

Executive Summary

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

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

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

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

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

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Table of Contents

Executive Summary	1
Vision	5
Needs Assessment	7
The Community Program Planning Process.....	11

The Plan

Community Services and Supports	20
Prevention and Early Intervention	36
Innovation.....	49
Workforce Education and Training	52
Capital Facilities/Information Technology.....	58
The Budget.....	60
Evaluating the Plan	62
Acknowledgements	64

Appendices

Mental Health Services Maps.....	A-1
Program and Plan Element Profiles.....	B-1
Glossary.....	C-1
Certification.....	D-1
Funding Summaries.....	E-1
Public Comment and Hearing.....	F-1
Board Resolution.....	G-1

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Vision

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

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

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

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

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

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

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

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Needs Assessment

Introduction

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

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

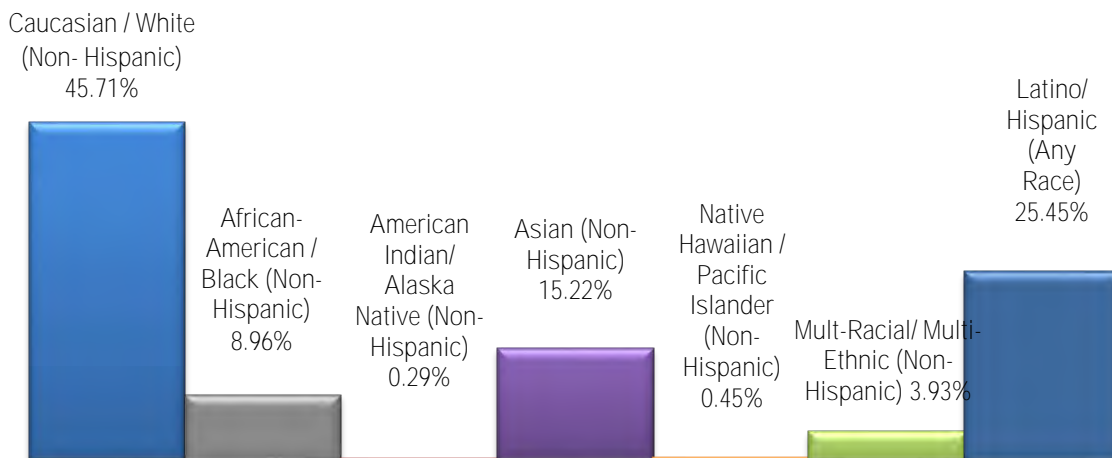
In 2019 Contra Costa Health Services (CCHS) also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. As part of this process CCBHS is working with the community and partners in planning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

Contra Costa County Population Summary

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

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

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



Method

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

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

Findings

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

Particular findings revealed through this Needs Assessment include the following:

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

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

Recommendation

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

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

The full Needs Assessment Report can be found at:

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

Additionally, CCBHS releases an annual **Cultural Humility Plan (CHP)** which outlines efforts and initiatives CCBHS is supporting in relation to diversity, equity and inclusion.

The most recent CHP can be found at:

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

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The Community Program Planning Process

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

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

Consolidated Planning and Advisory Workgroup (CPAW)

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

Community Meetings

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

Meeting	Purpose	Frequency
CPAW – Main Meeting	Opportunity for members of the public to dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, including review existing programming, funding and evaluation	Monthly
CPAW Sub Committee – Systems of Care	Learn, discuss, and provide input on new and emerging MHSA related programs that impact Behavioral Health Services system of care.	Bi-Monthly
CPAW Sub Committee – Steering	Develop monthly agenda for CPAW main meeting, including identifying presentation & discussion topics	Monthly
CPAW Sub Committee – Membership	Review new applications for CPAW Membership	As Needed

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

MHSA Presentations and Orientation

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

- What is the Consolidated Planning and Advisory Workgroup (CPAW) and What is CPAW Membership?
- Understanding the MHSA, Advocacy and Stakeholder Participation
- Mental Health Programs – County and Contracted Services
- How Does Budgeting and the Money Work?

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

Surveys

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

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

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

Community Forums Informing Fiscal Year 2022-23

With the onset of the COVID-19 pandemic in 2020, all stakeholder meetings and events shifted to a virtual platform. Two community forums were held during this Plan Update year. One was during September to honor Suicide Prevention Week and address the timely issue of Youth Mental Health and Suicide Prevention. The forum was developed through strong collaboration with the Contra Costa Youth Suicide Prevention Coalition,

whose membership includes teens and young adults living in Contra Costa County. The second was focused more generally on Understanding the MHSA with special attention toward Innovation and the development of new local projects.

Youth Suicide Prevention Forum (9/9/21)

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

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

The table below reflects 26 survey responses received.

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

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

	Yes	No	I’m not sure, but I’d be able to look it up
Start of Forum	65%	7%	28%
End of Forum	100%	-	-

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

How do we create a safe space for conversations about youth mental health and/or wellness? What needs to change? What has worked?

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

What is the biggest challenge/barrier faced by young people struggling with mental health issues?

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

How can systems (including schools) and family members better support people struggling with mental health?

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

What additional resources/supports/tools are needed?

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

MHSA Innovation Community Forum (3/4/22)

- *Total Registered: 154*

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

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

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

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

What's working well?

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

What's not working? Gaps? What would you like to see more of?

- Access Issues
 - Lack of timely access, long wait lists
 - Services later in the evening, more virtual services, flexible schedules
 - Shortage of therapists, especially for youth
 - More needed in East County, West County
- Youth
 - More awareness and outreach to youth at a younger age
 - Access to MH services for non-system involved youth

- Youth need info about their legal rights
- More prevention and early intervention for youth
- Fear of stigma in screening for MH in school, leads to more problems down the road.
- Getting mental health programs into schools
- More free structured activities for kids (i.e. after school)
- More support for homeless youth
- AOD programs in schools, like TUPE
- Cultural Humility
 - Providers who are from (and reflect) the community
 - Linguistically appropriate care – including different dialects of the same language
 - Need more culturally responsive services – providers of color
 - Recent immigrants need more support – language, cultural differences
 - Need to heal cultural divides – tension between communities
 - Culture specific programming – e.g. AAPI, African American, Latino/Latinx, non-English speaking communities
 - Outreach to BIPOC communities
 - Immigrants with trauma need more help
 - More peer partners, peer run programs
- Families and Community
 - More support to families
 - More parenting education and support – especially in light of new challenges over the past couple years
 - County-funded family community events – street fairs, food trucks, various community activities/events/programs open to the public. Need to be free.
 - Risk assessment and tools for parents
 - More outreach via social media
 - More education & coordination on how to access services
 - One-stop shop for resources, more resource coordination
 - Holistic services
- Specific Services
 - More programs for dually diagnosed and SUD services
 - Step-down services for those coming out of locked facilities
 - Day treatment, respite
 - More focus on the impact of trauma
 - Coping with Covid-related stressors
 - Lack of housing, including for people with mental health challenges
- Funding and Planning
 - Planning needs to consider the bigger picture/longer view
 - CBO's need more resources, all vying for the same funds

What Innovation project ideas are you in favor of?

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

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

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

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

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The Plan

Community Services and Supports

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

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

Full Service Partnerships

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

Performance Indicators. The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in Full Service Partnerships indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2020-21 data was obtained for 515

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

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

The following full service partnership programs are now established:

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

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

interpersonal skills and reduce out-of-home placements. The goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.

- 5) Children’s Clinic Staff. County clinical specialists and family partners serve all regions of the County and contribute a team effort to full service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.

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

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

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2022-23
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	843,600
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	972,703
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65	931,434
Children’s Clinic Staff	County Operated	Countywide	Support for full service partners	556,524
Total			200	\$3,304,261

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

- 1) Fred Finch Youth Center is located in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.
- 2) Youth Homes Youth Homes is located in East County and contracts with CCBHS to

serve Central and East County. This program emphasizes the evidence based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family.

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

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	1,595,369
Transition Age Youth Full Service Partnership	Youth Homes	Central and East County	30	770,915
County support costs				32,782
Total			150	\$2,399,066

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

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

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

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Full Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	4,400,285
		East County	70 (Adult) 5 (Older Adult)	
Full Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult) 3 (Older Adult)	1,114,343
Full Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	288,742
Total			275	\$5,803,370

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

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

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

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

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

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHPA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meets the acuity level of a full service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Mental Health Systems, Inc. to provide the Assertive Community Treatment (ACT), while CCBHS has dedicated

clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with ACT contractor, and 8) participate in the development of the treatment plan.

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

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSa Funds Allocated for FY 22-23
Assisted Outpatient Treatment	Mental Health Systems, Inc.	Countywide	70 (Adult) 5 (Older Adult)	2,266,775
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment	637,714
Total			75	\$2,904,489

Wellness and Recovery Centers. Putnam 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 MHSa funded portion for Wellness and Recovery Centers:

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

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

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 MHPA funded portion for the Crisis Residential Center programming:

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

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

- 1) Temporary Shelter Beds. The County’s Health, Housing and Homeless Services Division operates a number of temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding with the Health, Housing and Homeless Services Division that provides MHPA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 400 bed nights per year for the Bissell Cottages and Appian House Transitional Living Programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 3,260 bed nights for the Respite Shelter in Concord.
- 2) Augmented Board and Care. The County contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these augmented board and care providers, there are currently seven that are MHPA funded, and augment their board and care with additional agreed upon care for persons with seriously mental illness. These include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An eighth

provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues. During this three-year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness.

- 3) Scattered Site Housing. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff to support individuals and their families to move in and maintain their homes independently.
- 4) Permanent Supportive Housing. Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on a number of one-time capitalization projects to create 56 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Tabora Gardens in Antioch, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

The 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, 2021.

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

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

Round 2 - Contra Costa was awarded funds to construct permanent supportive

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

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

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

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

- 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 MHPA funded housing units.

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

Plan Element	County/ Contract	Region Served	Number of MHPA beds, units budgeted	MHPA Funds Allocated for FY 22-23
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,048,912
Augmented Board and Care *	Crestwood Healing Center	Countywide	80 beds	1,210,356
Augmented Board and Care *	Various	Countywide	335 beds	7,083,324
Scattered Site Housing	Shelter, Inc.	Countywide	119 units	2,420,426
Permanent Supportive Housing	Contractor Operated	Countywide	81 units	State MHPA funded
Coordination Team	County Operated	Countywide	Varies	1,089,982
Total Beds/Units			685 **	\$13,853,000

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHPA 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 MHPA 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 22-23
Intensive Care Management	County Operated	Countywide	237	3,180,657
IMPACT	County Operated	Countywide	138	404,992
Total			375	\$3,585,649

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

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

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

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,428,167
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion	728,220
Total				\$2,156,387

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

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

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

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

The allocation for the Liaison Staff is as follows:

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

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

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

county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.

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

The MHSA allocation for Clinic Support are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	730,595
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	302,777
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	404,992
Additional Clinic Support	County Operated	Countywide		588,440
Total				\$2,026,804

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

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

The MHSA allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
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Forensic Team	County Operated	Countywide	Support to the Forensic Team	269,995
MCRT	County Operated	Countywide	Supplements MCRT	1,288,752
Total				\$1,558,747

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

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

1) Quality Assurance.

Function	MHSAs Funds Allocated for FY 22-23
Medication Monitoring	255,845
Clinical Quality Management	770,816
Clerical Support	226,053
Total	\$1,252,714

2) Administrative Support.

Function	MHSAs Funds Allocated for FY 22-23
Program and Project Managers	911,242
Clinical Coordinator	127,990
Planner/Evaluators	439,867
Family Service Coordinator	114,931
Administrative and Financial Analysts	443,999
Clerical Support	384,543
Stakeholder Facilitation (contract)	15,000
ACT/AOT Fidelity Evaluation (contract)	100,000
Total	\$2,537,572

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

Full Service Partnership (FSP Programs)		Number to be Served: 700	\$33,638,136
	Children	3,304,261	
	Transition Age Youth	2,399,066	
	Adults – Includes total funding listed in <i>Adult Full Service Partnership Programming</i> table and <i>Adult Mental Health Clinic Support</i> table.	7,771,042	
	Assisted Outpatient Treatment	2,904,489	
	Wellness and Recovery Centers	1,067,999	
	Crisis Residential Center	2,338,279	
	MHSA Housing Services	13,853,000	
Non-FSP Programs (General System Development)			\$14,171,966
	Older Adult Mental Health Program	3,585,649	
	Children’s Wraparound, EPSDT Support	2,156,387	
	Concord Health Center	269,995	
	Liaison Staff	154,793	
	Clinic Support	2,026,804	
	Forensic Team	1,558,747	
	Quality Assurance	1,252,714	
	Administrative Support	3,166,877	
	Total		\$47,810,102

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Prevention and Early Intervention

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

First approved in 2009, with an initial State appropriation of \$5.5 million Contra Costa's Prevention and Early Intervention budget has grown incrementally to approximately \$9 million annually in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was similar to that conducted in 2005-06 for the Community Services and Support component.

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

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

Performance Indicators

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

PEI Program Component	FY 20-21 Estimated Numbers Served
Early Intervention	987
Outreach for Increasing Recognition of Early Signs of Mental Illness	2017
Prevention	1489
Stigma and Discrimination Reduction	1336
Access and Linkage to Treatment	1,071
Suicide Prevention	20,082
Improving Timely Access to Mental Health Services for Underserved Populations	2121
Total	29,103

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

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

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

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

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

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

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

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

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

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

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

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Eight programs are included in this category:

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

provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.

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

0-5 Outreach RFP. We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP called, The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22/23
Asian Family Resource Center	Countywide	50	159,567
COPE	Countywide	210	268,660
First Five	Countywide	(Numbers included in COPE)	89,343
Hope Solutions	Central and East County	200	408,952
Jewish Family Community Services of the East Bay	Central and East County	350	179,720
Native American Health Center	Countywide	150	265,486
The Latina Center	West County	300	133,184
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	125,000
Total		1,260	\$1,629,912

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 22-23
Building Blocks for Kids	West County	400	238,280
Vicente	Central County	80	191,337
People Who Care	East County	200	243,789
Putnam Clubhouse	Countywide	300	718,777
RYSE	West County	2,000	533,653
Total		2,980	\$1,925,836

Early Intervention

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

One program is included in this category:

- 1) The County operated First Hope Program serves youth who show early signs of psychosis or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated

disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
First Hope	Countywide	200	3,259,023
Total		200	\$3,259,023

Access and Linkage to Treatment

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

Three programs are included in this category:

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

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

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
James Morehouse Project	West County	300	109,167
STAND! Against Domestic Violence	Countywide	750	146,548
Experiencing Juvenile Justice	Countywide	300	404,992

Total

1,350

\$660,707

Improving Timely Access to Mental Health Services for Underserved Populations.

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

Six programs are included in this category:

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

isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

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

Program	Region Served	Number to be Served Yearly	Funds Allocated for FY 2022-23
Child Abuse Prevention Council	Central and East County	120	136,709
Center for Human Development	East County	230	171,488
La Clínica de la Raza	Central and East County	3,750	306,573
Lao Family Community Development	West County	120	208,073
Lifelong Medical Care	West County	115	142,914
Rainbow Community Center	Countywide	1,125	828,312
Total		5,460	\$1,794,069

Stigma and Discrimination Reduction

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

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

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

Program	County/Contract	Region Served	Funds Allocated for FY 22-23
OCE	County Operated	Countywide	232,189
CalMHSA	MOU	Countywide	78,000
Total			\$310,189

Suicide Prevention

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

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

trained multi-lingual, multi-cultural response.

- 2) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts. In 2021, a subcommittee was convened to address **Youth Suicide Prevention**. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below

Plan Element	Region Served	Number to be Served Yearly	Funds Allocated for FY 22-23
Contra Costa Crisis Center	Countywide	25,000	401,603
Suicide Prevention RFP TBD	Countywide	TBD	50,000
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,050	\$451,603

PEI Administrative Support

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

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated FY 22-23
Administrative and Evaluation Support	Countywide	484,343
Total		\$484,343

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

Outreach for Increasing Recognition of Early Signs of Mental Illness	1,470,345
Prevention	1,925,836
Early Intervention	3,259,023
Access and Linkage to Treatment	665,707
Improving Timely Access to Mental Health Services for Underserved Populations	1,794,069
Stigma and Discrimination Reduction	457,272
Suicide Prevention	451,603
Administrative, Evaluation Support	484,343
Total	\$10,515,682

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Innovation

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

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

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

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

Existing Innovation Projects

Center for Recovery and Empowerment (CORE). CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youth with addictions and co-occurring emotional disturbances. The CORE Project is an intensive outpatient treatment program offering three levels of care: intensive, transitional and continuing care to adolescents dually diagnosed with substance use and mental health disorders. Services will be provided by a multi-disciplinary team, and includes individual, group and family therapy, and linkage to community services.

Cognitive Behavioral Social Skills Training (CBSST). The project is designed to enhance the quality of life for the those residing in enhanced board & care homes by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. Cognitive Behavioral Social Skills Training (CBSST) is an emerging

practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented board and care facilities. The CBSST Project has a clinical team, consisting of a licensed clinician and peer support worker, to lead cognitive behavioral social skills training groups at board and care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills, while decreasing the need for costly interventions such as PES admissions. Funds have been added to expand services to reach additional board & care residents

Emerging Innovation Projects

1. Psychiatric Advanced Directives (PADs)

PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). Psychiatric Advanced Directives are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. The technology will be developed with peers and stakeholders, rather than just for them.

2. Micro Grants for Community Defined Practices

This is an emerging Innovation concept that is in development with our advisory body. The general idea is to allow funding opportunities for community organizations to provide non-traditional, non-medical model services to targeted underserved and inappropriately served community groups.

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Center for Recovery and Empowerment (CORE)	County Operated	West	80	492,052
Cognitive Behavioral Social Skills Training (CBSST)	County Operated	Countywide	240	424,788
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	TBD	531,820
Micro-Grants for Community Defined Practices	County Operated	Countywide	TBD	TBD

Administrative Support	County	Countywide	Innovation Support	480,450
		Total	320	\$ 1,929,110

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Workforce Education and Training

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

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

Workforce Staffing Support

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

understanding and best navigating and participating in the system of care.

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

The MHSA funding for Workforce Staffing Support is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 22-23
WET Coordination	County Operated	Countywide	149,224
Supporting Families	NAMI CC	Countywide	655,637
Senior Peer Counseling	County Operated	Countywide	269,995
Total			\$1,074,856

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.
- 2) NAMI Basics/ Faith Net/ Family to Family (De Familia a Familia)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages. NAMI CC shall also offer Conversations with Local Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS’s Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- 3) Crisis Intervention Training. CCBHS provides a three-day Crisis Intervention Training twice a year for law enforcement officers so that they are better able to respond safely and compassionately to crisis situations involving persons with mental health issues. Officers learn from mental health professionals, experienced officers, consumers and family members who advise, problem-solve and support with verbal de- escalation

skills, personal stories, and provide scenario-based training on responding to crises.

- 4) Mental Health First Aid Instructor Training. CCBHS works with the Cypress Resilience Project, a fiscal sponsor of the Public Health Institute to offer Mental Health First Aid which is training created by the National Council for Mental Wellbeing. Youth and Adult Mental Health First Aid training is offered to government and community-based agencies who are often first responders to community trauma, violence or natural disaster. Mental Health First Aid is a proprietary evidence-based training for anyone who wants to learn about mental illness, addictions, risk factors and warning signs. This six-hour training provides participants with an action plan to help a person in crisis connect with professional, peer, social, and self-help care. Participants are given the opportunity to practice their new skills and gain confidence in helping others who may be developing a mental health or substance use challenge, or those in distress.

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

Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 22-23
Staff Training	Various vendors	Countywide	338,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	74,896
Crisis Intervention Training	Various Vendors	Countywide	15,000
Mental Health First Aid	Public Health Institute	Countywide	12,000
Total			\$440,099

Mental Health Career Pathway Program

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

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

in the following:

Program	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 22-23
SPIRIT	OCE County Staff Contra Costa College	Countywide	50	367,345 25,000
Total			50	\$392,345

Residency and Internship Programs

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

The MHSA funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 22-23
Graduate Level Internships	County Operated	Countywide		252,350
Graduate Level Internships	Contract Agencies	Countywide		500,000
Total			50	\$752,350

Financial Incentive Programs

- 1) Loan Repayment Program. For the Three-Year Plan CCBHS is continuing its County funded and administered Loan Repayment Program that assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions, and provides potential career advancement opportunities for CCBHS staff and contracted providers that are part of the public behavioral health workforce. CCBHS continues to partner with the California Mental Health Services Authority (CalMHSA) to administer a loan repayment program patterned after state level loan repayment programs but differing in providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce need. To maximize retention and recruitment, CCBHS will also participate in the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program which is a partnership between the Bay Area

counties, the California Department of Health Care Information Access (HCAI), formerly Office of Statewide Health Planning and Development (OSHPD), and CalMHSA to enhance CCBHS's existing Loan Repayment Program and shall allow for a wider reach in addressing staffing and language needs.

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

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

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

Workforce Staffing Support	1,074,856
Training and Technical Assistance	440,099
Mental Health Career Pathways	392,345
Residency and Internship Program	752,350
Financial Incentive Programs	300,000
Total	\$2,959,650

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Capital Facilities/Information Technology

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

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

Information Technology

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

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

Capital Facilities

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

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

Electronic Mental Health Data Management System	TBD
Capital Facilities Project	TBD
Total	\$0

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The Budget

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

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 22-23	47,810,102	10,515,682	1,929,110	2,959,650	0	63,214,544

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

A. Estimated FY 2022-23 Available Funding	CSS	PEI	INN	WET	CF/TN	TOTAL
1. Estimated unspent funds from prior fiscal years	49,938,000	12,724,905	9,677,725	3,080,104	0	75,420,734
2. Estimated new FY 22-23 funding	53,146,026	13,286,506	3,496,449	0	0	69,928,981
3. Transfers in FY 22-23						
4. Estimated available funding for FY 22-23	103,084,026	26,011,411	13,174,174	3,080,104		145,349,715
B. Budget Authority for FY 22-23	47,810,102	10,515,682	1,929,110	2,959,650	0	63,214,544
C. Estimated FY 22-23 Unspent Fund Balance	55,273,924	15,495,729	11,245,064	120,454	0	82,135,171

Estimated Prudent Reserve for FY 22-23	7,579,248
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The

estimated new funding for each fiscal year includes this distribution.

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

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Evaluating the Plan

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

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

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

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

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

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Acknowledgements

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

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

The MHSA Staff

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