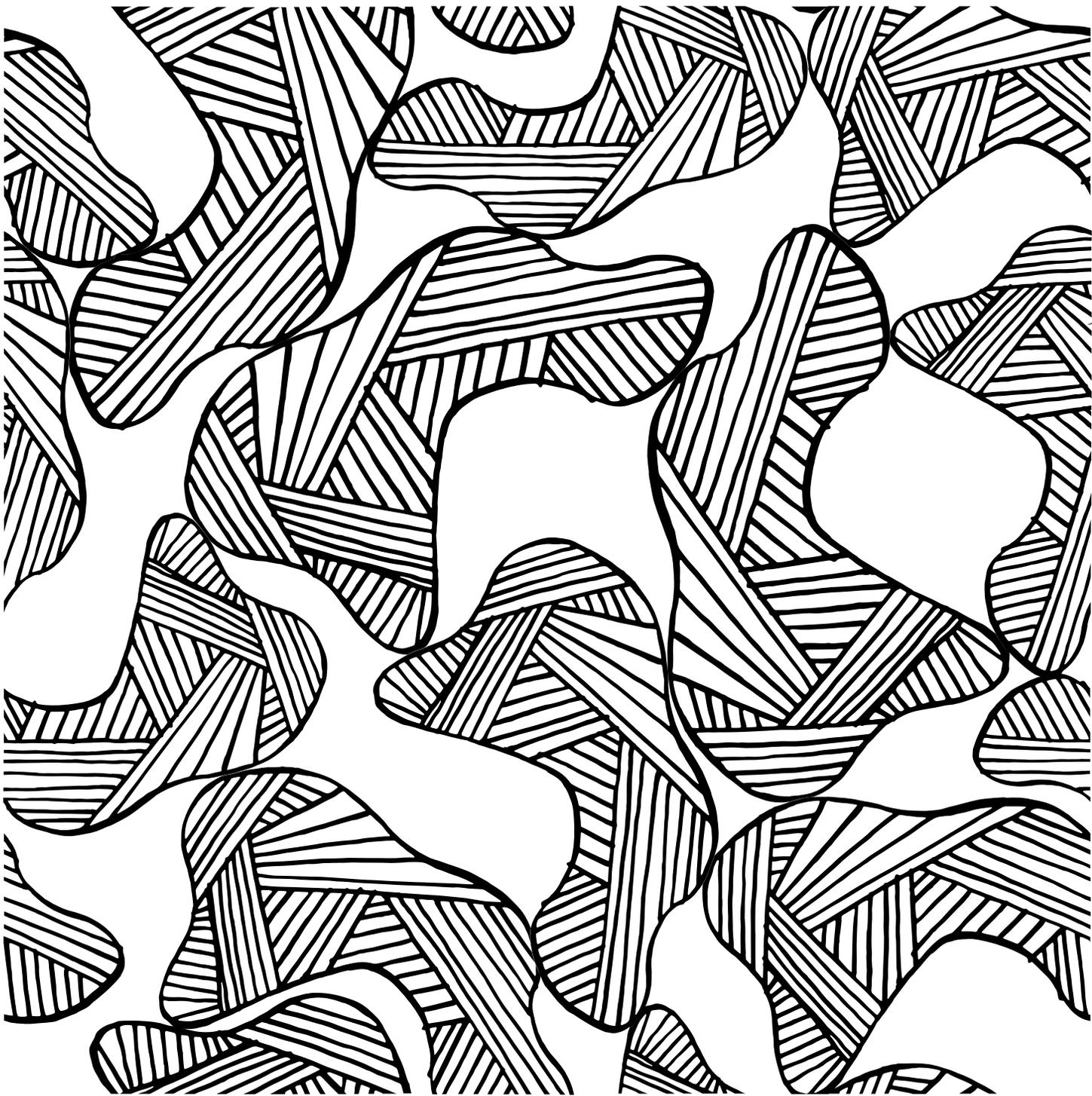
Contact us for admission, assessment, and screening:
(925) 334-2289

or

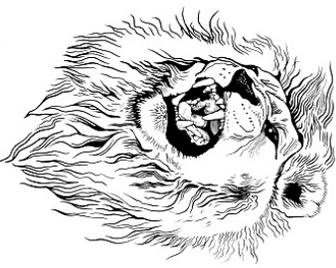
Ask your Psychiatrist, Counselor, or Primary Care Doctor for a direct referral

ESPACIO PARA SUPERAR

LOGRAR Y RECUPERARSE



C-3



**R
A
R**

ESPAÑOL

161



QUIÉNES SOMOS

Room to Overcome, Achieve, and Recover (ROAR) es un programa diurno basado en evidencia para jóvenes (de 13 a 18 años) con uso concurrente de sustancias y trastornos de salud mental dentro de los Servicios de Salud (BHS) del Condado de Contra Costa.

El Programa de ROAR proporciona tanto un Escuela no tradicional y un entorno terapéutico donde los jóvenes pueden trabajar por su salud para iograrsus objetivos de bienestar y educación. Los jóvenes pueden asistir a una o varias partes del programa para tener éxito. Los 3 componentes principals del programa ROAR son: Educación, Tratamiento de salud mental y Consejeria Para el Abuso de Sustancias.



EQUIPO DE TRATAMIENTO

- Supervisor de Programa
- Consejero de Abuso de Sustancias
- Terapeuta Individual y Familiar
- Pasantes graduados en Consejería y Psicología
- Especialista en Salud Mental
- Oficina de Educación Maestro acreditado
- Especialistas vocacionales
- Terapeuta de Aventura



CRITERIOS DE ADMISSION

- MediCAL asegurado o sin Seguro
- Jóvenes de 13 a 18 años
- Luchando con el abuso de sustancias y trastornos de salud mental



HORAS

Lunes	9:00 - 5:00 PM
Martes	9:00 - 5:00 PM
Miércoles	4:00 - 5:00 PM
Jueves	9:00 - 5:00 PM
Viernes	9:00 - 5:00 PM

LO QUE HACEMOS:

EDUCACIÓN, TRATAMIENTO DE SALUD MENTAL, CONSEJERÍA SOBRE ABUSO DE SUSTANCIAS

- Consejería de recuperación de Compañeros
- Créditos de la Escuela Secundaria
- CBT para el uso de sustancias
- Terapia Expresiva
- Comidas Nutritivas
- Terapia de Aventura
- Terapia Individual
- Terapia de grupo
- Psicoeducación
- Terapia Familiar



El transporte puede ser proporcionado sin costo por Uber o Lyft con Contra Costa Health Plan (CCHP) 1-(855)-222-1218



CÓMO INSCRIBIRSE

Contáctenos para la admisión, Evaluación y detección: (925) 334-2289
o
Pregúntele a su psiquiatra, Consejero o médico de atención primaria para una referencia directa

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
CBSST has given me tools that improve my overall quality of life.					
CBSST has taught me skills that help me live more independently.					
CBSST has helped me maintain a stable living environment.					

Mental Health Services Act (MHSA)

Three Year Program and Expenditure Plan

FY 23/24 - 25/26



CONTRA COSTA
HEALTH

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Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for fiscal years 2023-26. MHSA Three Year Plans and Annual Updates can be found at: [Mental Health Services Act \(MHSA\) in Contra Costa County :: Behavioral Health :: Contra Costa Health Services \(cchealth.org\)](https://www.cchealth.org/mental-health-services-act).

The 23-26 Plan includes strategies to address emerging statewide initiatives that prioritize housing and related treatment services that will better serve those at risk of housing insecurity and those who are not connected to appropriate behavioral health supportive services. We look forward to continued community partnerships that have emerged since 2020 to address the COVID 19 pandemic recovery, 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 also 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.

The Three-Year Plan includes the following components:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities/ Information Technology (CF/TN)

[Mental Health Services Act \(MHSA\) Background and Reporting Requirements](#)

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. 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. Finally, the Act requires the Three-Year Plan be developed with the active participation of local stakeholders in a Community Program Planning Process (CPPP).

Welfare and Institutions Code (WIC) Section § 5847 and California Code of Regulations (CCR) § 3310 require that MHSA plans address each of the five components listed above and annual expenditure projections for each component. MHSA Three Year Plans must be posted for a 30-day public comment period and the Mental Health Commission (local mental health board) shall conduct a public hearing at the conclusion of the public posting period (WIC § 5484). MHSA Three Year Plans and Annual Updates must be adopted by the Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of Board of Supervisor approval.

Core principles of MHSA

- Consumer/client and family-driven services
- Cultural responsiveness
- Focus on wellness, recovery, and resiliency
- Community collaboration
- Integrated service experiences for clients and families

Key Updates and New Programming for FY 23-26

- Full-Service Partnership performance indicators for FY 21-22
- Transitions Team Expansion to include new Behavioral Health Outreach Programs
- Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to acquire and develop capital projects for housing and treatment programs
- Funding to support Community Based Organizations (CBOs) during the transition to *California Advancing and Innovating Medi-Cal (CalAIM)*, a multi-year statewide initiative geared toward transforming the Medi-Cal delivery system. Due to significant changes in contract structure and payment/billing, a number of specialty mental health providers throughout the system will

be eligible for one time pay-per-performance incentives to support them during this transition to a fee for service payment structure.

- Prevention and Early Intervention (PEI) Data & Performance Indicators
- New [*Suicide Prevention 5-Year Strategic Plan*](#)
- Innovation project updates and new programming to increase equity and cultural responsiveness
- Investments in workforce retention and recruitment strategies
- Budget updated to reflect estimated available funding for FY 23-24

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

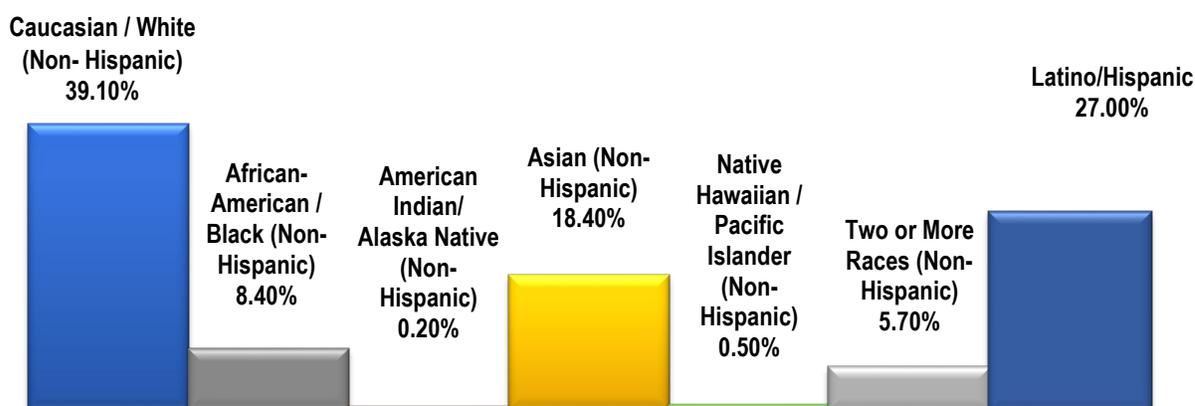
Behavioral Health Services Director

Contra Costa County Demographics

Contra Costa County Population Summary

According to the most recent 2020 US Census estimates, the population size in Contra Costa County is estimated at 1,165,927. It's estimated that about 8% of people in Contra Costa County are living in poverty and about 33% of the residents have public health coverage. Information released by the State of California's Department of Finance, projects that population size is expected to grow. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, about 77% of the population is 18 or older, with about 23% of the population being children. About a quarter of the residents are foreign born. The figure below was sourced from the 2020 Census Diversity Index by County.

Figure 1: Contra Costa County 2020 Projected Racial/ Ethnic Populations

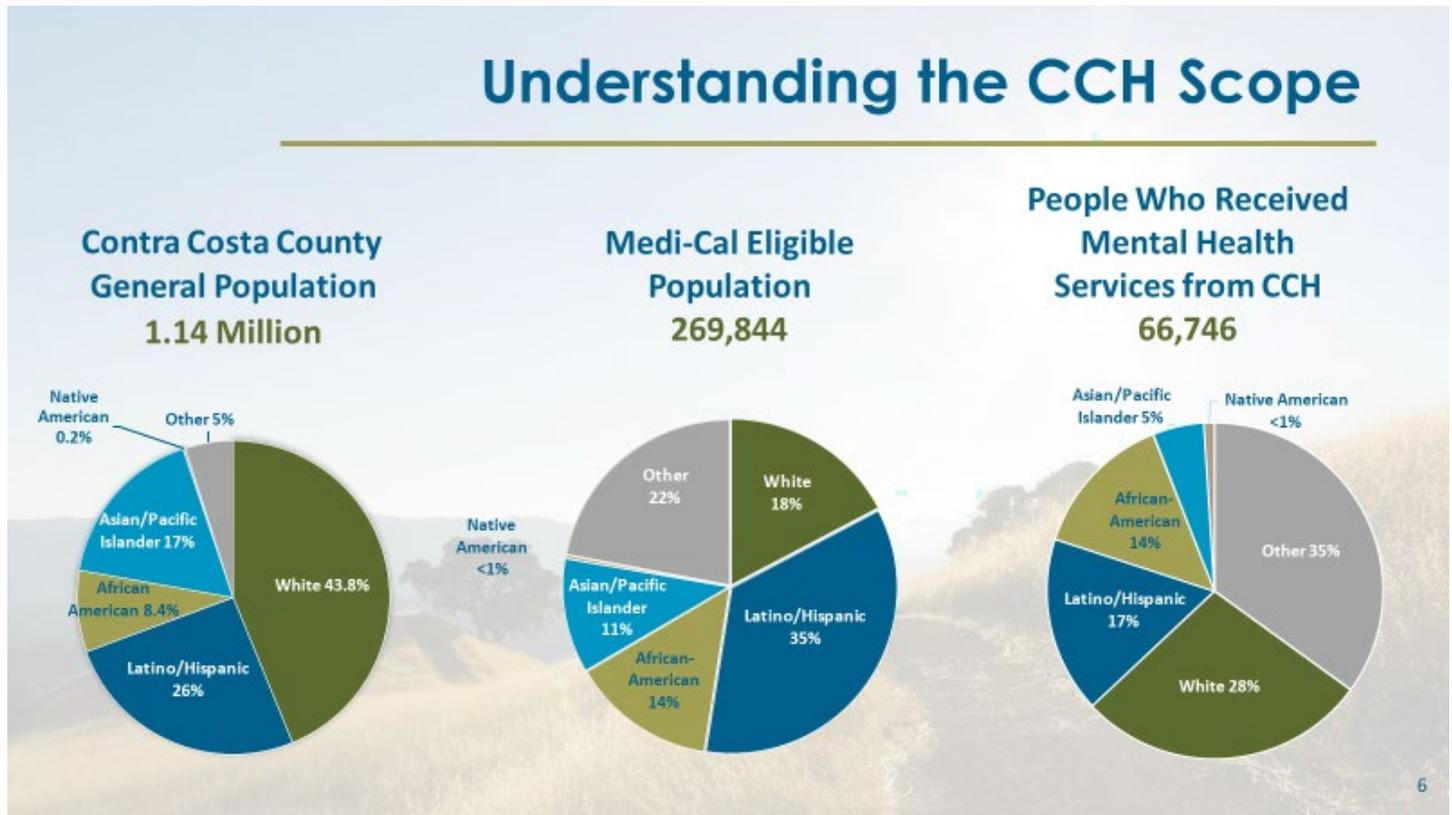


Disparities in Utilization of Services

In Contra Costa County there are nearly 270,000 residents that are eligible for Medi-Cal services. Data shows that of this group, Latino/Hispanic and Asian/Pacific Islander communities are accessing behavioral health services at lower rates than other ethnic communities (see Figure 2). Systems wide initiatives designed to address these disparities are outlined in the Cultural Humility Plan and throughout the MHSa Three Year Plan. The most recent CHP can be found at:

[2020-2023 Cultural Humility Three Year Plan \(cchealth.org\)](https://cchealth.org/2020-2023-Cultural-Humility-Three-Year-Plan)

Figure 2



Contra Costa MHSa is proud to partner with a broad range of community-based organizations that serve diverse communities throughout the county. Below is a list of some community partners (Figure 3), as well as a graph depicting the primary populations served by our Prevention and Early Intervention (PEI) and other programs (Figure 4) through the use of MHSa funds.

Figure 3



Figure 4

MHA Funds Used to Serve Diverse Communities

	African-American/Black	Latina/o/e / Hispanic	Asian	Children & Youth	LGBTQIA+	Indigenous / Native American	Older Adults	Recent Immigrants	Faith-Based	Peer Providers
Asian Family Resource Center			✓					✓		
Building Blocks for Kids	✓	✓		✓						✓
Center for Human Development	✓	✓		✓	✓		✓			
Child Abuse Prevention Council		✓		✓						✓
Contra Costa Crisis Center	✓	✓								✓
Counseling Options and Parent Education (COPE)	✓	✓		✓						
First Five	✓	✓	✓	✓						
Hope Solutions	✓	✓		✓						✓
James Morehouse Project	✓	✓	✓	✓						✓
Jewish Family & Community Services of the East Bay		✓		✓				✓		✓
La Clínica de la Raza		✓		✓						
Lao Family Community Development			✓					✓		
Lifelong Medical Care	✓						✓			
Mental Health Connections (formerly Putnam Peer Connections Center)										✓
National Alliance for Mental Illness Contra Costa		✓	✓						✓	✓
Native American Health Center				✓		✓				✓
People Who Care	✓	✓		✓						✓
Rainbow Community Center				✓	✓					
RYSE	✓	✓	✓	✓	✓					
Stand!		✓		✓						
The Latina Center		✓		✓						
Vicente Martinez High School				✓						✓
We Care Services for Children	✓	✓		✓						

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 behavioral health services and supports
- Analyze behavioral health needs
- Identify priorities and strategies to meet these behavioral health needs

MHSA Advisory Council (formerly Consolidated Planning and Advisory Workgroup - CPAW)

<p>CCBHS continues to seek counsel from its ongoing stakeholder body, the MHSA Advisory Council (formerly CPAW), which convenes every other month. Over the years MHSA Advisory Council 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. The Advisory Council 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. The Advisory Council 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.</p>	<p>MHSA ADVISORY COUNCIL MEMBERSHIP SEATS</p> <ul style="list-style-type: none"> • <i>Alcohol & Other Drug Services (AOD)</i> • <i>CBO Service Provider(s)</i> • <i>CCBHS Service Provider(s)</i> • <i>Consumer(s)</i> • <i>Criminal Justice</i> • <i>Education</i> • <i>Faith Based Leadership</i> • <i>Family Member(s)</i> • <i>Family Partner – Youth</i> • <i>Family Partner – Adult</i> • <i>Health, Housing and Homelessness</i> • <i>Mental Health Commission (Board)</i> • <i>Peer Provider</i> • <i>Underserved Population(s)</i> • <i>Veterans</i>
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Community Meetings

During the fiscal year, MHSa hosts numerous public stakeholder meetings.

Meeting	Purpose	Frequency
MHSa Advisory Council – 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	Bi -Monthly
MHSa Advisory Council Sub Committee – Innovation / Systems of Care	Learn, discuss, and provide input on new and emerging MHSa related programs that impact Behavioral Health Services system of care, including programs under the Innovation component.	Quarterly
MHSa Advisory Council Sub Committee – Steering	Develop monthly agenda for Advisory Council main meeting, including identifying presentation & discussion topics	Bi-Monthly
MHSa Advisory Council Sub Committee – Membership	Review new applications for MHSa Advisory Council Membership	As Needed
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.	Quarterly
Assisted Outpatient	Discussion and support around the work of County	Quarterly

Treatment Workgroup (AOT)	AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	
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Stakeholder Incentives

Members of the community may be incentivized for participating in stakeholder events and meetings, including public forums, MHSa Advisory Council and sub-committee meetings through the use of gift cards. Gift cards of up to \$30 may be given to non-paid community members for participation in meetings and events ranging from 1-4 hours.

MHSa Presentations and Orientation

In addition to scheduled stakeholder meetings and community events, the MHSa Team provides informational presentations upon request. Some examples include:

- Annual MHSa presentation for 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.
- Alcohol and Other Drugs (AOD) Advisory Board
- CCBHS Access Team
- School-Based Mental Health Providers
- Cal State University East Bay – Nursing Students

In addition, MHSa staff regularly attend the Mental Health Commission (local mental health board) meetings and provide information and presentations related to MHSa, as requested. Orientations to the MHSa are provided upon request by individuals or groups. Related documents are located on the MHSa website: [Mental Health Services Act \(MHSa\) in Contra Costa County :: Behavioral Health :: Contra Costa Health Services \(cchealth.org\)](https://www.cchealth.org/behavioral-health/mental-health-services-act).

Surveys

In November 2022, a community survey was launched through SurveyMonkey. It was distributed to at least 800 community members and offered in multiple languages. The survey was intended to elicit feedback from the community regarding prioritization of MHSa funds.

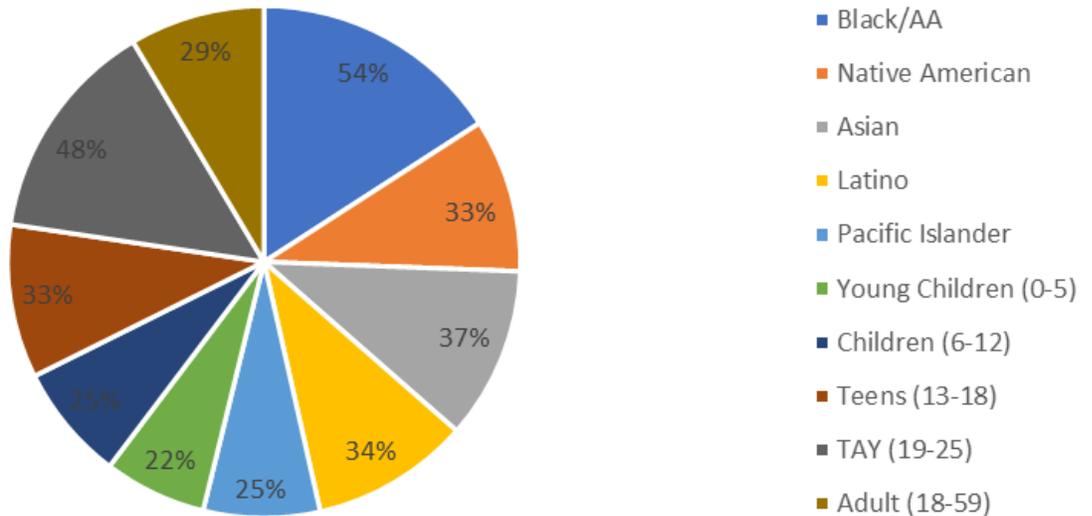
Members of the community provided responses as indicated below.

- What are the biggest barriers and gaps for people to get behavioral health resources and appropriate treatment needed for their recovery?



- What groups and/or cultural communities are not being adequately served?

What Top 10 groups are not being adequately served by CCBHS?



Which of the following MHS funded service areas have been effective in addressing local behavioral health concerns?

1. Crisis Services (34)
2. Culturally Responsive Programs (i.e. Prevention and Early Intervention) (26)
3. Peer Wellness Centers / Early Psychosis Program (tied at 23)
4. Housing Services for people with mental health challenges (22)
5. Full-Service Partnerships (19)
6. Workforce Development Projects (including loan repayment) (11)

Preferred Method of Providing Input

1. Electronic Survey (36)
2. Live Zoom Event (26)
3. Live In Person Event (10)
4. Contact Staff Directly (7)
5. Attend monthly public stakeholder meetings (i.e. CPAW) (6)

Demographic Info

Age: 29% 51-65, 25% 66+, 24% 36-50, 8% 26-35

Region of Residence: 30% Central, 25% South, 23% East, 15% West, 7% Decline

Race: 49% White, 18% Black, 13% Latino, 12% Asian, 8% Decline

Identity: 54% Family member/caregiver of an adult, 39% Provider, 37% Consumer / Peer, 21% Faith Community, 20% Family member/caregiver of a child, 6% Veteran/Active Military, 2% Law Enforcement

Trends:

Zoom events preferred over In Person event. Survey most popular mode.

74% of respondents identify as family member/caregiver of adult or child with mental health issues, which is an increase from previous years.

Community Forums Informing the 2023-26 Three Year Plan

In preparation of the 23-26 Three Year Plan, we held the following MHSA community forums:

Innovation Community Forum

- March 4, 2022

An overview of the MHSA was provided with particular focus on the Innovation component. New project ideas were reviewed and input from the community was received through small group listening sessions.

Town Hall for Providers

- October 26, 2022

Providers engaged in informational and listening sessions where they were able to identify priority populations and service needs, as well as staff training needs.

Virtual Community Events

- November 3, 2022
- November 17, 2022
- December 15, 2022

Participants were able to learn about the MHSA, engage in listening sessions, small group discussions and provide direct feedback regarding prioritization of future programming and funding related to the MHSA.

*In Person Community Mental Health Forum: **Real Talk, Real Voices, Real Solutions***

- January 21, 2023 – Richmond, CA

In collaboration with the Richminds Coalition (including over 10 service provider organizations working with underserved communities in West County), we hosted a full-day wellness event with multiple presentations and break out discussion groups. The event was focused on outreach and engagement to underserved and unserved communities of color.

Summary. The community program planning process identifies current and ongoing behavioral 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 does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

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

The Plan

Community Services and Supports

Community Services and Supports (CSS) 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 CSS 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 \$81,905,000 million for FY 2023-24 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 behavioral health service providers to enter into collaborative relationships with clients, called Full-Service Partnerships (FSP). Personal service coordinators develop an individualized services and support plan (or treatment 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. FSP programs are a crucial component that assists in recovery and wellness for individuals with a serious mental illness or serious emotional disturbance.

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 2021-22 data was obtained for 450 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation. Additional performance indicators were used to gauge *productive meaningful activity* (which may include: work, education, vocation / training programs and volunteerism for individuals with serious and debilitating mental health challenges) and risk of homelessness. An analysis of FSP programs has shown to generally have an impact on decreasing homelessness, incarceration, and psychiatric emergency service (PES) visits. Although there is often a positive impact on participation in productive meaningful activity, due to the COVID pandemic during the reporting period (21-22), opportunities in this area were limited. Results are below:

- A 61.2% decrease in the number of PES episodes
- A 69.9% decrease in the number of in-patient psychiatric hospitalizations
- A 47.8% decrease in the number of in-patient psychiatric hospitalization days
- 19.7% decrease in productive meaningful activity (average hours per week)
- 55.5% decrease in number of unhoused

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 2023-24
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	1,001,479
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	1,069,956
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65	1,056,614
Children’s Clinic Staff	County Operated	Countywide	Support for full-service partners	603,053
Children’s Flex Fund		Countywide		50,000
Eating Disorder Treatment	TBD	Countywide		1,000,000
*CALAIM transitional support funds		Countywide		17,520,000
Total			200	\$22,301,102

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 MHSAs 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 23-24
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,643,231
Transition Age Youth Full-Service Partnership	Youth Homes	Central and East County	30	794,041
County support costs (vehicles)		Countywide		24,000
*CALAIM transitional support funds		Countywide		1,121,000
Total			100	\$3,582,272

Adult and Older 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 23-24
Full-Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,532,294
		East County	70 (Adult) 5 (Older Adult)	
Full-Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,147,773
Full-Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	297,404
*CalAIM Transitional Support Funds		Countywide		3,759,000
Adult Housing Flex Fund		Countywide		50,000
County Support Costs (vehicles)		Countywide		24,000
Total			230	\$9,810,471

***CalAIM Transitional Support Funds** – also described on pages 3-4, these are temporary funds offered in FY 23-24 to support community-based organizations who provide specialty mental health services as they transition from cost-based to fee-for-service contracts, as part of the statewide CalAIM effort. These funds were calculated through a cost survey analysis and will be offered on a pay-per-performance basis to qualified agencies to keep them whole during the transition year.

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

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

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

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

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHPA Funds Allocated for FY 23-24
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full-Service Partners	2,477,381
Total				\$2,477,381

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 MHSAs funded portion for Assisted Outpatient Treatment programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,404,822
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	677,881
Total			75	\$3,082,703

Wellness and Recovery Centers. Mental Health Connections (formerly 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 23-24
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Wellness and Recovery Centers	Mental Health Connections	West, Central, East County	200	\$1,100,039
Total			200	\$1,100,039

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 23-24
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,408,428
New Crisis Residential	TBD	Countywide	TBD	TBD
Total			200	\$2,408,428

MHSA Funded Housing Services. MHSA funds for housing supports supplements that which is provided by CCBHS and the County’s Health, Housing and Homeless (H3) 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 permanent supportive housing, 4) housing continuum and resource development 5) a centralized county operated coordination team.

1) Temporary Shelter Beds. The County’s Health, Housing and Homeless Services (H3) Division operates several temporary bed facilities for adults and transitional age youth. CCBHS has a

Memorandum of Understanding (MOU) with the H3 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 1,638 bed nights per year for the Bissell Cottages, Pomona Street Apartments and McGovern House transitional living programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 2,920 bed nights for the Philip Dorn Medical Respite Shelter in Concord, which serves those in need of recuperative care following a hospital discharge.

- 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. MHSA currently funds a number of augmented board and care providers to augment clients board and care with additional agreed upon care for persons with seriously mental illness. These providers include, but are not limited to, Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An additional provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a transitional residential program, The Pathway, 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. Additional funding is also being allocated to address market competitiveness for rates being paid to small adult residential facilities and to assist older adult clients to maintain the home and placement that they have successfully lived in for many years.
- 3) Permanent Supportive Housing: Master Leased and Scattered Site. 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, maintenance and administers County-funded rental subsidies to support individuals and their families to move in and maintain their homes independently.

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 39 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, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue (Arboleda) 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. Through the four completed funding rounds Contra Costa has or will add up to 61 permanent supportive housing units.

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. During Round 1 County accepted the State's non-competitive funds in the amount of \$2,231,574 to be allocated in future funding rounds.

Round 2 - Contra Costa was awarded funds to construct permanent supportive housing units in the Central region 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.

Round 3 – Selected RCD as recipient of County's non-competitive funds in the amount of \$2,231,574 for 9 units located at *699 Ygnacio Valley Rd* in Walnut Creek.

Round 4 – CCBHS sponsored two additional projects that were awarded funds by the Department of Housing and Community Development (HCD.) The first project is an 8-unit development located in Richmond submitted in partnership with Community Housing Development Corporation and Eden Housing in the amount of \$3,718,780. A second County sponsored project was submitted by Resources for Community Development (RCD) which was awarded \$13,002,266 for 21 additional units (total of 30 dedicated NPLH units) for the project at 699 Ygnacio Valley Road that had previously been awarded non-competitive dollars during the Round 3 project period.

4) Housing Continuum and Resource Development. In the past year, and over the course of this three-year planning period, the State and Federal government have and will release multiple housing infrastructure-related grant opportunities for Counties. During fiscal year 2022/2023 CCBHS submitted projects under the Behavioral Health Continuum Infrastructure Program (BHCIP) and has submitted plans to participate the Behavioral Health Bridge Housing (BHBH) program and intends to also submit an additional plan under the Department of State Hospital Incompetent to Stand Trial and Competency Restoration program. CCBHS has also accepted an allocation from Department of Social Services to fund the Community Care Expansion Preservation program intended to stabilize existing licensed adult residential facilities (ARF) and residential care facilities for the elderly (RCFE). County intends to continue to apply for other opportunities 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. This plan budgets funds to allow CCBHS to complete proposed projects and provides funding for any potential County required funding match needed to take advantage of historic funding opportunities. Additional funding has also been allocated to allow the CCBHS to locally fund and take advantage of potential projects that address other gaps in the housing continuum.

Finally, in order to better support clients additional funding is being allocated to emergency care funds to support clients at certain facilities while social security benefits are pending. Additionally, this budget allocates funding to support clients and Housing Services staff address the often-unforeseen challenges that arise by creating a housing flex fund. This fund may be used to address small, unplanned and/or temporary financial needs related to maintaining a home.

5) 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 MHSAs funded housing units.

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

Plan Element	County/ Contract	Region Served	Number of MHSAs beds, units budgeted	MHSA Funds Allocated for FY 23-24
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,110,379
Augmented Board and Care *	Crestwood Healing Center	Countywide	80 beds	1,070,788

Augmented Board and Care *	Various	Countywide	335 beds	6,779,293
Master Lease	Contract	Countywide	110 units	3,163,135
Scattered Site	Contractor Operated	Countywide	39 units	State MHSA funded
CCE Preservation Match		Countywide	Varies	320,000
BHCIP/Infrastructure Program Match		Countywide	Varies	3,000,000
Coordination Team	County Operated	Countywide	Varies	1,054,003
Emergency Care Funds (ECF)		Countywide	Varies	60,000
Housing Flex Fund		Countywide	Varies	50,000
Continuum Resource Development	To be determined	Countywide	TBD	4,300,000
Total Beds/Units/New Programming			690**	\$21,907,598

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

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

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
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Intensive Care Management	County Operated	Countywide	237	3,964,286
IMPACT	County Operated	Countywide	138	433,536
Total			375	\$4,397,822

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

- 1) Wraparound Program. The County’s Wraparound Program, in which children and their families receive intensive, multi-leveled treatment from the County’s three children’s mental health clinics, was augmented in 2008 by family partners and mental health specialists. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non- licensed care providers, often in successful recovery with lived experience as a consumer or family member, who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals.
- 2) EPSDT Expansion. EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are conjointly involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). 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 MHS funds as the up-front match for the subsequent federal reimbursement that enables the County to

provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,211,646
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	761,830
Total				\$1,973,476

Concord Health Center. The County’s primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. A Behavioral Health Clinician and Community Support Worker (peer) work together as a team to provide an integrated response to adults visiting the clinic for medical services who also have a co- occurring behavioral health issues.

MHSA funds additional similar positions in the regional behavioral health clinics to provide enhanced support.

The MHSA allocation for the Concord Health Center and clinics is summarized below:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Supporting all Outpatient Clinics	County Operated		Supports clients served by clinics	918,923
Total				\$918,923

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 23-24
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	165,692
Total				\$165,692

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 used 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.
- 4) Transitions Team Expansion. Funds have been allocated to support a **Street Psychiatry** initiative, which will offer field-based nursing and psychiatry services to community members who are unhoused or facing other challenges that prevent them from coming into the clinic. The Transitions Team will also support a new **Mental Health Library Initiative** by fielding a team of two field-based staff (one clinician and one peer support specialist). This team will work with county libraries that have been identified as having a high number of unhoused patrons who are living with untreated mental health and substance use disorders. The team will provide outreach and engagement, linkage to community supports and services, and support to library staff.

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 23-24
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	741,930
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	158,421
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	248,568
Transition Team Expansion	County Operated	Countywide		767,238
Total				\$1,916,157

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 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.

The passage of the Measure X sales tax has allowed for further expansion of crisis services in Contra Costa. The adult Mobile Crisis Response Team, formerly funded by MHSA, has now been expanded and moved under the Anyone, Anywhere, Anytime (A3) program, which is a new system for delivering safe, appropriate care to county residents who are experiencing behavioral health

emergencies. Once fully brought to scale, the program will offer 24-hour mobile crisis response teams available throughout the county, as well as the comprehensive Miles Hall Crisis Hub where a number of related services will be available to community members.

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 23-24
Forensic Team	County Operated	Countywide	Support to the Forensic Team	660,904
Total				\$660,904

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

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

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 23-24
Medication Monitoring	263,226
Clinical Quality Management	849,492
Clerical Support	344,313
Total	1,457,031

2) Administrative Support.

Function	MHSA Funds Allocated for FY 23-24
Program and Project Managers	1,565,400

Clinical Coordinator	137,007
Planner/Evaluators	578,883
Family Service Coordinator	123,001
Administrative and Financial Analysts	536,697
Clerical Support	433,074
Stakeholder Facilitation (contract)	15,936
ACT/AOT Fidelity Evaluation (contract)	100,000
Evaluation and Reporting	100,000
CPP	25,000
Language (Interpreter Services)	10,000
AOD Incentive	120,000
Total	\$3,745,000

Community Services and Supports (CSS) FY 23-24 Program Budget Summary

Full-Service Partnership (FSP Programs)		Number to be Served: 1,380	\$66,669,996
	Children	22,301,102	
	Transition Age Youth	3,582,273	
	Adults – Includes total funding listed in <i>Adult Full-Service Partnership Programming</i> table and <i>Adult Mental Health Clinic Support</i> table.	12,287,853	
	Assisted Outpatient Treatment	3,082,702	
	Wellness and Recovery Centers	1,100,039	
	Crisis Residential Center	2,408,428	
	MHSA Housing Services	21,907,599	
Non-FSP Programs (General System Development)			\$15,235,004
	Older Adult Mental Health Program	4,397,822	

	Children’s Wraparound, EPSDT Support	1,973,476	
	Concord Health Center	918,923	
	Liaison Staff	165,692	
	Clinic Support	1,916,157	
	Forensic Team	660,904	
	Quality Assurance	1,457,030	
	Administrative Support	3,745,000	
Total			\$81,905,000

Prevention And Early Intervention (PEI)

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 over \$11 million 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 2005-2006 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.

Plan and Service Requirements: The PEI Community Planning Process requires local stakeholders to recognize the following parameters for this funding stream:

- All ages must be served and at least 51% of the funds must serve children and youth ages 0-25 years.
- Disparities in access to services for underserved ethnic communities must be addressed.
- All regions of the county must have access to services.
- Early intervention should be low-intensity and short duration.
- Early intervention may be higher in intensity and longer in duration for individuals experiencing first onset of psychosis associated with serious mental illness.
- Individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources.

PEI Strategies:

- Prevention
- Early intervention
- Outreach
- Stigma and discrimination reduction
- Access and linkage to treatment
- Improving timely access to treatment
 - Suicide prevention

PEI Priorities:

- Culture and language
- Youth outreach and engagement
- Older Adults
- Childhood trauma
- Early psychosis
- Early Identification

The figure on the next page represents both the PEI strategies documented in the California Code of Regulations (CCR) and the priorities enshrined through SB 1004 that all counties must adhere to.

Prevention and Early Intervention STRATEGIES and PRIORITIES

<p>Build protective factors; reduce risk factors for developing a SMI. Improve mental health for people with a greater than average risk of SMI.</p>	<p>PREVENTION</p>
<p>CHILDHOOD TRAUMA</p>	<p>Prevention and early intervention to deal with the early origins of mental health needs.</p>
<p>MH treatment, including relapse prevention, to promote recovery for a mental illness early in emergence.</p>	<p>EARLY INTERVENTION</p>
<p>EARLY PSYCHOSIS & MOOD DISORDERS</p>	<p>Detection and intervention and mood disorder and suicide prevention programming that occurs across the lifespan.</p>
<p>Engage/train potential responders to recognize and to respond to early signs of a severe and disabling mental illness.</p>	<p>OUTREACH</p>
<p>YOUTH OUTREACH AND ENGAGEMENT</p>	<p>Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.</p>
<p>Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to MH diagnosis or to seeking MH services.</p>	<p>STIGMA & DISCRIMINATION REDUCTION</p>
<p>CULTURE AND LANGUAGE</p>	<p>Culturally competent and linguistically appropriate prevention and intervention.</p>
<p>Activities to connect people with SMI to medically necessary early care and treatment.</p>	<p>ACCESS & LINKAGE TO TREATMENT</p>
<p>OLDER ADULTS</p>	<p>Strategies targeting the mental health needs of older adults.</p>
<p>Provide culturally and linguistically appropriate mental health services as early as possible.</p>	<p>IMPROVING TIMELY ACCESS TO TREATMENT</p>
<p>EARLY IDENTIFICATION</p>	<p>Prevention and early intervention to deal with the early origins of mental health needs.</p>
<p>Activities that the County undertakes to prevent MH-related suicide. May be part of Prevention or Early Intervention program.</p>	<p>SUICIDE PREVENTION</p>

PEI Strategies & Priorities Crosswalk	Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Improving Timely Access	Suicide Prevention
Childhood Trauma	BBK		COPE First Five We Care			CAPC	
Early Psychosis & Mood Disorders		First Hope			JMP	RCC	CCCC
Youth Outreach and Engagement	BBK Vicente PWC Putnam RYSE		COPE First Five Hope Solutions We Care	OCE	JMP STAND! Juvenile Justice	CHD RCC	CCCC
Culture & Language			AFRC JFCS NAHC Latina Center			CHD CAPC La Clinica LFCD RCC	CCCC
Older Adults	Putnam		AFRC Hope Solutions JFCS NAHC	OCE		CHD La Clinica Lifelong LFCD RCC	CCCC
Early Identification	BBK		Hope Solutions Latina Center COPE We Care			CAPC	

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

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 19-22, over 29,000 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCH to report on the following outcome indicators:

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

Evaluation Component

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; c) ensure compliance with stature, regulations, and policies. Each of the MHSA funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

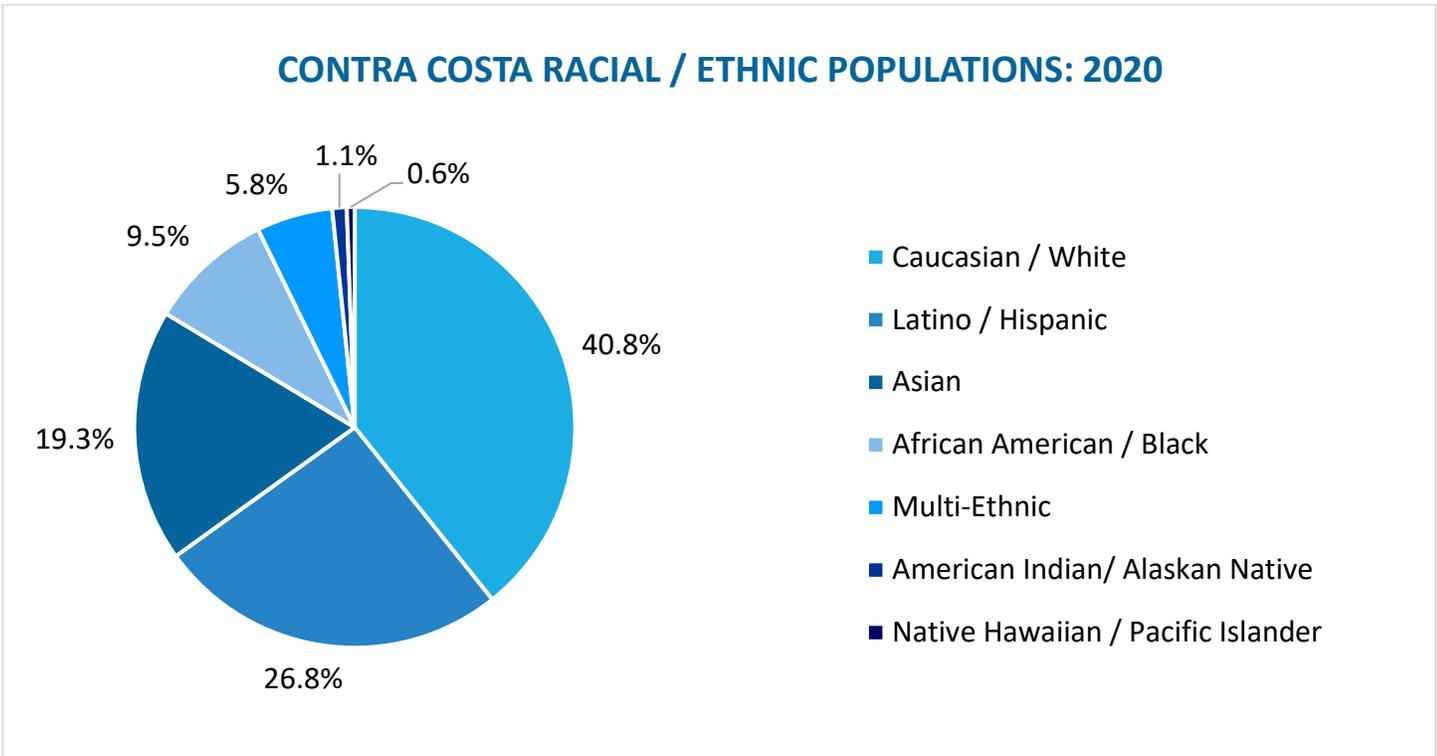
- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed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

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI program and fiscal reviews can be found [HERE](#). During FYs 18-20, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019, August 1, 2019, January 9, 2020, February 6, 2020. Reviews for FY 20-21 and 21-22 were not completed due to the COVID-19 pandemic. Reviews are resuming in FY 22-23 and will be available in future annual updates.

PEI AGGREGATE DATA FY 21-22

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the [United States Census Bureau](#) and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 29,000 individuals per year during the previous three-year period, FYs 19-22. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup (CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 19-22. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants

declined to respond to demographic information, and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 19-20: 32,442; FY 20-21: 29,105; FY 21-22: 30,442

TABLE 1. AGE GROUP	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Child (0-15)	1,395	831	1,211
Transition Age Youth (16-25)	4,514	2,944	2,376
Adult (26-59)	9,096	7,204	10,029
Older Adult (60+)	2,623	3,185	5,029
Decline to State / Data Not Captured	14,814	14,941	11,798

TABLE 2. PRIMARY LANGUAGE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
English	24,071	22,766	24,169
Spanish	1,959	1,522	2,060
Other	1,033	891	1,392
Decline to State / Data Not Captured	5,393	3,926	2,852

TABLE 3. RACE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
More than one Race	646	318	488
American Indian/Alaska Native	348	136	162
Asian	1,932	1,512	2,134
Black or African American	3,262	2,251	4,040
White or Caucasian	7,537	8,270	8,737
Hispanic or Latino/a	3,849	2,812	3,510
Native Hawaiian or Other Pacific Islander	618	55	192
Other	248	142	508
Decline to State / Data Not Captured	14,104	13,842	10,709

TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
African	443	309	231
Asian Indian/South Asian	1,036	754	794
Cambodian	3	2	1
Chinese	195	37	51
Eastern European	135	27	9
European	304	128	142
Filipino	33	30	39
Japanese	3	5	2
Korean	2	6	1
Middle Eastern	12	14	478
Vietnamese	152	185	217
More than one Ethnicity	463	109	78
Other	153	110	368
Decline to State / Data Not Captured	28,453	26,650	27,395

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Caribbean	4	3	3
Central American	101	100	174
Mexican/Mexican American /Chicano	1,251	713	694
Puerto Rican	9	14	12
South American	8	23	17
Other	23	95	326

TABLE 6. SEXUAL ORIENTATION	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Heterosexual or Straight	11,553	16,400	20,926
Gay or Lesbian	99	198	214
Bisexual	156	132	141
Queer	18	21	71
Questioning or Unsure of Sexual Orientation	25	52	36
Another Sexual Orientation	82	111	68
Decline to State / Data Not Captured	20,509	12,193	8,990

Table 7. Gender Assigned at Birth	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Male	10,113	7,031	7,930
Female	11,311	10,822	14,682
Decline to State / Data Not Captured	9,495	11,252	7,830

TABLE 8. CURRENT GENDER IDENTITY	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Man	10,263	6,846	8,008
Woman	11,281	10,696	14,319
Transgender	146	91	96
Genderqueer	11	14	24
Questioning or Unsure of Gender Identity	8	15	10
Another Gender Identity	15	68	58
Decline to State / Data Not Captured	10,718	11,377	7,927

Table 9. Active Military Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	31	81	105
No	2,873	2,894	2,983
Decline to State / Data Not Captured	29,073	26,132	27,354

Table 10. Veteran Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	103	178	124
No	3,427	3,173	3,863
Decline to State / Data Not Captured	28,912	25,756	26,455

Table 11. Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	558	965	557
No	1,768	1,410	1,588
Decline to State / Data Not Captured	30,094	26,730	28,297

Table 12. Description of Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Difficulty Seeing	88	101	65
Difficulty Hearing or Have Speech Understood	77	66	46
Physical/Mobility	219	252	228
Chronic Health Condition	163	225	297
Other	36	62	575
Decline to State / Data Not Captured	25,320	28,399	6,737

Table 13. Cognitive Disability	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	144	115	141
No	1,327	1,983	2,461
Decline to State / Data Not Captured	25,387	27,007	27,840

Table 14. Referrals to Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	1,120	964	1,141
Clients who Participated/ Engaged at Least Once in Referred Service	883	794	1,093

Table 15. External Mental Health Referral	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	22,025	20,397	22,675
Clients who Participated/ Engaged at Least Once in Referred Service	21,849	214	544

Table 16. Average Duration Without Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	55.9	67.5	51.6

Table 17. Average Length of Time Until Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.5	5	4.8

PEI PROGRAMS BY COMPONENT

PEI programs are listed within the seven strategy categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

Seven programs are included in this category:

- 1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish 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 (JFCS) 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 (NAHC) 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 (with services beginning FY 21-22). 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 23-24
Asian Family Resource Center	Countywide	50	\$164,354
COPE	Countywide	210	\$276,720
First Five	Countywide	(Numbers included in COPE)	\$92,023
Hope Solutions	Central and East County	200	\$421,221
Jewish Family Community Services	Central and East County	350	\$190,664
Native America Health Center	Countywide	150	\$ 273,451
The Latina Center	West County	300	\$137,178
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	299	\$132,613

Total.....1,359+ \$1,688,224

PREVENTION

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

Five programs are included in this category:

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

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Building Blocks for Kids	West County	400	\$245,428
Vicente	Central County	80	\$202,985
People Who Care	East County	200	\$391,905
Putnam Clubhouse	Countywide	300	\$820,581
RYSE	West County	2,000	\$549,662

Total.....2,980..... \$2,210,561

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	MHSA Funds Allocated for FY 23-24
First Hope	Countywide	200	\$3,550,789
Total.....200			\$3,550,789

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:

- 2) 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/acclturation.
- 3) 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.
- 4) 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	MHSA Funds Allocated for FY 23- 24
James Morehouse Project	West County	300	\$115,815
STAND! Against Domestic Violence	Countywide	750	\$150,944
Experiencing Juvenile Justice	Countywide	300	\$433,535
Total.....		1,350.....	\$700,294

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 Clínica 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	MHSA Funds Allocated for FY 23-24
Child Abuse Prevention Council	Central and East County	120	\$192,311
Center for Human Development	East County	230	\$176,633
La Clínica de la Raza	Central and East County	3,750	\$315,771
Lao Family Community Development	West County	120	\$214,315
Lifelong Medical Care	West County	115	\$147,201
Rainbow Community Center	Countywide	1,125	\$853,161

Total.....5,460.....\$1,899,392

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 MHSAs 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) Through the Take Action for Mental Health and Know the Signs initiatives 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. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

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

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 23-24
OCE	County Operated	Countywide	\$248,577
CalMHSA	MOU	Countywide	\$78,000

Total\$326,577

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. MHA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are 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.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a draft countywide ***Suicide Prevention Strategic Plan*** located [here](#). A final draft of the plan is slated to be published in calendar year 2023. 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	MHA Funds Allocated for FY 23-24
Contra Costa Crisis Center	Countywide	25,000	\$413,652
RFP New Funding	Countywide		250,000
Library Initiative			150,000
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,000.....	\$813,652

PEI ADMINISTRATIVE SUPPORT

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

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	\$578,508

Total.....\$578,508

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2023-24

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,688,224
Prevention	\$2,210,562
Early Intervention	\$3,550,789
Access and Linkage to Treatment	\$700,295
Improving Timely Access to Mental Health Services for Underserved Populations	\$1,899,393
Stigma and Discrimination Reduction	\$326,577
Suicide Prevention	\$813,652
Administrative, Evaluation Support	\$578,508

Total.....\$11,768,000

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Innovation

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the behavioral 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 described in the CPPP chapter of this report.

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.

The MHSA Advisory Council and Innovation Sub-Committee are the driving stakeholder bodies behind this work. These groups have contributed to the development of two new Innovation projects in the past year: Psychiatric Advanced Directives (PADs) and Supporting Equity Through Grants for Community-Defined Practices (both described below).

New Innovation Projects

[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 for them. This project was approved in 2022, and a complete **PADs Annual Report** can be found [here](#).

[Supporting Equity Through Grants for Community Defined Practices.](#) The newest Innovation project, approved by the MHSOAC in March, 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive RFP process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement and treatment not offered within the existing Contra Costa County Behavioral Health System of Care.

In addition, two 5-year projects will reach their Innovation time limit in fall 2023 and will be absorbed into the larger system of care:

- [Room to Overcome, Achieve and Recover \(ROAR\), formerly known as Center for Recovery and Empowerment \(CORE\).](#) An evidenced-based day treatment program for youth (13-18) with co-occurring substance use and mental health disorders.
- [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.

Links to Innovation annual reports and project proposals can be found [here](#).

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Room to Overcome, Achieve and Recover (ROAR)	County Operated	West	80	658,412
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	454,716
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	NA	494,646
Supporting Equity Through Grants for	County Operated	Countywide	500	1,907,750

Community Defined Practices				
Administrative Support/Contract Providers	County	Countywide	Innovation Support	502,476
Total			820	\$4,018,000

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 are paid or 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 first 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 23-24
WET Coordination	County Operated	Countywide	250,152
Supporting Families	NAMI CC	Countywide	675,305
Senior Peer Counseling	County Operated	Countywide	144,512
Total			\$1,0069,969

Training and Technical Assistance

- 1) Staff Training. Various individual and group staff trainings will be funded that support the values of the MHSA. As a part of the MHSA community program planning process, CCBHS workforce surveys, CCBHS’s Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified training needs prioritized for MHSA funding in the Three-Year Plan. Training is offered by various vendors primarily to CCBHS staff, CCBHS CBO staff, and when possible other Contra Costa Health staff and community partners. Training topics may include, but are not limited to: Mental Health First Aid (MHFA), Crisis Intervention Training (CIT), Culturally and Linguistically Appropriate Services (CLAS), Suicide Assessment, Law and Ethics, Health Insurance Portability and Accountability Act (HIPAA) Trans and Gender Expansive Communities, 5150 Training, Wellness Recovery Action Plan (WRAP) Co-Facilitation, Peer Training, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Trauma Informed Care, Clinical Supervision, Integrated Substance Abuse, Cultural Humility Training, Diversity, Equity and Inclusion, and other training. Other expanded training efforts are directly related to California Advancing and Innovating Medi-Cal (CalAIM) implementation to support training for both CCBHS and CBO staff.

CCBHS is also participating in the California Mental Health Services Authority (CalMHSA) Behavioral Health Workforce Programs aimed at addressing workforce staffing shortages and workforce retention strategies. Areas CCBHS is to participate in are the following; 1) Temporary Clinical Staffing/Permanent Staff Recruitment Program to support temporary and permanent

in-person staffing for behavioral health needs, specifically for hard-to-fill/retain positions; 2) Training and Certification Courses to provide virtual training and certification for staff/contracted CBOs on topics such as substance use, mental health, law and ethics, 5150, and care coordination; and 3) Medi-Cal Peer Support Specialists Offerings to provide support for peers wishing to become Medi-Cal Certified Peer Support Specialists and ensure that the SPIRIT program can become a designated and official training provider for Medi-Cal Certified Peer Support Specialists.

- 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.

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

Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 23-24
Staff Training	Various vendors	Countywide	615,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	77,142
Total			\$692,345

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 MHS 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 23-24
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	520,336 25,000
Total			50	\$545,336

Residency and Internship Programs

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 linguistic 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 MHS funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 23-24
Graduate Level Internships	County Operated	Countywide		237,350
Graduate Level Internships	Contract Agencies	Countywide		500,000
Total			TBD	\$737,350

Financial Incentive Programs

Loan Repayment Program. For the Three-Year Plan CCBHS is continuing its County funded Loan Repayment Program and contracting with CalMHSA to deliver payment. This program assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions with a primary focus on filling psychiatric and nurse practitioner shortages within CCBHS.

CCBHS has partnered with CalMHSA to administer the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program. This partnership is 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. No funding is allocated in this fiscal year, as CCBHS has provided its 33% matching funds in previous years with the remaining 67% of funding provided through HCAI. This loan repayment program is 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 needs. This program focuses, but is not limited to providers such as; Registered Nurses, Psychologists, LCSWs, LMFTs, LPCCs, and peer providers prioritizing providers with language and cultural capacity to fill needs both within CCBHS and contracted CBO partners.

Workforce Education and Training (WET) Component Budget Authorization for FY 2023-24:

Workforce Staffing Support	1,069,969
Training and Technical Assistance	692,345
Mental Health Career Pathways	545,336
Residency and Internship Program	737,350
Financial Incentive Programs	0 (already funded)
Total	\$3,045,000

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

Electronic Mental Health Record System – Data Management. In 2017, Contra Costa adopted an electronic behavioral health record system (EHR) called Epic (ccLink). This allowed clinical documentation to become centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. The EHR system allows doctors to submit their pharmacy orders electronically, permits 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. The EHR also has data management capability by means of ongoing and ad hoc reports, which improve planning, analysis, communication and decision making to improve the overall quality of services provided.

For the upcoming three-year period, CCBHS will set aside MHSAs CFTN funds to support major new initiatives as required by CalAIM healthcare reform. One major milestone beginning July 1, 2023 involves two significant changes:

1. Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. A major part of this change involves using healthcare standard CPT/HCPCS codes for claiming/reimbursement purposes rather than local codes currently in use.
2. Epic will now be used for both clinical documentation and billing in a unified system. This integration will significantly improve efficiencies and reporting capacity.

After going live with the new billing functionality there will be a period of auditing in ccLink to ensure the correct coding is taking place, the claim cycle is tested and validated, and required

reporting is submitted correctly. Another part of the process is optimization of current and new workflows and the user experience with the system.

BHS is currently engaged in prioritizing projects for the next year and beyond. For 2023 Q3/Q4 there are a number of IT projects, including plans to expand use of MyChart – the ccLink Patient Portal; redesigning ccLink for CalAIM initiatives such as Enhanced Care Management (ECM), and optimizing the appointment scheduling for BHS.

Capital Facilities

Capital Facilities Project. Funds have been set aside to support upcoming Capital Facilities projects that may arise in the upcoming cycle. Pending the outcome of grant applications and the availability of potential other funding, MHSa funds may be used as one of the funding sources to support these efforts. Proposed capital facilities project ideas have been developed with stakeholder participation and include building and construction of:

- Two 16-bed social rehabilitation facilities on the border between Central and East County
- A recovery center campus that would include various programs comprising a full continuum of mental health and housing services in one location. The proposed site would be located in West County.

Capital Facilities/ Information Technology (CFTN) Budget Authorization for

FY 2023-24:

Electronic Mental Health Data Management System and Capital Facilities Projects	5,000,000
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The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2023-24. The following table summarizes a budget estimate of total MHSA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 23-24	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000	105,736,000

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 2023-24 Available Funding	CSS	PEI	INN	WET	CF/TN	Prudent Reserve	TOTAL
1. Estimated unspent funds from prior fiscal years	39,161,750	12,005,758	9,913,924	1,122,231		7,579,248	69,782,911
2. Estimated new FY 23-24 funding	90,184,647	22,546,162	5,933,200				118,446,920
3. Transfers in FY 23-24	(11,000,000)			2,000,000	5,000,000	4,000,000	
4. Estimated available funding for FY 23-24	118,346,396	34,551,920	15,847,125	3,122,231	5,000,000	11,579,248	188,446,920

B. Budget Authority for FY 23-24	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000		105,736,000
C. Estimated FY 23-24 Unspent Fund Balance	36,441,397	22,783,920	11,829,125	77,231		11,579,248	82,710,920

B. Estimated FY 2024-25 Available Funding	CSS	PEI	INN	WET	CF/TN	Prudent Reserve	TOTAL
1. Estimated unspent funds from prior fiscal years	36,441,397	22,783,920	11,829,125	77,231		11,579,248	82,710,920
2. Estimated new FY 24-25 funding	60,553,166	15,138,291	3,983,761				79,675,218
3. Transfers in FY 24-25	(8,500,000)			4,000,000	2,500,000	2,000,000	
4. Estimated available funding for FY 24-25	88,494,563	37,922,212	15,812,885	4,077,231	2,500,000	13,579,248	162,386,138
B. Budget Authority for FY 24-25	65,552,999	12,210,000	4,195,000	3,113,000	2,500,000		87,571,000
C. Estimated FY 24-25 Unspent Fund Balance	22,941,564	25,712,212	11,617,885	964,231		13,579,248	74,815,140

C. Estimated FY 2025-26 Available Funding	CSS	PEI	INN	WET	CF/TN	Prudent Reserve	TOTAL

1.Estimated unspent funds from prior fiscal years	45,366,562	25,712,212	11,617,885	964,231		13,579,248	97,240,138
2. Estimated new FY 25-26 funding	59,770,004	14,942,501	3,932,237				78,644,742
3. Transfers in FY 25-26	(5,500,000)			3,000,000	2,500,000		
4.Estimated available funding for FY 25-26	77,211,568	40,654,713	15,550,123	3,964,231	2,500,000	13,579,248	153,459,882
B. Budget Authority for FY 25-26	64,455,000	12,669,000	3,876,000	3,185,000	2,500,000		86,685,001
C. Estimated FY 25-26 Unspent Fund Balance	12,756,568	27,985,713	11,674,123	779,231	13,579,248		66,774,880

Estimated Prudent Reserve for FY 23-24	11,579,248
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund 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 an \$11,000,000 transfer in FY 2023-24

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, 2023, is \$7,579,248, and includes interest earned. The County's FY 23-24 Budget reflects an increase to the Prudent Reserve, bringing it to \$11,579,248. 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 has gradually resumed beginning in September 2022.

Typically, during each three-year period, the MHSa funded contract and county operated programs undergo a program and fiscal review which entails the following: 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 MHS Financial Report is generated that depicts funds budgeted versus spent funds 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 of meeting 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.

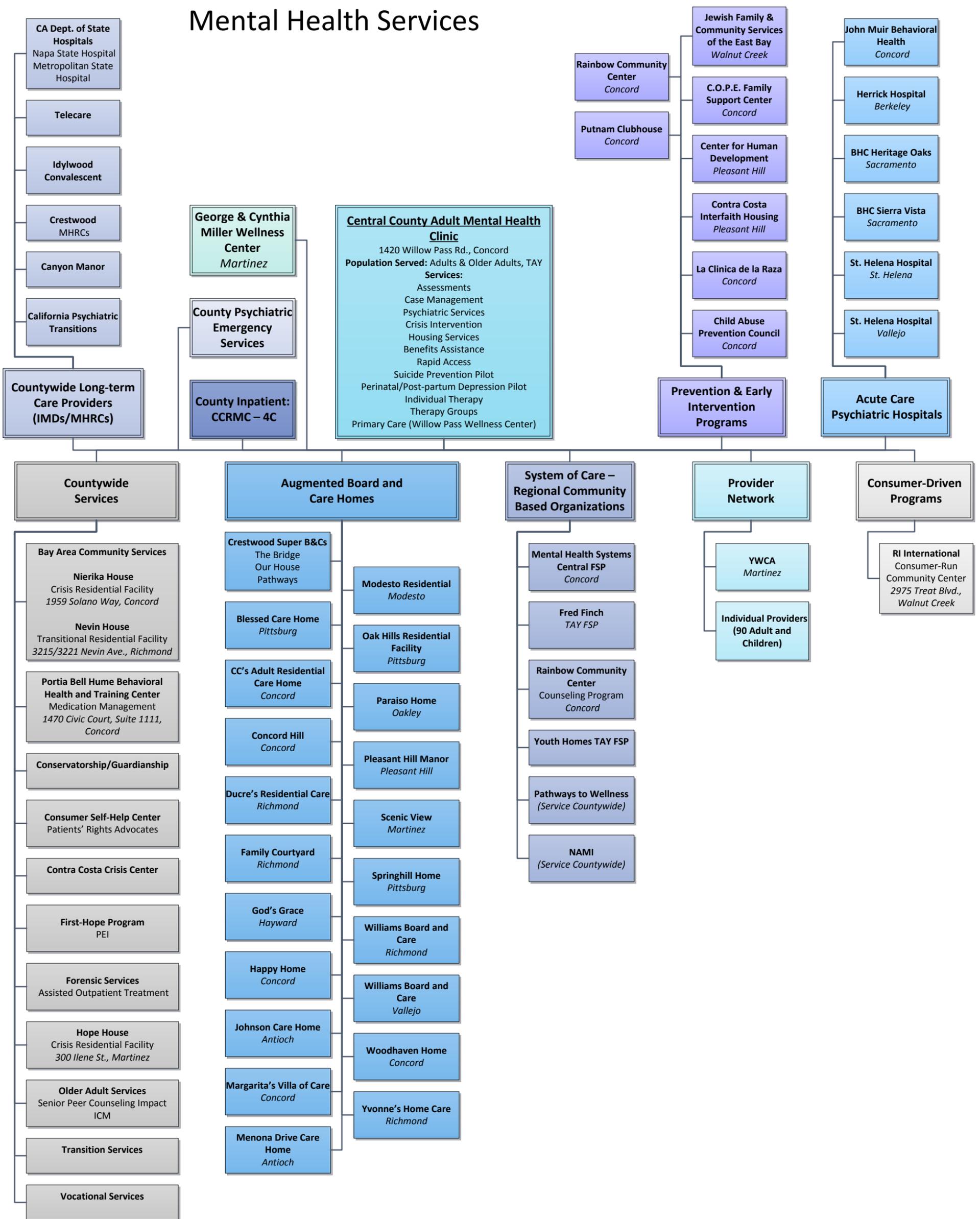
Appendix A

Mental Health Service Maps

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

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

Central County Adult Mental Health Services



Central County Children's Mental Health Services

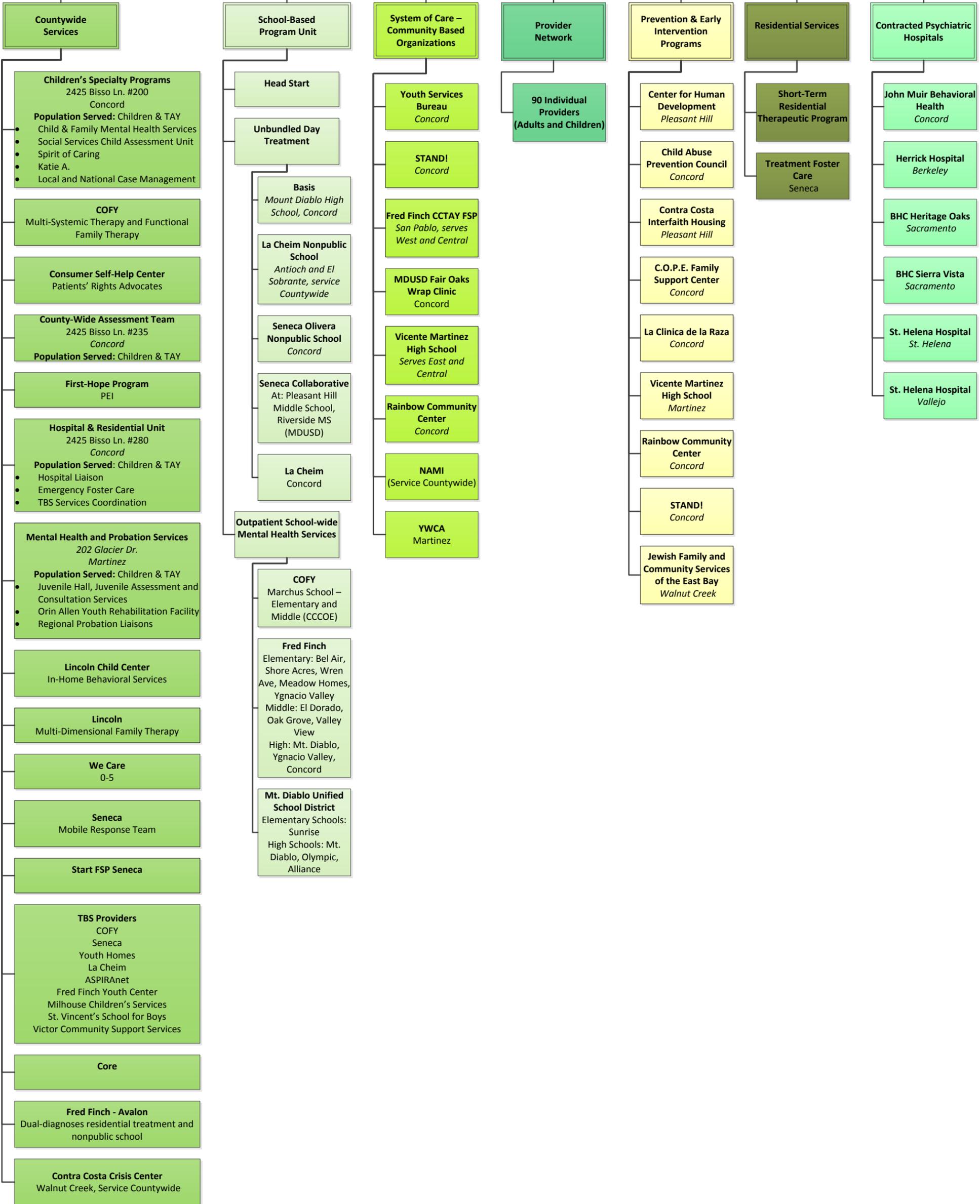
Central County Children's Mental Health Clinic
 2425 Bisso, Ste. 200
 Concord, CA 94520
 Population Served: Children and TAY
 Services:
 Psychiatric Services
 Outpatient Services
 Parent Partners
 Parent Project
 PIP Program
 Wrap Around Services
 Cognitive Behavioral Therapy
 Dialectical Behavior Therapy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

George & Cynthia Wellness Center
 Martinez

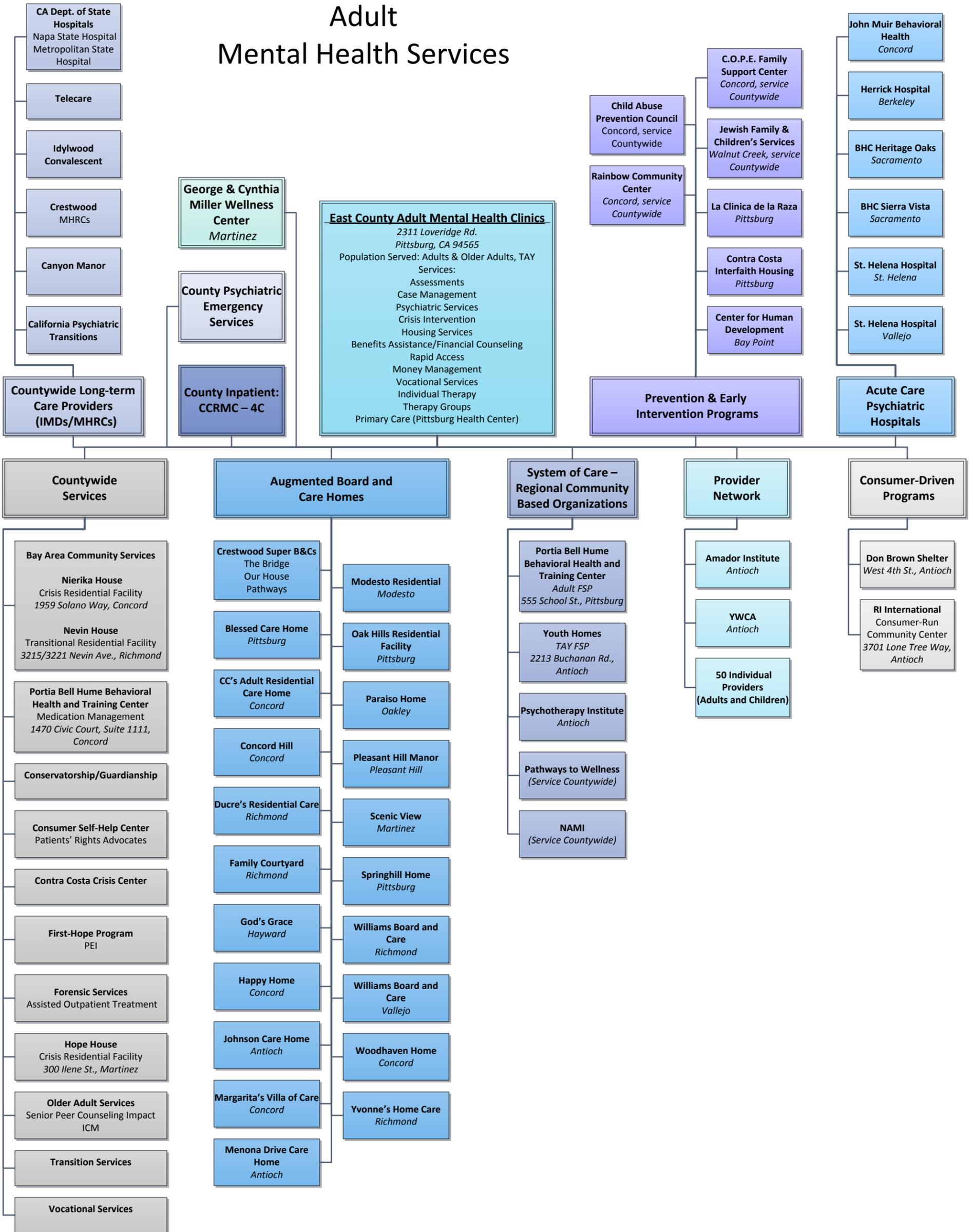
County Psychiatric Emergency Services

Child-Parent Psychotherapy

Family-Based Treatment for Eating Disorder



East County Adult Mental Health Services



East County Children's Mental Health Services

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

County Psychiatric Emergency Services

George & Cynthia Wellness Center
Martinez

Child-Parent Psychotherapy

Family-Based Treatment for Eating Disorder

Countywide Services

Children's Specialty Programs
 2425 Bisso Ln. #200
 Concord
 Population Served: Children & TAY
 Child & Family Mental Health Services
 Social Services Child Assessment Unit
 Spirit of Caring
 Katie A.
 Local and National Case Management

COFY
(Multi-Systemic Therapy and Functional Family Therapy)

Consumer Self-Help Center
(Patients' Rights Advocates)

County-Wide Assessment Team
 2425 Bisso Ln. #235
 Concord
 Population Served: Children & TAY

First-Hope Program
(PEI)

Hospital & Residential Unit
 2425 Bisso Ln. #280
 Concord
 Population Served: Children & TAY
 Local and National Case Management
 Hospital Liaison
 TBS Services Coordination

Mental Health and Probation Services
 202 Glacier Dr.
 Martinez
 Population Served: Children & TAY
 Juvenile Hall, Juvenile Assessment and Consultation Services
 Orin Allen Youth Rehabilitation Facility
 Regional Probation Liaisons

Lincoln Child Center
(In-Home Behavioral Services)

Lincoln
(Multi-Dimensional Family Therapy)

Lynn Center

Seneca
(Mobile Response Team)

Start FSP Seneca

TBS Providers
 COFY
 Seneca
 Youth Homes
 La Cheim
 ASPIRAnet
 Fred Finch Youth Center
 Milhouse Children's Services
 St. Vincent's School for Boys
 Victor Community Support Services

CORE

Fred Finch - Avalon
Dual-diagnoses residential treatment and nonpublic school

Contra Costa Crisis Center
 Walnut Creek, Service Countywide

Jewish Family and Community Services of the East Bay
 Walnut Creek, service Countywide

Foster Youth Mental Health
 A Better Way, Seneca

Wraparound Services

School-Based Program Unit

Head Start

Outpatient Services

Seneca Center
 At: Riverview Middle School (Mount Diablo Unified School District)

Outpatient School-wide Mental Health Services

Lincoln
 Pittsburg Unified School District Elementary, Middle, and High Schools

Mental Health Enhanced Classroom(s)

TBD
Elementary Schools: Foothill, Petite Academy
Middle Schools: Black Diamond, Learning Academy

System of Care – Regional Community Based Organizations

Community Health for Asian Americans
Antioch

La Clinica
Oakley

Amador Institute
Antioch

Child Therapy Institute
Antioch

Center for Psychotherapy
Antioch

Youth Homes TAY FSP
Antioch

NAMI
(Service Countywide)

YWCA
Antioch

Provider Network

50 Individual Providers
(Adults and Children)

Prevention & Early Intervention Programs

Center for Human Development
Bay Point

Contra Costa Interfaith Housing
Pittsburg

La Clinica de la Raza
Pittsburg

People Who Care
Pittsburg

Rainbow Community Center
Concord, service Countywide

STAND!
Antioch

Child Abuse Prevention Council
Concord, service Countywide

Jewish Family and Community Services of the East Bay
Walnut Creek

Residential Services

Short-Term Residential Therapeutic Program

Treatment Foster Care
Seneca

Contracted Psychiatric Hospitals

John Muir Behavioral Health
Concord

Herrick Hospital
Berkeley

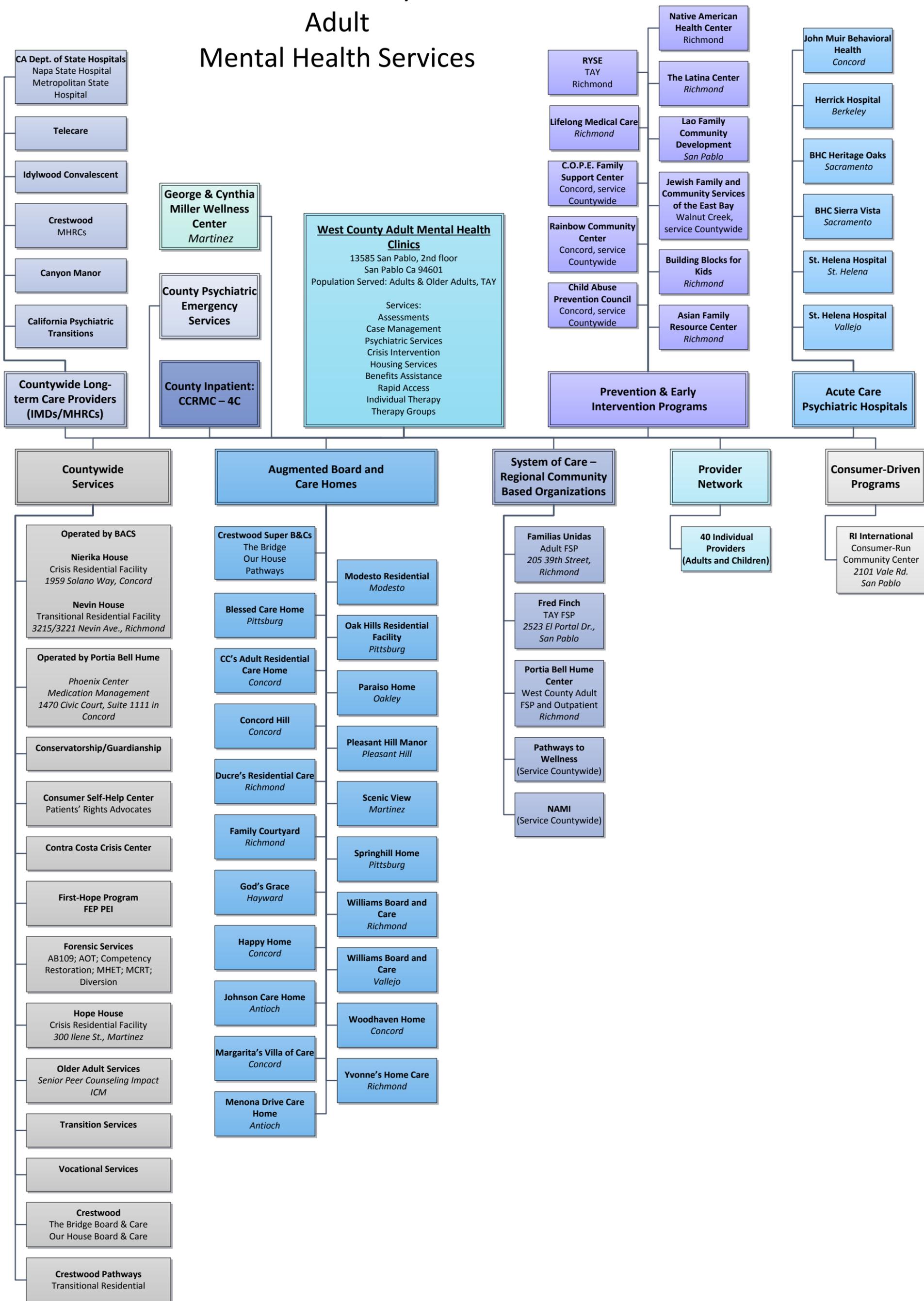
BHC Heritage Oaks
Sacramento

BHC Sierra Vista
Sacramento

St. Helena Hospital - St. Helena

St. Helena Hospital - Vallejo

West County Adult Mental Health Services



West County Children's Mental Health Services

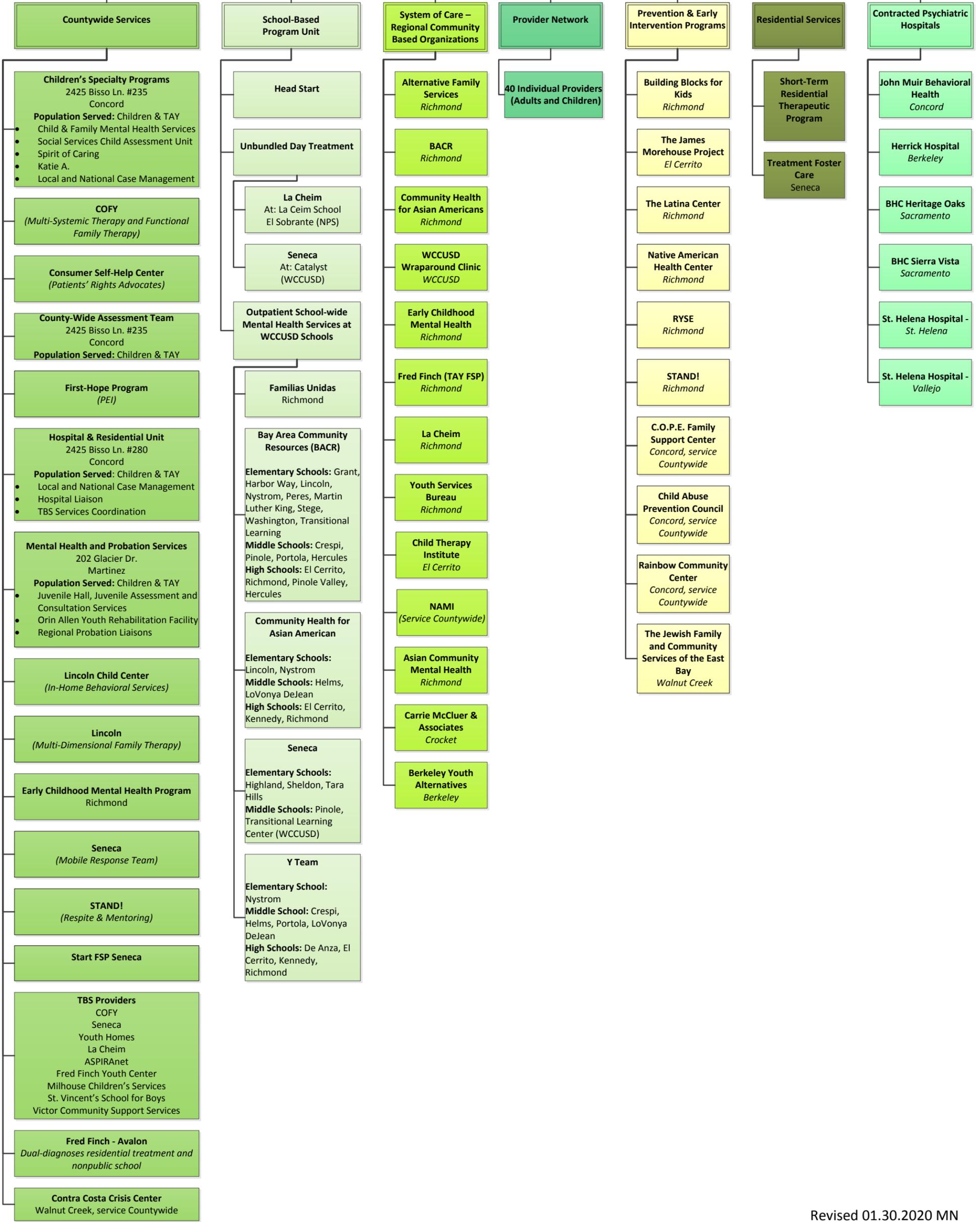
West County Children's Mental Health Clinic
 303 41st Street
 Richmond, CA
Population Served: Children and TAY
Services:
 Psychiatric Services
 Outpatient Services
 Parent Partners
 Wrap Around Services
 Cognitive Behavioral Therapy
 Dialectical Behavior Therapy
 Trauma Focused Cognitive Behavioral Therapy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

**County Psychiatric
Emergency Services**

**George & Cynthia
Wellness Center
Martinez**

**Child-Parent
Psychotherapy**

**Family-Based Treatment
for Eating Disorder**



APPENDIX B – PROGRAM PROFILES

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CENTRAL COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

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

Point of Contact: Terry Ahad, Mental Health Program Manager, (925) 646-5480, Terry.Ahad@CCHHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 21-22: Approximately 2,653 Individuals.

CENTRAL COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

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

Point of Contact: Betsy Hanna, PsyD, Mental Health Program Manager, (925) 521-5767, Betsy.Hanna@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
 - Support for full-service partners.
- a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
 - b. Number Served: For FY 21-22: Approximately 994 Individuals.

CRESTWOOD BEHAVIORAL HEALTH, INC.

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

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

(925) 938-8050, tcurran@cbhi.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission at Crestwood Healing Center is to partner with Contra Costa County clients, employees, families, business associates, and the broader community in serving individuals affected by mental health issues. Together, they enhance quality of life, social interaction, community involvement and empowerment of mental health clients toward the goal of creating a fulfilling life. Clients are assisted and encouraged to develop life skills, participate in community-based activities, repair or enhance primary relationships, and enjoy leisure activities. A supportive, compassionate, and inclusive program increases motivation and commitment.

PROGRAM: THE PATHWAY PROGRAM (MENTAL HEALTH HOUSING SERVICES – CSS)

The Pathway Program provides psychosocial rehabilitation for 16 clients who have had little, if any, previous mental health treatment. The program provides intensive skills training to promote independent living. Many clients complete their high school requirements, enroll in college or are participating in competitive employment by the end of treatment.

a. Scope of Services:

- Case management
- Mental health services
- Medication management
- Crisis intervention
- Adult residential

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

c. Payment Limit: FY 22-23 \$1,321,908

d. Number served: For FY 20–21: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

Outcomes: To be determined.

DIVINE'S HOME

2430 Bancroft Lane, San Pablo, CA 94806

Point of Contact: Maria Riformo, (510) 222-4109, HHailey194@aol.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Divine's Home, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents.
- b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 6 beds.

EAST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

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

Point of Contact: Beverly Fuhrman, Program Manager, (925) 431-2621, Beverly.Fuhrman@CCHHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

East County Adult Mental Health Services operates within Contra Costa Mental Health's Adult System of Care. Services are provided within a Care Team model. Each Care Team is comprised of a core team of psychiatrists, therapists, and community support workers. Additional services may be provided by nurses, family support worker, and a substance abuse counselor. The initial assessment, Co-Visit, is provided jointly by a psychiatrist and a therapist where both mental health and medication needs are addressed at this initial visit. Other services include crisis intervention, individual/group therapy, case management, housing services, benefits assistance, vocational services, and linkage to community-based programs and agencies.

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 21-22 Approximately 2,713 Individuals.

EAST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

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

Point of Contact: Christine Madruga, Program Manager, (925) 608-8736, Christine.Madruga@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

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

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
 - Support for full-service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
 - b. Number Served: For FY 21-22: Approximately 1035 Individuals.

EMBRACE MENTAL HEALTH

3478 Buskirk Avenue, Suite 260, Pleasant Hill CA 94523, www.embrace.org

Point of Contact: David Bergesen, (925) 943-1794, d.bergesen@embrace-mh.org and

Gabriel Eriksson (925) 943-1794, g.eriksson@embrace-mh.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Embrace Mental Health is a multi-disciplinary provider of mental health services. Embrace’s mission is to work with youth whose high-intensity behaviors place them at risk of hospitalization or residential treatment. Their mental health clinicians work collaboratively with caregivers, educators, and social service professionals to help exasperated families restore empathic relationships and maintain placement for their children.

PROGRAM: MULTISYSTEMIC THERAPY (MST) – FULL-SERVICE PARTNERSHIP (FSP) - CSS

Multisystemic Therapy (MST) is an Evidence Based Program ecological model designed to work in home with family and caregivers. MST addresses complex clinical, behavioral, social, and educational problems experienced by the youth. Clients are referred by the Juvenile Probation Mental Health Liaisons, Probation Officers, and Regional Clinic Program Managers. The MST clinician primarily works with parents and caregivers to identify family goals as well as to target behaviors that put the adolescent into contact with Juvenile Probation. This intensive intervention model includes multiple sessions per week over a period of up to six months.

- a. Scope of Services: Services include but are not limited to outreach and engagement, case management, outpatient mental health services, crisis intervention, collateral services, flexible funds. Embrace MST staff must be available to consumer on a 24/7 basis.
- b. Target Population: Children who have a serious emotional disturbance or serious mental illness; and have been identified as a juvenile offender or are at risk of involvement with Probation due to delinquent behavior. Services are county-wide.
- c. Payment Limit: FY 23-24 \$1,056,614
- d. Number served: In FY 21-22 Embrace FSP served 29 individuals.
- e. Outcomes:
 - Reduction in incidence of psychiatric crisis

Decrease in Juvenile Assessment and Consultation Services (JACS)

Table 1. Pre- and post-enrollment utilization rates for 29 Embrace FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	25	6	0.091	0.045	-50.6%
<i>Inpatient episodes</i>	1	0	0.004	0.00	-100.0%

<i>Inpatient days</i>	4	0	0.014	0.000	-100.0%
<i>JACS Bookings</i>	11	2	0.040	0.015	-62.6%

Contact Information: Administrative Offices 310 James Way, Ste. 280, Pismo Beach, CA 93449

Point of Contact: Dr. Chris Zubiata, czubiata@everwellhealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Everwell operates modern therapeutic treatment communities that bring lasting recovery in a changing healthcare environment. Their residential behavioral health services provide care to adults diagnosed with serious mental illness (SMI) who are stepping down from acute and sub-acute care settings and transitioning back to the community. Services are provided in an adult residential facility (ARF) or residential care facility for the elderly (RCFE), as Everwell operates multiple locations that utilize the Healing Enclave Model. There are varying phases of on-site supportive services, depending on the client's level of need. Services are provided on-site by a multi-disciplinary team and may include:

- Behavioral health treatment services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
-

- f. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting.
- g. 23-24 Budget: MHSA Portion: \$1,256,899 (increased to 18 beds in 23-24)
- h. Number served in 21-22: 3 beds.
- i. Successful Outcomes:
- Participants demonstrate improved health and functioning and progress to the least restrictive level of care possible.
 - Health condition(s) are well-controlled with medications and/or lifestyle supports.
 - Participants discharge to supported or independent living.

FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – FULL-SERVICE PARTNERSHIP - CSS

Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.

a. Scope of Services:

- Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems.
- Crisis Intervention
- Collateral services
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Contractor must be available to the consumer on a 24/7 basis.

b. Target Population: Adults in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 23-24 \$297,404

d. Number served: For FY 21-22: 20 Individuals.

e. Outcomes: For FY 21-22:

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.
- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested, or incarcerated post-enrollment measured at the end of the fiscal year.
- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- Reduction in incidence of psychiatric crisis

- Reduction of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 20 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 21-22

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% change
<i>PES episodes</i>	22	0	0.094	0.000	-100.0%
<i>Inpatient episodes</i>	6	0	0.026	0.000	-100.0%
<i>Inpatient days</i>	41	0	0.175	0.000	-100.0%
<i>DET</i>	7	4	0.030	0.018	-39.2%

FORENSIC MENTAL HEALTH (CONTRA COSTA HEALTH)

1430 Willow Pass Road, Suite 100, Concord CA 94520

Point of Contact: Natalie Dimidjian, Program Manager, (925) 313-9554, Natalie.Dimidjian@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: FORENSIC SERVICES - CSS

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

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence-based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis.

In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

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

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

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT. The Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers will work closely with the County's Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their

respective communities. MHSAs funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation and the addition of two positions.

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSAs to join Forensics Services Team. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
- c. MHSA-Funded Staff: 4.0 Full-time equivalent
Number Served: For FY 21-22: 412

FRED FINCH YOUTH CENTER

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: CONTRA COSTA TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP - CSS

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

- a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
 - Outreach and engagement
 - Case management
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems.
 - Crisis Intervention
 - Collateral
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Referrals to Money Management services as needed.
 - Supported Employment Services
 - Available to consumer on 24/7 basis
- a. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.
- b. Payment Limit: FY 23-24 \$1,643,231
- c. Number served: For FY 21-22:33
- d. Outcomes: For FY 20/21:
 - Reduction in incidence of psychiatric hospitalizations
 - Reduction in detention bookings

Table 1. Pre- and post-enrollment utilization rates for 33 Fred Finch FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
<i>PES episodes</i>	27	11	0.082	0.030	-63.4%
<i>Inpatient episodes</i>	13	7	0.039	0.019	-51.3%
<i>Inpatient days</i>	126	154	0.382	0.418	+9.42%
<i>DET Bookings</i>	2	2	0.006	0.005	-16.7%

LINCOLN

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: MULTI-DIMENSIONAL FAMILY THERAPY (MDFT) – FSP - CSS

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for adolescents with co-occurring substance use and mental health issues who may be at high risk for continued substance abuse and other challenging behaviors, such as emotional dysregulation, defiance and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem-solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 5 to 7 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

a. Scope of Services:

- Services include but are not limited to:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services
- Crisis Intervention
- Collateral Services
- Group Rehab
- Flexible funds
- Contractor must be available to consumer on 24/7 basis.

b. Target Population: Children in West, Central and East County experiencing co-occurring serious mental health and substance abuse challenges. Youth and their families can be served by this program.

c. Payment Limit: FY 23-24 \$ \$1,069,956

d. Number Served: For FY 21-22: 39

e. Outcomes: For FY 21-22:

- Reduction in delinquency or maintained positive functioning in community involvement.
- Increase in detention bookings.

Table 1. Pre- and post-enrollment utilization rates for 39 Lincoln Child Center participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	3	0	0.009	0.010	-100.0%
<i>Inpatient episodes</i>	0	0	0.000	0.000	-0%
<i>Inpatient days</i>	0	0	0.000	0.000	-0%
<i>JACS Bookings</i>	10	12	0.031	0.047	+51.6%

PH SENIOR CARE, LLC (PLEASANT HILL MANOR)

40 Boyd Road, Pleasant Hill CA, 94523

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

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Pleasant Hill Manor, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- Number served: For FY 21-22: Capacity of 37 beds.

MENTAL HEALTH CONNECTIONS (FORMERLY PUTNAM CLUBHOUSE)

3711 Lone Tree Way, Antioch, CA 94509 (East County)

2975 Treat Boulevard C-8, Concord, CA 94518 (Central County)

2101 Vale Road #300, San Pablo, CA 94806 (West County),

Point of Contact: Tamara Hunter, Executive Director, (925) 691-4276, tamara@mentalhealthconnectionsca.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: PEER CONNECTION CENTERS – CSS

Peer Connection Centers provide self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources in the East, Central and West regions of Contra Costa County. Peer Connection Centers refer any peer members seeking employment and/or school enrollment to Mental Health Connections Clubhouse for vocational supports. They provide transportation, when possible, by Supporting Transportation and Rides (STAR), for individuals participating in the Peer Connection Center programs. Assist CCBHS in supporting Service Provider Individualized Recovery Intensive Training (SPIRIT) offered in partnership with Contra Costa Community College and CCBHS's Office for Consumer Empowerment (OCE). Provide SPIRIT students interested in working within the local mental health service delivery system with learning opportunities in partnership with OCE. Administer stipends to SPIRIT students in accordance with documentation provided by OCE and Contra Costa Community College. Encourage Peer Connection Center participants to learn about SPIRIT and if possible, apply to participate in SPIRIT as part of their recovery journey. Recovery is embodied in the vision and mission of The Contra Costa Clubhouses, Inc. which provides a safe and welcoming place where participants (called members, not patients or clients or consumers) build on personal strengths instead of focusing on illness.

a. Scope of Services:

- Peer and family support
- Personal recovery planning using the Peer Connection Coaching model
- Quarterly one-on-one coaching and meaningful outcome tracking
- Recovery-focused curriculum including: Wellness Recovery Action Plan (WRAP), evidence-based Illness Management Recovery (IMR) groups, and wellness education focused on topics such as relationships, boundaries, structure, mindfulness, nutrition, spirituality, physical health, and financial soundness.
- Community outreach and collaboration
- Care coordination - supporting citizens in obtaining/receiving medical, dental, mental health, addiction medicine and other health/wellness services.
- Supportive employment program is done in partnership with the Clubhouses School and Work Supports (SAWS) Unit including, but not limited to support filling out applications, writing resumes/cover letters, preparing for interviews
- Healthy snacks and lunch during operating hours
- Transportation to/from the Peer Connection Centers and community activities relating to programming; when possible to/from medical appointments, interviews, and school/work.

- Access to computers/phones for studying, seeking employment, working and engaging in virtual appointments.
- b. Target Population: Adult mental health participants in Contra Costa County. The Clubhouse services will be delivered within each region of the county through Peer Connection Centers located in Antioch, Concord and San Pablo.
- c. Annual MHSa Payment Limit: FY 23-24 \$1,100,039
- d. Payment Limit: FY 21-22: \$1,002,791
- e. Number served: For FY 21-22: 97 participants. It should be noted that the target goal to be served is 200; however due to COVID-19 and the contracting of services transitioning from RI International, Inc. to Mental Health Connections, all three sites were not fully providing in-person services at the time Mental Health Connections took over contracting of services. Due to this, there needed to be hiring to staff up the three locations. Services continued to be offered through this transition, primarily in a virtual setting. As the sites were staffed up and re-opened; more in-person services were provided.
- f. Outcomes: For FY 21-22:
- Peer Connection Centers became fully operational throughout the year. The Antioch site opened November 1, 2021. The Concord site opened March 28, 2022, and the San Pablo site opened May 3, 2022. During this time all sites operated virtually and transitioned to in-person once the shelter-in-place ended, and staff were hired.
 - 100% of participants were welcomed/greeted with Putnam Peer Connection Center information.
 - 100% of participants were invited to attend a Putnam Peer Connection Center orientation and become involved and contribute to the Wellness Community.
 - 90% of participants completed a Peer Connection Wellness Plan.
 - Wellness Community Councils were established at each site with participant leadership roles, including Community Mayor and Community Council Members.
 - Weekly Wellness Community Council Meetings were held unless the Council agreed not to meet if it conflicted with special programming.
 - Regular Town Hall Meetings were held to make announcements, acknowledge participant achievements and receive feedback regarding programming/services.
 - Monthly activity/class calendars were created for each site with member input.
 - Provided/facilitated weekly opportunities for psychoeducation, skill-building and social engagement.
 - Provided unique programming for young adults, older adults and LGBTQIA+ participants.
 - Though participant goal was not met during the first contract year, the agency continues to do outreach and presentations to community by attending Chamber of Commerce events and visiting shelters.
 - Provided telephone or in-person outreach to 100% of members who had not attended in two weeks.
 - Average daily attendance per site started to be tracked in May 2022 once all sites were open. The average daily attendance was as follows; Antioch (16), Concord (7); and San Pablo (12).
 - The average number of hours attended per site was between 6 hours per day.
 - Once all sites were opened, there was an average of 30 people per class.
 - Of the 97 participants, it is estimated that:
 - a: 100% participated in a coach partnership.
 - b:100% of those who asked for this support obtained linkage connections.
 - c: 95% attended a workshop or wellness group
 - d: 100% received a meal.
 - e: About 12 rides per day were provided for all three sites, once open.
 - A total of 53 Peer Connection Wellness Plans were created - Concord (14), San Pablo (5), and Antioch (34).

MENTAL HEALTH SERVICES ACT HOUSING SERVICES (CONTRA COSTA HEALTH, HOUSING, AND HOMELESS SERVICES – H3)

2400 Bisso Lane, Suite D2, Concord, CA 94520, <https://cchealth.org/h3/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: HOMELESS PROGRAMS - TEMPORARY SHELTER BEDS - CSS

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

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.
- b. Total MHA Portion of Budget: \$2,110,379
- c. Number Served: FY 21-22: 75 beds fully utilized for 365 days in the year.

PROGRAM: PERMANENT HOUSING - CSS

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

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total MHA Portion of Budget: One Time Funding Allocated.
- c. Number Served: FY 21-22 50 units.

PROGRAM: COORDINATION TEAM - CSS

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total FTE: 9.0 FTE
- c. Total MHA Portion of Budget: \$1,054,003
Number Served: FY 21-22: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHA funded housing services.

MENTAL HEALTH SYSTEMS, INC. – ASSISTED OUTPATIENT TREATMENT (AOT)

2280 Diamond Boulevard, #500, Concord, CA 94520, <https://www.mhsinc.org/listing/contra-costa-action-team/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: MHS CONTRA COSTA ACTION TEAM - CSS

- a. Mental Health Systems, Inc. (MHS) will provide Assisted Outpatient Treatment (AOT) services and subsequent Assertive Community Treatment (ACT) Full-Service Partnership (FSP) services for up to 75 eligible adults in Contra Costa County. Program services shall meet the requirements of AB 1421 (Laura’s Law) while respecting the choice, autonomy and dignity of individuals struggling with the symptoms of serious mental illness (SMI) and/or co-occurring substance abuse disorders. The program will be identified as the Contra Costa ACTion Team and the Mental Health Services Act (MHSA) will fund services. The program will be inclusive of outreach, engagement and support in the investigatory process of AOT determination and the subsequent provision of ACT services. MHS’ FSP program model will incorporate an ACT Team whose multidisciplinary members will provide intensive community-based services to adults with SMI and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria and agree to voluntarily accept services. Target Population: Adults diagnosed with serious mental illness and co-occurring substance abuse disorders, who a) establish an AOT court settlement agreement, b) are court-ordered to receive these services, or c) meet the criteria for FSP services and agree to voluntarily accept services.
- b. Payment Limit: FY 23-24 \$2,266,775
- c. Number Served: The program served 115 clients during the FY 18-19, 84 clients during FY 19-20, 86 clients during FY 20-21, and 76 clients during FY 21-22.
- d. Outcomes: For FY 21/22
 - Reduction in PES admissions
 - Reduction in detention bookings

Table 1. Pre-and post-enrollment utilization rates for 76 Mental Health Systems AOT/ACT/ FSP participants enrolled in the FSP program during FY 21-22

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	235	66	0.308	0.076	-75.3%
<i>Inpatient episodes</i>	39	16	0.051	0.018	-64.7%

Inpatient days	514	282	0.675	0.323	-52.1%
DET Bookings	48	37	0.063	0.042	-33.3 %

MENTAL HEALTH SYSTEMS, INC. - CENTRAL FSP - CSS

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

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

- b. Payment Limit: FY 22-24 \$ 1,114,343
- c. Number Served: FY 21-22: 59 Individuals
- d. Outcomes:
 - Reduction in incidence of psychiatric hospitalizations
 - Increase in detention bookings

Table 1. Pre-and post-enrollment utilization rates for 59 Mental Health Systems FSP participants enrolled in the FSP program during FY 21-22

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	139	65	0.217	0.098	-54.8%
<i>Inpatient episodes</i>	28	15	0.044	0.023	-47.7%
<i>Inpatient days</i>	314	231	0.489	0.347	-29.0%
DET Bookings	20	35	0.031	0.038	+22.5 %

MODESTO RESIDENTIAL LIVING CENTER, LLC.

1932 Evergreen Avenue, Modesto CA, 95350

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

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits and accepted augmented board and care at Modesto Residential Living Center.
- Number served: For FY 21-22: Capacity of 12 beds.

OAK HILLS RESIDENTIAL FACILITY

141 Green Meadow Circle, Pittsburg, CA 94565

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

GENERAL DESCRIPTION OF THE ORGANIZATION:

The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

Number Served: For FY 21-22: Capacity of 6 beds.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

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

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: INTENSIVE CARE MANAGEMENT - CSS

The Intensive Care Management Teams (ICMT) provide mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through Medi-Cal, dually covered under Medi-Cal and Medicare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

PROGRAM: IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT (IMPACT) - CSS

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

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget: Intensive Care Management - \$3,964,286; IMPACT - \$433,536
- c. Staff: 24 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 19-20: It is estimated that ICMT served 305 individuals; IMPACT served 440 individuals; Actual number served may be higher, as the data made available reflects services prior to the shelter in place issued in March 2020.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only).

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER (HUME CENTER)

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

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

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: ADULT FULL-SERVICE PARTNERSHIP - CSS

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

a. Goal of the Program:

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

b. Referral, Admission Criteria, and Authorization:

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

c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:

- Community outreach, engagement, and education to encourage participation in the recovery process and our program
- Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems

- Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
 - Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer’s condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer’s treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month’s rent, or unexpected expenses in order to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
 - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by sub-contractors, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
 - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 23/24 (East and West CSP): \$ \$4,532,294
- f. Number served: For FY 21/22:67 individuals (East); and 47 individuals (West)
- g. Outcomes: For FY 21/22 (East):
- Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 47 Hume West FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	96	64	0.180	0.113	-37.2%
<i>Inpatient episodes</i>	14	2	0.026	0.004	-84.6%

<i>Inpatient days</i>	145	30	0.272	0.053	-80.5%
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<i>DET Bookings</i>	13	2	0.024	.004	-83.3%
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Table 1. Pre- and post-enrollment utilization rates for 67 Hume East FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	302	72	0.378	0.091	-75.9%
<i>Inpatient episodes</i>	44	16	0.055	0.020	-63.6%
<i>Inpatient days</i>	381	176	0.477	0.223	-53.2%
<i>DET Bookings</i>	22	12	0.028	0.015	-46.4%

PRIMARY CARE CLINIC BEHAVIORAL HEALTH SUPPORT (CONTRA COSTA HEALTH)

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

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor, (925) 681-4100, Kelley.Taylor@CHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

- a. Scope of Services: Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. Target Population: Adults in central county, who present at the clinic for medical reasons
- c. Number Served: For FY 21/22: 200+.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Contact Information: 18225 Hale Ave., Morgan Hill, CA 95037

Point of Contact: Arturo Uribe, LCSW, President/CEO, amuribe@psynergy.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and specialty mental health outpatient clinics in close proximity to the client home. Providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models. Psynergy programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an Institute for Mental Disease (IMD), Psychiatric Health Facility (PHF) and Jail. The intent and goal of Psynergy services is to improve individual’s quality of life, to help gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

Psynergy Programs provide innovative treatment programs for individuals living with a serious mental illness to assist them in successfully graduating from locked settings to community living. Services may include:

- Mental health services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
- Nutrition and Wellness including three well-balanced meals per day
- Clean and comfortable lodging and accommodations
- Comprehensive daily activities program
- Holistic health
- Physical fitness
- Peer and family support
- Linkage to community resources

j. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting

k. Payment Limit: FY 22-23 Total contract payment limit \$814, 404 (MHSA portion: \$96,762)

l. Number served: For FY 21–22: 9 beds

Successful Outcomes:

Clients will transition to independent living or the least restrictive environment in their community

They will be linked to the appropriate community resources to maintain stable community living

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SHORT TERM ASSESSMENT OF RESOURCES AND TREATMENT (START) - FSP - CSS

Seneca Family of Agencies (SFA) provides an integrated, coordinated service to youth who frequently utilize crisis services, and may be involved in the child welfare and/or juvenile justice system. START provides three to six months of short-term intensive services to stabilize the youth in their community, and to connect them and their families with sustainable resources and supports. The goals of the program are to 1) reduce the need to utilize crisis services, and the necessity for out-of-home and emergency care for youth enrolled in the program, 2) maintain and stabilize the youth in the community by assessing the needs of the family system, identifying appropriate community resources and supports, and ensuring their connection with sustainable resources and supports, and 3) successfully link youth and family with formal services and informal supports in their neighborhood, school and community.

PROGRAM: MOBILE RESPONSE TEAM – CSS

Seneca Family of Agencies (SFA) will provide intensive crisis stabilization services to Contra Costa County youth through mental health provider services to youth and families experiencing a crisis through mobile crisis teams (Mobile Response Team). Short-term crisis intervention and stabilization services will be provided to minors, transitional-age youth, and FURS-eligible youth who are in acute psychiatric distress and/or Seriously Emotionally Disturbed (SED). The primary goals for MRT are crisis stabilization, placement stabilization, decrease need for police involvement, reduce unnecessary hospitalizations, assist youth in accessing emergency psychiatric care when needed, and assess the youth's current mental health needs. Services shall be based in East, West, and Central Contra Costa County.

Scope of Services:

Outreach and engagement

- Linkage
- Assessment
- Case management
- Plan development
- Crisis Intervention
- Collateral
- Flexible funds
- Individual Rehabilitation
- Contractor must be available to consumer on 24/7 basis
- SFA Mobile Response Teams will be available to respond to the location of the crisis (family home, hospital, school or other community setting) during day and evening hours (7 AM- 11 PM Monday through Friday, and 11 AM-9 PM on weekends).

- a. Target Population: The target population for the program includes youth with a history of multiple psychiatric hospitalizations and crisis interventions, imminent risk of homelessness, who have a serious mental illness and/or are seriously emotionally disturbed, and are not being served, or are being underserved, by the current mental health system. Youth in the program can be Medi-Cal eligible or uninsured.
- b. Payment Limit: FY 23- 24 \$ \$1,001,479
- c. Number served: Number served in FY 21-22: 47 individuals
- d. Outcomes:
 - Establish linkage with ongoing resources/support.
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 47 Seneca Start FSP Participants enrolled in the FSP program during FY 21-22

	No. pre- enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	94	52	0.201	0.169	-15.9%
<i>Inpatient episodes</i>	6	3	0.013	0.010	-23.1%
<i>Inpatient days</i>	31	26	0.066	0.084	-27.3%

SHELTER, INC.

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of SHELTER, Inc. is to prevent and end homelessness for low-income, homeless, and disadvantaged families and individuals by providing housing, services, support, and resources that lead to self-sufficiency. SHELTER, Inc. was founded in 1986 to alleviate Contra Costa County's homeless crisis, and its work encompasses three main elements: 1) prevent the onset of homelessness, including rental assistance, case management, and housing counseling services, 2) ending the cycle of homelessness by providing housing plus services including employment, education, counseling and household budgeting to help regain self-sufficiency and 3) providing permanent affordable housing for over 200 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

PROGRAM: SUPPORTIVE HOUSING - CSS

SHELTER, Inc. provides a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords SHELTER, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless and that have been certified by Contra Costa Behavioral Health as eligible. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant-based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to consumers living in master leased and owned properties.
- Maintain property management systems to track leases, occupancy, and maintenance records.

- Maintain an accounting system to track rent and security deposit charges and payments.
 - Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
 - Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
 - Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
 - Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
 - Work collaboratively with full-service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
 - Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
 - Provide tenant education to consumers to support housing retention.
- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full-service partnership programs, including carrying an SMI diagnosis.
- c. Annual Payment Limit: \$2,420,426
- d. Number served: For FY 20-21 Shelter, Inc. served 116 consumers.
- Outcomes: Quality of life: housing stability.
 - i. Goal: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.
 - ii. Goal: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.
 - iii. Capacity of 119 Units.

TELECARE CORPORATION

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

Point of Contact: Bjay Jones, Program Administrator, (925) 266-6521, bjjones@telecarecorp.com or Caitlin Young, Clinical Director, chyoung@telecarecorp.com

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: HOPE HOUSE CRISIS RESIDENTIAL FACILITY - CSS

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

a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 72 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.

- Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
 - Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
 - A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
 - Peer support services/groups offered weekly.
 - Engagement of family in treatment, as appropriate.
 - Assessments for involuntary hospitalization, when necessary.
 - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
 - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
 - Daily provision of healthy meals and snacks for residents.
 - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 23-24 \$2,408,428
- d. Number served: FY21/22 Unduplicated client count of 249
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
 - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

UNITED FAMILY CARE, LLC (FAMILY COURTYARD)

2840 Salesian Avenue, Richmond, CA 94804

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

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with United Family Care, LLC (Family Courtyard), a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 40 beds.

WEST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

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

- a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number Served: For FY 21-22: Approximately 2,422 Individuals.

WEST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

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

Point of Contact: , (510) 374-7208, Chad.Pierce@CHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas: Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model. A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic. Support for full-service partners.

- a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
- b. Number Served: For FY 21-22: Approximately 650 Individuals.

WILLIAMS BOARD AND CARE

430 Fordham Drive, Vallejo CA, 94589

Point of Contact: Frederick Williams, (707) 731-2326, Fred_Williams@b-f.com or Katrina Williams, (707) 731-2326

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Williams Board and Care, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 12 beds.

WOODHAVEN

3319 Woodhaven Lane, Concord, CA 94519

Point of Contact: Milagros Quezon, (925) 349-4225, Rcasuperprint635@comcast.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 21-22: Capacity of 6 beds.

YOUTH HOMES, INC.

3480 Buskirk Avenue #210, Pleasant Hill, CA 94523, <https://www.youthhomes.org/>

Point of Contact: , Chief Executive Officer or Byron Iacuanello, Clinical Director, (925) 324-6114, byroni@youthhomes.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP – CSS

Youth Homes implements a full-service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment (ACT) model. These models are recognized evidence-based practices for which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. The Assertive Community Treatment (ACT) model continues to be the strongest model of services to keep those with serious mental illnesses out of institutional care (hospital or criminal justice system) through intensive, coordinated multidisciplinary treatment. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and substance abuse disorders. Youth Homes is committed to advancing training and integration of the ACT and IDDT models into daily practice. Participants in the Youth Homes FSP program are assigned a team of providers, so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. Each client will have a primary clinician/case manager to facilitate treatment. The team may also include a life skills coach, substance abuse specialist, youth advocate, psychiatrist, nurse, or family clinician depending on the need of the client. Employment, education and life skills workshops and individual coaching occur weekly through Youth Homes' Steppingstones program, which is an integral part of Youth Homes' TAY Services. It is not expected that all full-service partners will be experiencing a substance use issue; however, for those who have co-occurring issues, both disorders can be addressed by one team of providers. Although the program has office space in Antioch and in Pleasant Hill, the bulk of all meetings and support services occur in the community, in homes, parks, and other community locations which are part of the young adult consumer's natural environments.

a. Scope of Services (FSP):

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

- b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population. Services are based in East Contra Costa County as well as Central Contra Costa County.
- c. Annual MHSA Payment Limit (FSP) 23-24: \$794,041
- d. Number served FSP: For FY 21-22: 33 individuals
- e. Outcomes FSP: For FY 21-22:
 - Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 33 Youth Homes FSP Participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	131	42	0.358	0.119	-66.5%
<i>Inpatient episodes</i>	36	13	0.098	0.037	-62.6%
<i>Inpatient days</i>	441	181	1.205	0.513	-57.4%
<i>DET Bookings</i>	12	7	0.033	0.020	-39.4%

ASIAN FAMILY RESOURCE CENTER (AFRC)

Sun Karnsouvong, Skarnsouvong@arcofcc.org

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

- a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
- b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.
- d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- f. Payment Limit: FY 23-24: \$164,354
- g. Number served: FY 19-20: 583; FY 20-21: 584; FY 21-22: 624
- h. Outcomes:

- FY 19-20:
 - Successful adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Services are offered in the language of the consumer and outreach is conducted in areas frequented by those they are trying to engage.
 - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.

- FY 20-21:
 - Continued adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
 - Primarily reached multilingual and multicultural individuals and families (specifically of Chinese, Vietnamese, Laos, Khmu, and Mien backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county).
 - Emphasized on offering support to vulnerable populations like the elderly and the homeless.
 - Primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Chinese, Vietnamese, Laos, and Mien to reach a wider range of potential responders. These brochures consisted of AFRC's mission, the types of services offered, language availability, and contact information.
 - Held virtual psychoeducation workshops for community members on mental health (warning signs, risk factors, stigma reduction, etc.), self-care, human wellness, cultural and family/parenting issues, and where and how to get help if needed, particularly for those who may feel limited due to language barriers.
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
 - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.

- FY 21-22
 - After the height of the COVID-19 pandemic, responders reached primarily consisted of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county)
 - Due to the ongoing consequences of the COVID-19 pandemic, AFRC emphasized offering support to vulnerable populations like the elderly and the homeless.
 - The primary method of outreach and engagement were program brochures printed in several languages (e.g., Vietnamese, Laos, Mien, and Chinese) and began to increase outreach compared to during the height of the pandemic.
 - Held psychoeducation workshops (some virtual some in-person small groups of 10-12 people) for community members on prevention and early intervention, self-care and human wellness, cultural and family/parenting issues, early signs of mental health issues, resources, etc. to increase knowledge about mental health, reduce stigma, and lessen barriers to accessing treatment.
 - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, connecting with local community leaders such as pastors and community associations, and other essential benefits.

BUILDING BLOCKS FOR KIDS (BBK) (FISCAL SPONSOR TIDES)

Sheryl Lane, slane@bbk-richmond.org

310 9th Street, Richmond, CA 94804, (510) 232-5812, www.bbk-richmond.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: NOT ABOUT ME WITHOUT ME

a. Scope of Services:

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

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

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

b. Target Population: Parents and caregivers and their families living in West Contra Costa County

c. Payment Limit: FY 23-24: \$245,428

d. Number served: FY 19-20: 336; FY 20-21: 466; FY 21-22: 300

e. Outcomes

- FY 19-20:
 - During the COVID-19 pandemic, BBK pivoted to continue to engage the community. Staff transitioned into a virtual model. Programs was offered through Zoom meetings, phone calls, and videos on their Facebook page.
 - 195 women participated in a total of 28 Black and LatinX Women's Peer Sanctuary groups where they

received facilitated support for self-care, advocacy, personal goal setting and reclaiming positive cultural practices.

- Family Engagement activities events, during which families are invited to spend an enjoyable and safe time with their families, were held at Monterey Pines Apartments. 87 people participated in Family Engagement activities, including: an informational session about the Welcome Home Baby Program, Mindfulness practices, YouthService Bureau, Effective Ways of Communication through Community Circles, Census Information as well family bonding arts & crafts and games.
- At the Health and Wellness free summer program, children under the age of 18 had access to free lunch Monday through Friday, Zumba classes and enrichment activities. BBK staff served an average of 90 children daily and altered their offerings to accommodate virtual programming to follow safety guidelines during the pandemic.
- BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 26 parents/caregivers graduated from the 22-week program and 146 adults participated in a parent-child skills development playgroup.
- FY 20-21:
 - Due to the COVID-19 pandemic, BBK continue to engage the community via a virtual model.
 - Connected families to accessible mental health professionals that provide no and low-cost individual, family, and group mental health support and prevention services.
 - Continued to conduct check-in phone calls with program participants, conducted needs assessments, and connected 24 families to food resources, financial assistance, and free/reduced internet service options, and tenants' rights resources.
 - 68 people participated in seven Family Engagement Virtual Events. BBK staff hosted these activities, sometimes in collaboration with community partners including the East Bay Regional Park District. Based on participant feedback, BBK staff focused on family game nights, family bonding arts & crafts, dancing, and storytelling.
 - Offered Zumba, cooking classes, and playgroups through Facebook live. In the month of July 2020, 313 people joined the live streams. In June 2021, staff launched the 2021 summer program via Zoom in collaboration with the Mindful Life Project, the Native American Health Center, a local Zumba instructor, and Redemption Fitness & Wellness LLC to host live for one hour, 5-days a week, arts and crafts activities, mindfulness activities, story times, boxing classes, and Zumba classes. A total of 88 people participated in these daily activities.
 - In response to feedback from men surveyed in the community, BBK launched its first men and father's peer group in 2021. Since March 2021 staff, in collaboration with a male facilitator from Richmond, BBK has hosted a total of four meetings and has served 30 men. Through these meetings, men have built relationships with other men in their community and had conversations about Healthy Communication with Partners, How to Manage Strong Emotions, Goal Setting and Celebrating Accomplishments, and Getting to Know Ourselves. Additionally, before the end of the meetings participants are led through a drumming circle. Since the launch of the Men's Sanctuary called "Holding Space" BBK has seen increased participation and participants share their excitement about having a healthy space to build relationships and learn from other men.
 - In February 2021 BBK launched their Life Coaching program. Eight women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.
- FY 21-22:
 - Linkages with East Bay service providers: Participants connected to 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention

- services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.
- Family Engagement: 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Activities included family bonding arts & crafts, dancing, boxing, storytelling, yoga, and mindfulness activities.
 - Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches.
 - Sanctuary Peer Support Groups: Hosted 33 peer support meetings. 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, the men's peer support group, BBK served 31 participants. Through these meetings, men have continued building relationships with other men in their community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.
 - Self-and-Collective Advocacy: Trained and supported families to self-advocate, build collective advocacy and directly engage the services they need.
 - Life-Coaching: 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.

CENTER FOR HUMAN DEVELOPMENT (CHD)

David Carrillo, david@chd-prevention.org

901 Sun Valley Blvd., Suite 220, Concord, CA 94520 (925) 349-7333, <http://chd-prevention.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

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

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 23-24: \$176,633
- d. Number served: FY 19-20: 733; FY 20-21: 198; FY 21-22: 262
- e. Outcomes:
 - FY 19-20 African American Wellness Program:
 - Served 623 participants during FY 2019-20.
 - Moved to telehealth due to COVID-19.
 - Provided 9 clients with mental health referrals.
 - Participants were provided individualized services to help them to address the current issues they are facing
 - FY 19-20 Youth Empowerment Program:
 - 110 individuals were served.

- Staff facilitated 134 educational group sessions, trainings, and Leadership sessions and staff had 412 individual one-on-one meetings with youth. This is nearly double the number of individual check-ins and one-on-one meetings from the previous year.
- Successfully Moved to telehealth due to COVID-19
- Provided 6 clients with mental health referrals.
- All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 20-21 African American Wellness Program:
 - The African American Wellness Program Roster for support groups from July 2020- June 2021 contained a total of 141 unduplicated attendees.
 - There were 389 newsletters distributed to people (outreach) and 67 people attended outreach events.
 - Participants who attended the Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa Crisis 211 and the Mental Health Access Line.
 - Staff assisted participants by helping them to navigate through the system by assisting with calls to the Mental Health Access line for appointments, attending doctor appointments, and following up with participants to check on progress.
- FY20-21 Youth Empowerment Program:
 - 57 individuals were served. This number is much less than previous years due to the extreme difficulty in connecting with LGBTQ+ youth in their home environments during COVID-19. Youth cited lack of privacy in their home environments and overall stress due to the pandemic as a reason for lack of participation.
 - Telephone communications, email and secure video conferencing, via Zoom, were the main forms of delivering telehealth support to participants, since COVID-19.
 - Staff facilitated 43 educational group sessions, one leadership session, and 833 individual check-ins, assessments and support sessions. This is double the number of individual check-ins and one-on-one meetings from the previous year. The sharp increase in this number is due primarily to the shelter in place order, which led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms.
 - Staff worked closely with local schools in East County to coordinate care and referrals.
 - Staff periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff provided 10 clients with mental health referrals.
 - All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 21-22 African American Wellness Program:
 - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

- Provided support groups for 155 unduplicated attendees.
- 755 newsletters were distributed
- Outreached to 120 people at community events.
- Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line.
- C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
- The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor's appointment, provided follow up.
- FY 21-22 Youth Empowerment Program:
 - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
 - Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
 - During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming.
 - Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
 - As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
 - Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
 - Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
 - The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.

CHILD ABUSE PREVENTION COUNCIL (CAPC)

Carol Carrillo, ccarrillo@capc-coco.org

2120 Diamond Blvd #120, Concord, CA 94520, www.capc-coco.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: THE NURTURING PARENTING PROGRAM

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 23-24: \$192,311
- d. Number served: FY 19-20: 169; FY 20-21: 159; FY 21-22: 213
- e. Outcomes:
 - FY 19-20:
 - Two 20-week classes in Central and East County serving parents and their children.
 - During the first semester of The Nurturing Parenting Program a total of 44 parents and 45 children enrolled in the program. A total of 29 parent and 36 children completed and graduated from the NPP successfully.
 - During the second semester of The Nurturing Parenting Program a total of 41 parents and 39 children enrolled in both regions. A total of 31 parents completed and graduated from the program despite the many challenges faced during the COVID-19 Shelter-in- Place.
 - Staff modified sessions to meet parents needs during the pandemic and offered resources to families who lost their jobs, linked parents to internet access, and guided them on how to start using zoom to stay connected.
 - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).
 - FY 20-21:
 - Two 20-week classes in Central and East County serving parents and their children. Modifications were made as needed to accommodate challenges that arose due to the COVID-19 pandemic.
 - The Nurturing Parenting Program enrolled a total of 83 Latino parents and 76 children during the fiscal year.

- The first semester Central County served 22 parents, successfully graduating 17 parents, East County served 20 and graduated 12 parents. The second semester Central County served 21 parents and graduated 13, East County served 20 parents and graduated 15.
- Parents who dropped out of the program were contacted to gather feedback and offer additional support. Parents dropping out reported having the opportunity to return to the work force, others shared feeling overwhelmed with school demands and not having time to attend sessions.
- All parent participants completed pre- and post-tests. Overwhelmingly, parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, appropriate family roles, and values power independence)
- FY 21-22:
 - Four 18-week classes in Central and East County serving parents and their children.
 - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
 - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.
 - The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11.
 - Parents who dropped out of the program were contacted by NPP staff to offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings: parents financial demand increased, return to the work force, and/or work additional job.
 - In addition to the curriculum information, psychoeducation was provided to help raise self-awareness, identify mental health/behavioral challenges that may need professional support.
 - NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.

CONTRA COSTA CRISIS CENTER

Tom Tamura, TomT@crisis-center.org

P.O. Box 3364 Walnut Creek, CA 94598 925 939-1916, x107, www.crisis-center.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides real time warm transfer to those services when appropriate. because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service when they need it and

Immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) In a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.

- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one- month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year, Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co- chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 23-24: \$413,652

d. Number served: FY19-20: 21,577; FY 20-21: 20,082; FY 21-22: 21,971

e. Outcomes:

- FY 19-20:
 - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240 languages.
 - Upgraded to an advanced web-based phone system software in July 2019, allowing for remote work in case of a disaster, and increased the accuracy of calls answered, average speed to answer (in seconds), and abandonment rate measurements. This allowed calls to the 24-hour crisis lines to continue without interruption with staff and volunteers working either in the office or remotely due to COVID-19.
 - 21,577 referrals were made to mental health services
 - Managed an unprecedented increase in total call volume starting in March 2020 with callers needing referrals for health, food, housing, and financial assistance as well as experiencing feelings of high anxiety and stress.
 - Provided a 54+ hour call center training for new call center staff and volunteers several times throughout the year
- FY 20-21:
 - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240+ languages.
 - 20,082 Mental Health / Crisis Calls received. Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
 - Maintained a pool of 58 active call center volunteers during this reporting period.
 - Provided 54 hours of training curriculum over 10 weeks virtually (30 hours) and in-person (24+ hours) for each new volunteer training cohort in June-July 2020 and January-February 2021.
 - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services, Suicide Prevention, Grief & Loss, and participated in virtual resource fairs due to COVID-19 concerns during this reporting period
 - Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health
 - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings
 - Three- 1-hour Trainings (one conducted in Spanish)
 - Two- 4-hour Trainings
- FY 21-22:
 - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
 - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.

- Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
- Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
- Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
- Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
- Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings (two virtual, one in-person)
 - Three- 1-hour Virtual Trainings (one conducted in Spanish)
 - Two- 4-hour Virtual Trainings
- Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
- Continued to co-chair the Suicide Prevention Coalition monthly meetings.
- Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
- Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

Cathy Botello, cathy.botello@copefamilysupport.org

3000 Citrus Circle, Ste. 220, Walnut Creek, CA 94598 (925) 689-5811, <http://copefamilysupport.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

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

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

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

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

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. Payment Limit: FY 23-24: \$276,270
- d. Number served: FY 19-20: 235; FY 20-21: 200; FY 21-22: 217
- e. Outcomes:
- FY 19-20:
 - Provided 21 Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County.
 - Enrolled 235 client family members in Triple P Parenting classes.

- Provided a Family Transitions Triple P training program and accredited 18 practitioners.
- Beginning in Mid-March 2020, COPE moved all Triple P classes to online using the Zoom video conferencing platform.
- Pre and Post Test Survey results indicate program participants showed a 37% decrease in depression, 41% decrease in anxiety, and 24% decrease in overall stress.
- Access and linkage to on-going treatment supported through warm handoff referrals for housing, vocational, legal, and mental health services.
- FY 20-21:
 - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County. Enrolled 257 individuals in these classes and seminars.
 - Provided a Family Transitions Triple P training program and accredited 22 practitioners.
 - Continued Triple P classes online using the Zoom video conferencing platform due to the COVID-19 pandemic.
 - Provided case management services for families who asked for additional resources. Additionally, if a parent's assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.
 - Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal, and mental health services.
- FY 21-22:
 - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County.
 - Enrolled 217 family members in Triple P Positive Parenting classes.
 - Provided case management services for families in need of additional resources.
 - Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

Wanda Davis, wdavis@firstfivecc.org

1486 Civic Ct, Concord CA 94520. (925) 771-7328, <http://www.first5coco.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family’s ability to manage their children’s behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: FY 23-24: \$92,023
- d. Number Served: FY 19-20: 189; FY 20-21: 189; FY 21-22: 193
- e. Outcomes:
 - FY 19-20:
 - Delivered 15 classes and 2 seminar series throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
 - Held 12 presentations and briefings to early childhood organizations as an engagement and recruitment tool
 - Offered case management support to parents as appropriate
 - FY 20-21:
 - Delivered 15 classes throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
 - Held 14 presentations and briefings to early childhood organizations as an engagement and recruitment tool
 - Offered case management support to 45 families who asked for additional resources.
 - Trained and accredited 7 practitioners who supported classes for parents with children ages 0-5.
 - FY 21-22:
 - Provided 16 Group Triple P classes for parents with children ages 0-5 and served 193 participants.
 - 80% of families completed the Triple P program.
 - Classes were free to all participants and provided in English and Spanish in East, West, and Central

County.

- Conducted 12 Seminars African American families with children ages 0-5.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

FIRST HOPE (CONTRA COSTA HEALTH)

Jude Leung, yatmingjude.leung@cchealth.org

391 Taylor Boulevard, Suite 100, Pleasant Hill, CA94523 925-608-6550, <http://www.firsthopeccc.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Contra Costa Behavioral Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
 - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work, and social relationships.
 - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
 - In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode
- b. Target Population: 12–30-year-old young people and their families
- c. Total Budget: FY 23-24: \$3,550,789
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 19-20: 960; FY 20-21: 987; FY 21-22: 876
- f. Outcomes:
 - FY 19-20:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - One conversion out of 78 from clinical high risk to psychosis.
 - 104 First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 19-20.
 - Trained 13 new staff in the Coordinated Specialty Care (CSC) model and trained and certified all staff in MultiFamily Group Treatment (MFGT) and Cognitive Behavioral Therapy for Psychosis (CBTp).
 - Reduced the stigma associated with symptoms.

- FY 20-21:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - Two conversions out of 63 from clinical high risk to psychosis (conversion rate of 3%).
 - 108 First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 20-21.
 - Conducted fewer outreach presentations than usual due to the COVID pandemic; however, First Hope still trained 66 clinicians that included staff from hospitals and community-based mental health agencies such as Seneca and Putnam Clubhouse, as well as psychology interns.
 - Reduced the stigma associated with symptoms.
- FY 21-22:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - Zero conversions from clinical high risk to psychosis.
 - 80% of First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 21-22.
 - Trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.
 - Reduced the stigma associated with symptoms.
- Long Term Public Health Outcomes:
 - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.
 - Reduce incidence of psychotic illnesses in Contra Costa County.
 - Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Beth Limberg, blimberg@hopesolutions.org

399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530 (925) 944-2244, <https://www.hopesolutions.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: STRENGTHENING VULNERABLE FAMILIES

a. Scope of Services:

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

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

c. Payment Limit: FY 23-24: \$421,221

d. Number served: FY 19-20: 433; FY 20-21: 367; FY 21-22: 429

e. Outcomes:

- FY 19-20:
 - Provided 8 parenting support groups, 8 sessions/group at the 4 housing sites for a total of 67 group sessions and least 83 participants.
 - Provided 4350 hours of support services with on-site case management to 275 families/433 individuals.
 - After the Shelter-in-Place order many residents lost their jobs. Working remotely, case managers assisted 23 residents to access unemployment resources, and 33 residents to access COVID funds to subsidize rents. At Lakeside 12 undocumented families were also assisted to receive the COVID California state funds designated for immigrants.

- Staff also organized food resources for families with limited funds and delivered food to over 100 households to help keep residents safe. Case managers also distributed activity bags to youth including crayons, activity booklets, and hand sanitizer/PPE. Masks were distributed to over 100 families as needed, and education and support was offered regarding the stay-at-home order and the COVID19 virus.
- Provided 2914 hours of service to 181 youth at youth enrichment centers in the four housing sites. Activities included afterschool programming, summer programming, educational advocacy, and a teen support group.
- 99% (277/281) of families maintained their housing. 96% (104/108) of families at risk for eviction remained housed. 98% (243/248) of families requesting assistance with concrete resources had their request fulfilled (e.g., access to food, employment, transportation, healthcare, and mental health resources).
- 100% (8/8) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
- 77% (33/43) of youth who were assessed with the Social Skills Index Survey (SSIS) improved their skill score over the year.
- 87% (71/82) of youth that participate in the afterschool academic and tutoring program achieved at least four new CA Academic benchmarks.
- 86% (62/72) of grades K through 5 children achieved progress with their reading skills
- 100% (4/4) of Teen Club youth participants completed end of year surveys and showed improved self-concept/self-esteem.
- 88% (75/85) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.
- FY 20-21:
 - Altered services as needed to accommodate family needs during the COVID-19 pandemic.
 - 89% (16/18) of youth that participated in the afterschool academic and tutoring program achieved at least 4 benchmarks.
 - 94% (74/79) of the families receiving intensive case management, showed improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix (and had an average score of stable (3) or better on this assessment).
 - 100% (193/193) of families maintained their housing and 100% (103/103) of families at risk for eviction remained housed. One of the families living for many years at Garden Park Apartments was able to purchase their own home
 - 98% (126/128) of families requesting assistance with concrete resources had their request fulfilled. This was a heavy year for concrete service needs as families coped with the stay home orders, home schooling, unemployment and access to the financial resources being offered under the pandemic. Examples of their requests included access to food, employment support/unemployment applications, technological resources (computers, internet) transportation, healthcare and mental health resources and benefits offered under the Rescue Bill.
 - 80% (8/10) of families taking the Parental Stress Index assessment showed lowered levels of stress after group participation.
 - 100% (10/10) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
 - 100% (74/74) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

- Provided 914 hours of advocacy for families working with remote learning.
- Many parents attended the remote support groups at the 4 sites. Anecdotal feedback from the parents was uniformly positive, as reported above. Hope Solutions had challenges with getting the Parental Stress Index data due to the paper/in-person nature of the assessment. With the realization that the pandemic would be continuing for a while, Hope Solutions applied for and received a grant to purchase digital versions of the PSI assessment tool and will be using that in the coming year to be able to obtain more feedback.
- FY 21-22:
 - Provided on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community. The last 3 housing sites house 4 individuals at each of 3 houses.
 - 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
 - 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

Jenn Rader, jenn@jmhopp.org

540 Ashbury Ave, El Cerrito, CA 94530, (510) 231-1437, <http://www.jamesmorehouseproject.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

- a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/accluturation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

- b. Target Population: At-risk students at El Cerrito High School
- c. Payment Limit: FY 23-24: \$115,815
- d. Numbers Served: FY 19-20: 405; FY 20-21: 328; FY 21-22: 399
- e. Outcomes:
- FY 19-20:
 - With the help of a team that included 8 clinical interns, JMP served 405 young people participated in 23 different groups and/or individual counseling.
 - Referred 17 young people to mental health services.
 - Altered services to accommodate remote support with COVID-19 including partnering with community-based partners like the Seneca MRT in crisis situations.
 - COVID-19 related needs were addressed through case management, including working with young people and families around challenges with distance learning (e.g., accessing Wi-Fi, troubleshooting tech challenges), and securing cash assistance and accessing other resources (e.g., food, legal assistance).
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
 - Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.

- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- FY 20-21:
 - Continued to provide services virtually due to the COVID-19 pandemic. The JMP stayed connected with school staff, young people and families, through a range of outreach strategies: setting up a JMP space on Google Classroom, staffing an ongoing drop-in space through Google Meet and collaborating closely with teachers, guidance counselors, the attendance clerk and JMP's administrative team to ensure that JMP was able to contact students/families in need.
 - 328 young people participated in 12 different groups and/or individual counseling.
 - Partnered with community-based organizations like the Seneca MRT in crisis situations.
 - Fifteen-Twenty people attended JMP led monthly evening English Language Advisory Committee (ELAC) meetings on Zoom. Families learned to access resources in the community and how to advocate for the rights of their children with school staff. Immigrant families also received case management support connecting them to legal, housing and other family supports in addition to counseling services for youth on-site.
 - 92% of participating youth reported feeling like "there is an adult at school I could turn to if I need help."
 - 93% of participating youth "I deal with stress and anxiety better" after program participation.
 - 72% of participating students reported they "skip less school/cut fewer classes after program participation."
- FY 21-22:
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."
 - Increased in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, "I deal with stress and anxiety better" after program participation.
 - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they "skip less school/cut fewer classes after program participation."
 - Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

Fouzia Azizi, fazizi@jfcs-eastbay.org

1855 Olympic Blvd. #200, Walnut Creek, CA 94596 (925) 927-2000, <https://jfcs-eastbay.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

PROGRAM: COMMUNITY BRIDGES

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$190,664
- d. Number served: FY 19-20: 311; FY 20-21: 225; FY 21-22: 461
- e. Outcomes:
 - FY 19-20:
 - Provided culturally and linguistically appropriate care to all consumers served
 - Served 311 people, including 135 frontline staff and 176 clients.
 - Completed three out of four planned trainings for the year. The fourth training was cancelled due to COVID-19. All three trainings were held via Zoom and had high attendance. In total, 135 service providers from the community were trained, exceeding the target of training 75 frontline staff. 96% of respondents reported a better understanding of recognizing stress and risk factors after the training and 91% of respondents reported a better understanding of when to refer clients to specialized services.
 - Provided mental health education classes to 16 Russian-speaking seniors, parenting workshops to 16 Afghan parents, bilingual/bicultural case management to 160 clients (including 85 children ages 18 and under and 75 adults ages 18 and older and provided bicultural individual therapy services to 25 Dari-speaking clients.

- 100% of the 75 adult case management clients reported upon exit they were able to independently seek help for mental health services, knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues, and had an increased understanding of health and mental health care systems in Contra Costa County.
- 81% of participants in the Russian Mental Health classes reported a better understanding of when and how to seek help, 93% reported an increased ability to recognize stress and risk factors in themselves and/or family members, and 93% reported feeling more supported after coming to the group.
- 100% of participants in the Afghan Parenting Workshops reported they learned useful skills to become a more effective parent, had a better understanding of when and how to seek help, and felt more supported after coming to the group. 87.5% reported having an increased ability to recognize stress and risk factors in themselves and/or family members.
- FY 20-21:
 - Served 225 people, including 120 frontline staff and 105 clients.
 - Facilitated two virtual trainings (via Zoom) during the pandemic. Trained 120 service providers from the community, exceeding the target of training 75 frontline staff
 - Provided 10.5 hours of individualized mental health education sessions to 14 Russian-speaking seniors.
 - Provided three 7- week series online psychosocial support groups serving 20 Afghan mothers.
 - Provided 77 clients with bilingual/bicultural case management.
 - Provided over 100 hours of culturally attuned therapy services to 3 refugee clients with in-house and referred 5 refugee clients to external providers.
 - 94% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services.
 - 92% of the adult case management clients reported knowing how to link to the appropriate persons for resolution of health or mental health issues.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County.
 - 94% of respondents from our cross-cultural staff trainings reported that they had a better understanding of recognizing stress and risk factors after the training.
 - 91% of respondents from our cross-cultural staff trainings reported that they had a better understanding of when to refer clients to specialized services.
 - 78% of participants of the Russian Mental Health Classes reported to have a better understanding of when and how to seek help.
 - 100% of participants of the Russian Mental Health Classes reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members, reported feeling more supported after coming to the group, and reported having a better understanding of the concepts discussed in individual sessions.
 - 100% of participants of the Afghan Mothers' Support Groups reported having an increased ability to recognize stress and risk factors, a better understanding of trauma and how it affects the mind and body, a better understanding of the concepts discussed in group, having learned helpful techniques to deal with their own stress and emotions, a better understanding of when and how to seek help if I need it, feeling more supported after attending the group, having learned helpful parenting skills that they will use with their own children, and being able apply what they learned from the group in their own life.
 - Provided culturally and linguistically appropriate care to all consumers served.

- FY 21-22:
 - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
 - Completed 208 pre-post assessments with adult case management clients (ages 18+).
 - Provided 10- week series family support with Sutter Health partnership serving 6 families.
 - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
 - Health and Mental Health System Navigation (Case Management)
 - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
 - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
 - Women / Men Support / Educational Groups
 - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
 - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
 - 100% of participants reported to have a better understanding of the concepts discussed in group.
 - 100% of participants reported to have learned helpful techniques to deal with their own stress and emotions.
 - 93% of participants reported to have better understanding of when and how to seek help if I need it.
 - 100% of participants reported to feeling more supported after attending the group.
 - 100% of participants reported to have learned helpful parenting skills that they will use with their own children.
 - 100% of participants reported to apply what they learned from the group in their own life.

Steve Blum, steven.blum@cchealth.org

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: ORIN ALLEN YOUTH REHABILITATION FACILITY (OAYRF) / MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

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

- a. Scope of Services: *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court- ordered mental health assessments for youth within the county detention system.
- c. Target Population: Youth in the juvenile justice system in need of mental health support
- d. Payment Limit: FY 23-24: \$433,535
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FYs 19-20, 20-21, and 21-22: 300+
- g. Outcomes:
 - FYs 19-20, 20-21, and 21-22:
 - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
 - Increased access to mental health services and other community resources for at risk youth.
 - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
 - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
 - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
 - Help youth and families increase problem-solving skills.

Joanna Ekstrom, jekstrom@laclinica.org

PO Box 22210, Oakland, CA, 94623, (510) 535 2911, <https://www.laclinica.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

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

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. **Target Population:** Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. **Payment Limit:** FY 23-24: \$315,771
- d. **Number served:** FY 19-20: 922; FY 20-21: 845; FY 21-22: 799
- e. **Outcomes:**
 - FY 19-20 Vías de Salud:
 - Offered 3623 depression screenings (120% of yearly target), 296 assessments and early intervention services (118% of yearly target), and 1238 follow-up support/brief treatment services (99% of yearly target).
 - Programming pivoted to telehealth as needed during COVID-19
 - FY 20-21 Vías de Salud:
 - Offered 8,521 depression and anxiety screenings (284% of yearly target), 1,180 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (472% of yearly target), and 2,786 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (222% of yearly target).

- Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Vías de Salud:
 - 9,393 depression and anxiety screenings (313.10% of yearly target).
 - 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target).
 - 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).
- FY 19-20 Familias Fuertes:
 - Offered 661 screenings for youth (88% of yearly target), 113 assessments for youth (105% of yearly target), and 333 follow-up visits with families (111% of yearly target).
 - Programming pivoted to telehealth as needed during COVID-19
- FY 20-21 Familias Fuertes:
 - Offered 766 screens for risk factors in youth ages 0-17 (102% of yearly target), 233 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (310% of yearly target), and 597 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (199% of yearly target).
 - Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Familias Fuertes:
 - 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target).
 - 469 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target).
 - 683 follow up visits occurred with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target).

LAO FAMILY COMMUNITY DEVELOPMENT (LFCD)

Kathy Rothberg, krothberg@lfcd.org

1865 Rumrill Blvd. Suite #B, San Pablo, CA 94806, (510) 215-1220, <https://lfcd.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$214,315
- d. Number served: FY 19-20: 128; FY 20-21: 126; FY 21-22: 127
- e. Outcomes:
 - FY 19-20:
 - A total of 125 clients completed the Pre LSNS assessment and 125 clients completed the Post LSNS assessments. The average progression was 8 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
 - 98% (125 of 128 respondents) of the participants were satisfied with the program services, and 2% (3 of 128 respondents) were somewhat satisfied with the program services.
 - 101 clients were referred to mental health services.
 - Held 16 Strengthening Families Program (SFP) workshops (2 workshops per month from August 2019 to March 2020). Due to COVID-19 there were no SFP event from April to May 2020.
 - Facilitated 6 different thematic peer support groups/events during the FY
 - Provided case management and system navigation for 128 community members
 - FY 20-21:

- A total of 126 clients completed the Pre LSNS assessment and 126 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
- 95% (120 of 126 respondents) of the participants were satisfied with the program services, and 5% (6 of 126 respondents) were somewhat satisfied with the program services.
- 12 participants that were referred to mental health services because of monitoring clients' mental health status.
- Held 10 SFP workshops during the program year (1 workshop per month from August 2020 to May 2021).
- Facilitated 24 different thematic peer support groups/events during the FY.
- FY 21-22:
 - Served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).
 - Provided navigation and timely access to internal and external services including linkages to mental health and other service providers.
 - A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops.
 - 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services.

Miriam Wong, mwong@thelatinacenter.org

3701 Barrett Ave #12, Richmond, CA 94805, (510) 233-8595, <https://thelatinacenter.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$137,178
- d. Number served: FY 19-20: 314; FY 20-21: 309; FY 21-22: 291
- e. Outcomes:
 - FY 19-20:
 - Served a total of 314 parents (parenting sessions, mental health workshops, psycho- educational therapy, support groups).
 - Additionally, provided 30 learning circles with activities reaching 424 children.
 - Outreach efforts reached 1,031 individuals and enrolled 42 people into their programs.
 - Parenting classes were held in 4 community-based locations: Cesar Chavez Elementary School, Mira Vista Elementary, Richmond Charter Academy, and The Latina Center. All classes completed the 10-week sessions, 6 sessions online.
 - 286 parents (244 women and 42 men) registered for the parenting class and completed a pre-survey in Spanish.
 - Based on the responses to the pre-survey, The Latina Center made at least 28 referrals.
 - Held 6 Mental Health Workshops in 3 locations (The Latina Center, St Cornelius Catholic Church and Montalvin Elementary School) for 130 participants; 94 participants completed pre- and post-surveys.
 - Before the workshop, 65% of parents said they did know what mental illnesses are; 35% did not know. After the workshop, 96.9% understood what mental illnesses are; 3.1% did not understand. Before the workshop, 57.5% knew any symptoms of mental illness and 42.5% did not. After the workshop, 81.3% stated they knew signs and symptoms and 18.8% did not.
 - FY 20-21:

- Served 309 individuals
- 198 parents completed a pre-survey in Spanish.
- Parenting classes were held via Zoom due to the COVID-19 Pandemic.
- During the fiscal year, 3 mental health workshops were offered and conducted for 72 participants. The Latina Center's social networks garnered more than a thousand views and shares on these workshops/health topics.
- 80% participants stated the course helped them improve their relationships.
- FY 21-22:
 - Served 261 participants in Parenting classes.
 - 30 participants in our 4 Mental health workshops.
 - 28 participants Psycho-educational sessions.

Branda Goldstein, bgoldstein@lifelongmedical.org

2344 6th Street, Berkeley, CA 94710 (510) 981-4156, <https://www.lifelongmedical.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

- a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes: reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

- b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.
- c. Payment Limit: FY 23-24: \$147,201
- d. Number served: FY 19-20: 150; FY 20-21: 106; FY 21-22: 137
- e. Outcomes:
- FY 19-20:
 - Prior to Shelter-in-Place, an average of 10 onsite events were held per month (including, creative movement, exercise, bilingual songs, discussion groups, tai chi, walking groups, Spanish classes, and arts & crafts, as well as memorial events for residents who passed away and an outing to visit a participant in the hospital). There was also a health fair held in the fall of 2019. The second planned health fair was cancelled due to COVID-19.
 - With COVID-19 services shifted to mainly virtual (telephone and Zoom) interactions and there was an increased emphasis on food distribution. Distribution of masks and PPE, as well as outreach to at-risk older-adult consumers was prioritized.
 - Registered 24 people for Meals on Wheels and made 289 deliveries of meals and/or groceries during April-June.
 - The Annual survey was adapted to a shorter telephone survey due to COVID-19 and they

documented 41 responses. Results were very positive, with all respondents reporting that they were very (79%) or somewhat (21%) satisfied with SNAP overall. 100% were satisfied with the food distribution portion of SNAP during Shelter-in-Place.

- FY 20-21:
 - Provided services in observance of COVID-19 safety protocols and local mandates and ordinances with services provided primarily in a virtual format. Virtual services took place via telephone and zoom and include telephonic wellness checks and social calls, case management and referrals to mental health and community resources, screening for depression and isolation, as well as meal and grocery distribution in person, thanks to donations from Sojourner Truth Church, Help Berkeley, and Bridge Storage and Artspace.
 - Provided two enrichment events in accordance with COVID-19 safety protocols.
 - Presented two live Brazilian music and dance performances in collaboration with Brasarte, a Brazilian Cultural Center in Berkeley. The event also included raffles and audience participation in the dancing. Participants identified “A Taste of Brazil” performances as one of the most enjoyable experiences of the year.
 - COVID-19 challenges prevented LifeLong from conducting the annual survey this year. LifeLong is developing plans to conduct the annual survey in FY 21-22.
 - LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate.
- FY 21-22:
 - Provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments.
 - Conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments.
 - Provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets.
 - 84% of participants agreed that participation in SNAP helped them feel less isolated.
 - 96% of participants expressed satisfaction with SNAP.
 - 72% of participants expressed SNAP helped improve their mood.

NATIVE AMERICAN HEALTH CENTER (NAHC)

Veronica Shawnego, veronicash@nativehealth.org

2566 MacDonald Ave, Richmond, CA 94804, (510) 434-5483, <http://www.nativehealth.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: NATIVE AMERICAN WELLNESS CENTER

- a. Scope of Services: Native American Health Center provides outreach for the increasing recognition of early signs of mental illness. To this end, they provide mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include: an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: basket weaving, beading, quilting, health and fitness coaching and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communication skills and address issues related to mental health, including domestic violence, individual and historical trauma, and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county. Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.
- b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.
- c. Payment Limit: FY 23-24: \$273,451
- d. Number served: FY 19-20: 68; FY 20-21: 143; FY 21-22: 307
- e. Outcomes:
 - FY 19-20:
 - Hosted weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders.
 - Made 16 behavioral health related referrals during this contract year.
 - Held a total of 11 community-based events and trainings in FY 19-20, including Mental Health First Aid
 - FY 20-21:
 - Engaged 143 community members through prevention programming.
 - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health
 - NAHC trained 2 interns and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MSHA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid,

and Safety Planning

- During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.
 - Attendance and engagement in NAHC mental health prevention and treatment services doubled from the previous fiscal year, with 1004 points of contact in FY 20-21.
 - Staff trained 2 interns in partnership with the SPIRIT program, and one staff member also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.
- FY 21-22:
 - This fiscal year we engaged 307 community members through prevention programming.
 - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.
 - Program staff participated in 10 events or activities throughout the course of the year.
 - This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

Jennifer Tuipulotu, Jennifer.Tuipulotu@cchealth.org

1340 Arnold Drive, Suite 200, Martinez, CA 94553, (925) 957-5206

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 23-24: \$248,577

d. Staff: Three

e. Number Served: FY 19-20: 400+; FY 20-21: 1336; FY 21-22: 485

f. Outcomes:

- FY 19-20:
 - Committee for Social Inclusion convened 11 in-person and virtual meetings open to the community
 - PhotoVoice convened 6 subcommittee meetings open to the community, held Recovery Month exhibition, and trained Health, Housing and Homeless Services (H3) staff to facilitate classes for Homelessness Awareness Month exhibition
 - WRAP coordinated recertification of 17 Community Support Workers as facilitators and certification of an additional 11 CSWs as first-time facilitators.
 - WREACH convened 6 subcommittee meetings open to the community

- FY 20-21:
 - Facilitated 12 monthly Committee for Social Inclusion meetings with an unduplicated count of 63 participants in attendance.
 - PhotoVoice served an estimated 800 people through subcommittee meetings open to the community, one Recovery Month exhibition, and trainings.
 - WRAP served 108 people, held 10 in-person WRAP groups (Forensics division). WRAP II County-wide facilitator completed 14 one-on-one WRAP plans for client. And the team held 1 WRAP quarterly subcommittee meeting.
 - WREACH reached 365 people through 62 presentations.
- FY 21-22:
 - Social Inclusion: Facilitated 11 monthly committee meetings with 112 participants (duplicated count) and 65 participants (unduplicated count) in attendance. Additionally, OCE staff tabled at six community events and interacted with 274 members of the public, sharing mental health resources and information on reducing stigma.
 - WRAP: County peer staff facilitated 26 WRAP groups and the development of 16 individual WRAP plans at Martinez Detention Facility, serving a total of 146 participants. Four Community Support Workers (CSWs), including one from OCE staff, successfully completed WRAP Seminar III to become Advanced Level Facilitators, allowing them to train fellow CSWs to facilitate WRAP in group settings across the county. There were also two WRAP facilitator subcommittee meetings facilitated by OCE staff. There was ongoing collaboration and consultation with the Copeland Center for Wellness and Recovery to advance the countywide WRAP program.
 - OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

Constance Russell, pwc.cares@comcast.net

2231 Railroad Ave, Pittsburg, 94565 (925) 427-5037, <http://www.peoplewhocarechildrenassociation.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

PROGRAM: PWC AFTERSCHOOL PROGRAM

- a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at- risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: FY 23-24: \$391,905
- d. Number served: FY 19-20: 207; FY 20-21: 140; FY 21-22: 130
- e. Outcomes:
 - FY 19-20:
 - After Shelter-in-Place started, organized online tournaments to keep students engaged and connected. 40 students participated in each week-long and 2 week-long competitions.
 - During the Green Jobs Bridge program (virtual adaptation of existing/pre-covid program) a total of 12 unduplicated, and 78 duplicated students participated in the program. More than 50% of participants did not re-offend during the participation in the program
 - Students participated in a weeklong simulation in which they had to utilize skills and learning from personal finance lesson taught to make financial and life decisions in an open simulation combining all finance-oriented modules (Budgeting and Saving, finding an apartment, choosing and balancing a bank account, getting a credit card, fixing your credit, online banking, time management and health, paying and filing taxes, intro to investing for retirement, risk vs. return, and diversification). The goal was to have the highest net worth by the end of a week's time. The winner went from \$0 and homeless to home-owning, college-educated with 250k in the bank. Majority of participants showed an increase in school day attendance and decrease in school tardiness.
 - FY 20-21:
 - 100% of the participants enrolled in PWC's remote courses gained knowledge in aspects of business such as marketing/advertising, accounting, and banking skills.
 - Of the 117 students enrolled in PWC After-School Program that answered the resiliency questions on pre-and-post Student Surveys, 81% demonstrated improved resiliency.
 - Of the 23 probation students enrolled in PWC After-School Program, 99% did not re-offend during their participation in the PWC After-School Program.
 - Of the 117 students enrolled in PWC After-School Program that answered the survey questions about

caring adults on their post Student Surveys 72% indicated that they had caring relationships with adults in their lives.

- PWC was very successful with assisting schools in improving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.
- FY 21-22:
 - Offered weekly online and Telehealth mental health support, and weekly in-person mental health counseling to students in Pittsburg and surrounding areas.
 - Conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training classes at the Senior Center and simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training courses at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health.
 - Conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club.

PUTMAN CLUBHOUSE

Tamara Hunter, tamara@mentalhealthconnectionsca.org

3024 Willow Pass Rd #230, Concord CA 94519 (925) 691-4276, (510) 926-0474, <https://www.putnamclubhouse.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

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

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

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

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

c. Payment Limit: FY 22-23: \$820,581

d. Number served: FY 19-20: 456; FY 20-21: 505; FY 21-22: 326

e. Outcomes:

- FY 19-20:
 - 456 unduplicated members spent 57,290 hours engaged in Clubhouse programming activities. 55 newly enrolled Clubhouse members participated in at least one Clubhouse activity
 - Members helped prepare and eat 30,938 meals at the Clubhouse. This is significantly higher than in past years due in large part to the implementation of a food pantry in response to COVID-19.
 - 1,543 rides provided to members to and from Clubhouse activities, job interviews, medical appointments, etc..
 - 1,403 in-home outreach visits were provided.
 - 131 postings were made on the Career Corner Blog and 4 career workshops were held (target 4).
 - Three community events were held with 378, 389, and 397 people in attendance respectively. The

latter was held virtually due to COVID-19.

- Assisted the implementation of the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- Survey data demonstrated positive outcomes in terms of consumer and caregiver satisfaction, respite, well-being, decreased hospitalizations, increased referrals, etc.
- FY 20-21:
 - Members spent 58,642 hours engaged in Clubhouse programming).
 - 54 newly enrolled Clubhouse members participated in at least one Clubhouse activity, 16 of whom were young adults ages 18-25 years.
 - 62 activities were held for young adult members ages 18-25 years.
 - 89 members and caregivers completed the annual survey.
 - 90% of caregivers who completed the annual survey reported that Clubhouse activities and programs provided them with respite care.
 - 100% of caregivers who completed the annual survey reported a high level of satisfaction with Clubhouse activities and programs.
 - 100% of caregivers and 92% of members completing the annual survey reported that the member's independence had increased.
 - 94% of Clubhouse members who used the Career Unit indicated that they were "very satisfied" or "satisfied" with the services related to employment and education.
 - 100% of Clubhouse members who indicated education in their career plan (return to school/finish degree/enroll in a certificate program) as a goal were referred to education resources within 14 days.
 - 100% of members who indicated employment as a goal in their career plan were referred to employers, applied for jobs, and/or had a job interview within 3 months of indicating goal.
 - 26,432 meals were served to members.
 - 94% of members completing the annual survey reported an increase in peer contacts.
 - 93% of members & 84% of caregivers (88% combined average) completing the annual survey reported an increase in their health and well-being (mental, physical, emotional).
 - The program achieved its goal of reducing hospitalizations and out-of-home placements of active members.
- FY 21-22:
 - Served 326 unduplicated members.
 - 40 new members enrolled and participated in at least one activity. 10 of these new members were young adults aged 18 to 25 years. At least 49 activities were held specifically for the young adult age group.
 - Held 17 career workshops.
 - Prepared 9,681 meals for members.
 - Provided 39,637 hours of Clubhouse programming to members.
 - Provided 432 rides to and from Clubhouse activities.
 - Provided 427 In-home outreach visits.
 - Made 127 blog postings.
 - Caregivers reported the Clubhouse activities provided them with respite care, stated they were highly

satisfied with programming, and reported the Clubhouse increased member independence.

- Members reported the Clubhouse activities supported them in self-advocacy, communication, increased knowledge on health and wellness, and increased access to healthcare resources, increased peer interactions, and increased sense of belonging.
- Members and caregivers reported the Clubhouse activities increased their mental and physical health and overall wellbeing.

RAINBOW COMMUNITY CENTER

Christian Aguirre, christian@rainbowcc.org

2118 Willow Pass Rd, Concord, CA 94520. (925) 692-0090, <https://www.rainbowcc.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and unconflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services.

Services are available in English, Spanish, and Portuguese.

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

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

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

- b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

- c. Payment Limit: FY 23-24: \$853,161

- d. Number served: FY 19-20: 941; FY 20-21: 677; FY 21-22: 547

e. Outcomes:

- FY 19-20:
 - Implemented a Training and Curriculum Manager position with a seasoned SOGIE (Sexual Orientation, Gender Identity and Expression) national trainer and published educational curriculum writer that joined the staff in March 2020. This enabled Rainbow to launch within the two months of the state's Shelter-in-Place orders, a meaningful update to culturally informed work through virtual SOGIE workshops and trainings.
 - Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo,
 - Pittsburg, Acalanes, West Contra Costa Unified.
 - Offered services to LGBTQ seniors, adults, and youth through their various tiered services.

- FY 20-21:
 - Served a total of 677 unduplicated clients. Offered services to LGBTQ seniors, adults, and youth through their various tiered services
 - Tier 1 and Tier 2 reached 396 unduplicated clients. Tier 1 provides community-based programming through events and outreach. Tier 2 is group-based programming such as support groups and food pantry deliveries.
 - Tier 3 served a total of 281 clients. Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 2009.68 hours of services were provided to clients with Tier 3 alone.
 - Provided virtual services due to the COVID-19 pandemic and adopted an electronic health records platform called, Simple Practice. Virtual offerings have allowed Rainbow to extend service offerings to a wider base, for example, offered district-wide rather than being limited to individual sites as was the case prior to the pandemic with our in-person service model.
 - For several older adults who lacked technology skills and adequate technology, Rainbow started a Tablet Program which provided loaner tablets for seniors in order for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.
 - Rainbow Community Center's Kind Hearts Food Pantry (RCCKHFP) delivered 148 meals and food resources to 24 unduplicated and 49 duplicated LGBTQI+ Seniors (55+), and HIV positive community members throughout Contra Costa County
- FY 21-22:
 - Rainbow served a total of 547 unduplicated clients.
 - Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients.
 - Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management.
 - 1,765.75 hours of services were provided to clients with Tier 3 alone
 - Increase targeted HIV Prevention outreach via multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup, as well as targeted email blasts to educate and inform all community members about RCC HIV Prevention and Education services in Spanish and English.
 - Delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County.
 - Organized volunteers to outreach to 150+ senior clients to encourage engagement.

Kanwarpal Dhaliwal, Kanwarpal@rysecenter.org

205 41st Street, Richmond. CA 94805 (925) 374-3401, <https://rysecenter.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUPPORTING YOUTH

a. Scope of Services:

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

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

c. Payment Limit: FY 23-24: \$549,662

d. Number served: FY 19-20: 865; FY 20-21: 255; FY 21-22: 340

e. Outcomes:

- FY 19-20:
 - 283 new members enrolled, for a total of 613 unduplicated members attending. Since March 2020. An additional 322 youth participants (not unduplicated) who are not formally enrolled as members took part via virtual program offerings.
 - Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in the community, with over 2,000 views.
 - Supported students across WCCUSD to respond to distance learning policies, surveyed over 282 youth about distance learning needs and ideas, organized a Youth Town Hall for over 100 participants on

- distance learning, and participated in local, statewide, and national forums to share youth experiences.
- Created a Youth COVID-19 Care Fund, providing direct cash disbursements to nearly 200 youth and their families, as well as assisted the City of Richmond with establishing a community-guided Richmond Rapid Response Fund
- 107 young people completed Education, Career, Let's Get Free or Case Management Plans
- 22 young people completed Community Service requirements with support from RYSE.
- Engaged at least 33 young people who came to RYSE through reentry/transition from juvenile confinement in the Hire Up, Rysing Professionals, and Side Hustle programming.
- 23 young men, ages 15-18, completed the Hidden Genius Project (HGP), a 15-month intensive Tech Literacy and Skill-Building program for Black-identified males in the areas of computer science and entrepreneurship.
- Engaged over 326 young people through an arts-based healing program.
- FY 20-21:
 - Served 255 young people virtually, plus hundreds of youths and adults engaged through online/events. RYSE primarily engaged young people and community members through virtual programs and events and through trainings and workshops in high schools, continuation schools, partner agency sites and within juvenile hall. While unduplicated numbers of enrolled youth members reached were lower than in years with in-person operations, RYSE reached hundreds of additional young people who were not formally enrolled through social media engagement, virtual events, and in providing emergency financial support to young people and their families.
 - At least 97 members engaged in direct academic and career supports including 1:1 case management, education & career workshops, and mentorship/coaching. 21 young people engaged in identity groups (LGBTQQ group, Young Men's Group, Sister Circle). At least 42 youth participated in leadership cohorts, projects, led campaigns, and training in RYSE's Youth Leadership Institute. 28 young people participated in RYSE's Youth Leadership Institute in April 2021.
 - RYSE has established a partnership with Brighter Beginnings and hosted their staff to begin a cross-referral process between agencies.
 - Through RYSE's Youth COVID-19 Direct Supports Fund, RYSE provided over 300 \$500 disbursements, including participants impacted and hospitalized by gun violence. COVID care funds were used to fund 25 RYSE Scholars, students who were provided with a \$500 disbursement to help with meeting immediate school-related expenses in Fall 2020.
 - As a result of participating in RYSE programming RYSE members:
 - 70% reported benefiting from RYSE programs and services that support mental health and wellness, and reported positive or increased sense of self-efficacy, positive peer relation, youth-adult relations, and agency in impacting change in the community.
 - 95% felt a sense of safety, respect, and community with RYSE staff and young people
 - 97% felt RYSE staff created clear, engaging, accessible workshops.
 - 94% felt they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
 - 90% felt they are interacting more with people of different cultures than their own, speaking up more, and believe they can make a positive difference in their school or community.
 - 97% felt counseling or case management is space of safety, mutual trust, and helping with emotional and navigation goals.
- FY 21-22:

- 95% of members agreed or strongly agreed that they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
- 80% of clinical and case management participants agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals.
- 88% of RYSE members agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.
- Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.
- 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.
- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

STAND! FOR FAMILIES FREE OF VIOLENCE

Rhonda James, rhondaj@standffov.org

1410 Danzig Plaza #220, Concord, CA 94520, (925) 676-2845, <http://www.standffov.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: FY 23-24: \$150,944
- d. Number served: FY 19-20: 1778; FY 20-21: 743; FY 21-22: 649
- e. Outcomes:
 - FY 19-20:
 - *You Never Win with Violence* presentations to 1445 middle and high school youth (during 55 presentations) in Contra Costa County
 - 17 *Expect Respect* groups reached 146 participants
 - Offered 17 10-week long gender-based support groups
 - Trained adult allies (teachers and other school personnel)
 - FY 20-21:
 - Served 743 participants in 30 presentations of "You Never Win with Violence".
 - Adult Allies: 30 teachers and 40 other school/community personnel trained.
 - STAND! was unable to conduct Expect Respect and Promoting Gender Respect Support Groups due to the Covid-19 Pandemic.

- FY 21-22:
 - Served 649 participants overall.
 - Served 432 participants in 18 presentations of “You Never Win with Violence”.
 - Conducted 21 Expect Respect and Promoting Gender Respect gender-based support groups.
 - Reached Adult Allies: 30 teachers through 18 presentations, and 20 other school/community personnel trained. Additionally, 60 adults were reached through a presentation in June 2022 for the Church Women United foundation.

Ami Nichols, anichols@martinez.k12.ca.us

925 Susana Street, Martinez, CA 94553 (925) 335-5880, <http://vmhs-martinez-ca.schoolloop.com/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12th grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

- a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
- individualized learning plans
 - mindfulness and stress management interventions
 - team and community building
 - character, leadership, and asset development
 - place-based learning, service projects that promote hands-on learning and intergenerational relationships
 - career-focused exploration, preparation, and internships
 - direct mental health counseling
 - timely access and linkage to direct mental health counseling

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

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: FY 23-24: \$202,985
- d. Number served: FY 19-20: 245; FY 20-21: 125; FY 21-22: 125
- e. Outcomes:
- FY 19-20:
 - 97% of the Vicente student body and 54% of Briones students participated in PEI activities.
 - All seniors participated in service-learning hours. A minimum of 15 hours is usually required. Due to the school closure because of COVID-19 some students didn't complete all hours but were given a waiver for these hours.
 - All students were offered mental health counseling and there was one full time mental health counselor on campus daily.
 - Staff organized and hosted 70 different types of activities and events to enrich the curricula.

- Vicente was again a recipient of the Model Continuation High School Recognition through the California Department of Education
- and the California Continuation Education Association.
- All students were given the opportunity to apply, interview and participate in career- focused internships.
- At least 70% of students who participated in four or more services and who had had chronic absenteeism increase their attendance rate by 5%.
- FY 20-21:
 - 97% of enrolled students received a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
 - At least 90% of identified students participated in four services per quarter that supported their individual learning plan. The average number of PEI activities of those who participated was seven.
 - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
 - At least 70% of students who participated in four or more services and who have had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
 - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.
 - The schools closed and transitioned to a distance learning model on March 16, 2020. PEI services continued and even increased services during this time. All services were provided via virtual means. Outreach increased to families and students given the impact this model was having on students. Times for families and students to meet so that we could provide support were offered.
- FY 21-22:
 - All students enrolled in Vicente and Briones had access to a variety of PEI intervention services through in-school choices that met their individual learning goals.
 - 97% of enrolled students received:
 - An orientation on program offerings
 - A self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
 - The average number of PEI activities of those who participated was seven.
 - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
 - At least 70% of students who participated in four or more services and who had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
 - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.

Pete Caldwell, pcaldwell@wecarechildren.org

2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, <https://www.wecarechildren.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care’s programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

- f. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

Component 1: Family Engagement and Outreach. First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children’s social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIC members and partners will reach out to their community contacts as well. ECPIC members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community “hubs” such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

Component 2: Early Childhood Mental Health Home-Based Support. This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center in East County.

“Meeting the child and family where they are,” in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during “everyday moments” of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*

Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children’s social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

Component 3: Parenthood Education and Empowerment Component. This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children’s resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2 hour small group format discussions and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

- g. Target Population: Families with children ages 0-5
- h. Payment Limit: FY 23-24: \$132,613
- i. Number served: FY 21-22: 234
- j. Outcomes:
 - FY 21-22:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach:
 - Goal: Recruit minimum number of 299 parents
 - Actual: 420 parents were recruited; 4400 were contacted.
 - Goal: Recruit 200 parents for Parent Groups
 - Actual: 388 parents were recruited; 190 participated
 - Goal: Recruit 99 parents for Home-Based Services
 - Actual: 32 parents were recruited; 22 participated
- Parent Groups:
 - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
 - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support:
 - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
 - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
 - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

205 39th Street, Richmond, CA 94805, <http://www.familias-unidas.org/>
Point of Contact: Lorena Huerta, Executive Director, (510) 412-5930,
LHuerta@Familias-Unidas.org.

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$23,000
- d. Payment Limit: FY 21-22: \$23,000
- e. Outcomes: For FY 21-22:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported six interns averaging 19.25 internship hours per week.
 - All six interns had language capacity to support the program in Spanish.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: HOPE SOLUTIONS – CBO INTERNSHIP PROGRAM – WET

- f. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- g. Payment Limit: FY 22-23: \$26,000
- h. Payment Limit: FY 21-22: \$26,000
- d. Outcomes: For FY 21-22:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported three interns averaging between 20 internship hours per week.
 - Interns supported agency and families through art, movement and play therapies, building social skills, group interventions, conflict resolution skills, parenting and relationship skills, and self-care.

JAMES MOREHOUSE PROJECT (JMP) AT EL CERRITO HIGH (FISCAL SPONSOR OF BAY AREA COMMUNITY RESOURCES)

540 Ashbury Avenue, El Cerrito, CA 94530, <http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader, (510) 231-1437, jenn@jmhops.org

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: JAMES MOREHOUSE PROJECT (JMP) – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$12,000
- d. Payment Limit: FY 21-22: \$12,000
- e. d. Outcomes: For FY 21-22:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported ten interns averaging 21 internship hours per week.
 - Five interns had language capacity to support the program in Spanish
 - Two interns had language capacity to support the program in Mandarin.
 - One intern had language capacity to support the program in Portuguese.
 - Interns supported agency and youth, and parent/guardians through individual and group counseling.

LINCOLN

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: LINCOLN – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit: FY 22-23: \$19,000
- d. Payment Limit: FY 21-22: \$19,000
- e. Outcomes: For FY 21-22:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported five interns averaging 20 internship hours per week.
 - Interns supported agency, children youth, and parent/guardians.

NATIONAL ALLIANCE ON MENTAL ILLNESS CONTRA COSTA (NAMI CC)

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

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

GENERAL DESCRIPTION OF THE ORGANIZATION

NAMI CC has been assisting people affected by mental illness for over 30 years now. Services provide support, outreach, education, and advocacy to those affected by mental illness. NAMI's office is located in central Contra Costa County and the program has partnerships with other community and faith-based organizations throughout the county that allow them to utilize their space and meet with people in their communities.

PROGRAM: FAMILY VOLUNTEER SUPPORT NETWORK (FVSN) - WET

NAMI CC will recruit, train and manage a network of volunteers with lived experience to support families and loved ones of people experiencing mental health issues. These volunteers will be an extended support network of resources, while assisting families in navigating the behavioral health system. This group of subject matter experts will help families gain a basic understanding of various mental health and substance abuse issues, learn to advocate for themselves or their loved one's needs and become a network to other families experiencing similar situations.

- a. Scope of Services: Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
 - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
 - Partner with organizations who specifically prepare individuals for volunteer service in community, such as CCBHS's SPIRIT program.
 - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
 - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
- b. Target Population: Family members and care givers of individuals with lived mental health issues.
- c. Payment Limit: FY 23-24: \$675,305
- d. Payment Limit: FY 21-22: \$618,000
- e. Number Served: FY 21-22: 103 Families
- f. Outcomes:
 - In FY 2021-2022, 190 volunteers were recruited for FVSN training, of those 98 individuals completed FVSN training.
 - It is estimated that 103 families were supported through staff and/or trained volunteers of the FVSN.
 - It is estimated that 123 families were referred to another NAMI program.
 - It is estimated that 66 families were referred to CCBHS or a CCBHS connected agency, and about 51 families connected to CCBHS or a CCBHS connected agency.

PROGRAM: FAMILY PSYCHO EDUCATION PROGRAM (FAMILY TO FAMILY: SPANISH AND MANDARIN/CANTONESE, FAITHNET, NAMI BASICS, AND CONVERSATIONS WITH LOCAL LAW ENFORCEMENT) - WET

- a. Scope of Services: Family to Family is an evidence-based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- For Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish); provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.
 - For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
 - For the FaithNet program, implement a mental health spirituality curriculum targeting faith leaders and the faith-based communities in the County, who have congregants or loved ones with severe and persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information.
 - For Conversations with Local Law Enforcement, support dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
 - Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific agencies in order to coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs.
 - All training will be augmented by utilizing sites, such as faith centers, community-based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
 - Goal Deliver 6 Family-to-Family (at least one in Spanish and Mandarin/Cantonese) (12) week trainings during fiscal year.
 - Deliver 4 NAMI Basics (6) session trainings during fiscal year, with at least one in Spanish.
 - Hold 4 FaithNet events during fiscal year.
 - Deliver 6 Conversations with Local Law Enforcement in partnership with local law enforcement agencies and individuals or families affected by mental health issues throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports.
 - All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.

- Feedback will inform decision making. Member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.
- b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
- c. Payment Limit: FY 22–23: \$77,142
- d. Payment Limit: FY 21-22: \$70,596
- e. Number served: For FY 21-22: It is estimate that about 200 individuals participated in training, workshops, and events through the FPEP program.
- f. Outcomes:
 - Delivered 6 Family-to-Family/De Familia-a-Familia trainings with at least one in Spanish and one in Mandarin
 - Delivered at least 4 NAMI Basics trainings (English, Spanish, Chinese)
 - Delivered at least 4 FaithNet events; including holding monthly Mental Health and Spirituality Initiative meetings

OFFICE FOR CONSUMER EMPOWERMENT (OCE) (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

1340 Arnold Drive, Suite 200, Martinez, CA 94553

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

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: MENTAL HEALTH CAREER PATHWAY PROGRAM - WET

- a. Scope of Services: The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support and provide ongoing support to graduates.
- b. Target Population: Participants of public mental health services, their families and the general public.
- c. Total MHSA Funding for FY 23-24: \$520,336
- d. Total MHSA Funding for FY 21-22: \$346,258
- e. Staff: Five full-time equivalent staff positions.
- f. Numbers Served: FY 21-22: 47 students graduated from the SPIRIT course
- g. Outcomes:
 - 47 students enrolled; 48 students graduated.
 - All graduates received a certificate of completion that is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker.
 - Graduates learned peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations.
 - Monthly peer support groups were offered virtually and continue to be made available for peers employed by the County in various peer and family partner roles.
 - SPIRIT students are provided an internship in a behavioral health program, either through CCBHS, or through a contracted community-based agency, as part of the course.
 - All SPIRIT graduates are provided support and assistance with placement and advancement consistent with their career aspirations.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

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

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: SENIOR PEER COUNSELING - WET

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. The Latino Senior Peer Counseling Program is recognized as a resource for this underserved population. This program serves older adults aged 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to this underserved population.

- f. Target Population: Older Adults ages 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- g. Total MHSA Funding for FY 23-24: \$144,512
- h. Total MHSA Funding for FY 21-22: Senior Peer Counseling - \$238,986
- i. Staff: One Full time equivalent staff person oversees the program.
- j. Number served: For FY 21-22: Senior Peer Counseling (SPC) program trained and supported 16 volunteers (9 English speaking volunteers, and 7 Spanish speaking volunteers) and served 89 clients which included 57 English speaking clients and 32 Spanish speaking clients at 10 sites in the community; with an additional goal of adding 3 new sites in the future. This group of clients still had challenges, due to the pandemic affecting client engagement.
- k. Outcomes: The SPC Program continues to administer the Depression Anxiety Stress Scales (DASS) at intake, and at the end of counseling to assess levels of anxiety and depression.

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SENECA – CBO INTERNSHIP PROGRAM – WET

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- b. Payment Limit: FY 22-23: \$20,000
- c. Payment Limit: FY 21-22: \$20,000
- d. Outcomes: For FY 21-22:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported seven interns averaging 20 internship hours per week.
 - Interns supported agency, children and parent/guardians through individual and family therapy, facilitating groups, linkage and advocacy.

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. A division under Contra Costa Health Services, which provides Mental Health and Alcohol and Other Drug Services (AODS).

Board and Care - Augmented. A facility licensed by the State that contracts with Contra Costa Behavioral Health Services (CCBHS) to provide a therapeutic home-like environment where residents can gain independence and skills through various wellness activities. Persons who experience severe and persistent mental illness are eligible.

BOS - Board of Supervisors. Elected body that is responsible for; 1) appointing most County department heads (except elected officials), and appointing 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 establishing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function

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

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

CAO - County Administrator's Officer. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2) overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department

Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

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

CASRA - California Association of Social Rehabilitation Agencies. A statewide non-profit organization that service clients of the California public mental health system. Member agencies provide a variety of services to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.

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

CBO - Community Based Organization. An agency or organization based in the community that is often a non-profit.

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. 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 health record 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 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. 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. Largest of the five components funded by the MHSA. It refers to behavioral health service delivery systems for children and youth, transition age youth, adults, and older adults. Within this category are: full service partnerships, general system development, outreach and engagement, and housing programs.

CSW – Community Support Worker. Peer Provider in Contra Costa County public behavioral 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. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness.

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

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

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

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

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

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

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

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

General System Development. A term created by the MHSA, and refers to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county behavioral 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, behavioral 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.

Health Care Access and Information (HCAI) (formerly Office of Statewide Health Planning and Development (OSHDP)). A state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. HCAI is the state entity responsible for the implementation of various MHPA 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.

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.

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.

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.

IMD – Institution for Mental Disease. Facility established and maintained primarily for the care and treatment of individuals with serious mental illness. General criteria include: 1) licensed or accredited as a psychiatric facility; 2) under the jurisdiction of the state's mental health authority; 3) specializes in providing psychiatric care and treatment.

IMPACT - Improving Mood Providing Access to Collaborative Treatment. Evidence based mental health treatment for depression utilized specifically for older adults and

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 behavioral health system of care as to best or promising practices that may 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.

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, Queer, Intersex. Abbreviation used to describe this community.

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. Established in 1967, codified California Welfare and Institutions Code 5000, the act 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 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 behavioral health care can be provided by public health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSAs.

Mental Health Career Pathway Program. Programs designed to educate, train, recruit, prepare, and counsel individuals for entry into and advancement in jobs in the public mental health system. These programs are a category listed as part of the Workforce Education and Training (WET) component of the MHSAs.

MHP - Mental Health Plan. An agreement each county has with the state detailing the services that are to be provided.

Mental Health Professional Shortage Designations. Term used by the federal Human Resource Services Administration (HRSA) to determine areas of the country where there is a verified shortage of mental health professionals. These geographical areas are then eligible to apply for a number of federal programs where financial incentives in recruiting and retention are applied to address the workforce shortage.

MH – Mental Health. Abbreviation used for term.

MHC - Mental Health Commission. A group of individuals, often with lived experience as a consumer and/or family member of a consumer, who are appointed as representatives of the County's Board of Supervisors to provide 1) oversight and monitoring of the County's behavioral health system, 2) advocacy for persons with serious mental illness, and 3) advise the Board of Supervisors and the Behavioral 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 behavioral 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 MHSAs 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 and promote wellness and recovery. The MHSAs have 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 is developed with local stakeholders by means of a community program planning process, and includes programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update indicates 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. Responsible for reviewing and approving each county's Innovation programs, expenditures and evaluation.

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 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 a process where the behavioral 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.

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, possibly due to cultural or linguistic barriers.

Peer Provider. Term that refers to a professional who brings lived experience as a behavioral 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 often have a job classification of Community Support Worker.

PEI - Prevention and Early Intervention. Refers to a component of MHSA 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 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 58 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. Regarding MHSA, the term 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. Allowed local governments to use MHSA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

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

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

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

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

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

SUD - Substance Use Disorder. When recurrent use of alcohol and/or other drugs causes clinical and functional impairment that may include health issues, failure to meet major responsibilities at work, school or home, legal problems or problems with interpersonal relationships.

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. 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. A federal vocational rehabilitation term that means competitive work for individuals with 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, mental illness, or other serious challenges. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

TAY - Transition Age Youth. Individuals between the age of 16 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 multi-level 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. Refers to the component of the MHSA that funds programs and services that assist in the recruitment and retention of a skilled and culturally competent behavioral 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

PUBLIC COMMENT AND PUBLIC HEARING

MHSA Three Year Program and Expenditure Plan Fiscal Years 2023-2026

**MENTAL HEALTH COMMISSION (MHC) / Public Hearing for the
Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)
MONTHLY MEETING AND PUBLIC HEARING MINUTES
July 5th, 2023 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions Cmsr. L. Griffin, Mental Health Commission , MHC Chair, called the meeting to order @ 4:31pm. <u>Members Present (In-Person):</u> Chair, Cmsr. Laura Griffin, District V Vice-Chair, Cmsr. Leslie May, District V Cmsr. Ken Carlson, District IV Cmsr. Skyelar Cribbs, District III Cmsr. Gerthy Loveday Cohen, District III Cmsr. Tavane Payne, District IV Cmsr. Pamela Perls, District II Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I <u>Members Present (Virtually):</u> Cmsr. Barbara Serwin, District II <u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services (BHS)* <u>Other Attendees (*in Person):</u> Colleen Awad (Supv Ken Carlson’s ofc)* Mariela Acosta (5:15) Angela Aranda Guita Bahramipour, AOD Advisory Board Angela Beck* Jeralynn Brown-Blueford Jennifer Bruggeman* Bianca C (5:32) Uriel Cardoza George Cervantes Adrienne Conrad Gigi Crowder, NAMI CC Ronda Deplazes Douglas Dunn Dr. Stephen Field Teka Flow-Watt – Reimagine Antioch (5:32) John Gallagher* Nichole Gardner (5:55) Barbara Howard, NAMI CC Kennisha Johnson Gerold Leonicker Kimberly Lopez Sarah Marsh (Hope Solutions) Keven Martinez Gail Miller Audrey Montana* Rena Moore</p>	<p>Meeting was held at: 1025 Escobar Street, Martinez, CA 94553 and via Zoom platform</p>

Emma Elaine Mueller
 Maria Navas
 Susan Norwick-Horrocks
 Teresa Pasquini
 Kelly Perryman, Office of Consumer Empowerment
 Lauren Rettagliata
 Susan Rodriguez
 Jonathan San Juan, Office of Consumer Empowerment
 Stephanie Taddeo (5:55)
 Jennifer Tuipulotu, Office of Consumer Empowerment
 Jaime Yan Furot (5:25)

II. CHAIR COMMENTS/ANNOUNCEMENTS:

- i. Review of Meeting Protocol:
 - NO Interruptions; Limit two (2) minutes per speaker; Stay on topic, Wait to be acknowledged by the Chair before commenting, NO sidebars
- ii. Meeting attendance rules: Please RSVP as soon as possible to guarantee a quorum; If not attending in person must be “just cause” notify the chair ASAP or “Emergency Circumstance” request must be submitted in writing and voted on by the commission. All absences must be noted in minutes for all meetings
 - Courtesy ‘2023 Attendance to date’ email sent to each member individually with their attendance for the first six (6) months of the year
- iii. Reminder all commissioners required to take the Brown Act Training (<https://www.contracosta.ca.gov/7632/Training-Resources>); and Ethics Training (<https://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html>)

Prior to Chair Announcements, Chair Griffin read the Guidelines for Participation.

Prior to Chair announcements, Chair Griffin read through the following:

Guidelines for Participation

The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants:

1. We are committed to honoring people’s time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak.
2. Please keep yourself on mute unless you are speaking.
3. Wait to be recognized, before commenting and keep your comments direct and brief.
4. It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well.
5. Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels.
6. Avoid providing any distractions, such as side bar conversations.
7. An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines.

The month of July is Minority Mental Health Awareness month. Mental Health conditions don’t discriminate; however, we have a cultures of ethnicity and sexual identity, it is hard to access care and during the month of July, let’s keep that in mind and help fight the stigma and help refer those that need to services.

<p>Also, last month, that I did not know and just found out, was Post-Traumatic Syndrome Disorder (PTSD) Awareness Month. That is another important stigma and I want to start vocalizing at all our meetings so that everyone understands the magnitude of these issues that so many of us suffer from.</p> <p>Reminder of the Attendance Report that will be forthcoming. It will show your attendance, especially due to the new rules.</p>	
<p>III. PUBLIC COMMENT: None.</p> <p>During this time, any member of the public may address the MHC regarding any subject over which the Commission has jurisdiction, but which is not on today's posted agenda. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.</p> <p><u>No action or discussion on any item raised on public comments, unless it is for clarification.</u> Response to questions posed or action to agendize the topic will be responded to at next meeting.</p> <p>**Please note there were no public comments at this time. After meeting was adjourned and the Public Hearing was called to order, several members of the public commented during the public comment period; however, should have done so at this time during the commission meeting. Those comments should be here.</p> <p>In future, all members of the public that arrive after the public comments will need to submit their comments in writing to the chair via email to be included in the minutes for the next commission meeting.</p>	
<p>IV. COMMISSIONER COMMENTS</p> <p>During this time, MHC members may share information and announcements. There is a two (2) minute max per person time limit, in order to provide all interested parties with the opportunity to speak.</p> <ol style="list-style-type: none"> 1. (Cmsr. May) Regarding sending out the attendance record. You are saying you can only miss two virtual? Are they the entire year? When will be getting the attendance. (RESPONSE: Angela Beck) Hoping by the end of the week, at least prior to when the committee meetings start. The emails are in DRAFT, waiting the verbiage from Cmsr. Griffin. (Attendance explanation from Cmsr. Griffin) If I may add, those two allowed virtual meetings are allowed per committee and the main commission meeting. If you attend one commission meeting virtually, and attend one of the committee meetings virtually, that doesn't count as two, it is two maximum in each committee. I know it is confusing but we have our bylaw attendance and there is a separate set of rules for the virtual attendance. 2. (Cmsr. Shires) Contra Costa County is hosting their Youth Summit and hopefully the commissioners received this (NOTE: Youth Summit was June 27th and this was sent out to the commission). Also, I did attend the Contra Costa Children's Leadership Council. Something I think would be really interesting is to have Emily Hampshire speak to us from First5 Contra Costa. She is a Trauma and Resiliency Coordinator. I am looking at our K-12 to get trauma induce curriculum into our schools. I think is really important. I can forward the information. The last thing is that I did go to the CalBHBC training in June. In particular, looking at how we could be more successful as a mental health commission. 3. (Cmsr. Swirsding) I am concerned about the absent thing. I am in the hospital often and how is it going to work for me? (Cmsr. Griffin) First we will be very considerate to you getting better, as that is the first 	

<p>priority. I can speak with you off line regarding the rules, but in the case you are hospitalized or need to attend virtually due to illness, you can put in an emergency circumstance which covers all meetings for 30 days and will need to be renewed each 30 days; and that can be done for 3 months max, let's speak offline.</p> <p>4. (Cmsr. May) I was not finished with my comments. I wanted to say that I have been attending weekly meetings in the evening with Reimagine Antioch. Their focus is on fighting to get mental health services for the people of color in Antioch. There is a Pittsburg clinic, there is a clinic for children. For adults, there are no clinics available especially for the adults that are suffering from trauma and being retraumatized with all this texting issue going on. We are working with grant writers to get their own grants and open up their own drop in centers. Just wanted to let you all know they are having weekly meetings and making a lot of progress in the direction of providing services for minority adults with mental health needs. (Cmsr. Griffin) Please forward the information to our EA to send on to me. Thank you.</p>	
<p>V. APPROVE June 7th, 2023 Meeting Minutes</p> <ul style="list-style-type: none"> June 7, 2023 Minutes reviewed. Motion: K. Carlson moved to approve the minutes as is. Seconded by T. Payne <p>Vote: 11-0-0 Ayes: L. Griffin (Chair), L. May, K. Carlson, G. Cohen, S. Cribbs, T. Payne, P. Perls, B. Serwin, R. Shires, G. Stern and G. Swirsding Abstain: None.</p>	<p>Agenda and minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. DISCUSS California Senate Bill – SB43 Behavioral health reform advances in the State Senate – Authored by California Senator Susan Eggman</p> <p>There was an attachment in the agenda packet with information on SB-43 and I hope everyone had a chance to read it. I will be opening this up to discussion, as I know we have some folks here with more information on the bill. In short, from what I understand, it expands the definition of greatly disabled. It did pass unanimously and in the assembly committee on June 27th? (Cmsr. Perls) it is going to be re-referred to the committee on Judiciary Hearing on July 11th. It was amended and it needs to be re-heard.</p> <p>Teresa Pasquini and Lauren Rettagliata were there and can give more details.</p> <p>Questions and Comment</p> <ul style="list-style-type: none"> (Lauren Rettagliata) Basically, I am going to leave a lot of what is going to be said to Teresa as she was one of the individuals who sat with Senator Eggman, as well as Dr. Emily Wood. They spoke of the need for renewing and revitalizing the Lanterman-Petris-Short (LPS) Act. As an audience member, listening to Dr. Wood and Teresa, there is one thing I would like to say. When Teresa gave her testimony (I am a veteran at going up to the capital and) I have never seen members of the Assembly break into tears. There were two members that were visibly shaken and were crying. The testimony was very compelling, letting them know that grave disability, of those with a serious mental illness (SMI), is something we really need to be aware of. There were some amendments that may have weakened the bill a bit, and it saddened me. People were concerned it was being used to sweep the streets, and it is not. What we were trying to do is catch our loved ones, who are severely mentally ill 	<p>Documentation on this agenda item can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>

and those with a substance use disorder. The language on the LPS Act was very archaic. It spoke about alcohol abuse but did not speak about substance use disorder.

- (Teresa Pasquini) My testimony is public. There is a public record of it and I posted it on my Facebook page and included in the record of the assembly hearing. I also, as you may recall, stood with NAMI California, who is a co-sponsor and also the big city Mayors when it was first introduced in February. I testified before the Assembly Joint Judicial and Health Committees back in December 2021, which was a 5 minute testimony (last week was 3 min). I am an obvious supporter of the need for us to update our LPS Act and make it easier for people to get the right care at the right time at the right place. If they need that in an acute facility, then that needs to happen. The crisis on our streets, Fentanyl has changed the game and there are too many people literally dying with their rights on. I know there are strong ideological differences on this topic. As somebody whose child has been behind multiple locked doors and was criminalized as a patient, nobody is more passionate about this than me wanting anyone who can be treated voluntarily to be treated voluntarily. Those who need medically necessary treatment must have where they need it.
- (Cmsr. Perls) I would like to point out that this was a bill last year that was roundly criticized and justly so. There have been some amendments but there are still some serious concerns about it and **that an entire** **_____ the ACLU, Disability rights** and a number of other rights organizations have opposed it. If amended, there are certainly some parts that are important and there is no doubt there is a problem. The difficulty is that the expanded definition is too broad, it catches people who are inappropriately caught in the net. It speaks to the gravely disabled and I understand adding in the substance abuse, but it talks about people having inappropriate clothing, that is not something that has been defined. It talks about being unable to protect themselves and that is not defined in the law as well. To keep themselves safe, again, very subjective and not real law. It allows a medical expert to testify in the court hearing before a judge about a persons medical records when they have been written by a different healthcare provider entirely and that is contrary to every rule of law that becomes hearsay. It's not anything you can testify about. The concerns are also that very often, if it is not a voluntary treatment, that has not been very successful as well.
- (Teresa Pasquini) I wanted to add that some of the comments that Commissioner Perls was reading have been amended out and so the commission doesn't have the current amended law and some of the specific things she was referring to have been amended and there is an updated version now. It wasn't available last week, but it is available now. I just don't want misinformation given to the commission on the current law.
- (Cmsr. Swirsding) To take off the matter of a physical illness that should not be considered, I want to speak for myself, I had a head injury, I can't see, there is a lot I suffer from physically, and sorry it does affect my mental health as well and I find that really appalling. If you speak to anyone that is a Veteran, that have suffered these physical injuries on top of their mental illness, medical conditions can make a person very depressed. In the past I have attempted suicide because one thinks they

are suffering with this illness the rest of your life and it can be quite a lot to overcome. I am in a different space but it can be very hard and I think those with a medical conditions should be placed on that as a matter of disability.

- (Lauren Rettagliata) Commissioner Perls had many things she was concerned about. At the table with Teresa and Dr. Wood and Senator Eggman were two people. One was CalVoices (these were the people speaking in opposition) and the other was Disabilities Rights of California. Their testimony was heard by everyone on the health committee. Then the public was allowed (those in attendance) to come and speak. When people came up, the vast majority of people were there to say they were for this legislation. There were mayors that came from all over the state to speak about it. There were many parents, many psychiatrists, the American Medical Association spoke out in favor. It is something that has been in committees and discussed and everyone wants to ensure that no one's rights are violated. As a parent of someone who has a severe mental illness and it took over ten years before he was conserved, there were so many years where he lost his mental acuity and ability and we want to stop this. I have been in conservatorship hearings and I can guarantee you there is due process for the individual. The problem is that many times it was not heard of the grave disability of that person and we wanted to make sure that was brought forth. It has been since 1967 that the LPS Act had not been brought up and revisited since then. Everyone in the state legislature is really hearing and open to learning and work on this. I also want to mention Susan Horrocks who was also on a call with me that morning to our assemblyperson explaining what parents (and loved ones) of those with a serious mental illness how we really supported this legislation.
- (Douglas Dunn) I strongly support this bill because we have a loved one who, under the current definitions of grave disability, has not been changed in 50+ years. Second year, hopefully won't have to be a third, but there is a need for this type of legislation, as long as a persons rights are protected, which they are for this legislation to go through the legislature because it would, in our view, help persons longer term and avoid more brushes with the criminal justice system. My involvement with the NAMI CC family volunteer support network, I run across this time and again, families whose loved ones did not get the help they needed and were not conserved and were involved with the criminal justice system and can never seem to get out of that rathole.

VII. Adjourned: 5:09 pm

PUBLIC HEARING

**Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (FY 2023-2026)
July 5th, 2023 – DRAFT**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Opening Comments by the Chair of the Mental Health Commission Cmsr. L. Griffin, Mental Health Commission (MHC Vice-Chair, called the Public Hearing to order @ 5:19 pm I would like to first go over the process for this public hearing. We will first hear an overview of the MHSA Three-Year Program and Expenditure Plan, Fiscal Years 2023-2026. Second, we will then listen to public comments. Third will be commissioner comments. Does everyone understand? Now I would like to introduce Jennifer Bruggeman, LMFT, Program Manager, Mental Health Services Act (MHSA), Contra Costa County Behavioral Health Services (CCCBHS)</p>	<p>Meeting was held via Zoom platform</p>
<p>II. 2023-2026 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan 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><i>*Note: This presentation contains an overview of significant changes in each of the 5 MHSA Components</i></p> <p>Introduction MHSA 23-26 Plan was created in collaboration with community stakeholders through the Community Program Planning Process. The 23-26 Plan takes into account many unique considerations:</p> <ol style="list-style-type: none"> 5. Statewide unspent MHSA fund balance 6. COVID impact on MHSA funds 7. Pending "Modernization of MHSA" which emphasizes Housing and FSP 8. Pending CARE Court implementation <p>Steps Toward Approval:</p> <ol style="list-style-type: none"> 1. Plan Draft Overview was shared with MHSA Advisory Council 6/1/23 2. Plan was posted for 30-day public comment period June 6 - July 6, 2023 3. Public Hearing at Mental Health Commission Meeting 4. Incorporate substantive feedback/public comments and finalize Plan 5. Submit for approval by Board of Supervisors (BOS) Proposed 2022-23 Plan MHSA Plan Update Highlights. <p>Community Supports and Services (CSS) Full-Service Partnerships; General System Development including Housing</p> <p>Housing Expansion</p> <ul style="list-style-type: none"> • Increases rates for Board & Care operators • More units across the housing continuum • Potential new construction / renovation of new housing projects <p>Transition Team Expansion</p> <ul style="list-style-type: none"> • Street Psychiatry • Behavioral Health Library Initiative <p>Expanded Treatment Programs including</p> <ul style="list-style-type: none"> • Eating Disorders <p>Funding to CBOs during CalAIM transition</p>	<p>The Program and Expenditure Plan Overview was presented as a PowerPoint presentation to the Public Discussion forum. The Presentation 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> <p>The full Three-Year Program and Expenditure Plan (FY 2023 – 2026) Draft has been posted on the MHSA website and you may review the document here: https://cchealth.org/mentalhealth/mhsa/</p>

- Time limited funding to support CBOs during payment reform
- Moving from cost-based to new claiming codes
- “Pay per performance” to CBOs that participate in FFS/Medi-Cal billing during transitional year
- System changes to support increased service provision by making improvements in costs and productivity

Prevention and Early Intervention (PEI)

Programs include Office for Consumer Empowerment, First Hope and over 20 community-based organization partner providers offering services aimed at increasing prevention and early intervention by creating access and linkage for underserved communities, and reducing stigma and discrimination

- 4% COLA for PEI CBOs
- Suicide Prevention Strategic Plan (<https://cchealth.org/mentalhealth/mhsa/pdf/2022-Suicide-PS-Plan-PC.pdf>)
- PEI Program Annual Reports with Outcomes

Innovation (INN) Updates

Opportunities for unique programs that improve quality of services, increase access for under-served groups, or offer inter-agency collaboration

- Cognitive Behavioral Social Skills (CBSST) in Board & Cares – timing out of INN fall 2023
- Room to Overcome and Achieve Recovery (ROAR) – timing out of INN fall 2023
- Psychiatric Advanced Directives (PAD) – entering year 2
- Grants for Community Defined Practices – recently approved by MHSOAC and BOS
RFP Workgroup meetings July / Aug
TA Workshops
Bidders Conference
RFP Released (early fall)

Workforce Education and Training (WET) – building a robust and culturally diverse workforce through retention strategies and various training programs

- Continued Loan Repayment Programs
- Increased funding to include:
 - Expand training for staff and contracted providers to develop knowledgeable workforce and support CalAIM initiatives
 - Participation in the following CalMHSa Behavioral Health Workforce Programs aimed at addressing staffing shortages and retention strategies:
 - Peer Support Certification
 - Fund exams for peers who wish to become Certified Peer Support Specialists (which allows them to provide Medi-Cal billable services)
 - SPIRIT to become an official training provider for Certified Peer Support Specialists
 - Temporary Clinical Staffing / Permanent Staff Recruitment Program – specifically for hard-to-fill and retain positions
 - Training and Certification Courses – for staff / contracted providers on topics such as Substance Use, Mental Health, Law and Ethics, 5150 and Care Coordination

Capital Facilities / Technological Needs – funds for building/renovation of sites that will house treatment services for individuals living with a behavioral health issue; IT needs including an electronic health record

- Capital Facilities Projects
 - Use of MHSa funds to move forward with construction costs associated with projects identified through stakeholder-driven needs assessment process
- Electronic Health Record enhancements
 - Epic (cclink) system optimization to accommodate CalAIM Payment

Reform including new forms, new workflows, incorporating the Universal Screening and Transition Tools

- Sunsetting the current billing system (ShareCare) and using cLink for claims to DHCS. cLink will now be used for clinical documentation and billing in a unified system, which will increase efficiencies and reporting capacity.
- IT consultant costs

Proposed FY 2023-2026 MHSA Budget

	FY 22-23	FY 23-24	FY 24-25	FY 25-26
CSS-Summary				
5713-AOT	\$2,974,841	\$3,082,702	\$3,195,021	\$3,312,015
5714- Crisis Res	\$2,338,279	\$2,408,428	\$2,480,680	\$2,555,101
5715- Wellness Ctr (Not Being Used)				
5721- Admin Support	\$4,650,342	\$5,202,032	\$5,323,619	\$5,577,449
5722- Children's	\$4,661,277	\$22,301,102	\$7,252,096	\$5,033,413
5723-TAY	\$2,390,284	\$3,582,273	\$2,683,391	\$2,609,702
5724- Adults	\$8,843,254	\$13,387,892	\$10,469,086	\$10,313,843
5725 - Housing	\$10,574,888	\$21,907,599	\$23,678,343	\$24,091,532
5735 - Older Adults	\$4,219,218	\$4,397,822	\$4,585,355	\$4,782,265
5957- Gen Syst Dev	\$4,872,838	\$5,635,151	\$5,885,409	\$6,179,679
CSS Total:	\$45,525,223	\$81,905,000	\$65,552,999	\$64,454,999
PEI-Summary				
5727- PEI First Hope	\$4,018,024	\$3,550,789	\$3,735,231	\$3,928,679
5753- PEI	\$7,597,257	\$8,217,211	\$8,474,769	\$8,740,322
PEI Total:	\$11,615,282	\$11,768,000	\$12,210,000	\$12,669,000
5899-INN-Summary				
INN Total	\$2,150,640	\$4,018,000	\$4,195,000	\$3,876,000
5764- WET-Summary				
WET Total	\$2,452,389	\$3,045,000	\$3,113,000	\$3,185,000
5868- CF/TN				
CF/TN Total	\$250,000	\$5,000,000	\$2,500,000	\$2,500,000
Total Budget:	\$61,993,534	\$105,736,000	\$87,571,000	\$86,685,000

Questions and Comments

Email: MHSA@cchealth.org

- Call: 925-313-9525
- View MHSA Three-Year Program and Expenditure Plan FY 2023-2036 Draft and Provide a Public Comment at: <https://cchealth.org/mentalhealth/mhsa>
- Jennifer Bruggeman, LMFT, Program Manager
Jennifer.Bruggeman@cchealth.org
MHSA@cchealth.org

III. PUBLIC COMMENT:

- (Lauren Rettagliata) My concern was (and what I didn't understand upon reading the plan) I noticed that the large increase and what is put down as CalAIM transition funds, when the are added up, it is \$22.4m/yr and over the course of three years, it is over \$67.2m. Showing us how it is all broken down, I seems you are dividing that up into different categories (Children, Adult, Older adults) because the amount set aside to bring us up to date on CalAIM is a very large amount. Significant amount of our community support services. I know there is cost involved, but I would like to know what will behavioral health be paying for exactly, besides the coding (the adjustment in the codes) and what will the financial support to the CBOs (Community-based organizations) provide to those that are actually receiving the services? Which CBOs will be receiving funding? There is nothing designating exactly, so who will those CBOs be and how will it be decided how much funding? Will they receive? and how did you decide this specific amount was needed? When this money is given to the CBOs, how will

they document how they spent the funding and the outcomes they achieved from receiving this funding? For many years, Doug Dunn has sat in with me and so has Teresa. We worked many years on Mental Health Services (MHS) financing and accountability. This is one of the things I feel is so important with the funding that is given, we know what the outcomes are and know who will be receiving the funds.

(RESPONSE: Dr. Tavano) Thank you, Lauren for putting those questions in writing and bringing them up today. The reason I asked you to bring them up today is so that everyone could understand. Payment reform 101 in the briefest form and understand what this money is about. Payment reform is a really big deal, all the coding and what we have spoken to in the last year. Also, there is a significant amount of unknown and when there is unknown, there is some level of risk. We were asked to produced cost surveys. The county was asked to provide a cost survey in 16 of our CBOs. These were submitted to CALMHSA (California Mental Health Services Authority). This funding funneled through CalMHSA through DHCS (Dept. of Health Care Services). Every county was asked to do this. The county submitted its cost report for the prior year (calendar year). CalMHSA worked on it in conjunction with the DHCS. The DHCS then determines every counties rates based on those cost surveys. Every county received different rates and there is no uniformity, no consistency. Moving from a cost-based system to a fee for services, which I have talked about before, it is a huge change. Prior, everyone including the CBOs were basically reimbursed for the cost of providing services rather than we get reimbursed for the actual service delivery. I am very happy the focus is on direct services and really appreciate that shift that we are all going through, but it does mean change. That was the first step.

DHCS then took all those cost surveys for every county, conducted market basket comparisons for each county they looked averages (full sector-public and private) and came up with the county rates. They are different for every county and those rates are to cover a number of different costs. Then we went into the process of discussing what the rates would be with the CBOs. These are medical fee for service contracts. I believe it was a total of 38 programs but 26 CBOs. We were supposed to receive all those rates from the state in September 2022, but they were very delayed and started getting them in November, 2022 and received them piecemeal over a 4-5 month period. So, we didn't know what all our rates were going to be for all our service types. We had to know the whole picture to know what the funding of the BHS system was going to be in this county for both mental health and substance use services. The rates came in sequentially, rather than concurrently, and we had to have all to work with our contracted providers (not the PEI providers, but the fee for service MediCAL providers. We asked them to all do their own cost survey and budget templates. We tried many different approaches over a couple month period. The intent was (for this year with so many unknowns) to get the CBOs full and in place so they were here to be able to provide the services that we are here to deliver. Many iterations and in the end, it was hard to predict with accuracy and the decision was to accept the cost surveys and budget templates that each contractor established for themselves. We basically estimated what services would be reimbursable, what the reimbursement for the year would be and then what the delta was to keep them whole while dealing with all the unknowns. This was a tremendous amount of the CBOs, because as Jennifer was saying, when we moved from ShareCare for billing to cLink and all the providers had to be totally retrained in all the coding, data entry, we went live July 1st and it was a huge county-wide effort. We did not send it all out but it did go the Board of Supervisors (BOS) last week and included a spreadsheet which we are very happy to share with everyone. We will be entirely transparent. We will support them if they are able to perform according to their contract. It is all public and happy to share. It is not so much about cost efficiency, but direct services. We want to see

improvement in the level of direct services provided and then they will be eligible for a second payment in December. This is the intent for the first year as we work through this. It is not for the second and third years.

- (Lauren Rettagliata) Started to ask another question but was muted as it was another member of the public's turn to speak.
- (Gigi Crowder) I wanted to say I appreciate the fact that there are 4% COLA which is really important to keep staff, you have to give pay increases, although we are not PEI and we are WET, we at NAMI CC often feel like 'step-children' and forgotten whenever discussions are taking place. We are in a state that is lifting up lived experience, we really thought we'd follow suit like other counties. We have 65% of our staff peer-certified in the role of family members as well as peers. For us to not be considered in position for CalAIM advocates, because of our diversity and our ability to meet the needs of individuals that their county has been proven to be successful, mainly African-Americans and Asian American/Pacific Islanders, it is too bad that didn't happen. I wanted to register that with the 3-yr plan because it doesn't look like there is a plan for honoring the fact that peers and those with lived-experience offer a great deal of support to individuals. I also want to let everyone know there was 100 organizations named non-profits of the year and NAMI CC was one of them. We are doing great work and are celebrated across the state but we are not just not getting that love here locally at the county, even though we have great impact here.
- (Teresa Pasquini) Having participated in these hearings for the last 20 years (or close to it) I want to recognized that I am grateful to see the increase in the housing allocations. This has been the number one choice of stakeholders since the beginning of the MHSA and before. I haven't had a chance to read the plan. I just lost my mom and am left with the responsibility of managing both my 71 yo brother who is a CCC resident and my son who is still living out of county. I do have to bring up the disappointment about BHCIP and our county not receiving any grant funding for those proposals. That was a shock to my system and a huge disappointment because I so appreciated the efforts our community has made and the steering committee I have been happy to participate on, as well as all the work we put in with the commission on 'Housing that Heals' and Lauren and I actually advocating at the state level for the BHCIP funding process. I hope to hear more details about how we are going to make up for that loss. I know there are moving targets at the state level and unknowns. I just want to call out the fact that we did not get any of our proposals funded for BHCIP and our neighboring Alameda has a total of \$100m <cut out /dropped> I am really concerned and want to be heard by our BOS representative here today. Again, driving out of county for 20 years to MHRCs (mental health rehabilitation centers) and IMDs (Institutions for Mental Disease) is unacceptable and CCC is the only large county that doesn't have one. It has GOT to change.

(RESPONSE: Dr. Tavano) I know a lot of people to be disheartened as I was on the Friday where I got three consecutive letters about this. No justification, no rationale. I did immediately communicate with the Deputy Secretary of Health and Human Services at the state level along with other advocacy, that is not over. I just wanted to say that we are so committed to this. The amount of work some of you participated in and public works and everyone participated in, we went into this knowing there were unknowns and unpredictable elements to it. We have already been looking at alternatives so the money in the mental health services act plan will help toward that. MHCRs cannot be funded by the MHSA but we are looking at local behavioral health dollars that could be used for that project because it was the number one project we have all been asking for. For the El Portal Project, we are hoping we get the support of the BOS and the CAO to executive our lease option to purchase that property using some of the funds in capital facility in the plan you are all looking at now. We are very focused at moving forward with those two projects we have been working very diligently

on. There is so much will to make these projects happen and I think that is what we are focused on now. We will still submit on Round 6 in January for other things, but we don't want to wait on these two. I would also like to say that while I received three 'bad news' letters, I also got a letter that we did get the approval for the \$20m in transitional housing under Behavioral Health Bridge Housing (BHBH), so it was a very mixed Friday.

- (Teki – Reimagine Antioch) I am with Reimagine Antioch but here to comment as member of the public, a black woman, resident of Antioch. I was hoping and wondering if you would have more people of color in our positions. Not saying anything about other nationalities but there are a lot of people here in Antioch that are hurting. Sometimes we cannot connect with others that are not our ethnicity. No offense to anyone, there are just not enough services out here for me. For example, when I go and try to have counseling I am not able to connect with someone that is aware of my culture. I feel if I was able to have a counselor are of my culture I would not have had trouble receiving services. We need more black and indigenous people employed in mental health to offer services in these spots so that everyone is being reached, not just one or two specific groups that need mental health. I do appreciate your time and hard work. Just please don't forget about us.
- (Jaime Yan Faurot) I just wanted to check with the commission that we have a lot of peer hires in the county but do we actually have peers support as well? It doesn't seem there is so much of a representation of the cross section existing in our county and we would be hired peers, can we consider having positions for people all walks of life, as well. Diversity have a lot to bring to the table, sometimes subculture in the culture is not easily spotted. As a result, we can't help our clients better unless there is someone of similar background and would be something we could consider to help clients. The other point, when we hire peers, having peers provide this layer of support would that be same as peers reaching out. What I meant is would the county consider using some of the spending for peers, not just supporting the peers but family members. A lot of times when the peers are struggling, so are the caregivers. Family partners are important but not have that role to acknowledge. I think the MHSA funding can be written to help support that layer of support for the people struggling.
- (Rena Moore) Just wanted to say that Antioch doesn't have enough mental health services, including drop in scenarios and healing centers for youth and adults. We need more people of color in lead positions as directors, managers and healers, specifically people of African-American decent / Indigenous people
- (Guita Bahramipour) Is there any budget for group therapy. I do feel that when people call 211 or 988, at that point has been disconnected and don't know where to go if it is not really an emergency. I do believe if they are directed to one person (one therapist), they can all be there to ask questions from the therapist online (in some forum, Zoom), they can be directed to information. It is important because this is how the youth speak and found it is very helpful for older adults. I think there should be some budget to go for group therapy.
- (Nichole Gardner) I am with Facing Homelessness, a non-profit in Antioch, since 2017. Just a few things. Just following, it really seems that Antioch has been underserved and not prioritized for years. One thing, as far as the mental health and I can say about our city is that I am proud we have stepped up to try to battle our mental health crisis response team we do have. I thought it was a shame that, even when the delta landing housing project that we had bought out here at the old Motel 6, which was supposed to prioritize Antioch residence in East County the city had to pay for an extra 15 rooms just so we could get some of our unhoused folks in there, I would love to see the county spend some more time and funding and start truly supporting Antioch residents, esp. those living on the streets. It really is a shame when you are dealing with folks who one a few years back, they're okay mentally and then you see these folks after the years how

they have mentally deteriorating. I just wanted to use my voice tonight to say please step up, do something for the unhoused on our streets. The county has really disappointed Antioch and if you can get funding coming our way. Antioch has stepped up and have been using our own funding but we still need the help. These programs we are funding are only two year programs and we still need the county to step up and actually do something to get these services to our unhoused.

- (Sara Marsh) I just wanted to quickly express my appreciation for the efforts made here, as well as by the county to bring on CalAIM and to just remind us all that the object of the game to expand services and make it easier for them to be achieved. I definitely believe this is a work in progress. I know everyone here understands that having the budget, have some money to support the CBOs during the transition is really appreciated. The county was really helpful and supportive of the CBOs during COVID when there were so many challenges around the budget and figured out how to support the ongoing current services that exist. Just, as we go through the process of bringing on the new stuff, to not lose the old stuff is really something I just want to tank Suzanne and Jennifer and all the folks working with the all the details. It's challenging. You believe in the idea and it is perfectly wonderful intent and then the details are amazingly difficult and often have unintended consequences. I know in our own little CBO we are concerned about how CalAIM is going to really impact us and what the actual reimbursements will be, etc. Realizing the county is trying to anticipate and figure out ways to keep everyone whole and keep the ship moving forward. Thank you.

IV. COMMISSIONER COMMENTS:

- (Cmsr. Serwin) I just wanted to tank Dr. Tavano for her response and Lauren for her questions. I had similar and same questions that Lauren had regarding the CalAIM incentives. I really like Lauren's suggestion that the spreadsheet presented to the BOS to be included in the MHSA plan if that follows the protocol of the plan.
- (Cmsr. Payne) You said there was unspent balance? What is that?
(RESPONSE: Jennifer Bruggeman) This is an issue across the state and we have been advised to try to utilize unspent funds or they could be reallocated. We currently have around \$80m and by the end of this three-year cycle, I believe it drops down to the low \$50m. We do an annual update every year.
(Dr. Tavano) We are not giving any money back. So we will, over the next three years continue to look at how meaningfully spend the money, intentionally spend. We are changing practices, one has been that once a project is funded for three years, we incur the funds and if there is difficulty lifting the program, hiring staff, the unspent dollars accumulating. So what we will be doing every year is assessing where the spend has occurred and what is unspent and instead of keeping it and rolling over from year to year, just keep putting it to use. To Lauren and Teresa's point, we are going to be looking at how to maximize those dollars for treatment settings, residential treatments and housing, etc.
- (Cmsr. Payne) That amount gets reflected when _____ or is it separate?
(RESPONSE: Jennifer Bruggeman) in the budget overview here, you don't see it but you will in the budget summary in the plan.
- (Cmsr. May) I have a couple of things: First, I just noticed looking at the monitors and throughout the room that there is a lot of eye rolling and shaking heads when people were speaking about people of color, that is why they are going to continue speaking to that. Maybe they don't speak with the correct diction that you feel should be appropriate when people speak, whether they are on Zoom or in person. But they have a right to speak and they are speaking from the heart. The eye rolling and shaking your head is very unacceptable for 'so-called' professional people. I wanted to say that first.

Secondly, one of the agency CBOs “Lift Up Contra Costa” and they are very big in the eastern part of our county and wonder if they were going to be one of the CBOs receiving funding listed on the community support services (CSS) expenditure. In terms of the PEI, Antioch youth need help. I am going to keep screaming about Antioch. Gigi Crowder of NAMI CC and Pastor Owens of Genesis Church held a meeting at their church, they have had several meetings. They had Youth Turn Out and it was very emotionally charged, I did not attend but had quite a few people who did. These children are an emotional mess because they are traumatized, their fears and concerns for the mental health and safety. They are crying for help and we are going to keep on screaming and crying about Antioch because I don’t want to hear ‘oh we didn’t know’ every time I turn around. Antioch definitely was skipped over when you were looking for sites for those BHCIP grants (maybe that’s why, God sees everything). Historically, the WET money, BHS hires people from agencies to support their work force and release at 90 days. Now you are saying we are going hire peer support specialist and you want funding for them, which allows them to provide MediCAL billable services. How about changing the habits of hiring agencies and put those people who know the work and been doing the work...how about rehiring them on the permanent staffed positions. It is unfair you use people to get the work done then when you get the funding to actually pay people a decent salary with these permanent positions, you go these other places (agencies) to look for those same people that do the same work that you have to retrain all over again. Also, fund exams for peers who wish to become certified peer specialists, they need to pay for their own exams just like I have to pay for my exams to be licensed, they should be paying for their own exams. Finally, EPIC and cLINK have been transitioning yearly since 2012. When does that end? When do we stop funding and funding for the same thing over and over? It seems like a lot of waste. I want to see accountability, I don’t know how it will come to this county but this county needs to be accountable for where the money is going, why it has taken this many years (2012, that I know of, and we are in 2023) to get it together? It just doesn’t make sense. Also the unspent balance, that \$80m how about you shift that money to Antioch and Oakley? All the people giving you problems here, West County, Central County... they are all being pushed out that way because nobody wants the headache so that means we are being overflowed with mental illness, substance abuse, all the things we have been screaming about for years. Not just in this county but other counties.. Fentanyl didn’t become a big thing until certain folks kids and families and moms and dads started getting addicted and then all of a sudden it’s a big thing. We’ve had it in our community for many years (half a century I have known of) and now all of sudden it’s a big deal now. Help the people screaming for help, help the small people not the rich. Help those screaming and really need it. Instead of talking about them saying all they do is get high and drunk. Help instead of criticizing and shaking your head and roll your eyes because their language does not meet your standards when they are speaking.

- (Cmsr. Swirsding) I have the same with West County, I actually attend (Suzanne, you attended) It was really dynamic because there were young people there too, talking about the things they are suffering in West County. In these places in Antioch and Richmond, there is a continuous gunfire and the kids are witnessing it, they have no where to go to help with their PTSD. In counseling they are not allowed to talk about their experiences because you are triggering others. When there are peer groups with those having the same experience, they can speak freely. Also, as far as where is the money going. Even private corporations are feeling it. Our taxes are due August 15th because of that. They know that because of COVID, things have shifted and changed. I’m glad you all explained it.
- (Cmsr. Cohen) You can have a lot of funding for agencies (let’s say in Oakley, where I am at) but when you have a Board of Education and a superintendent that they think / they are conservative and that’s not in their community, they

are never going to allow those services at the schools. That is terrible that this year we are going to be the six counselors are funded for this coming year and one of our counselors is African American and comes from Oakland. So we are going to do with whatever we have to try to change everything and be more supportive for their mental health, but it doesn't matter how much funding is available and agencies if they don't allow us to bring them to the schools, nothing going to change.

- (Cmsr. Perls) I appreciated that this is complicated and I am very new in the system so forgive me if I'm asking something that is deemed innocent. It's difficult as a lay person to read the plan and discern what is going on. Many acronyms and generalizations so it is not as transparent as you may hope. One of the things I am concerned about is that my comments do not match specific parts of the plan, they are just general comments. COVID has increased the number of youth with Anxiety and Depression at a time when staffing and resources are problematic. It is unclear from the plan whether funding is set aside in order to meet that demand. I know you have programs about transition and I know there is a mention in a number of places but not sure how much is actually set aside for them in terms of housing and treatment. I know there is an inadequacy of crisis housing. Although I understand the Sheriff's and the jail budgets are not within the program you are talking about here, when the inmates are scheduled for release, they have to meet / verify admission requirements for psychiatric facilities, which supposed to be transferred for treatment and to meet those requirements, they need in depth medical and psychiatric evaluations, which sometimes are unavailable and that means they end up being held in jail longer if they can't. It is partly under the Sheriff of course, but it also means there are also aren't adequate beds in the psychiatric facilities for everyone and that CBO funding, I gather. Third thing is specific housing in reference toward transition youth for released inmates, are the board and cares funding for staff, capital improvement? It wasn't clear to me what those were. How are these particular board and cares licensed and monitored. Lastly, I believe you call it your humility plan, the one that was referred to that deals with cultural and racial outreach is 2022, is there an updated version? And if there is something in plan, is there something to monitor the results? How does that get monitored?
- (Barbara Howard) Good evening. Again, it is a sad day when there are individuals in seats and positions to really be effective in change and don't make that movement to change. Lifting the hands and supporting every nationality is important and it is your responsibility to do so. You cannot sit in positions and don't look at the whole of a person. For me, I am an African American woman is looked at as 3/5th of a human being, so when I speak and talk and the things I do, to you it may not be important, but for me and my community it is important. You all are in positions to help your whole community, not just one piece. I'm not speaking on the behalf of NAMI CC, I am speaking on the behalf of an African American woman that is out in the community and we are lifting hands, heads, mental wellness and love. You all need to go back to a position of love. If you are not in a position of love in the work you are doing, you should not be in your positions because it is important that you in those positions may change. Thank you. And it is your responsibility and duty and you can do it. It is only your choice. You have a made up mind that you will be that go against the grain and make a difference in your community because health is for everyone, not just for some.

V. DEVELOP a list of Comments and Recommendations to the County Mental Health Administration and to the Board of Supervisor

I want to thank the public and the commissioners for a very robust conversation in our meeting and the hearing. We have taken down your questions and comments. They will be reviewed and added to the list of all our other comments and questions. Thank you Dr. Tavano, Jennifer Bruggeman for a wonderful presentation and all the

hard work you do. Supervisor Carlson, also, in supporting mental health in the county and also Angela and Audrey.	
VI. Adjourned Public Meeting at 6:31 pm	

DRAFT

Contra Costa Behavioral Health Services Administration

Summary and Response to Public Comments

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

I. 30 Day Public Comment Period

While the Plan Draft was posted on the website for the 30-day public comment period, questions were received from the community and members of the Mental Health Commission (Board). Below is a summary.

- Concerns over staffing and retention problems with community-based organization (CBO) Full Service Partnership (FSP) providers. Recommendation for explicit funding allocation toward raises and merit awards.
- Provide more description of FSP program outcomes.
- Provide more explanation of pay per performance incentives to CBOs related to CalAIM payment reform, as a significant amount of funding is allocated in the 23-24 budget.
- Provide more information around use of CFTN funds allocated for enhancements to the CCBHS electronic health record.

II. Public Hearing – Comments from Mental Health Commissioners and Public

A presentation on the 23-26 Plan was provided, and response to above comments was incorporated including more detailed explanation of use of electronic health record enhancements and increased payments to CBOs during CalAIM transition. Additional description of FSP program services was added to the Plan. The complete meeting minutes are included. Below is a summary of comments received during the Public Hearing.

From the Public:

- Clarification needed on the CalAIM transition funds. Which CBOs will receive funding, how was it decided how much, when will the money be given?
Response: Description of cost survey and rate setting process provided. Detailed spreadsheet that was provided to the Board of Supervisors (BOS) will be included in the MHSA Plan (Funding Summary Appendix), for reference.

- Advocacy for agency that has majority of staff peer-certified to be recognized and have opportunities for more funding.
- Support for housing increases. Disappointment that BHCIP grants were not awarded. Concern for how the County will meet those housing needs.
Response: County is still committed to the housing projects that were identified through the BHCIP community planning process. Will prioritize El Portal (for use of MHSA funds). Note that \$20M was awarded under Behavioral Health Bridge Housing (BHBH) for transitional housing.
- More people of color need to be in leadership positions, specifically Black and Indigenous people.
- Consider diversity and subcultures within peer community, including caregivers.
- More mental health services in Antioch, including drop-in centers. Important to have providers of color who reflect the community.
- More support for unhoused community in Antioch.
- Concern for how CalAIM will impact CBOs in the long term.
- Providers should consider the whole person and operate from a position of love.

From Commissioners:

- Agreement for including spreadsheet in the Plan that identifies each CBO that will be eligible for CalAIM pay-per-performance payments and list the payment amount.
- Clarification on amount of unspent funds.
Response: Complete ledger is included in the Plan which includes unspent fund balance.
- Prioritize the City of Antioch, as more behavioral health resources are needed there to address safety concerns, trauma and PTSD. Suggest using unspent funds.
- Question why we are spending money on electronic health record enhancements and funding for peer certification exams.
- Prioritize resources for the City of Richmond, particularly youth who experience community violence.
- Concerns that even if funding is available, some school districts may choose not to accept funding if they don't acknowledge certain needs and problems exist.
- Concerns over the impact of COVID on youth mental health.

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Mental Health Services Act (MHSA) in Contra Costa County

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

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

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

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

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

LATEST INFORMATION

- [MHSA 23-26 Three Year Plan Draft](#) is posted for 30-day public comment period through July 6, 2023. Please contact us directly with any comments or questions at: MHSA@cchealth.org
- This [PEI Annual Report](#) is posted for a 30 day public comment period beginning on 5/15/23 and ending on 6/15/23. Please send public comments to [Jessica Hunt](#).
- This [Innovation Annual Report](#) is posted for a 30 day public comment period beginning on 5/15/23 and ending on 6/15/23. Please send public comments to [Jessica Hunt](#).
- [Multi-County PADs Innovation Project Annual Report FY 21-23](#)

LINKS & RESOURCES

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

Community Services and Supports

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

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

For more information:

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

Appendix E - Funding Summaries

**Mental Health Services Act
FY 2023-24 Through FY 25-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Contra Costa

Date: 6/2/2023

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Estimated FY 2023/24 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	39,161,750	12,005,758	9,913,924	1,122,231	0	7,579,248	69,782,911
2. Estimated New FY2023/24 Funding	90,184,647	22,546,162	5,933,200				118,664,009
3. Transfer in FY2023/24	(11,000,000)			2,000,000	5,000,000	4,000,000	-
5. Estimated Available Funding for FY2023/24	118,346,396	34,551,920	15,847,125	3,122,231	5,000,000	11,579,248	188,446,920
B. Budgeted FY23/24 Expenditures	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000	-	105,736,000
C. Estimated FY2024/25 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	36,441,396	22,783,920	11,829,125	77,231	0	11,579,248	82,710,920
2. Estimated New FY2024/25 Funding	60,553,166	15,138,291	3,983,761				79,675,218
3. Transfer in FY2024/25	(8,500,000)			4,000,000	2,500,000	2,000,000	-
4. Estimated Available Funding for FY2024/25	88,494,562	37,922,212	15,812,885	4,077,231	2,500,000	13,579,248	162,386,138
D. Budgeted FY2024/25 Expenditures	65,553,000	12,210,000	4,195,000	3,113,000	2,500,000	-	87,571,000
E. Estimated FY2025/26 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	22,941,562	25,712,212	11,617,885	964,231	-	13,579,248	74,815,138
2. Estimated New FY2025/26 Funding	59,770,004	14,942,501	3,932,237				78,644,742
3. Transfer in FY2025/26	(5,500,000)			3,000,000	2,500,000		-
4. Estimated Available Funding for FY2025/26	77,211,566	40,654,713	15,550,123	3,964,231	2,500,000	13,579,248	153,459,880
F. Budgeted FY2025/26 Expenditures	64,455,000	12,669,000	3,876,000	3,185,000	2,500,000	-	86,685,000
G. Estimated FY2025/26 Unspent Fund Balance	12,756,566	27,985,713	11,674,123	779,231	-	13,579,248	66,774,880

Notes:

- (1) Estimate based on M.Geiss 3/29/23 presentation and annualized interest income based on Q1 FY22-23 receipts (\$2,453,318).
- (2) Unspent funds based on estimated FY2022/23 Unspent Fund Balance from Appendix E for the FY 22-23 Plan Update dated 4/5/23.
- (3) Based on Windy's 3 year projection plan (5/31 version), rounded in thousands
- (4) Per Faye's email on 2/13/23, \$2.5M for each year will be transferred from CSS to CFTN for FY2024/25 and 2025/26.

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	7,579,248 (2)
I. Estimated Beginning Balance for FY 2023/24	
1. Estimated Unspent Funds from Fiscal Year 2022/23	62,203,663
2. Estimated Local Prudent Reserve Balance on June 30, 2022	7,579,248
3. Estimated Total Beginning Balance	69,782,911

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2023/24					
	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	22,301,102	22,301,102				
2. Transition Age Youth	3,582,273	3,582,273				
3. Adults	12,287,853	12,287,853				
4. Assisted Outpatient Treatment	3,082,702	3,082,702				
6. Recovery Center	1,100,039	1,100,039				
7. Crisis Residential Center	2,408,428	2,408,428				
8. Housing Services	21,907,599	21,907,599				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	4,397,822	4,397,822				
2. Children's Wraparound Support/EPSTD Support	1,973,476	1,973,476				
4. Clinic Support	1,916,157	1,916,157				
5. Forensic Team	660,904	660,904				
7. Concord Health Center	918,923	918,923				
8. Liaison Staffs	165,692	165,692				
9. Quality Assurance	1,457,030	1,457,030				
10.		0				
11.		0				
12.		0				
13.		0				
14.		0				
15.		0				
16.		0				
17.		0				
18.		0				
19.		0				
CSS Administration	3,745,000	3,745,000				
CSS MHSA Housing Program Assigned Funds		0				
Total CSS Program Estimated Expenditures	81,905,000	81,905,000	0	0	0	0
FSP Programs as Percent of Total	81.4%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	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	7,252,096	7,252,096				
2. Transition Age Youth	2,683,391	2,683,391				
3. Adults	9,336,046	9,336,046				
5. Assisted Outpatient Treatment	3,195,021	3,195,021				
6. Wellness and Recovery Centers	1,133,040	1,133,040				
7. Crisis Residential Center	2,480,680	2,480,680				
8. MHSA Housing Services	23,678,343	23,678,343				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	4,585,355	4,585,355				
2. Children's Wraparound Support/EPSTDT Support	2,072,150	2,072,150				
4. Concord Health Center	964,869	964,869				
5. Liaison Staff	173,976	173,976				
6. Clinic Support	1,980,465	1,980,465				
7. Forensic Team	693,949	693,949				
8. Quality Assurance	1,491,085	1,491,085				
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration	3,832,534	3,832,534				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	65,553,000	65,553,000		0	0	0
FSP Programs as Percent of Total	75.9%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	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	5,033,413	5,033,413				
2. Transition Age Youth	2,609,702	2,609,702				
3. Adult	9,146,812	9,146,812				
5. Assisted Outpatient Treatment	3,312,015	3,312,015				
6. Wellness and Recovery Centers	1,167,031	1,167,031				
7. Crisis Residential Center	2,555,101	2,555,101				
8. MHSA Housing Services	24,091,532	24,091,532				
9.						
10.						
11.						
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16.						
17.						
18.						
19.						
Non-FSP Programs						
1. Older Adult Mental Health Program	4,782,265	4,782,265				
2. Children's Wraparound Support/EPSSDT Expansion	2,175,757	2,175,757				
4. Concord Health Center	1,013,113	1,013,113				
5. Liaison Staff	182,675	182,675				
6. Clinic Support	2,079,488	2,079,488				
7. Forensic Team	728,646	728,646				
8. Quality Assurance	1,526,179	1,526,179				
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
CSS Administration	4,051,271	4,051,271				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	64,455,000	64,455,000	0	0	0	0
FSP Programs as Percent of Total	74.3%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2023/24					
	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	1,688,224	1,688,224				
2. Prevention	2,210,562	2,210,562				
3. Access and Linkage to Treatment	700,295	700,295				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,899,393	1,899,393				
5. Stigma and Discrimination Reduction	326,577	326,577				
6. Suicide Prevention	813,652	813,652				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,550,789	3,550,789				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	578,508	578,508				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	11,768,000	11,768,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	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	1,738,870	1,738,870				
2. Prevention	2,276,878	2,276,878				
3. Access and Linkage to Treatment	729,975	729,975				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,956,375	1,956,375				
5. Stigma and Discrimination Reduction	338,986	338,986				
6. Suicide Prevention	826,062	826,062				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,735,231	3,735,231				
12.						
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18.						
19.						
20.						
PEI Administration	607,623	607,623				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	12,210,000	12,210,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	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	1,791,036	1,791,036				
2. Prevention	2,345,185	2,345,185				
3. Access and Linkage to Treatment	760,978	760,978				
4. Improving Timely Access to Mental Health Services for Underserved Population	2,015,066	2,015,066				
5. Stigma and Discrimination Reduction	352,035	352,035				
6. Suicide Prevention	838,844	838,844				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,928,679	3,928,679				
12.						
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18.						
19.						
20.						
PEI Administration	637,177	637,177				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	12,669,000	12,669,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 23/24					
	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. ROAR Project	658,412	658,412				
2. CBSST Project	454,716	454,716				
3. Micro Grants	1,907,750	1,907,750				
4. PADS	494,646	494,646				
5. Contract Projects	78,782	78,782				
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20.						
INN Administration	423,694	423,694				
Total INN Program Estimated Expenditures	4,018,000	4,018,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	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. ROAR Project	691,333	691,333				
2. CBSST Project	477,451	477,451				
3. Micro Grants	2,003,139	2,003,139				
4. PADS	499,372	499,372				
5. Contract Projects	78,826	78,826				
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20.						
INN Administration	444,879	444,879				
Total INN Program Estimated Expenditures	4,195,000	4,195,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	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. ROAR Project	725,899	725,899				
2. CBSST Project	501,324	501,324				
3. Micro Grants	2,103,297	2,103,297				
4. Contract Projects	78,357	78,357				
5.						
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19.						
20.						
INN Administration	467,123	467,123				
Total INN Program Estimated Expenditures	3,876,000	3,876,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 23/24					
	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	1,069,969	1,069,969				
2. Training and Technical Support	692,345	692,345				
3. Mental Health Career Pathway Program	545,336	545,336				
4. Internship Programs	737,350	737,350				
5.						
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14.						
15.						
16.						
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18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	3,045,000	3,045,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	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	1,109,638	1,109,638				
2. Training and Technical Support	694,659	694,659				
3. Mental Health Career Pathway Program	571,353	571,353				
4. Internship Programs	737,350	737,350				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	3,113,000	3,113,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	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	1,151,936	1,151,936				
2. Training and Technical Support	697,043	697,043				
3. Mental Health Career Pathway Program	598,671	598,671				
4. Internship Programs	737,350	737,350				
5.						
6.						
7.						
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9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	3,185,000	3,185,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2023/24					
	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	5,000,000	5,000,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	5,000,000	5,000,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.	0					
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Contra Costa

Date: July 18, 2023

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

FY 23/24 Proposed Contract Payment Terms for Mental Health Fee-For-Service Providers

June 5, 2023

Legal Entity Description		Active Contracts	FY 22/23 Contract Payment Limit	CBO Cost Survey	FY 23/24 Fee-For Service Revenue	FY 23/24 Incentive Payment Revenue	FY 23/24 Proposed Contract Payment Limit	Percent Increase (FY 23/24 CPL vs. FY 22/23 CPL)	1st incentive	2nd incentive
				(a)	(b)	(c)	(b + c)			
Desarrollo Familiar, Inc	FFS	74-218	\$ 743,116	\$ 816,842	\$ 915,108	\$ -	\$ 915,108	123.14%	\$ -	\$ -
Embrace (Community Options for Families, Inc.)	FFS	74-315	\$ 1,925,048	\$ 2,052,425	\$ 1,187,238	\$ 865,187	\$ 2,052,425	106.62%	\$ 648,889.95	\$ 216,296.65
Berkeley Youth Alternatives	FFS	74-495	\$ 200,000	\$ 200,000	\$ 96,274	\$ 103,726	\$ 200,000	100.00%	\$ 77,794.35	\$ 25,931.45
Center For Psychotherapy	FFS	74-525	\$ 1,100,000	\$ 1,394,957	\$ 2,173,442	\$ -	\$ 2,173,442	197.59%	\$ -	\$ -
Child Therapy Institute	FFS	74-517	\$ 1,200,100	\$ 1,646,600	\$ 1,354,064	\$ 292,536	\$ 1,646,600	137.21%	\$ 219,401.66	\$ 73,133.89
Community Health for Asian Americans	FFS	24-927	\$ 2,309,222	\$ 3,547,983	\$ 2,037,980	\$ 1,510,003	\$ 3,547,983	153.64%	\$ 1,132,502.16	\$ 377,500.72
West Contra Costa Youth Services Bureau	FFS	24-409	\$ 4,450,600	\$ 5,388,308	\$ 3,715,621	\$ 1,672,687	\$ 5,388,308	121.07%	\$ 1,254,515.42	\$ 418,171.81
Early Childhood Mental Health Program	FFS	24-308	\$ 4,220,922	\$ 3,944,625	\$ 3,322,889	\$ 621,736	\$ 3,944,625	93.45%	\$ 466,302.06	\$ 155,434.02
We Care Services	FFS	24-705	\$ 2,594,050	\$ 2,794,151	\$ 2,128,016	\$ 666,134	\$ 2,794,151	107.71%	\$ 499,600.68	\$ 166,533.56
YWCA Of Contra Costa County (adjusted)	FFS	74-543	\$ 764,468	\$ 764,467	\$ 1,171,823	\$ -	\$ 1,171,823	153.29%	\$ -	\$ -
A Better Way, Inc.	FFS	74-586	\$ 700,000	\$ 1,012,657	\$ 433,212	\$ 579,445	\$ 1,012,657	144.67%	\$ 434,583.41	\$ 144,861.14
Contra Costa Interfaith Transitional Housing (Hd	FFS	74-399	\$ 466,840	\$ 535,838	\$ 715,000	\$ -	\$ 715,000	153.16%	\$ -	\$ -
La Cheim	FFS	24-133	\$ 2,826,846	\$ 2,826,846	\$ 6,377,168	\$ -	\$ 6,377,168	225.59%	\$ -	\$ -
Mountain Valley Child & Family Services, Inc	FFS	24-773	\$ 1,400,000	\$ 2,333,507	\$ 4,765,041	\$ -	\$ 4,765,041	340.36%	\$ -	\$ -
Portia Bell (HUME)	FFS	74-513	\$ 3,702,962	\$ 5,588,942	\$ 4,257,231	\$ 1,331,712	\$ 5,588,942	150.93%	\$ 998,783.79	\$ 332,927.93
Youth Homes Inc (TBS, COP, STRTP)	FFS	74-322	\$ 4,851,636	\$ 5,718,418	\$ 3,793,711	\$ 1,924,707	\$ 5,718,418	117.87%	\$ 1,443,530.43	\$ 481,176.81
Paradise Adolescent Home	FFS	74-622	\$ 242,000	\$ 395,910	\$ 316,885	\$ 79,025	\$ 395,910	163.60%	\$ 59,268.88	\$ 19,756.29
Alternative Family Services	FFS	74-317	\$ 1,401,844	\$ 1,503,682	\$ 663,129	\$ 840,553	\$ 1,503,682	107.26%	\$ 630,414.77	\$ 210,138.26
Lincoln Child Center	FFS	24-925	\$ 6,013,112	\$ 7,301,245	\$ 3,943,658	\$ 3,357,588	\$ 7,301,245	121.42%	\$ 2,518,190.73	\$ 839,396.91
Lincoln Child Center	FFS	74-650	\$ 475,334	\$ 582,740	\$ 372,326	\$ 210,413	\$ 582,740	122.60%	\$ 157,810.12	\$ 52,603.37
Fred Finch	FFS	24-928	\$ 1,559,194	\$ 1,589,840	\$ 969,600	\$ 620,240	\$ 1,589,840	101.97%	\$ 465,179.94	\$ 155,059.98
Lynn Center Child & Family Services dba Vistabi	FFS	24-707	\$ 2,490,676	\$ 2,686,588	\$ 2,959,392	\$ -	\$ 2,959,392	118.82%	\$ -	\$ -
Aspiranet-TBS	FFS	74-402	\$ 545,950	\$ 700,495	\$ 351,548	\$ 348,947	\$ 700,495	128.31%	\$ 261,710.41	\$ 87,236.80
Bay Area Community Resources	FFS	74-321	\$ 1,200,000	\$ 2,002,050	\$ 1,198,426	\$ 803,624	\$ 2,002,050	166.84%	\$ 602,717.93	\$ 200,905.98
La Clinica de la Raza	FFS	74-452	\$ 918,390	\$ 1,020,737	\$ 1,234,262	\$ -	\$ 1,234,262	134.39%	\$ -	\$ -
Mt Diablo USD Wraparound & Counseling Cente	FFS	74-371	\$ 5,231,367	\$ 6,324,282	\$ 7,081,524	\$ -	\$ 7,081,524	135.37%	\$ -	\$ -
Seneca Family of Agencies -adjusted. ALL PROG	FFS	74-058	\$ 7,785,806	\$ 7,560,977	\$ 4,358,568	\$ 3,202,409	\$ 7,560,977	97.11%	\$ 2,401,807.06	\$ 800,602.35
Desarrollo Familiar, Inc - M/C Services	FFS	74-301	\$ 48,661	\$ 171,894	\$ 226,886	\$ -	\$ 226,886	466.26%	\$ -	\$ -
Portia Bell (HUME) - M/C Services	FFS	24-717	\$ 880,057	\$ 1,060,570	\$ 361,194	\$ 699,376	\$ 1,060,570	120.51%	\$ 524,531.70	\$ 174,843.90
Youth Homes-TAY FSP East - M/C Services	FFS	24-710	\$ 331,493	\$ 952,535	\$ 408,551	\$ 543,985	\$ 952,535	287.35%	\$ 407,988.47	\$ 135,996.16
Fred Finch - M/C Services	FFS	74-304	\$ 622,082	\$ 1,452,019	\$ 786,406	\$ 665,613	\$ 1,452,019	233.41%	\$ 499,210.02	\$ 166,403.34
Lincoln Child Center - M/C Services	FFS	74-575	\$ 600,919	\$ 1,184,058	\$ 581,832	\$ 602,226	\$ 1,184,058	197.04%	\$ 451,669.28	\$ 150,556.43
Seneca -START-DIRECT SVC. - M/C Services	FFS	74-577	\$ 378,138	\$ 445,054	\$ 292,459	\$ 152,594	\$ 445,054	117.70%	\$ 114,445.79	\$ 38,148.60
			\$ 64,180,833	\$ 77,501,242	\$ 64,550,465	\$ 21,694,465	\$ 86,244,931	\$ 52	\$ 16,270,849	\$ 5,423,616

Contra Costa Countywide Suicide Prevention Strategic Plan 2022

Contra Costa County Suicide Prevention Coalition



THERE IS HOPE, AND THERE IS HELP



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Are you concerned for someone else?

Pain isn't always obvious. Reach out to someone you are concerned about if you observe one or more of these warning signs, especially if the behavior is new, has increased or seems related to a painful event, loss, or change.

Warning signs to look for:

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

If you are concerned about someone, trust your instincts.

Reach out and ask:

“Are you thinking about suicide?”

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at **800-273-8255 (TALK)** at any time for assistance or call **9-1-1** for life-threatening emergencies.

If you are concerned about someone, trust your instincts. Reach out and ask a direct question:

“Are you thinking about suicide?”

Talking about suicide does not put the idea in someone's head and usually they are relieved. Asking directly and using the word “suicide” establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.

If you think the person is suicidal, take it seriously. Don't leave them alone. Call the National Suicide Prevention Lifeline at **800-273-8255 (TALK)** at any time for assistance or call **9-1-1** for life-threatening emergencies.

GET HELP NOW

Trained support is available 24 hours a day, 7 days a week

Contra Costa Crisis Center (24/7)

1-800-833-2900

[211 online resources](#)

Text HOPE to 20121

Behavioral Health Access Line (24/7)

1-888-678-7277

National Suicide Prevention Lifeline (24/7)

1-800-273-8255 (1-800-273-TALK)

Text TALK to 741741

La Red Nacional de Prevención del Suicidio (24/7)

1-888-628-9454 (in Spanish)

9 - 8 - 8 for the new three-digit National Mental Health Crisis Line (24/7)

9 - 1 - 1 for life threatening emergencies



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Co-Chairs:

Jessica Hunt, CCBHS

Leslie Garcia, Contra Costa Crisis Center

INTRODUCTION

Every day in Contra Costa County, there are friends, family, and co-workers who struggle with emotional pain. And, for some, it's too difficult to talk about how they're feeling, thoughts of suicide, and the need for help. We can all play a role in suicide prevention by learning the warning signs, finding the words to start a conversation, and reaching out to local resources.

The need for behavioral health services has increased as a result of the COVID-19 Pandemic and other societal traumas we've experienced in recent years [1]. The lives lost, persistent fear, economic uncertainty, and forced isolation related to the pandemic have exacerbated the pre-existing stressors we all already faced.

The pandemic is not the only challenge to our community's wellbeing. Racial trauma, a polarizing political climate, the darker sides of social media, and mismanagement of technology all contribute to the stress and uncertainty many in our community face [2, 3, 4]. Suicide and its impact transcends socioeconomic status, age, gender, and ethnicity. However, the BIPOC and AAPI communities, as well as our youth, have been the most impacted by both historical and recent societal traumas [5, 6]. In California, rates of suicide within these groups has increased since the start of the pandemic [7].

Prolonged sustained stress can become detrimental to our wellbeing and increase the risk for mental and physical health problems. As we work together to address the crises that our society faces today, proactive measures to address the rise in mental health concerns is necessary to prevent future suicidal behavior.

Suicide can be prevented if we [Take Action](#) together. You are not alone. Staff at the Contra Costa Crisis Center are available 24/7 to support you or a loved one by calling 988 or texting HOPE to 20121.





EXECUTIVE SUMMARY

The following Countywide Suicide Prevention Strategic Plan is intended to provide a broad audience with resources and strategies to prevent suicide in Contra Costa County. This document is intended to empower all of us to collectively [know the signs](#), reduce stigma, and get support for anyone in need.

Within this document you will find:

- ❖ Theoretical frameworks from which we can better understand and address suicide as a Public Health issue.
- ❖ Suicide data specific to Contra Costa County to better understand its impact.
- ❖ Countywide goals and objectives poised to equip our community with a roadmap for action.
- ❖ Information on warning signs, helpful responses to someone in crisis, and resources for support.

Our hope for this plan is to foster public and private partnerships and make the issue of suicide a priority. Everyone can play a part, from family members to community leaders to policy makers; each person has an important role in preventing suicide. For Contra Costa County, we call to action our Health Services Department, public officials, the private health providers and hospitals, community-based organizations, professionals involved with public policy, and individuals within our community to bring about the changes necessary to address this devastating community health issue.

Funding for the planning and research of this Suicide Prevention Strategic Plan has been made possible through the [Mental Health Services Act \(MHSA\)](#). The MHSA community planning process in Contra Costa County identified suicide prevention as one of the major areas of focus for our Prevention and Early Intervention Plan. It is with great anticipation that this plan will motivate others to build on the foundation of work established by the dedicated efforts of the Suicide Prevention Coalition.

WORKING TOGETHER, WE CAN RAISE AWARENESS AND PREVENT SUICIDE.

PLAN DEVELOPMENT

In 2018, Contra Costa County's Suicide Prevention Coalition began work with the [California Mental Health Services Authority](#) (CALMHSA) and the [Know the Signs Campaign](#) to help focus the Coalition's efforts and create an update to the countywide Suicide Prevention Strategic Plan, which was last written in 2013.

In February 2021, [California's Mental Health Services Oversight and Accountability Commission](#) (MHSOAC) launched the [Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative](#). The Learning Collaborative builds on a previous Learning Collaborative offered by CALMHSA's technical assistance team. Implemented by the Your Social Marketer technical assistance team, the Learning Collaborative is guided by the [Strategic Planning Approach](#) from the [Suicide Prevention Resource Center](#). These meetings and webinars served to advance Contra Costa County's local strategic planning and implementation in alignment with strategic aims, goals, and objectives set forth in [California's Strategic Plan for Suicide Prevention, Striving for Zero](#).

Members of the [Contra Costa County Suicide Prevention Coalition](#) demonstrated their commitment to reducing suicide by contributing time, talent, and the invaluable lessons of lived experience, to the creation of this Suicide Prevention Strategic Plan. It is with sincere gratitude that we acknowledge the valued partnership and imperative feedback from Coalition members that supported the development of this plan.



STRIVING FOR ZERO: CALIFORNIA'S SUICIDE PREVENTION PLAN IS FRAMED BY FOUR STRATEGIC AIMS.

California's Mental Health Services Oversight and Accountability Commission was directed by the Legislature to develop a new suicide prevention plan for the state. Striving for Zero: California's Strategic Plan for Suicide Prevention 2020–2025 was adopted in November 2019 and can be viewed or downloaded in [English](#) and [Spanish](#).

STRATEGIC AIM 1:

Establish a Suicide Prevention Infrastructure

STRATEGIC AIM 2:

Minimize Risk for Suicidal Behavior by Promoting Safe Environments, Resiliency, and Connectedness

STRATEGIC AIM 3:

Increase Early Identification of Suicide Risk and Connection to Services Based on Risk

STRATEGIC AIM 4:

Improve Suicide-Related Services and Supports

COMMUNITY ENGAGEMENT

[The Contra Costa County Suicide Prevention Coalition](#) is an inter-agency countywide collaborative of dedicated individuals who meet on a monthly basis. Membership is open to the public and is comprised of those who represent our diverse community such as individuals with lived experience, survivors of suicide loss, the LGBTQ community, and providers from various sectors, including school-based, hospital-based, behavioral health care, law enforcement, public health, the Office of Education, Veterans Administration, Crisis Services, peer-led organizations, and community-based organizations. Meetings include speakers, presentations, collaboration, and information and resource sharing. Throughout the development of this strategic plan, Coalition members and attendees provided insight and feedback.

In 2021, a youth-focused sub-committee re-launched to address the ever-growing need to support the wellness and mental health of our community's youth. This sub-committee meets quarterly to bring together youth, school staff, wellness professionals, community-based organizations, and anyone interested in youth wellness. The meetings are a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

Contra Costa County Suicide Prevention Coalition Mission and Strategies:

- ❖ Decrease suicide attempts and deaths by collaboration, advocacy, education and training
- ❖ Increase wellness, public awareness and community responsiveness
- ❖ Provide support and education to survivors, families and loved ones
- ❖ Recommend specific steps for implementing the strategies of the Suicide Prevention Strategic Plan to the Health Services Department



EVENTS AND ACTIVITIES

SEPTEMBER 2018

Hosted a public screening of the documentary film *The S Word*. The community event was held at the Board of Supervisors chambers in downtown Martinez and included a Q & A session with the film director and one of the featured stars, both of whom are suicide loss or attempt survivors.

INTERNATIONAL SURVIVOR OF SUICIDE LOSS DAY (2018, 2019)

Along with the American Foundation for Suicide Prevention, the Contra Costa Crisis Center has co-hosted a local version of this international event on the Saturday before Thanksgiving for loss survivors to come together to honor loved ones lost to suicide.

SEPTEMBER 2019

Hosted a Suicide Prevention Community Forum. The event had over 110 attendees and featured multiple guest speakers, and small group breakout discussions.

SEPTEMBER 2021

Hosted a Suicide Prevention Community Forum on Youth and Suicide. The event had over 130 attendees and featured multiple guest speakers, and small group breakout discussions. The [2021 Suicide Prevention Report](#) was distributed at this event.

Through targeted small group discussion at the 2019 and 2021 Suicide Prevention Community Forums, the Coalition was able to generate instrumental input from participants. These insights helped the Coalition in the development of this plan by identify community resources, ways to promote community wellness, and prioritization of needs and services to support suicide prevention. Participants included representatives from:

- ❖ Local Law Enforcement
- ❖ Emergency/Crisis Responders
- ❖ Mental Health Providers (public and private sector)
- ❖ Community & Family Members
- ❖ School Based Providers
- ❖ Healthcare Workers
- ❖ Public Health Department
- ❖ Office of Education
- ❖ Advocacy Groups
- ❖ Board of Supervisors

Reaching Out Can Change Your Life

International Survivors of Suicide Loss Day

Saturday, November 17
9:00am-12:00pm

You are not alone. Join a community of suicide loss survivors to find comfort and gain understanding as we share stories of healing and hope.

Event Location
John Muir Hospital - Ball Auditorium
1001 Spacia Valley Rd
Walnut Creek, CA 94598

Program
9:00am
Check-in, refreshments
10:00am-12:00pm
Film screening and discussions

Questions?
Scott Owen
SCCC@crisiscenter.org
SF Bay Area Chapter, AFSP
SFOven@afsp.org

Presented in Partnership With:
CONTRA COSTA CRISIS CENTER

Register at: afsp.org/survivorday

SUICIDE PREVENTION COMMUNITY FORUM

THURSDAY, SEPTEMBER 12, 2019 | 9:30AM - 2:30PM
SAN RAMON COMMUNITY CENTER
12501 ALCOSTA BOULEVARD
SAN RAMON, CA 94583

Learn about suicide prevention and awareness, ways to support those affected by suicide, and self-care. Input gathered will be used in preparation for the Contra Costa County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for fiscal years 2020-2023. All interested individuals are welcomed to attend this **free** event.

Contact the MHSA Office in advance if you need translation services, directions, or requesting public transportation, prefer to RSVP via phone, or for any other reasonable accommodations at (925) 957-2677.

Please register for the forum on the Contra Costa County MHSA webpage or livestream the event at: sccchill.org/mentalhealth/index
Look for Suicide Prevention Community Forum info on the site.

Please arrive by 9:30am for check in. Program to start at 10am. Complimentary light lunch and refreshments to be provided.

If you are experiencing a mental or emotional crisis or having thoughts of suicide, call 211 or text HOPE to 20121 any time of day or night.

IN PARTNERSHIP WITH:

CONTRA COSTA CRISIS CENTER
CONTRA COSTA BEHAVIORAL HEALTH
Division of Contra Costa County

Contra Costa County MHA | 1220 Waverly Avenue, Suite 105, Martinez, CA 94556 | (925) 957-2677 | MHA@ccchill.org

Virtual Suicide Prevention Community Forum
YOUTH AND SUICIDE: HOW TO SUPPORT YOURSELF, A FRIEND, OR A LOVED ONE

THURSDAY
Sept. 9, 2021 | 4:00-7:00 p.m.

There is **Hope & Help**

Learn what to do before, during or after a crisis and warning signs of suicide.
For more information or translation services, call (925) 313-9525 or email MHA@ccchill.org.
If you, or someone you know, is experiencing a mental or emotional crisis or having suicidal thoughts, call 211, 1-800-833-2900 or text HOPE to 20121 any time, day or night.

Register Here

CONTRA COSTA CRISIS CENTER
CONTRA COSTA BEHAVIORAL HEALTH
Division of Contra Costa County

UNDERSTANDING SUICIDE AND INTERVENTION

To address Suicide Prevention as a public health issue, Contra Costa County’s Suicide Prevention Strategic Plan is guided by three frameworks:

Social Ecological Model	Social Crisis Path Model	Continuum of Interventions
frames risk and protective factors of suicide	frames suicidal behavior	frames a continuum of interventions informed by suicidal behavior, risk factors and protective factors

THE SOCIAL-ECOLOGICAL MODEL explores the relationship between an individual, his/her/their environment, and the social systems that influence everyday life. This Framework was originally created by the Centers of Disease Control and Prevention and researched in the suicide prevention contact by Robert J. Cramer and Nestor D. Kapusta [8]. The table below includes a modified summary of Cramer and Kaputsa’s research on suicide risk and protective factors. Please note the risk and protective factors may increase or decrease risk of suicide but do not necessarily predict or lead to suicide.

Ecological Approach to Suicide Prevention Along Suicidal Crisis Path

INDIVIDUAL Biology, Knowledge, Attitudes, Skills, Education, Job Satisfaction, Health		RELATIONSHIPS People who can recognize warning signs and intervene	COMMUNITY Safe and supportive schools, workplaces, and community	PUBLIC POLICY Public and organizational policies, practices, and culture
Protective Factors ↑ Coping and Problem Solving Skills ↑ Social Connectedness ↑ Reasons for Living ↑ Moral Objectives to Suicide ↑ Quality Healthcare ↑ Cultural Beliefs	Risk Factors ↓ Mental Health Condition ↓ Substance Abuse ↓ Previous Suicide Attempt ↓ Aggression ↓ Impulsivity ↓ Exposure to Violence ↓ Adverse Childhood Experiences (trauma) ↓ Stressful Life Events (job, finances, illness, loss, conflict)	Protective Factors ↑ Connectedness ↑ Supportive Relationships with Family, Friends and Providers Risk Factors ↓ High Conflict or Violent Relationships ↓ Family History of Suicide	Continuous Care Reduced Access to Lethal Means Support After Suicide Reduced Stigma about Mental Health Condition	AB 2246 School Suicide Prevention Policy K7-12 AB 1436 Mental Health Professionals Suicide Prevention Training
Individual, Interpersonal, and Community Level Stressors and Supports				

Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc

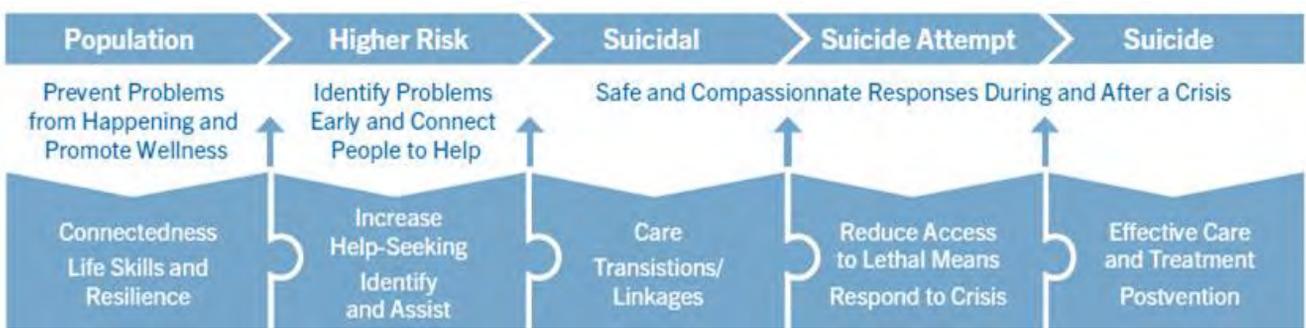
The problem of suicide is complex, and effective suicide prevention requires a combination of efforts working together to address different aspects of the problem. A public health approach to suicide prevention includes a range of strategies at the population, community, and individual levels to help prevent problems from occurring and address access to effective care when problems do occur. Programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes.

THE SUICIDAL CRISIS PATH MODEL helps conceptualize a public health approach within the context of an individual's suicidal experience. It provides a framework to match strategies and interventions that would help prevent suicide at each stage of the crisis pathway. For example, at the population level we can enhance life skills and coping skills to increase protective factors

The following nine strategies adapted from the Suicide Prevention Resource Center (SPRC) form a comprehensive approach to suicide prevention. Each can be advanced through an array of possible activities (i.e., programs, policies, practices, and services).

- ❖ Enhance Life Skills and Resilience
- ❖ Promote Social Connectedness and Support
- ❖ Increase Help-Seeking
- ❖ Identify and Assist Persons at Risk
- ❖ Ensure Access to Effective Mental Health and Suicide Care and Treatment
- ❖ Respond Effectively to Individuals in Crisis
- ❖ Support Safe Care Transitions and Create Organizational Linkages
- ❖ Provide for Immediate and Long-Term Postvention
- ❖ Reduce Access to Lethal Means and Promote Means Safety

CONTINUUM OF INTERVENTIONS: When combining the SPRC’s Comprehensive Approach to Suicide Prevention with the Suicidal Crisis Path, we can begin to identify what potential programs and interventions to implement and how they can be most effective.

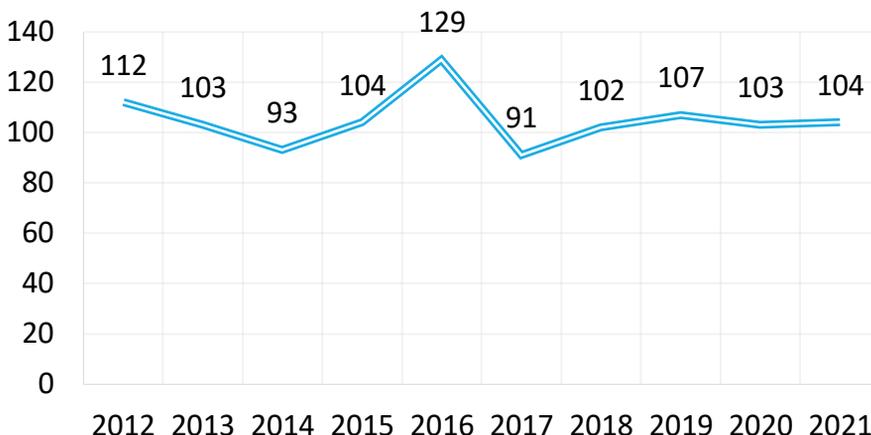


The Suicidal Crisis Model along the Continuum of Interventions. Image created by San Mateo County Suicide Prevention Roadmap with support from Your Social Marketer, Inc. Based on Suicide Prevention Resource Center Comprehensive Approach to Suicide Prevention and the Suicidal Crisis Path Model developed by Lezine, D.A. & Whitaker. N.J., published in Fresno County’s Community-Based Suicide Prevention Strategic Plan, 2018

Suicide in Contra Costa County

As the graph to the right indicates, rates of suicide in Contra Costa County have remained relatively stable. However, even one death is too many. It is our aim to learn more from the data we've collected, as well as implement more effective strategies for data collection, to help inform targeted activities for Suicide Prevention.

NUMBER OF DEATHS BY SUICIDE
CONTRA COSTA COUNTY: 2012-2021



Source: Contra Costa County Coroner's Office

2018-2020 Contra Costa
Suicide Rate Per 100,000
Residents: 9.8

2018-2020 Contra Costa
Self-Harm Rate Per 100,000
Residents: 73.3

Out of 58 counties, Contra
Costa ranks 45th for highest
rate of suicides
during 2018-2020.

Out of 58 counties, Contra
Costa ranks 50th for highest
rate of self-harm ED visits
during 2018-2020.

Data used to support this plan comes from a variety of sources. However, most of the information provided here, and in the Supplementary Data Document, come from a deep dive into the records from the Coroner's Office conducted in 2018.

Currently, there are limitations to our what the data can tell us. Inconsistencies between approaches to data collection from various sources, and a primarily post-suicide-loss vantage point, creates discrepancies and gaps in what we know about suicide in our county. An integrated infrastructure for data collection could mitigate these limitations.



Contra Costa County Coroner's Office Data Deep Dive 2012-2018: Trends at-a-glance

Race/Ethnicity

- ❖ Of those who die by suicide, most are white

Youth

- ❖ Rates of depression and suicidal ideation are higher amongst female youth than male youth
- ❖ Rates of suicidal ideation are higher amongst LGBTQ youth than youth who don't identify as LGBTQ
- ❖ 20% of students think about suicide
- ❖ 30% of students express chronic depression

Means

- ❖ Leading means of death are firearms and hanging
- ❖ Numbers of deaths by poisoning are close to deaths by hanging, but numbers of attempts by poison is much higher

Gender

- ❖ Males die by suicide at higher rates than females
- ❖ Females attempt suicide at higher rates than males

Age

- ❖ Of those who die by suicide, most are between 41-60 years old
- ❖ However, from 2012-2018, deaths for 40-59-year-olds declined, and for 0-39-year-olds increased

Veterans

- ❖ Majority of suicide deaths amongst veterans are 60+ years old
- ❖ Majority of suicide deaths amongst veterans are completed with firearms

PRIORITY POPULATIONS

Suicide is a complex phenomenon. Some populations have an elevated risk compared to the general population. It is therefore important to keep these groups in mind when selecting strategies to ensure representation from these groups, sensitivity to their unique cultural needs, and that programs and interventions are tailored appropriately. In adherence with our CLAS values and existing research on suicide, the following populations were identified for priority consideration.

LGBTQ

Older Adult

Youth

Veterans

Middle-aged White Males

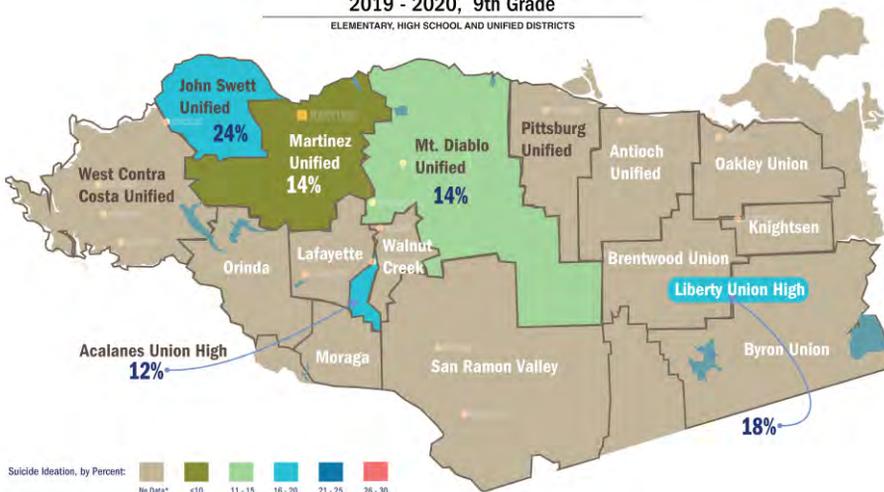
Trauma Exposed

Those experiencing mental illness

Source: Contra Costa County Coroner's Office 2018

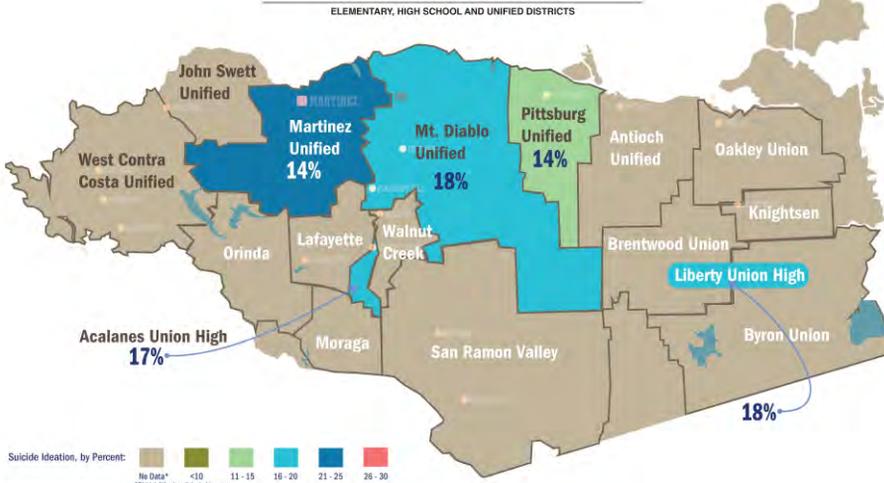
**Contra Costa County Suicide Ideation by District
2019 - 2020, 9th Grade**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



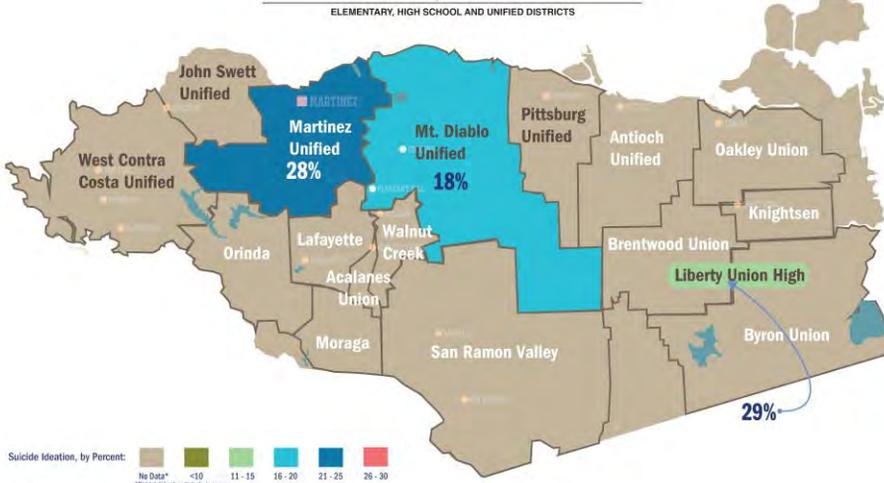
**Contra Costa County Suicide Ideation by District
2019 - 2020, 11th Grade**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



**Contra Costa County Suicide Ideation by District
2019 - 2020, Non-Traditional**

ELEMENTARY, HIGH SCHOOL AND UNIFIED DISTRICTS



Youth and suicide

The California Healthy Kids Survey (CHKS) is a tool supported by the California Department of Education to help districts meet priorities to improve school climate, pupil engagement, parent involvement, and academic achievement. The survey aims to assess school climate and safety, student wellness, and youth resiliency. Within the Substance Use and Mental Health Domain, student were asked, “During the past 12 months, did you ever seriously consider attempting suicide?”

Findings for Contra Costa County are limited by lack of data from many districts. However, what was collected indicated:

- ❖ 20% of students think about suicide
- ❖ 30% of students express chronic depression
- ❖ Groups most vulnerable to experiencing suicidal ideation are:

- ❖ Those who identify as female
- ❖ Those who identify as LGBTQI+
- ❖ Those who identify as having “other” living arrangements

teen line

CALL

TEXT

EMAIL

(800) 852-8336
FROM 6PM - 10PM PST

TEXT "TEEN" TO 839863
FROM 6PM - 9PM PST

VISIT
TEENLINEONLINE.ORG/TALK-NOW



Reaching out for support

Per the [Contra Costa Health Services 2021 Annual Report](#):

About one in five adults in Contra Costa County are struggling with behavioral health issues.

Experts at Crisis Now, a nationally recognized organization, estimate that based on our population here in Contra Costa, there will be 28,800 acute crisis episodes every year.

When we look at where those calls may be going now, we know that in 2019, approximately 13% or 14,000 of Contra Costa County's 108,000 emergency medical calls were related to behavioral health.

Other places where residents are seeking help include Psychiatric Emergency Services, hospital emergency rooms, and Behavioral Health.

- ❖ The Mobile Crisis Team (MCRT) (serving adults) [receives about 1,600 calls per year.](#)
- ❖ The Mobile Response Team (MRT) (serving youth) [receives about 1,000 calls each year.](#)
- ❖ Each month, the Contra Costa Crisis Center [receives more than 3,000 calls from County residents who need help.](#)

Everyday, residents of Contra Costa County are reaching out to local resources for support. The below table shows some of the help-seeking actions people are taking to support their wellness and safety.

	2017	2018	2019	2020
Crisis Calls made to the Contra Costa Crisis Center*	16,342	20,092	21,265	24,903
Psychiatric Emergency Services Visits for Suicide Ideation or Attempts	3,789	3,868	3,973	2,673
Inpatient Admissions after Suicide Ideation or Attempt**	439	359	326	316

Source: Contra Costa County Behavioral Health and Contra Costa Crisis Center

* Crisis Line data is based on Fiscal Years 17/18, 18/19, 19/20, 20/21.

** Inpatient Admissions reflects admissions at county-affiliated facilities only.

-DRAFT-

Countywide Suicide Prevention Strategies

Our County Plan includes a comprehensive approach that will have the greatest potential to reduce suicide risk in our county. Our plan includes strategies and objectives for before, during, and after a crisis, as well as goals for data collection and evaluation. These goals are aligned with [Striving for Zero](#), with an emphasis on strategies that are best suited to meet the needs of our communities. They include strategies that will reach as many county residents as possible with education about warning signs and how to help, as well as strategies that will focus on residents who are at disproportionate risk of suicide and provide support and healing to those who are impacted by suicide.

Contra Costa County has identified six primary focus areas and seventeen goals for suicide prevention.

Focus Area One: Leadership, Data Collection And Evaluation

- 1) Provide Suicide Prevention Leadership
- 2) Renovate Data Collection Strategies
- 3) Provide Opportunities for Feedback From the Community

Focus Area Two: Education, Training And Outreach

- 1) Develop and Implement a Training Plan
- 2) Launch a Wellness and Suicide Prevention Social Media and Outreach Campaign
- 3) Promote Resiliency and Connectedness

Focus Area Three: Youth Suicide Prevention

- 1) Support Schools with Suicide Prevention Policies and Practices
- 2) Foster Resilience and Connectedness by Growing the Youth Suicide Prevention Subcommittee
- 3) Educate Parents

Focus Area Four: Crisis Response And Continuity Of Care

- 1) Increase Access to Mental Health Services
- 2) Coordinated Approach to Screening, Risk Assessment and Safety Planning
- 3) Support Individuals After a Suicide Attempt
- 4) Promote Crisis Resources

Focus Area Five: Means Restriction

- 1) Partner with Pharmacies
- 2) Promote Firearm Safety
- 3) Provide Counseling on Access to Lethal Means Trainings

Focus Area Six: Support After A Suicide Loss

- 1) Promote Existing Support Groups and Postvention Services

Countywide Suicide Prevention Strategies

Focus Area One: Leadership, Data Collection and Evaluation

Contra Costa County has identified three primary strategies for Suicide Prevention Leadership, Suicide Data Collection and Evaluation: 1) Provide Suicide Prevention Leadership, 2) Renovate data collection strategies, and 3) Provide opportunities for feedback from the community.

PROVIDE SUICIDE PREVENTION LEADERSHIP

Suicide is a complex problem, and no single agency or sector can solve this complex issue alone. However, a diverse coalition that is representative of public and private agencies and stakeholders in the community can provide ongoing feedback and support and guide the implementation of the strategies and objectives set forth in this plan.

Goal: Maintain a broad-based Suicide Prevention Coalition that provides leadership and supports the partnerships that are necessary to reduce suicidal behavior in our county.

Objectives:

- ❖ Convene a suicide prevention coalition on a regular basis.
- ❖ Review membership to identify individuals and organizations that are missing at the table and invite them to join.
- ❖ Identify how individuals and agencies represented by the coalition can work together to implement strategies within the plan.
- ❖ Establish processes to review progress of strategies outlined in the plan to ensure the plan is being implemented as intended and to modify strategies as needed.
- ❖ Integrate suicide prevention into existing initiatives and establish linkages with other coalitions and agencies for collective impact.

Join the Contra Costa County Suicide Prevention Coalition

Email jhunt@cchealth.org to join the Coalition and receive information about Mental Health and Suicide Prevention in Contra Costa County

Countywide Suicide Prevention Strategies

Leadership, Data Collection and Evaluation, continued

RENOVATE DATA COLLECTION STRATEGIES

Goal: Develop a Data Review Committee that meets on a quarterly basis.

It is our aim that this team consists of staff from the CCBHS Informatics team, the CCBHS MHSA team, as well as representatives from the Public Health Department, the Coroner's Office, the Contra Costa Crisis Center, the US Department of Veteran Affairs, County and other local hospitals, and local stakeholders.

Objectives:

- ❖ Coordinate data collection processes.
- ❖ Identify trends that will inform future behavioral health programming.
- ❖ Identify gaps in current data gathering strategies.
- ❖ Identify funding and coordinate logistics for the development of an integrated digital infrastructure that will house all suicide related information collected throughout the county to streamline the identification of vulnerable communities and implement policies and programming accordingly.
- ❖ Identify strategies for collecting data on suicide death, suicide attempts, suicide ideation as well as risk and protective factors.
- ❖ Apply safe and effective messaging to any public-facing data reports.
- ❖ Identify strategies to evaluate suicide prevention efforts.

GATHER FEEDBACK FROM THE COMMUNITY

Goal: Provide opportunities for community feedback with emphasis on populations at disproportionate risk for suicide in our county.

Objectives:

- ❖ Distribute surveys via Survey Monkey to the general public eliciting feedback on how the community views Contra Costa County's Suicide Prevention efforts and request input on future endeavors.
- ❖ Continue to host Community Forums as part of MHSA's Community Program Planning Process (CPPP), encourage participation from local stakeholders and integrate feedback on suicide prevention efforts.
- ❖ Identify culturally appropriate strategies to obtain input from vulnerable populations and those whose primary language is not English, as well as community members at disproportionate risk for suicide.

Countywide Suicide Prevention Strategies

Focus Area Two: Training, Education and Outreach

TRAINING AND EDUCATION

Goal: Develop and implement a training plan that prepares the community and providers to recognize and respond to suicide risk.

Objectives:

- ❖ Assess current training opportunities, models, and gaps and develop a comprehensive training plan for organizations within our county.
- ❖ Provide training to community groups on the prevention of suicide. Prioritize training on recognizing and responding to suicide risk within key settings such as workplaces, schools, youth-serving programs, older adult residential living facilities, and senior services programs and for non-clinical audiences including but not limited to school-based staff, non-clinical health staff, law enforcement, community members, and historically marginalized communities.
- ❖ Increase trainings and informational campaigns aimed at raising awareness about the impact of Social Trauma on Mental Health and Wellness.
- ❖ Explore training formats that are infused with cultural norms of underserved and at-risk populations.
- ❖ Increase the number of behavioral health clinicians that are trained in recognizing, assessing and managing suicide risk, and create a directory of these providers to facilitate access.
- ❖ Train health and behavioral health care providers to deliver lethal means counseling to individuals who are at risk of suicide or who have been discharged from a health care or other setting after a suicide attempt, and their family members and caregivers.

Learn more about trainings through the Contra Costa Crisis Center

Visit CCCC's [Training and Education Website](#) and fill out the form provided

Or reach out directly at:

LukeK@crisis-center.org, or (925) 939-1916.

Countywide Suicide Prevention Strategies

Training, Education and Outreach, continued

OUTREACH

Goal: Increase early identification of suicide risk by preparing Contra Costa community members to know the warnings signs for suicide and how to offer support.

Objectives:

- ❖ Launch a Wellness and Suicide Prevention Social Media Campaign on all Contra Costa County Health Services social media platforms informing the public about warning signs, and strategies for support, and resources.
- ❖ Extend the social media campaign to additional avenues of outreach to connect with populations who do not traditionally engage with social media.
- ❖ Increase use of effective messaging around suicide prevention by sharing best practices with media and community spokespeople.



crisis-center.org



211CC.ORG



Countywide Suicide Prevention Strategies

Focus Area Three: Youth Suicide Prevention

SUPPORT SCHOOLS WITH SUICIDE PREVENTION POLICIES AND PRACTICES

Assembly Bill 2246 and 1767 mandate that all public-school districts in California, including charter schools, must develop policies, practices and procedures related to suicide prevention for students in elementary, middle school and high school.

Goal: *In partnership with the [Contra Costa County Office of Education \(CCCOE\)](#), support the 18 school districts and county-approved charters in the development and implementation of comprehensive policies for suicide prevention, intervention and postvention.*

Objectives:

- ❖ Offer training for Youth Mental Health First Aid.
- ❖ Facilitate the distribution of LivingWorks online training at no cost to districts.
- ❖ Support school districts to enhance Social Emotional Learning (SEL).
- ❖ Provide site-based MTSS training and trauma-informed practices training to support a positive school climate for all learners.
- ❖ Support the [CCCOE's Wellness in Schools Program \(WISP\)](#) to develop new and bolster existing Wellness Programs in our public schools.
- ❖ Encourage participation of education partners in the countywide Suicide Prevention Coalition and its Youth Sub-Committee.
- ❖ Offer trainings and supports to districts and schools to support staff (certificated, classified, volunteer, etc.) trainings, risk assessments, linkage with resources, re-entry protocols after hospitalization or suicide attempt, youth engagement and parent/family engagement.
- ❖ Equity, inclusion, and diversity: Promote programs that increase protective factors and decrease risk factors for suicide on campus, including peer-based clubs and approaches.
- ❖ Offer trainings and support to schools in the development of postvention plans and policies in the event of a suicide loss within the school community.
- ❖ Promote the no-cost Directing Change youth suicide prevention program to schools in Contra Costa County to prepare young people to recognize signs of suicide and how to offer support.
- ❖ Continue to ensure that Contra Costa Crisis Line or other resources (Teen Line, Trans Line) is included on all student ID cards and positioned to remain visible even if card is punched.



Countywide Suicide Prevention Strategies

Youth Suicide Prevention, continued

GROW YOUTH SUICIDE PREVENTION SUB-COMMITTEE

The Youth Suicide Prevention Sub-Committee offers a space for participants to connect, share resources, collaborate, raise awareness, decrease stigma, and reduce youth suicide in Contra Costa County.

Goal: Promote resilience and connectedness by growing the Youth Suicide Prevention Committee.

Objectives:

- ❖ Recruit youth participation in youth suicide prevention activities.
- ❖ Provide mentorship and youth development opportunities.
- ❖ Support youth in establishing an annual priority activity that will support Contra Costa youth suicide prevention efforts.

EDUCATE PARENTS

Goal: Increase parental awareness of the warning signs of suicide and how to support youth.

Objectives:

- ❖ Host annual Suicide Prevention 101 webinar for parents in English and in Spanish.
- ❖ Coordinate with school districts and PTAs to include educational material and resources in their ongoing correspondence with parents.
- ❖ Provide information to parents on best practices and guidelines for social media and technology use.

Join the Youth Suicide Prevention Sub-Committee

Email jhunt@cchealth.org to join the committee and receive information about youth Mental Health and Suicide Prevention in Contra Costa County

Countywide Suicide Prevention Strategies

Focus Area Four: Crisis Response and Continuity of Care

INCREASE ACCESS TO MENTAL HEALTH SERVICES

Goal: Promote mental health services.

Objectives:

- ❖ Offer behavioral health services and continue to work towards greater ease of access to behavioral health services.
- ❖ Offer behavioral health and social support services for identified vulnerable populations throughout the county.

COORDINATED APPROACH TO SCREENING, RISK ASSESSMENT AND SAFETY PLANNING

Goal: Promote a coordinated approach to and use of best practices for risk assessment and safety planning and promote a coordinated approach to suicide assessment and screening.

Objectives:

- ❖ Identify and promote best practices such as screening, risk assessment, and safety planning in key settings such as mental health, substance use, health care, schools, hospitals, law enforcement and more.

SUPPORT INDIVIDUALS AFTER A SUICIDE ATTEMPT

Goal: Support individuals after a suicide attempt.

Objectives:

- ❖ Explore partnerships with Contra Costa hospitals and other in-patient settings to review existing suicide prevention efforts and discharge protocols.
- ❖ Continue coordination between CCBHS and the Contra Costa Crisis Center in the implementation of a Follow-Up Program for individuals after a suicide attempt.
- ❖ Create a suicide attempt survivor support group.

Countywide Suicide Prevention Strategies

Crisis Response and Continuity of Care, continued

PROMOTE CRISIS RESOURCES

Goal: Promote crisis resources and continuity of care.

Objectives:

- ❖ Promote and expand existing crisis response services and initiatives in Contra Costa County.
- ❖ Promote crisis lines and warm lines.

Crisis Resources in Contra Costa County

[Seneca Family of Agencies Mobile Response Team \(MRT\)](#) provides youth and families with same-day, mobile crisis-intervention when and where they are experiencing a mental health crisis.

The [Mobile Crisis Response Team \(MCRT\)](#) provides adults with same-day, mobile crisis-intervention when and where they are experiencing a mental health crisis. MCRT is in the process of expanding into the [A3 Community Crisis Initiative](#) which provides timely and appropriate access to behavioral health crisis services to anyone, anywhere, at anytime. The program connects people in crisis with the care they need in the moment and reduces intervention by local law enforcement where clinical expertise is more appropriate.

[988](#) is the newly designated three-digit dialing code that routes callers to the National Suicide Prevention Lifeline. When people call, text, or chat 988, they are connected to trained counselors within the existing National Suicide Prevention Lifeline network. People can also contact the [Contra Costa Crisis Center](#) directly by calling 211 or 800-833-2900 or text 'HOPE' to 20121. These numbers provide 24/7 support an access to comprehensive social and health services.

[Psychiatric Emergency Services \(PES\)](#) provides emergency psychiatric evaluation/treatment to people who present an imminent danger to self, danger to others, grave disability or mental health crisis. In collaboration with CCHS/BHS, the Contra Costa Crisis Center now operates a new Suicide Prevention Follow Up Program for patients with suicidal ideation being released from PES. The program increases linkages and reduces service gaps by offering immediate 24/7 support from counselors who are trained in providing crisis and suicide assessment and intervention.

Countywide Suicide Prevention Strategies

Focus Area Five: Means Restriction

Partner with Pharmacies

Goal: Create safe environments by reducing access to lethal means.

Objectives:

- ❖ Conduct [Pharmacists as Gatekeepers in Suicide Prevention](#) trainings. Pharmacists are situated in a unique position to support those in need by recognizing potential signs of suicide or being a resource for individuals seeking help.

Promote Firearm Safety

Goal: Create safe environments by reducing access to lethal means.

Objectives:

- ❖ Provide information and conduct trainings for gun retailers, range owners, and their employees on how to incorporate suicide prevention in firearm safety practices.

Provide Counseling on Access to Lethal Means Trainings

Goal: Develop and implement a training plan that supports reducing access to lethal means.

Objectives:

- ❖ Promote trainings such as Counseling on Access to Lethal Means to mental health, substance use and health care providers.



Countywide Suicide Prevention Strategies

Focus Area Six: Support After Suicide Loss

PROMOTE EXISTING SUPPORT GROUPS AND POSTVENTION SERVICES

Postvention is defined as an organized response after a suicide death with the goals to promote healing and provide support to individuals, organizations, and communities impacted by suicide death. Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors.

Goal: Offer and promote support services after a suicide loss and reduce the amount of time between suicide loss and bereavement services.

Objectives:

- ❖ Continue to offer and promote the availability of suicide bereavement support programs that are available.
- ❖ Promote the Mobile Grief Response Team.
- ❖ Increase the number of mental health providers and counselors that are skilled and trained in offering suicide bereavement services and create a directory of these providers to facilitate access.
- ❖ Develop a coordinated community postvention plan and partner with specific settings such as schools and workplaces to develop setting-specific postvention response plans.

Postvention Support in Contra Costa County

[The Contra Costa Crisis Center](#) provides group grief support and counseling to adults, teens, and children mourning the death of a loved one. Various grief support groups offered throughout the year include:

- ❖ Survivors After Suicide Loss Group
- ❖ Parents Who Have Lost a Child Group
- ❖ General Bereavement Support Group
- ❖ Partner/Spouse Loss Group

The Contra Costa Crisis Center also provides mobile grief response to schools or community agencies after a suicide, sudden, or traumatic death of a student or employee.

KNOW THE SIGNS

Recognizing the signs someone is in crisis:

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speak up.

- Talking about wanting to die or suicide
- Looking for a way to kill themselves
- Feeling hopeless, desperate, trapped
- Giving away possessions
- Putting affairs in order
- Reckless behavior
- Uncontrolled anger
- Increased drug or alcohol use
- Withdrawal
- Anxiety or agitation
- Changes in sleep
- Sudden mood changes
- No sense of purpose

For additional information visit:

WWW.SUICIDEISPREVENTABLE.ORG

FIND THE WORDS

"Are you thinking about suicide?"

Few phrases are as difficult to say to a loved one. But when it comes to suicide prevention, none are more important.

Asking directly and using the word "suicide" establishes that you and the person at risk are talking about the same thing and lets the person know that you are willing to talk.

- Give yourself plenty of time
- Mention the warning signs you have seen
- Ask directly about suicide
- Listen and let the person speak freely
- Let them know you care and want to help
- Have resources handy

Asking about suicidal thoughts does not put the idea in someone's head and usually they are relieved.

REACH OUT

Community and National Resources for All

Click The Icon To Be Directed To The Website Or Scan The QR Code



Contra Costa Crisis Center:
Dial 988 or Text HOPE to 20121
(Available 24/7)



211 Information and Referral Database:
Dial 211



988 Suicide & Crisis Lifeline (formerly, the
National Suicide Prevention Lifeline):
Dial 988, 1-800-273-8255, or Text TALK to 741741
(Available 24/7)



La Red Nacional de Prevención del Suicidio:
Marque 1-888-628-9454
(Disponible 24/7)



Behavioral Health Access Line:
Dial 1-888-678-7277



A3 Anyone Anywhere Anytime Community Crisis
Response: Dial 1-833-443-2672

REACH OUT

Resources for Youth and Transitional Age Youth (TAY, Aged 16-25):

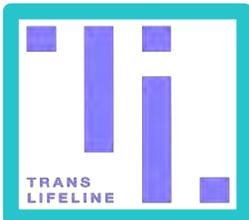
Click the icon to be directed to the website



Seneca Mobile Crisis Response Team:
Serving 5yo-21yo: 1-833-443-2672



The Trevor Project:
For LGBTQQ+ youth & young adults: 1-866-488-7386
(1-866-4-U-TREVOR)



Trans Lifeline:
7am-2am: 1-877-565-8860



Teen Line
800-852-8336 (6pm – 10pm PST)
TEXT TEEN to 839863



NAMI (National Alliance on Mental Health) Contra Costa
[Ending the Silence: Transitional Age Youth Program](#)
[NAMI on campus](#)

REACH OUT

Resources for Safety:

Click the icon to be directed to the website



STAND! for Families Free of Violence:
Dial 1-888-215-5555



Contra Costa Family Justice Center:
Richmond: 510-974-7200, Concord: 925-
521-6366, Antioch: 925-281-0970



Community Violence Solutions
Dial: 800-670-7273 or Text "CVS" to 20121



National Domestic Violence Hotline:
Dial: 1-800-799-7233



National Sexual Assault Hotline (RAINN):
Dial 1-800-656-4673

ADDITIONAL ONLINE RESOURCES

Click the icon to be directed to the website



References

1. World Health Organization, 2022. Mental Health and COVID-19: Early evidence of the pandemic's impact. Scientific brief. Accessed on 6/14/2022 from https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1
2. United States of Veterans Affairs, Center for Post Traumatic Stress Disorder, 2021. PTSD Research Quarterly, 32(1), 1-9. ISSN: 1050 -1835
3. American Psychological Association (2020). Stress in America™ 2020: A National Mental Health Crisis. Accessed on 6/15/2022 from <https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>
4. Panchal, N., Kamal, R., Cox, C., and Garfield, R. (2021) Kaiser Family Foundation (KFF). The Implications of COVID-19 for Mental Health and Substance Use. Accessed on 6/15/21 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
5. Mental Health America, 2022. 2021 The State of Mental Health in America. Accessed on 6/14/2022 from https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf
6. Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health*, 6(1), 70–78. <https://doi.org/10.1037/sah0000275>
7. California Department of Public Health, 2021. California Suicide and Self-Harm Trends in 2020. Accessed on 6/16/2022 from <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideAndSelfHarmIn2020-DataBrief-ADA.pdf>
8. A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/>



Contra
Costa
County

To: Board of Supervisors
From: Brian M. Balbas, Public Works Director/Chief Engineer
Date: August 1, 2023

Subject: Disposal of Surplus Property

RECOMMENDATION(S):

DECLARE as surplus and AUTHORIZE the Purchasing Agent, or designee, to dispose of fully depreciated vehicles and equipment no longer needed for public use, as recommended by the Public Works Director, Countywide.

FISCAL IMPACT:

No fiscal impact.

BACKGROUND:

Section 1108-2.212 of the County Ordinance Code authorizes the Purchasing Agent to dispose of any personal property belonging to Contra Costa County and found by the Board of Supervisors not to be required for public use. The property for disposal is either obsolete, worn out, beyond economical repair, or damaged beyond repair.

CONSEQUENCE OF NEGATIVE ACTION:

Public Works would not be able to dispose of surplus vehicles and equipment.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Nida Rivera, (925) 313-2124

By: , Deputy

cc:

ATTACHMENTS

Surplus Vehicles & Equipment



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Medical Staff Appointments and Reappointments – July 5, 2023

RECOMMENDATION(S):

APPROVE the new medical staff, affiliates and tele-radiologist appointments and reappointments, additional privileges, medical staff advancement, and voluntary resignations as recommend by the Medical Staff Executive Committee, at their July 5, 2023 meeting, and by the Health Services Director.

FISCAL IMPACT:

There is no fiscal impact for this action.

BACKGROUND:

The Joint Commission on Accreditation of Healthcare Organizations has requested that evidence of Board of Supervisors approval for each Medical Staff member will be placed in his or her Credentials File. The above recommendations for appointment/reappointment were reviewed by the Credentials Committee and approved by the Medical Executive Committee at their July 5, 2023 meeting.

CONSEQUENCE OF NEGATIVE ACTION:

If this action is not approved, the Contra Costa Regional Medical and Contra Costa Health Centers' medical staff would not be appropriately credentialed and not be in compliance with The Joint Commission on Accreditation of Healthcare Organizations.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Gina Soleimanieh, 925-370-5182

By: , Deputy

cc:

ATTACHMENTS

July List

Anna M. Roth, R.N., M.S., M.P.H.
Health Services Director



CONTRA COSTA REGIONAL
MEDICAL CENTER
AND HEALTH CENTERS

Samir B. Shah, M.D., F.A.C.S

Chief Executive Officer

Contra Costa County Regional Medical Center and
Health Centers

Contra Costa Health Services

2500 Alhambra Avenue
Martinez, California 94553-3156
Ph. 925-370-5000

A. Applications for Staff Membership

Applicant	Department
Bi, Luke, MD	Internal Medicine
Collins, Roy, MD	Psychiatry/Psychology
Feriante, Joshua, DO	Psychiatry/Psychology
Giddings, Philip, MD	Emergency Medicine
Kim, Paul, MD	Surgery
Parish, Austin, MD	Emergency Medicine
Sullivan, Eleanor, MD	DFAM

B. Applications for Staff Affiliation

Applicant	Department
Hogenboom, Jeanette, FNP	DFAM

C. Staff Advancing to Non-Provisional

Provider	Department	Staff Status
Bhela, Serena, MD	Internal Medicine	Courtesy
Frischtak, Helena MD	DFAM	Active
Mokhtare, Shahzad, MD	DFAM	Active
Panneerselvam, Divya, MD	Pediatrics	Courtesy
Shah, Amish, MD	Internal Medicine	Courtesy
Singh, Harshjit, MD	DFAM	Active
Tjahjadi, Jasen, MD	DFAM	Active

D. Biennial Reappointments

Provider	Department	Staff Status
Bhakta, Arpan, MD	Anesthesia	P
Burns, Abigail, MD	OB/GYN	A
Cheng, Jennifer, DO	Internal Medicine	C
Chou, Cinnie, MD	DFAM	A
Iqbal, Rashid, MD	Internal Medicine	A
Kishan, Sunil, MD	Psychiatry/Psychology	C
Kwan, Arden, MD	Diagnostic Imaging	A
Levin, Sara, MD	DFAM	A
Pandurangi, Maya, DO	DFAM	A
Patrick, Lauren, MD	Internal Medicine	C

Perloth, Joshua, MD	Internal Medicine	C
Phillip, Nimeka, MD	OB/GYN	P
Ponder, Kathryn, MD	Pediatrics	C
Rhoades, Chelsea, MD	DFAM	A
Rostkowski, John, MD	Psychiatry/Psychology	A
Sorokin, Jeffrey, MD	DFAM	A
Wondolowski, Lauren, MD	DFAM	A

E. Biennial Renewal of Privileges-Affiliates

Provider	Department	Staff Category
Groode, Tamra, NP	Pediatrics	AFF
Hellman-Wylie, Cynthia, NP	Internal Medicine	AFF

F. Additional Privileges

Provider	Department	Requesting Department
Daisley, Erin, FNP	DFAM	DFAM-NP22-D
Sinclair, Barbara, MD	OB/GYN	DFAM Privileges

G. Voluntary Resignation

Provider	Department
Booker, Jerome, MD	Pediatrics
Catalya, Stephen, MD	Internal Medicine
Chauhan, Digpal, MD	DFAM
Lewis, Jeffrey, MD	Anesthesia
Owens, Nancy, MD	Pediatrics
Sheperis, Laura, CNM	OB/GYN



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Mental Health Services Act Funds for Purchase of Real Property in San Pablo

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Health Services Director, or designee, to utilize budgeted Mental Health Services Act (MHSA) funds in the amount of \$3,445,000, rather than a grant from the Behavioral Health Continuum Infrastructure Program (BHCIP), for the purchase of real property located at 2523 El Portal Drive, San Pablo, California, 94806 (the Property) if the County exercises its option to purchase the Property.

FISCAL IMPACT:

Approval of this action would not impact Count General Fund. The County's application for BHCIP funds in Round 5 was not approved by the State; therefore, this action seeks Board authority to utilize alternative MHSA funds already received from the State if the County exercises its option to purchase the subject property.

BACKGROUND:

On July 12, 2022, the Board of Supervisors authorized Contra Costa Health to apply for funds made available under the State's Behavioral Health Continuum Infrastructure Program (BHCIP), to support County behavioral health systems continuum of care in its efforts to address infrastructure needs. As part of the grant application, enforceable site control was required for all properties submitted in response to the Request for Applications. On December 13, 2022, the Board authorized the expenditure of \$100,000 for purchase of an option that would enable the County to purchase the real property located at 2523 El Portal in San Pablo (the Property) for use as a mental health urgent care facility and as a therapeutic residential facility for behavioral health. Under the terms of the option, the County has the right through September 12, 2023, to purchase the Property for \$3,445,000. The previously approved December 13, 2022 Board Order stipulated that the purchase price would be paid using BHCIP grant funds.

Three funding proposals were submitted during Round 5 of the BHCIP initiative, but were not awarded funding. However, given the outstanding need and strong stakeholder support, the Behavioral Health Services Division is recommending a revised, reduced scope for the project located at 2523 El Portal Drive in San Pablo, and a new funding strategy if the County elects to exercise the existing property option.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, (925) 957-5201

By: , Deputy

cc:

BACKGROUND: (CONT'D)

First, the financial and physical footprints of the project would be reduced from \$33 million to \$20.5 million by removing the originally proposed behavioral health community center and care-on-demand clinic. The two initiatives retained from the original proposal that would be two 16-bed residential programs (total of 32 beds), which would be certified to generate Medi-Cal Specialty Mental Health Services (SMHS) funds.

Second, the purchase price of the property and the initial site-work, which are expected to cost approximately a combined \$7 million, would be provided through MHSA funds. Behavioral Health Services would submit a new proposal in BHCIP Round 6 requesting funding in the amount of \$13.5 million to complete the project. Concurrently, this amount (\$13.5 million) would be reserved in the MHSA budget as the back-up funding source in the event the grant is not awarded. The reduction in scope of the project and the proposed initial investment of local dollars should increase the likelihood of funding in BHCIP Round 6, but MHSA funds would be available if needed.

The December 13, 2022 Board Order clarified that in order to exercise of the option to purchase the property, the department would need to return to the Board for expenditure authority. This action requests only that the Board permit a modification of the source of funds should the County exercise the option to purchase during the available period. If this action is approved, the County's Public Works Department will produce subsequent board requests on the August 8, 2023 and September 12, 2023 calendars to consider the consummation of the purchase of the Property.

CONSEQUENCE OF NEGATIVE ACTION:

Contra Costa Health would not have authority to utilize MHSA funds to complete the purchase of the Property if the County elects to exercise the existing purchase option.



Contra
Costa
County

To: Board of Supervisors
From: David O. Livingston, Sheriff-Coroner
Date: August 1, 2023

Subject: Memorandum of Understanding - California Highway Patrol

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Sheriff-Coroner, or designee, to enter into a memorandum of understanding with California Highway Patrol (CHP), including mutual indemnification, to provide the County with a CHP Officer to assist in investigating crimes that have occurred within Contra Costa County in exchange for forensic services provided by Contra Costa County Office of the Sheriff effective July 1, 2023 through June 30, 2028, unless terminated by either party in its sole discretion upon 30 days advance written notice or cancelled immediately by written mutual consent.

FISCAL IMPACT:

This is a nonfinancial agreement, therefore, there is no fiscal impact.

BACKGROUND:

Contra Costa County Office of the Sheriff has a Forensic Services Division that recognizes, collects, preserves, performs scientific analysis and interprets physical evidence. Contra Costa County Office of the Sheriff also has a Violence Suppression Unit (VSU) in the Field Operations Bureau, Investigations Division that conducts investigations of organized person and

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Abigail Balana, 925-655-0008

By: , Deputy

cc:

BACKGROUND: (CONT'D)

property crimes and investigates crime problems in specific areas identified by crime trends and analysis. The VSU is responsible for investigating drug cases, obtaining criminal complaints on drug arrest cases and responding to community complaints of suspected drug activity and formulating an appropriate response. The VSU also investigates gambling, prostitution, human trafficking, and Alcoholic Beverage Control violations. The Unit conducts background investigations for licenses and permits issued by the Contra Costa County Office of the Sheriff. The Unit also responds to community complaints concerning suspected vice-related crimes and initiating an appropriate response.

CHP needs forensic services in Contra Costa County and the Contra Costa County Office of the Sheriff wants to provide forensic services to CHP on an "as-needed" basis for crimes committed in Contra Costa County. In exchange for the Contra Costa County Office of the Sheriff's forensics services to CHP, CHP will assign a full-time CHP Officer (detective) to the Sheriff's Office Investigations Division.

CONSEQUENCE OF NEGATIVE ACTION:

A negative vote on this agreement will prevent the addition of an officer provided by CHP to assist in investigating crimes committed within unincorporated Contra Costa, specifically, violent crimes committed on public roadways. Additionally, criminal investigations and forensic analysis of crime scenes in unincorporated Contra Costa County may be delayed due to CHP having to rely on forensic services provided by other agencies besides the Contra Costa County Office of the Sheriff.



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payment for Services Provided by Crestwood Behavioral Health, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$250,843.73 to Crestwood Behavioral Health, Inc., a corporation, for the provision of subacute skilled nursing care services for county’s Severely and Persistently Mentally Ill (SPMI) and neurobehavioral clients that exceeded the contract payment limit and was provided in good faith for the period June 1, 2023 through June 30, 2023.

FISCAL IMPACT:

This payment in the amount of \$250,843.73 is funded 100% by Mental Health Realignment funds.

BACKGROUND:

The Behavioral Health Services Department has been contracting with Crestwood Behavioral Health, Inc., since July 1997 to provide sub-acute skilled nursing care for county’s Severely and Persistently Mentally Ill (SPMI) and neurobehavioral clients.

On July 26, 2022, the Board of Supervisors approved Contract #24-933-45 with Crestwood Behavioral Health, Inc., in an amount not to exceed \$4,189,081 to provide sub-acute skilled nursing care for SPMI and neurobehavioral clients for the period from July 1, 2022 through June 30, 2023.

Due to a much higher anticipated level of subacute skilled nursing services needed for the county’s SPMI and neurobehavioral clients, there are insufficient funds to cover the additional services provided by the contractor in the amount of \$250,843.73.

Therefore, the county has determined that Crestwood Behavioral Health, Inc., is entitled to payment for the reasonable value of their services under the equitable relief theory of quantum meruit. That theory provides that where a person has been asked to provide services without a valid contract, and the provider does so to the benefit of the recipient, the provider is entitled to recover the reasonable value of those services. The contractor has provided services at the request of the county after the original contract payment limit had been reached. The Department cannot pay contractor for services rendered that exceed the contract limits.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5169

By: , Deputy

cc: Edney Suisala, Cristeta Rovira-Hernandez

BACKGROUND: (CONT'D)

As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed \$250,843.73 to Crestwood Behavioral Health, Inc.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, Crestwood Behavioral Health, Inc., will not be paid for subacute skilled nursing care services provided to SPMI and neurobehavioral clients outside of the contract payment limit rendered in good faith.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payment for Services Provided by Options Recovery Services

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$96,968.37 to Options Recovery Services, a corporation, for the provision of alcohol and drug abuse prevention services for adults with substance use and/or co-occurring disorders that exceeded the contract payment limit and was provided in good faith for the period June 1, 2023 through June 30, 2023.

FISCAL IMPACT:

This retro payment in the amount of \$96,968.37 is funded 100% by American Rescue Plan Act funds.

BACKGROUND:

This contract meets the social needs of county’s population by providing specialized alcohol and drug abuse prevention services, so that men and women are provided an opportunity to achieve and maintain sobriety and to experience the associated benefits of self-sufficiency, family reunification, cessation of criminal activity and productive engagement in the community. The Alcohol and Other Drugs (AODS) Division has been contracting with Options Recovery Services since June 2022 to provide alcohol and drug abuse prevention services.

On August 2, 2022, the Board of Supervisors approved Contract #74-652 with Options Recovery Services, in an amount not to exceed \$1,432,791, to provide alcohol and drug abuse prevention services for adults with substance use and/or co-occurring disorders, for the period June 1, 2022 through May 31, 2023.

The contractor continued to provide alcohol and drug abuse prevention services in good faith for the month of June 30, 2023 without a contract in place. A new contract has been executed effective July 1 2023 through June 30, 2024 to align with CalAIM's implementation of the Department of Health Care Services Payment Reform.

Therefore, the county has determined that Options Recovery Services is entitled to payment for the reasonable value of their services under the equitable relief theory of quantum meruit. That theory provides that where a person has been asked to provide services without a valid contract,

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5169

By: , Deputy

cc: Edney Suisala, Cristeta Rovira-Hernandez

BACKGROUND: (CONT'D)

and the provider does so to the benefit of the recipient, the provider is entitled to recover the reasonable value of those services. The contractor has provided services at the request of the county after the original contract payment limit had been reached. The Department cannot pay contractor for services rendered that exceed the contract limits. As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed \$96,968.37 to Options Recovery Services.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, Options Recovery Services will not be paid for services provided to AODS outside of the contract payment limit rendered in good faith.

ATTACHMENTS



**Contra
Costa
County**

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payment for Services Provided by God’s Grace Caring Home, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$2,697 to God’s Grace Caring Home, Inc., a corporation, for the provision of augmented board and care services that exceeded the contract payment limit and were provided in good faith for the period June 1, 2023 through June 30, 2023.

FISCAL IMPACT:

This retro payment in the amount of \$2,697 is funded 100% by Mental Health Realignment.

BACKGROUND:

This contract meets the social needs of county’s population by providing augmented board and care services including, but not limited to room and board, and twenty-four (24) hour emergency residential care and supervision for mentally ill adults. The Behavioral Health Services Department has been contracting with God’s Grace Caring Home, Inc., since September 1, 1995, to provide augmented board and care services.

On May 24, 2022, the Board of Supervisors approved Contract #24-681-2(39) with God’s Grace Caring Home, Inc., in an amount not to exceed \$392,076, to provide augmented board and care services for the period from July 1, 2022 through June 30, 2023.

Due to a much higher anticipated level of service needed to care for a new client, recently transferred to the facility from CCRMC, it was too late to amend the current contract to increase the payment limit, leaving insufficient funds to cover the additional services provided by the contractor in the amount of \$2,697.

Therefore, the County has determined that God’s Grace Caring Home, Inc., is entitled to payment for the reasonable value of their services under the equitable relief theory of quantum meruit. That theory provides that where a person has been asked to provide services without a valid contract, and the provider does so to the benefit of the recipient, the provider is entitled to recover the reasonable value of those services. The contractor has provided services at the request of the county after the original contract payment limit had been reached.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5169

By: , Deputy

cc: Edney Suisala, Cristeta Rovira-Hernandez

BACKGROUND: (CONT'D)

The Department cannot pay contractor for services rendered that exceed the contract limits. As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed \$2,697 to God's Grace Caring Home, Inc.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, contractor will not be paid for augmented board and care services provided to the county's mental health client outside of the contract payment limit rendered in good faith.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payments for Services Provided by Telecare Corporation

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$299,915 to Telecare Corporation for the provision of gero-psychiatric and subacute mental health care services to severely and persistently mentally ill (SPMI) clients during the months of May and June 2023.

FISCAL IMPACT:

Payment of \$299,915 is funded by 71% Mental Health Realignment, 19% Hospital Enterprise Fund I, and 10% County General Fund.

BACKGROUND:

The county has been contracting with Telecare Corporation since July 1997 to provide gero-psychiatric services and subacute care for SPMI county residents at contractor’s Villa Fairmont Mental Health Center, Garfield Neuro-Behavioral Center, Gladman Psychiatric Health Facility, and Morton Bakar Center. This contract is part of the Department’s cost saving plan to reduce the number of high-cost State Hospital beds by developing alternative placements.

On July 26, 2022, the Board of Supervisors approved Contract #24-680-41 with Telecare Corporation, in an amount not to exceed \$1,909,065, for the provision of gero-psychiatric and subacute mental health care for SPMI clients for the period from July 1, 2022 through June 30, 2023.

This contractor’s bed utilization has been higher than originally anticipated and incoming referrals are unpredictable by nature, therefore the BHSD Division was unable to amend the contract for additional funds in a timely manner.

APPROVE OTHER
 RECOMMENDATION OF CNTY ADMINISTRATOR RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5212

By: , Deputy

cc: L Walker, M Parkinen

BACKGROUND: (CONT'D)

As requested by the County, Telecare Corporation provided additional gero-psychiatric and subacute mental health care services in good faith. BHSD Administration has therefore determined that Telecare Corporation is entitled to a payment of \$299,915 for the reasonable value of their services under the equitable relief theory of quantum meruit. That theory provides that where a person has been asked to provide services without a valid contract, and the provider does so to the benefit of the recipient, the provider is entitled to recover reasonable value of those services.

CONSEQUENCE OF NEGATIVE ACTION:

Telecare Corporation will not be paid for gero-psychiatric and subacute mental health care services rendered in good faith.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Anna Roth, Health Services Director
Date: August 1, 2023

Subject: Payment for Services Provided by Crestwood Behavioral Health, Inc.

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Auditor-Controller, or designee, to pay an amount not to exceed \$221,646.20 to Crestwood Behavioral Health, Inc., a corporation, for the provision of residential treatment and mental health services to Severely and Persistently Mentally Ill (SPMI) adults that exceeded the contract payment limit and was provided in good faith for the period June 1, 2023 through June 30, 2023.

FISCAL IMPACT:

This retroactive payment in the amount of \$221,646.20 is funded 100% by Mental Health Realignment funds.

BACKGROUND:

The Behavioral Health Services Department has been contracting with Crestwood Behavioral Health, Inc., since January 2007 to provide transitional residential treatment, rehabilitative services, medication support, and mental health services to SPMI adult clients. This contract meets the social needs of County’s population by providing transitional residential treatment, rehabilitative services, medication support, and mental health services to SPMI adult clients at its Crestwood Healing Center.

On September 13, 2022, the Board of Supervisors approved Contract #74-286-22 with Crestwood Behavioral Health, Inc., in an amount not to exceed \$6,583,129 for the provision of residential treatment and mental health services to SPMI adults for the period from July 1, 2022 through June 30, 2023, which included a six-month automatic extension through December 31, 2023 in an amount not to exceed \$3,291,564.

Due to a much higher anticipated level of residential treatment and mental health services to SPMI adults, there are insufficient funds to cover the additional services provided by the contractor in the amount of \$221,646.20.

Therefore, the county has determined that Crestwood Behavioral Health, Inc., is entitled to payment for the reasonable value of their services under the equitable relief theory of quantum meruit. That theory provides that where a person has been asked to provide services without a valid contract, and the provider does so to the benefit of the recipient, the provider is entitled to recover the reasonable value of those services.

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

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Suzanne Tavano, Ph.D.,
925-957-5169

By: , Deputy

cc: Edney Suisala, Cristeta Rovira-Hernandez

BACKGROUND: (CONT'D)

The contractor has provided services at the request of the county after the original contract payment limit had been reached. The Department cannot pay contractor for services rendered that exceed the contract limits. As such, the Department recommends that the Board authorize the Auditor-Controller to issue a one-time payment not to exceed \$221,646.20 to Crestwood Behavioral Health, Inc.

CONSEQUENCE OF NEGATIVE ACTION:

If this request is not approved, contractor will not be paid for residential treatment and mental health services provided to SPMI adults outside of the contract payment limit rendered in good faith.

ATTACHMENTS



Contra
Costa
County

To: Board of Supervisors
From: Ken Carlson
Date: August 1, 2023

Subject: APPROVE and AUTHORIZE a modification in eligible uses of remaining, one-time Contra Costa Futures Funds (CCFutures)

RECOMMENDATION(S):

APPROVE and AUTHORIZE a modification in eligible uses of remaining, one-time Contra Costa Futures Funds (CCFutures) to allow their allocation towards economic development projects and provide a source for matching funds for community benefit programs in Supervisorial District IV, to be administered by the District IV Supervisor.

FISCAL IMPACT:

Up to \$1,128,305 of one-time funds remain restricted under the CCFutures program. This proposal modifies the eligible uses of those funds to provide for additional community benefit and economic development investments within Supervisorial District IV. The ongoing CC Futures contribution of \$67,500 to partially offset District IV staffing costs would be discontinued and rather directed towards programming under the new proposal. In future budget years, all personnel costs will be included in the District IV general fund, operating budget.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Lisa Chow, 925-655-2350

By: , Deputy

cc:

BACKGROUND:

History of Transient Occupancy Taxes in Contra Costa County

Transient Occupancy Taxes (TOT) are authorized under State Revenue and Taxation Code Section 7280, as an additional source of non-property tax revenue to local government. TOT revenues are discretionary, general purpose revenue dollars that the Board of Supervisors may direct for any legitimate county expense. The tax code does not require any specific use of the TOT revenues by local jurisdictions. Contra Costa County did not adopt a Transient Occupancy Tax ordinance until 1990, which had an effective date of October 30, 1990. This tax is levied at a rate of 10% for accommodations at facilities in the unincorporated areas of the County, pursuant to Chapter 64-4 of the County Ordinance Code. Historically, all TOT revenue received by the County has been deposited into the General Fund.

Contra Costa Future Fund Establishment

On February 4, 2003, the Board of Supervisors created the Contra Costa Future Fund (CCFutures) by dedicating a portion of the TOT revenue collected from the Renaissance Club Sport Hotel located in the unincorporated Walnut Creek (Contra Costa Centre area) for early intervention and prevention programs designed to reduce high-cost crisis/safety net services. At that time, the Board identified the mission of CCFutures to be:

"...investing in programs and services that are results-based, family-oriented, collaborative, and available at critical points in the lives of children and families, thereby improving family functioning and reducing the high costs of dependency."

In fiscal year 2003/04, the first year of CCFutures, TOT revenue totaled \$593,407 and over the next several years, the average annual revenue to the program totaled \$651,549.

2008 & 2011 Review of Special Revenue Funds

On December 9, 2008, following a discussion about a proposal to allocate Dougherty Valley Regional Enhancement funds to provide industrial education and vocational training to West County youths, the Board of Supervisors referred to the Internal Operations Committee (IOC) a review of how special revenue or "trust" funds are expended by the County and the possible development of a policy regarding the expenditure of such funds. At that time, staff compiled information on selected special revenues administered by the Board of Supervisors and drafted a policy that defined various types of special revenues and how new special revenues would be administered in the future. In 2009, that matter was discussed in June, July, and September at IOC and at two meetings of the Finance Committee while on dual referral.

On December 15, 2009, the Board voted unanimously to affirm that existing special revenue funds are to be administered by the Supervisor serving in the district for which the special revenue fund was created, unless specified otherwise when the fund was established, such as a Community Benefit Agreement.

Later, on September 13, 2011, the Board of Supervisors again made a two-part referral to the Finance and Internal Operations Committees. The first part was to look specifically at the County's Transient Occupancy Tax (TOT) revenues including the history of collection and allocation. The second part of the referral was to revisit the report of Special Revenue Funds Administered by Board of Supervisors Members.

Sunsetting of CCFutures Program Direct Allocation

On October 25, 2011, the Board of Supervisors considered a recommendation of the Finance Committee to deposit all TOT funds (including revenues from the Renaissance Club Sport Hotel for CCFutures programs) into the General Fund as general-purpose revenue and that any future allocations for CCFutures be discussed during the annual budget process rather than through an automatic allocation of TOT revenue. Following this direction fiscal year 2012/13 was the first, full fiscal year that all TOT revenues were deposited directly into the General Fund as unrestricted general-purpose revenue. Since 2011, CCFutures funds have been used to partially offset the costs one District IV staff member and has been included as part of the County budget process. As of the beginning of fiscal year 2022/23, \$1,128,305 in residual CCFutures TOT revenues remained available for allocation.

Today's action requests the Board to authorize future use of the remaining one-time CCFutures funds, in the approximate amount of \$1,128,305, to be directed towards Economic Development in Supervisorial District IV, provide a source for matching fund programs and community benefits to be administered by the District IV Supervisor.



Contra
Costa
County

To: Board of Supervisors
From: Marla Stuart, Employment and Human Services Director
Date: August 1, 2023

Subject: Community Violence Solutions Operational Agreement

RECOMMENDATION(S):

APPROVE and AUTHORIZE the Employment and Human Services Director, or designee, to execute an operational agreement with Community Violence Solutions, for child abuse response services for the period October 1, 2022, through September 30, 2025.

FISCAL IMPACT:

No fiscal impact. This is a nonfinancial agreement.

BACKGROUND:

Community Violence Solutions (CVS) is a nonprofit organization dedicated to working in partnership with the community to end sexual assault and family violence through prevention, crisis services, and treatment in Contra Costa County. CVS is the subrecipient of the California Governor’s Office of Emergency Services (CalOES) program for Child Advocacy Centers (CASs). The purpose of the CASs is to provide direct victim services to child abuse survivors and their families through a multidisciplinary team approach.

CVS is the current vendor for Employment and Human Services Department (EHSD) in providing a Children’s Interview Center (CIC) Collaborative for FY22-23 and FY23-24. This CIC Collaborative provides victim-centered multidisciplinary team approach that CalOES requires to receive funding.

APPROVE

OTHER

RECOMMENDATION OF CNTY ADMINISTRATOR

RECOMMENDATION OF BOARD COMMITTEE

Action of Board On: **08/01/2023** APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

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

ATTESTED: August 1, 2023

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

Contact: Kizito Agboma 9256084915

By: , Deputy

cc:

BACKGROUND: (CONT'D)

This operational agreement is required of CalOES to show the partnership of CVS and EHSD, Children and Family Services (CFS) Bureau in the operation of the CIC.

CONSEQUENCE OF NEGATIVE ACTION:

Without the approval of the operational agreement, Community Violence Solutions will not receive funding from California Governor's Office of Emergency Services to continue their efforts in providing direct victim services to child abuse survivors and their families through a multidisciplinary team approach.

CHILDREN'S IMPACT STATEMENT:

This agreement supports four of the five community outcomes established in the Children's Report Card: 1)"Children Ready for and Succeeding in School"; 2) "Children and Youth Healthy and Preparing for Productive Adulthood"; 4) "Families that are Safe, Stable and Nurturing"; and 5) "Communities that are Safe and Provide a High Quality of Life for Children and Families" by providing victim services to child abuse survivors and their families through a multidisciplinary team approach.

ATTACHMENTS