

**CONTRA COSTA HEALTH SERVICES**  
**Mental Health Division**

**Proposition 63: Mental Health Services Act**  
**Community Services and Supports Plan**  
**December 2005**

**Executive Summary**

**Overview**

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), intended to “transform the public mental health system.” The revenues are generated from an additional one percent tax on individuals whose incomes exceed one million dollars annually. Statewide, it is projected that these revenues will exceed approximately \$600 to \$750 million annually.

The population to be helped under MHSA is defined as adults and older adults who have been diagnosed with or who may have a serious and persistent mental illness, and children and youth who have been diagnosed with or who may have serious emotional disorders, and their families. According to the MHSA, the essential elements under a transformed mental health system include community collaboration, cultural competence, client/family driven services, a wellness focus and integrated services.

The MHSA consists of six components that are being rolled out over time by the State Department of Mental Health (DMH) with the goal of creating a better program of mental health services and supports in California’s public mental health system. These components are:

- Community Planning
- Community Services and Supports (the focus of this executive summary and draft plan)
- Capital and Information Technology
- Education and Training
- Prevention and Early Intervention
- Innovation

The overall anticipated outcomes under MHSA-funded programs include:

- Equity and access for unserved populations through culturally sensitive and effective services
- Meaningful use of time and capabilities (school, work, social, and community activities)

- Reduced homelessness and increased access to safe and adequate permanent housing
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration to jails and juvenile hall
- Reduction in involuntary services and institutionalization, and fewer out-of-home placements

The Community Services and Supports (CSS) component represents the first substantial infusion of funds under the MHSA. In order to receive CSS funding, county mental health systems must submit a three-year plan that demonstrates broad input and community collaboration. The guidelines also require counties to use a complex logic model that looks at community issues resulting from a lack of untreated mental illness and prioritize the most unserved and underserved consumers and family members. The plan must also be updated annually. Programs funded under the MHSA must be voluntary in nature, where people chose the services and supports they want and need.

Under the MHSA, county mental health systems will receive a percentage of available funds based on a complex formula developed by DMH. Contra Costa's allocation for the first year of Community Services and Supports (CSS) funding is \$7.1 million. This amount is significantly less than the County had originally anticipated, and represents approximately 6% of the Mental Health Division's annual budget. While this initial amount of funding is inadequate to transform the county's mental health system, it serves as a starting point as we develop new services and strategies for the most unserved and underserved mental health consumers and family members. We also believe the planning process and level of community collaboration that has taken place over the last ten months is also the beginning of our transformation process.

DMH has not yet released guidelines or funding allocations for the other components of the MHSA: Capital and Information Technology; Education and Training; Prevention and Early Intervention; and Innovation. We anticipate that these additional strategies and funding sources will contribute to a transformed public mental health system.

### **Public Planning Effort**

The MHSA requires each county to incorporate broad public input into the planning process for developing programs and strategies with the new funding. Over 1,100 individuals have participated in Contra Costa's MHSA Planning effort, which began in December 2004 with the formation of the Consumer Involvement Steering Committee. Input has been gathered through several methods including Stakeholder Planning Groups, community forums, targeted focus groups, and recommendations from the general public. We also solicited input on the planning process from the Mental Health Coalition, an umbrella organization that includes: The Contractors Alliance of Contra

Costa; Local 1; Contra Costa Network of Mental Health Clients; NAMI; and the Mental Health Commission.

Under the MHSA, broad input includes the active participation of mental health consumers and family members, plus other required stakeholders: providers of services, social services (Employment & Human Services in Contra Costa), education and law enforcement. In addition to the required stakeholders, Contra Costa Mental Health also invited participation from a range of human service providers.

During February and March 2005, 260 people participated in two trainings for potential stakeholders. Following the trainings interested individuals applied to be on one of the four Stakeholder Planning groups: Children's, Transition Age Youth (TAY), Adults and Older Adults. These four age groups are determined by MHSA guidelines. A team of five including a consumer, family member, the Mental Health Division's Ethnic Service's Coordinator, a Program Chief and the chair of the Mental Health Commission selected the four Stakeholder Planning Groups. The Stakeholder Planning groups also included participants from the Mental Health Coalition as described previously.

From April through July, a total of 90 individuals participated in the four Stakeholder Planning Groups, with each workgroup meeting a total of nine times (36 meetings total). The meetings were open to the public, and minutes published on the Health Services web site: [www.cchealth.org](http://www.cchealth.org). During spring 2005 the Contra Costa Mental Health Commission hosted six community forums throughout the county. Consultant Steve Ekstrom of The Results Group facilitated all 36 Stakeholder Planning meetings, along with the six community forums. (An advisory group of Stakeholders, selected by each Planning Group, continues to work with Contra Costa Mental Health on this plan and its implementation).

As part of the planning process, we also conducted 55 targeted focus groups in a variety of community settings (county clinics, community-based organizations and other agencies), including groups with monolingual Latino and Southeast Asian consumers and family members. Focus groups were conducted by a team that included staff, consumers and family members. We also conducted focus groups with consumers who are placed out of county in contracted facilities. In addition to the community forums and focus groups, we received feedback through surveys from family members and consumers, including Spanish-speaking consumers. Surveys were conducted in several locations throughout the county. Beyond survey and focus groups, any individual or organization could submit a recommendation for CSS through a form that was published on our web site.

### **Types of Funding Available**

There are three types of funding available under CSS:

- Full Service Partnership Funds—Designed to provide all necessary services and supports for designated populations, or “whatever it takes” that will be served in the first three years. CSS guidelines require that counties expend the majority of their funds in the first three years on Full Service Partnerships. Focus is on unserved consumers.
- System Development Funds—Dedicated to improving services and infrastructure for the overall mental health system, including those identified under Full Service Partnerships. System Development funds are more restrictive than Full Service Partnership funds.
- Outreach and Engagement Funds—Designed to reach out to consumers who may need services but are unserved or underserved. Can be used in conjunction with programs funded with Full Service Partnership and System Development resources.

Since the final guidelines for CSS were not released until August 2005 and the lengthy public planning process required, DMH is giving counties some flexibility in the first year of funding (FY 2005-06), recognizing the need for startup funding, one-time costs and the need to capitalize some expenses. DMH expects a three-month review process for each county’s plan once submitted (which should be late December or early January for Contra Costa). With the exception of this Executive Summary, the CSS Plan is written in accordance to strict guidelines as developed by DMH. DMH encourages counties to “start smart and start small” with all new programs.

### **What We Learned in the Planning Process**

The number one issue identified from all of our public input was the need for a full range of housing, including emergency, transitional, and long term housing options for mental health consumers. Using input from community forums, focus groups, surveys, county data sources and their individual or agency’s experiences, the major community issues identified by each Stakeholder Planning Group are listed in the table below. Those issues which have been selected to be the focus of MHSA services over the next three years are identified with an asterisk (\*).

Our programs emphasize the recovery vision, including personal recovery goals. Recovery builds on the idea of the community support system, emphasizing improved quality of and access to support services, such as linkages to vocational training, education and supportive housing. Recovery also emphasizes that while individuals may not be able to have full control over their symptoms they can have full control over their lives.

Note: With the exception of the Older Adults program (which will be countywide), services are targeted in specific regions of the county for this initial three-year start-up

period. It is our intent to eventually make available all of these services throughout the county, pending additional MHSA funding, plus leveraging of other funding sources.

<b>Community Issues Identified in the Public Planning Process</b>			
<b>Children/Youth</b>	<b>TAY</b>	<b>Adults</b>	<b>Older Adults</b>
1. Failure in Learning Environments*  (Includes: School Failure)	1. Homelessness*	1. Homelessness*	1. Unnecessary Loss of Functioning*  (Includes: Frequent hospitalizations, frequent emergency medical care, inability to work, inability to manage independence, involuntary care and institutionalization)
2. Out-of-Home Placements	2. Incarceration	2. Isolation	2. Isolation
3. Involvement in child welfare or juvenile justice systems	3. Hospitalization or Involuntary Care	3. Inability to Work	

### **Full Service Partnerships**

**Children:** The Children’s Stakeholder Planning Group selected: Unserved children, 0 – 18 years of age, who have a history of repeated failure in learning environments, including home, childcare, preschool and school, and who are from families who are at or below 300% of poverty. Priority within this population is to be given to those children who show one or more of the following risk factors: multiple foster care or family caregiver placements; limited English proficiency; high-risk parents or community; populations whose cultural differences have historically precluded them from MH services; trauma, substance abuse; experience with the juvenile justice system; and visits to Psychiatric Emergency Services (PES).

Far East County was selected for initial implementation because there are currently no comprehensive mental health and support services for this population based in that area (besides home visits) and travel to the nearest County operated service site, other than health care, can take up to one hour. This area is culturally diverse with a large number of Spanish-speaking community members. Additionally, it is the fastest growing area of Contra Costa County and will double in population over the next seven to ten years. A comprehensive service infrastructure is badly needed.

Services to be provided will include the creation of two regionally based 24 hour/7 day a week Active Community Supports and Services Teams. These interagency, interdisciplinary, ethnically diverse community response teams will provide crisis stabilization, short-term case planning and problem resolution, family resource

development, community linkage and advocacy, educational linkages and long-term case management. Innovative elements layered onto this enhanced “wraparound” approach include blended multilingual teams comprised of CBO and County staff, transportation aides, family partners, teen peer mentors, a co-occurring disorders specialist and a family law specialist. Services are designed to be strength-based and family focused. The program will also develop a community roundtable of child-serving agencies in Far East County. Over three years, Contra Costa has budgeted approximately \$4.7 million in MHSA funding for Children’s services. This includes services and housing supports.

**Transition Age Youth:** The Transition Age Youth (TAY) Stakeholder Planning Group selected: Transition age youth, 16-25 years of age, with serious emotional disturbance or serious and persistent mental illness, who are homeless or at imminent risk for homelessness. While the Stakeholder Planning Group did not specify sub-criteria for prioritizing selection of participants, they did acknowledge that the systems supports and services required to fully serve this population must have the ability to address the high likelihood of the following risk factors and conditions within the population: dual diagnosis (SED or mental illness with alcohol and other drug problems); psychosis; exposure to violence; under education; immigrant status; non-English speaking; LGBT; juvenile justice system involvement; living with parents who are seriously mentally ill; jobless; history of 5150s; in or has been in foster care system; and unable to get appropriate medications.

West County was selected as the initial geographic target area because of the extreme need and the extreme shortage of targeted services for TAY I this area. 47% of the county’s homeless population is located in or near Richmond. While there is much to be done to build a stronger system of supports and services in West County for this population, it was felt that a baseline of existing services was available.

The TAY program emphasizes person-centered service planning and a recovery vision that links supports and opportunities for personal development. Services to be provided include the formation of Integrated Service Teams that will include Outreach Workers/Personal Services Coordinators, Clinicians, Family Coordinators, Community Support Workers, supported educational and vocation services, a consumer financial specialist and a co-occurring specialist (alcohol and other drugs). The teams will include county and contracted staff. Linkages to medical and psychiatric care will be available. Teams will be available on a 24/7 basis to Full Service Partners. Over three years, Contra Costa has budgeted approximately \$5.2 million for transition age youth. This includes services and housing supports.

**Adults:** The Adult Stakeholder Planning Group selected: Adults with serious and persistent mental illness who are homeless without shelter. This target population was later amended to include those” at serious risk of homelessness.” They further emphasized that FSPs should be countywide and culturally diverse. Additional risk

factors which may be taken into account in prioritizing who will receive FSP services include: alcohol and other drug abuse or dependency; serious medical issues; limited English proficiency; history of incarceration or institutionalization.

As with the TAY Group, West County was selected as the initial geographic target area because of the extreme need and extreme shortage of targeted services for adults in this area. It was also recognized that, while TAY have vastly different needs for services and supports than Adults, some activities could be conducted jointly for the two population groups. For example, both groups require an intense focus on development of new—although separate—emergency, transitional and long term housing options. Services to be provided include the establishment of two new Integrated Service Teams that will include outreach workers, Personal Service Coordinators, Family Coordinators, clinicians, peer/consumer staff and a co-occurring specialist. Teams will conduct outreach and counseling in the field, and will link with the County's multi-service center for the homeless. Medical and psychiatric care will be offered, and access to alcohol and drug treatment will be available. Jail and court liaisons will also be available to support the program. Teams will be available on a 24/7 basis to Full Service Partners. Over three years Contra Costa has budgeted approximately \$7.4 million for adults. This includes services and housing supports.

**Housing Program:** As discussed previously, the number one issue identified from our community planning process was the need for a full range of housing, including emergency, transitional, and long term housing options. Housing is the backbone of our new programs for Adults and TAY. It is the Program's goal to move all Full Service Partners into long term housing at each consumer's own pace, with supports provided at the desired by each consumer. The process of moving into long-term supported housing may include movement through an emergency shelter, residential drug treatment and/or transitional housing along the way.

Overall, our Housing Program—in partnership with the TAY and Adult Programs—will build on existing services and strategies as outlined in the County's Ten Year Plan to End Homelessness, including the County Health Services Public Health Homeless Program. This also includes the County's Homeless Services' Health, Housing and Integrated Services Network (HHISN). We also anticipate further expansion of the Housing Program with the addition of Capital Funding under the MHSA (which has not yet been released by DMH).

Housing services, offering priority to TAY and adult Full Service Partners, includes emergency shelter beds, transitional living, a 16-bed residential treatment facility for psychiatrically disabled adults with secondary drug and alcohol disorders, and long-term, master-leased, scattered site supportive housing. Using MHSA funds, we will purchase a 5-bedroom modular home to provide emergency/short term shelter for up to 10 homeless young adults aged 18-25 that will be operated through the Homeless

Program with additional FSP supports. MHSA funds will also be used to create new services at the Pittsburg Youth Campus located in East County.

As discussed previously, counties are given flexibility the first year of funding for one-time costs (due to the lengthy public planning process required, and the three-month review period by DMH). Accordingly, we have budgeted funds to capitalize rent subsidies over the first three-year period. We have also budgeted CSS funds for future housing opportunities (pending approval by DMH). Over three years we have budgeted approximately \$7 million for housing—included as part of the services and supports for children, transition age youth, adults and older adults. The majority of these funds are in one-time costs in FY 2005-06 that we will capitalize over the first three-year period.

## **Systems Development**

**Older Adults:** The Older Adult Stakeholder Planning Group identified its priority population as: Seriously disabled consumers, 60 years of age and up, from unserved ethnic populations in the county who are living in the community without adequate supports and resources (including inadequate insurance). They further stated that serious disability is characterized as having complex presentations, e.g. a serious mental illness with other factors as serious medical problems.

Contra Costa Health Services currently has no specialized geriatric mental health services. The new Older Adult Program will establish an integrated service delivery structure that currently does not exist for seniors. The centerpiece of the program is a system of three multidisciplinary outreach teams (including county and CBO staff) that will serve three geographic regions of Contra Costa—East, West and Central County. Each team will include a geropsychiatrist who will see patients in both primary care settings and in their home environments. The program will include partnerships with Contra Costa Health Services' Division of Hospital and Clinics, and the Contra Costa Health Plan (CCHP). It will also provide linkages to CCHPs plan for Acute and Long Term Care Integration Program (ALTCI).

Services for older adults begin in the third year of MHSA funding (FY 2007-08). This lengthy start-up time is necessary due to the planning efforts required to coordinate services within three divisions of Health Services and to build on the strategies of ALTCI. We have budgeted approximately \$1.7 million for older adults, including services and housing supports.

### **Additional Systems Development Strategies:**

**Increasing Consumer/Family Staff:** In addition to the consumer and family member positions that will be created for the new programs, Contra Costa Mental Health will hire additional consumer and family staff as follows: the Office for Consumer Empowerment will add staff and increase consumer training programs; we will add consumer/peer

benefits advocates to assist consumers and family members; we will add bilingual Family Partners in our Children's Mental Health system.

**Planning:** During the planning process there were several areas that we received input on and were explored but need additional time and resources in order to fully develop. We will put together planning strategies for the following areas to improve outcomes for consumers and family members: Co-occurring Disorders (Mental Health/Alcohol & Other Drugs); Transportation; and, Transformation Training (including training on cultural competency) for staff and contractors. Consumers and family members will participate in these planning processes.

**Physical Wellness/Recovery:** We will pilot a wellness program with adult mental health consumers in one of our clinics.

### **Leveraging of Additional Funding**

Counties are encouraged to use MHSA funds to leverage other funding sources, including Medi-Cal. Contra Costa's Draft Plan includes projected Medi-Cal revenue. Per DMH: "Although counties are encouraged to maximize other funding sources whenever possible, for counties to be innovative and transformative, funds requested under the MHSA should not be driven by the goal of maximizing Medi-Cal reimbursement." Of the new services to be provided over the first three-year period, the majority of funds will be contracted out to the community and the remaining will be county-operated. In addition to new services, the majority of the funds for the housing program will also be spent in the community on master-leased, scattered-site supportive housing.

### **Conclusion**

The public mental health system in California has been seriously under funded for decades. The Mental Health Services Act offers the beginning of a long overdue solution to provide better outcomes for children, adults and families who require mental health services, and to do so in a way that enhances recovery and resiliency for consumers and family members. Transforming an entire system is a tall order; it will not happen overnight. However, we believe the plan we have developed for this first component of MHSA is a starting point. We look forward to working with our community to create the quality mental health services that our residents deserve.