
**Center for
Recovery &
Empowerment
(CORE) : MHS
Final Innovation
Work Plan**

Contra Costa
Behavioral Health
Services



**Contra Costa Behavioral Health
Center for Recovery & Empowerment (CORE)**

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Executive Summary

CCBHS recognizes substance abuse/dependence in adolescence (adolescents 14-19 years of age) 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 youths with addictions and co-occurring emotional disturbances. The CORE Project will be 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 will include individual, group and family therapy, and linkage to community services.

Project Name: CORE-Center for Recovery & Empowerment West County Adolescent Intensive Outpatient Program

Project Overview

Primary Problem

CCR Title 9, Sect. 3930(c) (2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

a) What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.

Contra Costa Behavioral Health Services (CCBHS) recognizes substance abuse/dependence in adolescence as it negatively affects physical, social/emotional and cognitive development. This includes adolescents in underserved populations who are diverse in cultural and ethnic communities as well as sexual orientations and gender identities. Addiction is a significant illness in pediatric care. It is a disease that most often begins in middle to late childhood and, left untreated, can progress to the point of incarceration, institutionalization, or death. Most adolescents do not receive treatment until adulthood because adolescent treatment for all but the wealthy is not available. By the time a person enters treatment, most are severely socially and emotionally delayed. This is because, in fact, their development stopped when their addiction began.

For teenagers, the brain is at a particularly vulnerable stage, given that the frontal lobe (responsible for executive function/decision-making) and neural pathways are still developing. At this stage, the neurological/physical damage caused by addiction compounded by the attendant mental health issues of depression, anxiety, mood disorders, memory impairment, impulse control disorder, and relationship dysfunction make it difficult to meet all the developmental goals in the areas of physical, educational, social, emotional and spiritual.

Early onset of alcohol or other drug use is one of the strongest predictors of later alcohol dependence. Two possible explanations exist to describe the relationship between early alcohol use and later dependence. First, exposure to alcohol or other drugs during adolescence may alter critical ongoing processes of brain development that occur at that time, increasing the likelihood of problems with alcohol later in life. Another interpretation for the early exposure effect is that early use of alcohol or other drugs might serve as conditioning behavior for a later abuse disorder.¹

Furthermore, in this community over the last few years, there has been a significant increase in drug use among teenagers. Healthy Kids Survey results for school districts in Contra Costa County with data revealing youthful binge drinking has climbed.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

CCBHS has identified that children with this illness are underserved to the point of neglect. This is a priority for CCBHS because there is a need for and lack of local services for adolescent substance abuse and co-occurring emotional disturbance. In Contra Costa County, 41% of 11th grade students reported drinking alcohol in the past 30 days. This is twice the reported use for marijuana (18%) or any other drug, and higher than the state rate (37%).² The approximately one million teenagers nationally who abuse drugs only one in ten youths who need treatment actually receive it. And of those who do receive treatment, only 25 percent receive enough treatment.³

The American Society for addictive medicine (ASAM) puts forth commonly accepted treatment criteria and levels of care for substance related and co-occurring conditions for adolescents. This includes eight levels of care, ranging in increments from .5 to 4.0. West Contra Costa County currently offers only levels 0.5 (prevention) and very limited 1.0 (outpatient services) for adolescent substance abuse/dependence. This does not begin to address the need for an appropriate level of treatment for the 673 adolescents in grades 9,11, and continuation school who self-identified as heavy drug or heavy alcohol users in the 2014/2015 California Healthy Kids survey for West Contra Costa unified school⁴. Projecting these numbers to include grades 10 and 12 would bring the number to at least 1200, and is a conservative estimate, given that a considerable number of youngsters with substance related disorders have left school and are not included in the survey.

Moreover, CCBHS does not have a coordinated system of care to provide treatment services to youths with addictions. Treatment centers for CCBHS that have outpatient substance abuse counseling or an Intensive Outpatient Program (IOP) for adolescents are non-existent. The only treatment that is available either consists of the probation department that has contracts with private inpatient programs if a minor is sentenced to placement, or other contracted private programs with a small numbers of beds for consumers. To summarize: the outpatient and inpatient programs do not have space available to treat the need in the community, and there is no intensive outpatient level of care (2.1, 2.5 ASAM) to treat the corresponding medical necessity. Even if treatment is obtained, many adolescent treatment programs may not be as effective as they could be, due to the fact that they utilize treatment models designed for adults. These treatment models do not meet the unique needs of youths⁵.

¹Spear, L. P., Ph.D. (20013, June). Alcohol's Effects on Adolescents. Retrieved December 1, 2016, from <http://pubs.niaa.nih.gov/publications/arh26-4/287-291.htm>

²Binge drinking rates from California Healthy Kids Survey (2007)

³Putnam, K. M. (2004, December). Bay Area Adolescent Substance Abuse Treatment Report. Retrieved December 7, 2016, from <http://putnam-consulting.com/wp-content/uploads/BAAdolescentTreatment.pdf>

⁴West Contra Costa Unified School District. California health kids survey, 2014-15: Main report. San Francisco WestEd Health and Human Development Program for California Department of Education.

⁵National Institute on Drug Abuse. "Monitoring the Future." Available at www.icpsr.umich.edu/SAMHDA/das.html; and Yahoo! (2003, January 14). Guide to help teens find drug programs. Yahoo! New Guide to help teens find drug programs. Yahoo! News Retrieved January 13, 2014, from www.yahoo.com/news

What has Been Done Elsewhere to Address Your Primary Problem?

"A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach (CCR, Title 9 Sect. 3910 (b))."

The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective. Describe the efforts you have made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

As stated above, adolescents who begin using alcohol and drugs as juveniles are at greater risk of becoming addicted compared to those who begin as adults. As a result many counties have attempted to treat substance use disorders with either outpatient mental health treatment, or low level outpatient substance abuse treatment. Substance-abuse treatment is usually treated based on the stage of the addiction, ranging from management of risk factors and education to intensive residential treatment followed by long-term outpatient care and support⁶. Examples of this treatment are services, which include individual and group counseling, substance abuse education and referral to other agencies for adolescents and their families. Programs will encourage involvement with community-based support groups such as Relapse Prevention by providing group counseling to all clients who have completed an initial substance abuse recovery program.

With this in mind there is no adolescent IOP for substance abuse/dependence and mental health in Contra Costa County that is available to the Medi-Cal population. Also, private IOPs and Kaiser do not offer as comprehensive or high level of treatment as this proposed concept. In addition, the IOP collaboration with schools to provide education within the program in order to provide a sober environment to progress academically, form connection to recovery peer group, as well as minimize the chance of relapse while in treatment has only been proved at the inpatient treatment level.

a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?

In attempts to investigate existing models literature reviews, internet searches and inquiries with other counties as well as with private treatment programs results have yielded that information on this matter does not exist on a level of substance abuse/mental health treatment between IOP and Partial Hospitalization. IOPs that currently exist within California provide services that include comprehensive psychiatric evaluation, psychological testing, medication management, parent education and therapy⁷. This IOP is typically a hospital-based, nonresidential, outpatient mental health treatment program.

The second most common practice is Partial Hospitalization. These programs are intensive, psychiatric day treatment and are designed to evaluate and treat those whose psychiatric and behavioral symptoms which are too severe to be managed in outpatient therapy alone⁸. Both of these existing models do not address a level of treatment that provides a protected environment within which an adolescent can continue his/her education, receive healthcare, be linked to recovery community, receive therapy in multiple modalities to address mental health and substance abuse symptoms.

b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstances?

Other practices and approaches to this treatment option that have been researched included Kaiser Permanente East Bay which has its own IOP located in Antioch. This treatment center provides a higher level of care including Cognitive Behavior Therapy, Dialectical Behavior Therapy and relaxation skills, group psychotherapy, medication management, and individual appointments. The treatment model is based upon a patient's report of suicidal or homicidal ideation, plan or intent, or concerns that a patient may be declining in their ability to provide for themselves⁹. Although, this treatment option is available it greatly differs from the proposed IOP project and does not provide the following: Academics on site; Adventure Therapy; Home Environment; and Transportation.

Additionally, many other treatment programs offer few similar services, but still do not have the same comprehensive approach that is affordable. For instance, Muir Woods or New Leaf Treatment Center both IOP's are too expensive and don't provide the academic component that adolescent's need to continue their education. In fact, they are so unaffordable that CCBHS adolescent are never referred to these centers or ever apprised of their existence.

⁶Dryden-Edwards, M. R. (n.d.). Teen Drug Abuse: Get the Facts and Statistics. Retrieved December 29, 2016, from http://www.medicinenet.com/teen_drug_abuse/article.htm

⁷Intensive Outpatient Program. (n.d.). Retrieved December 29, 2016, from <http://www.ucirvinehealth.org/medical-services/psychiatry/adolescent-psychiatry/intensive-outpatient-program/>

⁸Partial Hospitalization Program. (n.d.). Retrieved December 29, 2016, from <http://www.ucirvinehealth.org/medical-services/psychiatry/adolescent-psychiatry/partial-hospitalization/>

⁹ Psychiatry Intensive Outpatient Program - Kaiser Permanente East Bay. (n.d.). Retrieved January 31, 2017, from <https://thrive.kaiserpermanente.org/care-near-you/northern-california/eastbay/departments/psychiatry/adult-psychiatry/intensive-outpatient-program/>

The Proposed Project

Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

- a) Provide a brief narrative overview description of the proposed project.**
- b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**
- c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.**

The Center for Recovery and Empowerment (CORE) program is an intensive outpatient treatment program that contains three levels of care; intensive, transitional, and continuing care. Because recovery is not linear, teens will be able to move between these levels of care depending on their need. These levels of care involve the following criteria: Intensive Care (12 weeks): During the Intensive Care phase of treatment, teens attend the program four days a week and family members attend twice weekly. An individual treatment plan and attendance contract with the teen is developed, teens are drug tested weekly to encourage honesty and accountability, and through involvement in the 12-step principles of recovery and educational presentations, teens are

introduced to the recovery process. Teens also attend weekly individual and group sessions facilitated by therapists and counselors. Teens are linked with Young People's 12-step in the community to begin building connections with a sober peer group that will continue to be a support for ongoing recovery. Phone contact is maintained between CORE staff and client on offsite days.

Transitional Care (12 weeks): In the Transitional Care phase of outpatient treatment, teens attend program twice weekly. Their progress is monitored closely and, if more intensive intervention is required, involvement in the program is increased. Families also remain involved by attending a weekly Parent Support Group. Teens meet individually with a therapist, attend weekly group therapy and random drug testing may be performed per staff discretion. The focus of Transitional Care is relapse prevention, development of a sober and healthy peer support network and integrating recovery tools learned in the Intensive Care Phase into daily life.

Continuing Care (teens encouraged to remain in this phase for min 1 year): During this phase, teens attend a weekly peer group facilitated support group, have access to CORE staff for support and guidance, help plan/attend "alumni" activities, and are encouraged to continue involvement in Young People's 12-step in the community. Parents remain involved in a weekly Parent Support Group. As adolescence can be especially difficult time for teens due to peer pressure to use drugs/alcohol, clients are encouraged to build and use their sober peer network for support and to remain connected with the staff and program as much as possible.

Upon admission, each client would be assigned to a multidisciplinary recovery team consisting of an individual therapist, family therapist, and a recovery coach. Other team members would be assigned in an individualized manner. Ongoing health and nutrition monitoring will be also provided by a psychiatrist and nurse. Referrals would come from probation, school district, mental health clinics, health clinics, Community Based Organizations, and the School Attendance Review Board. All teens would participate in individual therapy, group therapy, family therapy, "Young People" community twelve-step meetings and sober events, academics (on-site), and, if appropriate, eco therapy and independent living skills for those over 16 years old that are in transitional care phase or continuing care.

This county operated program will ensure that treatment is provided by the highest level of experienced, licensed providers, and will enable maximum coordination with other relevant resources, such as substance use disorder programs, housing and homeless services, probation, child and adolescent mental health clinics, public health, local school counselors, Young People Support Services (YPSS), and sober living environment programs. The project lead therapist would supervise the coordination with the resources and ensure systems for integration are in place. The project will be situated in the western region of the county, and will utilize a home setting to enable sober peer social activities and Independent Living Skills Program ILSP training.

Key features to this project entail a comprehensive assessment by a qualified addiction/mental health specialist, family involvement in every step of the treatment process, and a comprehensive treatment plan that best addresses the adolescent's needs.

Innovative Component

Describe the key elements or approach (es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.

b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?

This proposal is innovative because treating adolescents with substance related and co-occurring mental health conditions in an ASAM compliant intensive outpatient program is a change to the existing practice. This existing practice attempts to treat clients with higher levels of substance related medical necessity with inappropriately low treatment levels (outpatient substance abuse counseling), or provides only mental health services with the hope that the co-occurring substance related disorder will resolve.

In addition, the promising practice of YPAA (Young People in Alcoholics-Anonymous) will be integrated into the client's treatment program. Identification with a sober peer group, participation in sober social activities, and working with sponsors and recovery coaches that are close in age and from their own community/culture greatly increases the chances that adolescents will successfully adhere to twelve-step principles and achieve recovery. Linkage with this community provides a lifelong connection for recovery services that will be available to clients in any place at any time, such that they will be supported in an ongoing way once they have graduated from the CORE Project.

This innovative program combines the Matrix Model™, with developmentally and culturally specific strategies to create a unique approach in which the individual needs of every client and family are addressed, allowing for the best opportunity for success. This Matrix Model includes a multi-element package of therapeutic strategies that complement each other and produce an integrated outpatient treatment experience. Many of the treatment strategies within the Model are derived from clinical research literature, including cognitive behavioral therapy, research on relapse prevention, motivation interviewing strategies, psycho-educational information and 12-Step program involvement¹⁰.

This outpatient program targets addictive, substance-related and co-occurring mental health issues, and is a multi-disciplinary approach driven by a comprehensive and individualized treatment plan. Adolescents and families will have access to psychiatrists, registered nurses, licensed mental health clinicians, certified chemical dependency counselors, teachers, recovery coaches, mentors and other addiction and behavioral health specialists that best meet treatment needs at a developmentally appropriate level. This structured program meets level 2.1 of ASAM criteria for an adolescent IOP, and contains the required components of intake, individual/group counseling, patient education, family therapy, medication services, crisis intervention services, treatment planning, and discharge services.

Because of the higher level of client monitoring and in-program educational services, this model will be a hybrid of ASAM levels 2.1 (IOP) and 2.5 (Partial Hospitalization).

This project will also include an academic component ensuring that the youth will continue to receive assistance with their education. Studies have found that youth with mental health problems perform less well in school and attain lower levels of education than other youth. Also, associations of depression, attention problems, delinquency, and substance abuse use are significantly associated with diminished achievement¹¹. Clinical research suggests that youth who have more than one problem will face additional challenges in school simply because they are more impaired.

To help address these challenges, the project will include a teacher assigned specifically to tailor academic assignments to ensure continuation of studies. This will accompany their treatment within the program while working simultaneously to meet their goals. Finally, this will allow adolescents to not have to face further interruption in their future achievements. Education is a valuable piece that leads to employment and is vital to the overall recovery process in a young person's life.

¹⁰Rawson, R. A., & McCann, M. J. (2014, March). The Matrix Model of Intensive Outpatient Treatment. Retrieved December 30, 2016, from https://www.matrixinstitute.org/wp-content/uploads/2014/03/Matrix_Model-Description-and-Outcomes-Research.pdf

¹¹McLeod, J. D., Uemura, R., & Rohrman, S. (2012). Adolescent Mental Health, Behavior Problems, and Academic Achievement. Retrieved June 29, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3752654/>

Learning Goals / Project Aims

Describe your learning goals/specific aims. What is it that you want to learn or better understand over the course of the INN Project? How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

- a) **What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**
- b) **How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**

There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.

1) Will this level of treatment (more intensive than traditional IOP) result in abstinence or reduced use of substances?

Key element:

- Linkage to sober peer group for 12 step and social connection
- Ability to move between levels of care and to adapt to an individual need
- Keep the consumer connected to the program through Continuing Care phase.

2) Will this treatment reduce symptoms of mental illness?

Key element:

- More hours per week of therapy per client than traditional IOP
- Longer stay in program
- Participation in multiple modalities of treatment.
- Treatment that is developmentally and culturally appropriate.
- Psychoeducation around connection between substance abuse/dependence and mental health.

3) Will this treatment reduce/prevent need for/or return to inpatient mental health/substance dependence treatment?

Key element:

- Existence of a program at this level of treatment. At the current time, adolescents that are appropriate for this level are underserved (low level outpatient) or are not served until their disease progresses to the level of needing inpatient treatment.

4) Will this treatment increase academic success?

Key element:

- Clients will continue their education while participating in the program. Whenever possible teachers will tailor academic assignments to be supportive of the recovery process.

Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your “sample size”) required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

LEARNING GOAL #1 - *Some tools will be able to measure more than one learning goal*

- An assessment tool of outcomes will be used called, “Adolescent Outcomes Profile for Substance Abuse Treatment Programs”. (Attachment 1)
- Contact and ongoing assessment with County juvenile probation will be maintained for those clients who are probation involved.
- Client’s families will provide ongoing feedback about their relationships with client.
- Drug testing and self-report will be used to determine progress toward sobriety.
- Frequency of contact with sober peer groups.

LEARNING GOAL #2

- An assessment tool of outcomes will be used called, “Adolescent Outcomes Profile for Substance Abuse Treatment Programs”. (Attachment 1)
- Child and Adolescent Level of Care Utilization System (CALOCUS)
- Degree of family involvement as a contributing factor to a youth’s commitment to sobriety and social and academic progress.
- Client’s families will provide ongoing feedback about their relationships with client.

LEARNING GOAL #3

- 5150s will be tracked for pre/post data
- Length of hospital stay pre/post data

LEARNING GOAL #4

- School district teachers will provide ongoing feedback regarding academic progress.
 - Degree of family involvement as a contributing factor to a youth’s commitment to sobriety and social and academic progress.
- a. **Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?** Data sources will be the client, client’s family, therapists (individual, family, multi-family), psychiatrist, nurse, teachers, recovery coach, and other relevant service providers. Recruitment will be obtained through referral and hiring practices within the county.

- b. **What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.** The Adolescent Outcomes Profile will be utilized. (Attachment 1) In addition, the following performance indicators will be recorded; 1) results from drug tests, 2) academic progress, clinical notes on client's social/emotional progress, 3) data on number/length of contacts, modalities implemented progress toward goals, setbacks, and recommendations for each client.
- c. **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?** See above.
- d. **How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?** Team meetings for service providers will be held weekly for assessment. Adolescent Outcomes Profile will be administered at the beginning and end of the 1st and 2nd levels of care.
- e. **What is the *preliminary* plan for how the data will be entered and analyzed? During the development of this new project an Access database will be created to capture relevant data.** Project service providers will enter this data, with headquarters staff support time budgeted for analysis and refinement of data entry. Once the information has been beta tested it will be incorporated into the County's electronic health record system, utilizing ongoing and ad hoc scripts for data management.

Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

This Innovative Project will not be expected to be contracted out.

Certifications

Innovation Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:

- a) Adoption by County Board of Supervisors.**
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).**
- c) Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the MHSA.**
- d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.**

Answer: Appropriate authorization, certifications and evidence of MHSA compliance is attached.

Community Program Planning

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or underserved populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSA requirements for INN Project.

Contra Costa County's approved Mental Health Services Act Three Year Program and Expenditure Plan was developed with local stakeholders, including adults and seniors with severe mental illness, families of children and transitional aged youth, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education social service agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations and other important interests. Focus groups conducted as part of the Community Program Planning Process(CPPP) were specifically designed to include representation from unserved and underserved populations, reflect the diversity of the demographics of the County, and outreach to clients with serious mental illness and/or serious emotional disturbance and their family members. Additionally, as referenced in the Three Year Plan, the County's ongoing MHSA stakeholder advisory group, Consolidated Planning and Advisory Workgroup (CPAW), has an Innovation sub-committee charged with assisting in the development of new Innovation projects as well as reviewing existing project and project outcomes. The innovation sub-committee meets on a monthly basis and provides recommendations to the CPAW and ultimately the Behavioral Health Director. Center for Recovery & Empowerment Adolescent Intensive Outpatient Program (CORE) addresses priority needs identified during the current and past CPPP and was included in the concept in the Innovation chapter of the Three Year Plan. The Adult, Children and Transitional Aged Youth sub-committees of CPAW also provided stakeholder input on the concept of COREs proposal ensuring that the perspectives of County and community-based providers, as well as representatives from the various age groups were

equally addressed within the proposal. The innovation sub-committee reviewed the concept, and assisted in the development of the CORE program description.

CPAW also has an ongoing Membership sub-committee who analyzes the work group's needs for full stakeholder representation on CPAW and its sub-committees. The Membership sub-committee recruits for characteristics and affiliations that are under-represented or missing from CPAW.

Primary Purpose

Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- a) **Increase access to mental health services to underserved groups**
- b) **Increase the quality of mental health services, including measurable outcomes**
- c) **Promote interagency collaboration related to mental health services, supports, or outcomes**
- d) **Increase access to mental health services**

Answer: Increase access to mental health services to underserved groups

MHSA Innovative Project Category

Which MHSA Innovation definition best applies to your new INN Project (select one):

- a) **Introduces a new mental health practice or approach.**
- b) **Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.**
- c) **Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.**

Answer: Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to adaptation for a new setting, population or community.

Population (if applicable)

a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?

Approximately 80 unduplicated clients per year will receive the first two levels of care. This estimation was calculated by estimating 10 clients per level and multiplying this for 12 weeks (10 clients X 2 levels X 4 cohorts = 80 served annually).

b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

This project will be for adolescent youth between the ages of 14-19, male and female. Ethnicities will likely be, 25% Latino, 25% African American, 40% Caucasian, and 10% Asian Pacific Islanders and other race/ethnicities. All sexual genders will participate, and both English as well as Spanish, (Contra Costa County's threshold language) will be utilized.

c) Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.

Adolescents between the ages of 14-19 with substance abuse disorders and co-occurring emotional disturbance will be the targeted group.

MHSA General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSA General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

Community Collaboration

One of the central elements of the proposed project is the collaboration between mental health care providers, and alcohol and other drug services. By working together to implement the project, these partners will improve the health and well-being of adolescents with a mental health diagnosis and a substance abuse disorder. Additionally, CORE will

collaborate with East Bay Young Peoples in Alcoholics Anonymous (EBYPSS) and the local community chapter of Young People in Alcoholics Anonymous (YPAA).

Cultural Competency

All goals listed in Article 2, Section 3200.100 Cultural Competence have been incorporated into the protocol and procedures of this proposed project in order to ensure equal access to services of equal quality is provided, without disparities to person with non-dominant racial/ethnic, cultural, and linguistic differences. This will be accomplished by yearly mandatory trainings and certification on cultural competency for all staff involved in this project, as well as a number of voluntary trainings and forums specific to expanding service provider sensitivity, knowledge base and expertise in adapting effective treatment and peer support approaches to the numerous non-dominant cultures. In the County, such as inner city African American and Latino populations, urban Native Americans, non-English speaking immigrant populations, and individuals who identify as lesbian, gay, bi-sexual, transgender, or who question their sexual identity.

Client and Family Driven Mental Health System

CORE will involve adolescents, and their families, in determining the appropriate treatment goals for each client. It will also involve them in the design and implementation of services, resource development, and evaluation of services. By teaching consumers wellness, recovery and self-management skills, peer support workers will be encouraging and assisting consumers to participate actively in their health care. The alumni component of the ongoing care phase will utilize graduates of the IOP to act as recovery coaches and sponsors for adolescents in the first phases of treatment.

Wellness, Recovery, and Resilience-Focused

One of the primary goals of the project is to promote the wellness and recovery of clients by teaching them life, wellness, recovery and self-managements skills so clients are able to access community-based supports and resources. The project will track changes in service utilization and self-management skills.

Integrated Service Experience for Clients and Families

CCBHS and many of its community partners offer integrated services at their program sites. By improving access to services for underserved groups CORE will assist consumers in linking with existing integrated services. The long-term goals of the learning provided by the project are to: 1) decrease the health disparities experienced by mental health consumers and 2) promote their mental health recovery by decreasing relapses as well as increasing self-reliance and active participations in their wellness.

Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project?

Yes, consumers who are seriously mentally ill will receive services from this project.

If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

The CORE project will be designed to be sustainable after innovation funding ends by including the new implementation of the Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS) into the project's design. This waiver provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services¹¹. Services that are accumulated by Medi-Cal eligible consumers and meet criteria as defined by the Centers for Medicare and Medicaid Services will receive reimbursement.

Drug/Medi-Cal Organized Delivery System Waiver (DMC-ODS). (n.d.). Retrieved March 08, 2017, from <https://www.marinhhs.org/drugmedi-cal-organized-delivery-system-waiver-dmc-ods>

INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

Explain how you plan to ensure that the Project evaluation is culturally competent. *Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority group.*

Explain how you plan to ensure meaningful stakeholder participation in the evaluation of the project.

It is the intent for all innovation projects to go through a process that involves stakeholder involvement by utilizing the Consolidated Planning Advisory Workgroup (CPAW) in order to ensure that local stakeholders are an integral part of all planning and evaluation of MHSA funded services and supports. Additionally, this group has a sub-committee charged with assisting in the development of new innovation projects as well as reviewing existing projects and project outcomes. In this process

Cultural Competence has been incorporated in the protocol and procedures of this proposed project in order to ensure equal access to services of equal quality. To ensure that the project evaluation is culturally competent there will be a yearly mandatory training and certification on cultural competency for all staff involved in this projects, as well as a number of voluntary trainings and forums specific to expanding service provider sensitivity, knowledge base and expertise in adapting effective treatment and peer support approaches to the numerous non-dominant cultures in the County.

Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weigh in at different stages of the evaluation.

Deciding Whether and How to Continue the Project without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?

This project is critical for adolescents in the community and will be sustained after innovation funding has ended. Because this County has elected to participate in the Drug/Medi-Cal Organized Delivery System Waiver the project will be sustained through this funding stream. Based on the criteria for the waiver providers will be able to bill for substance use disorder treatment services.

Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?**
- b) How will program participants or other stakeholders be involved in communication efforts?**

All innovation projects are vetted through the Innovation and age-related committees and routinely invited to participate in project updates and evaluations. These results are then reported to the Consolidated Planning and Advisory Workgroup (CPAW) for stakeholder comment and recommendations. Oversight is ensured in the process of implementation and meant to enhance successful practices.

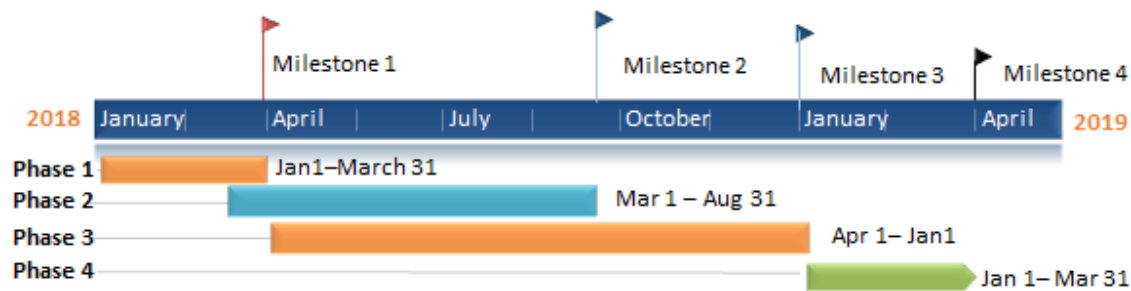
KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

- CORE (Center for Recovery and Empowerment)
- Youth mental health/addiction
- Adolescent Intensive Outpatient Program

Timeline

1. Specify the total timeframe (duration) of the INN Project: 5 ____ Years ____ Months
2. Specify the expected start date and end date of your INN Project: 1/1/2018 ____ Start Date 12/31/2022 ____ End Date
Note: Please allow processing time for approval following official submission of the INN Project Description.
3. Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for
4. Development and refinement of the new or changed approach;
5. Evaluation of the INN Project;
6. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;
7. Communication of results and lessons learned.

CORE (Center for Recovery and Empowerment)



The total duration of the Innovation Project is 5 years to accomplish the following: feasibility & start-up, operationalizing learning goals and development, evaluation and recommendations, testing and implementing, communication of results and looking forward and sustaining.

Start-up Phase (3 Months)

Phase 1)

1. Review County policies and protocols to adapt project's day-to-day processes
2. Define intervention within modified protocol
1. Research & secure location for treatment
2. Certify site, if needed, for Medi-Cal billing
3. Create CORE positions, recruit and hire staff
4. Establish working agreement with ancillary staff participating in CORE project
5. Purchase equipment and project supplies (computer, furniture, cell phones, etc.)
6. Purchase vehicles
7. Define a baseline of indicators to determine impact
8. Conduct information sharing & receive input from various stakeholder groups

Learning and Developing (6 Months)

Phase 2)

1. Confirm intake and referral plan within the agency
2. Educate & inform the community regarding the new CORE project
3. Deliver intensive outreach target populations to be served
4. Identify measurement tools
5. Refine intended policies and protocols to correct/adjust changes as needed
6. Continue to conduct periodic information sharing & receive input various stakeholder groups

Testing and Implementing (9 Months)

Phase 3)

1. Serve initial cohort of consumers
2. Compile results; evaluate indicators related to all learning goals
3. Compare and analyze data captured
4. Assess and adjust indicators of success related to all learning goals
5. Continue to conduct periodic information sharing & receive input from various stakeholder groups

Looking Forward and Sustaining (3 Months)

Phase 4)

1. Complete first CORE Annual Report for dissemination
2. Provide first annual report for CORE project to various stakeholder groups and the state
3. Develop/implement plan to share lessons learned with stakeholders

4. Continue to collect data and continuously assess indicators of success related to all learning goals and adjust/revise services tools as needed
5. Produce annual updated reports and final report on outcomes related to learning goals
6. Continue to conduct periodic information sharing & receive input from various stakeholder groups

INN Project Budget and Source of Expenditures

The next three sections identify how the MHSa funds are being utilized:

1. **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
2. **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**

A. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time..."). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

FY 17/18 – Half Year

1. Personnel

- a) 1.0 FTE Mental Health Program Supervisor; **(\$44,777)** - to supervise program operations and co-facilitate Multi-Family Groups.
- b) 2.0 FTE Mental Health Clinical Specialists; **(\$72,077)** - the primary responsibilities will be to meet with consumers, provide therapy for ongoing treatment and provide case management services.
- c) 1/6th Administrative Service Assistant III (ASAIII); **(\$6,639)** – staff responsible for overall project implementation.
- d) 1/6th Mental Health Project Manager; **(\$7,841)** – assists with providing staff support to innovation project for oversight and evaluation.
- e) .075 Psychiatrist – To provide 3 hours a week **(\$7,500)** of psychiatry time for assessment, medication management and evaluation.
- f) .4 Registered Nurse – To provide 16 hours a week **(\$30,000)** for general health care and management of withdrawal symptoms.

- g) 1 FTE Mental Health Clinical Specialist (**\$36,039**) – licensed mental health clinician to be certified in adventure therapy to lead outdoor groups and other therapeutic socialization and career exploration experiences.
- h) .5 General Education Teacher – To provide 20 hours per week (**\$18,000**) for educational support of school classroom experiences.
- i) .25 Recovery Coach – To provide 10 hours per week (**\$5,000 or \$19.29 per hour**) for peer support with substance use disorder and linkage to recovery activities.

2. Operating Expenses: Direct and Indirect Operating Expenses for county operated programs are allocated by CCBHS Finance via a pro-rata formula for each FTE assigned to the program.

3. Non-recurring Expenses:

- a) 1 County 10- passenger van **\$40,000**- County vehicle will be used to travel to pick up consumers from residence and transport to various meetings

FY 18/19 – Full Year

(Total Full Year Cost plus 3% COLA added each additional year thereafter)

Personnel

- a) 1.0 FTE Mental Health Program Supervisor; (**\$92,240**) - to supervise program operations and co-facilitate Multi-Family Groups.
- b) 2.0 FTE Mental Health Clinical Specialists; (**\$148,478**) - the primary responsibilities will be to meet with consumers, provide therapy for ongoing treatment and provide case management services.
- c) 1/6th Administrative Service Assistant III (ASAIII); (**\$13,676**) – staff responsible for overall project implementation.
- d) 1/6th Mental Health Project Manager; (**\$16,152**) – assists with providing staff support to innovation project for oversight and evaluation.
- e) .075 Psychiatrist – To provide 3 hours a week (**\$15,450**) of psychiatry time for assessment, medication management and evaluation.
- f) .4 Registered Nurse – To provide 16 hours a week (**\$61,800**) for general health care and management of withdrawal symptoms.
- g) 1 FTE Mental Health Clinical Specialist (**\$74,240**) – licensed mental health clinician to be certified in adventure therapy to lead outdoor groups and other therapeutic socialization and career exploration experiences.
- h) .5 General Education Teacher – To provide 20 hours per week (**\$37,080**) for educational support of school classroom experiences.
- i) .25 Recovery Coach – To provide 10 hours per week (**\$10,300 or \$19.29 per hour**) for peer support with substance use disorder and linkage to recovery activities

A. New Innovative Project Budget By FISCAL YEAR (FY)

EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
1.	Salaries	227,873	469,418	483,500	498,005	512,945	2,191,741
2.	Direct Costs	86,589	178,373	183,724	189,235	194,912	832,833
3.	Indirect Costs	15,185	31,281	32,219	33,185	34,180	146,050
4.	Total Personnel Costs	329,647	679,072	699,443	720,425	742,037	3,170,624
OPERATING COSTS		FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
5.	Direct Costs	43,293	89,183	91,858	94,613	97,451	416,398
6.	Indirect Costs	7,593	15,642	16,111	16,594	17,092	73,032
7.	Total Operating Costs	50,886	104,825	107,969	111,207	114,543	489,430

NON RECURRING COSTS (equipment, technology)		FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
8.							
9.							
10.	Total Non-recurring costs	40,000					

CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
11.	Direct Costs						
12.	Indirect Costs						
13.	Total Consultant Costs						

OTHER EXPENDITURES (please explain in budget narrative)		FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
14.							
15.							
16.	Total Other expenditures						

BUDGET TOTALS						
Personnel (line 1)	227,873	469,418	483,500	498,005	512,945	2,191,741
Direct Costs (add lines 2, 5 and 11 from above)	129,882	267,556	275,582	283,848	292,363	1,249,231
Indirect Costs (add lines 3, 6 and 12 from above)	22,778	46,923	48,330	49,779	51,272	219,082
Non-recurring costs (line 10)	40,000					40,000
Other Expenditures (line 16)						
TOTAL INNOVATION BUDGET	420,533	783,897	807,412	831,632	856,580	3,700,054

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

A. Expenditures By Funding Source and FISCAL YEAR (FY)							
Administration:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
1.	Innovative MHSA Funds	11,088	22,841	23,526	24,232	24,959	
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	11,088	22,841	23,526	24,232	24,959	106,646
Evaluation:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	FY17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
1.	Innovative MHSA Funds	13,095	26,976	27,785	28,619	29,478	
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	13,095	26,976	27,785	28,619	29,478	125,953

TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	Total
1.	Innovative MHSA Funds	420,533	497,535	512,460	527,830	543,664	2,502,022
2.	Federal Financial Participation		143,181	147,476	151,901	156,458	599,016
3.	1991 Realignment		143,181	147,476	151,901	156,458	599,016
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Expenditures	420,533	783,897	807,412	831,632	856,580	3,700,054
*If "Other funding" is included, please explain.							

ATTACHMENT-1 Adolescent Outcomes Profile for Substance Abuse Treatment Programs

Outcome	Staff _____ First Service Admission Date ____/____/____	Staff _____ Last Service Discharge Date ____/____/____	Staff _____ 4 to 6 Months Post Discharge Date ____/____/____
Positive Perception of Services Received			Did you like the help you were getting? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown Did you get the right kind of help? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown Have the services helped you with your life? [1] Yes, definitely [2] Somewhat [3] No [9] Unknown
Safe, Stable, Recovery-Appropriate Home	Lived past 6 months: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy [9] Unknown	Lived since admission: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy [9] Unknown	Lived since discharge: 1 Own home or apartment 2 With parent(s) 3 With relative(s) 4 Friend(s) home 5 Foster or Group home, halfway house 6 Institution 7 Shelter 8 On the street, no fixed address 9 Unknown [1] One of the above [2] Two of the above [3] Three or more [9] Unknown Current place (code from above 1-9) Place causes trouble or difficulties in recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (a lot) [9] Unknown Happy with living situation: [1] Very happy [2] Somewhat happy [3] Somewhat unhappy [4] Very unhappy 9 Unknown

<p>Positive Family Interactions or Relationships</p>	<p>Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions 2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown</p> <p>Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately In between; medium) [4] Extremely (a big problem; a lot) 91 Unknown</p>	<p>Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions 2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown</p> <p>Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately In between; medium) [4] Extremely (a big problem; a lot) 91 Unknown</p>	<p>Past 30 days, serious conflicts or quarrels with immediate family members: [1] Not at all [2] Rarely (one brief occasion) [3] On a few occasions 2-3) [4] On many occasions (1 or more times a week; withdrawn; ran away) [9] Unknown</p> <p>Troubled about family problems: [1] Not at all [2] Slightly (a little bit; some) [3] Moderately In between; medium) [4] Extremely (a big problem; a lot) 91 Unknown</p>
<p>Motivated to Recover</p>	<p>Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] Has cut down or quit using 191 Unknown</p>	<p>Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] Has cut down or quit using [9] Unknown</p>	<p>Importance of recovery: [1] Not at all [2] Slightly (some) [3] Moderately (in between) [4] Extremely (very) [5] has cut down or quit using [9] Unknown</p>
<p>Abstinent or Reduced Use of Substances</p>	<p>Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] _____ other</p> <p>[12] none [99] unknown</p> <p>_____ # days drinking or using drugs in past 30 days (or prior to controlled setting) 99 unkn</p>	<p>Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] _____ other</p> <p>[12] none [99] unknown</p> <p>_____ # days drinking or using drugs in past 30 days (99 unkn)</p>	<p>Substance(s) Used (past 30 days; check up to 3 boxes): [1] alcohol [2] pain killers [3] sleeping pills [4] tranquilizers [5] stimulants [6] marijuana [7] cocaine [8] heroin [9] hallucinogens [10] inhalants [11] _____ other</p> <p>[12] none [99] unknown</p> <p>_____ # days drinking or using drugs in past 30 days (99 unkn)</p>
<p>No New or Reduced Contact with the Juvenile or Criminal Justice System</p>	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Within past 6 months: # citations or tickets</p> <p># arrests for delinquent acts, crimes, or violations (99 unkn)--</p>	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Since admission: # citations or tickets</p> <p># arrests for delinquent acts, crimes, or violations <99 unkn)--</p>	<p>Under supervision? [1] Yes [2] No [9] Unknown</p> <p>Since discharge: # citations or tickets</p> <p># arrests for delinquent acts, crimes, or violations <99 unkn)--</p>

ATTACHMENT 2 - Three Year Program and Expenditure Plan Approval

D. 7



Contra
Costa
County

To: Board of Supervisors
From: William Walker, M.D., Health Services Director
Date: June 13, 2017

Subject: Mental Health Services Act (Proposition 63): Three Year Program and Expenditure Plan for Fiscal Year 2017/20

RECOMMENDATION(S):

ACCEPT the recommendation of the Behavioral Health Services Director to adopt the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2017/20.

AUTHORIZE the Chair of the Board of Supervisors to sign the attached letter to the Mental Health Services Oversight and Accountability Commission (MHSOAC) to inform the MHSOAC of the Board's approval of the adoption of this Plan.

FISCAL IMPACT:

Adoption of the Mental Health Services Act Three Year Program and Expenditure Plan, Fiscal Year 2017/20 assures continued MHSA funding for Fiscal Year 2017/18 in the amount of \$51,574,742.

BACKGROUND: Proposition 63 was passed by California voters in the November 2004 election. Now known as the Mental Health Services Act (MHSA), the legislation provides public mental health funding by imposing an additional one percent tax on individual taxable income in excess of one million.

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

Action of Board On: 06/13/2017 APPROVED AS RECOMMENDED OTHER

Clerks Notes:

VOTE OF SUPERVISORS

- AYE: John Gioia, District I Supervisor
 Candace Andersen, District II Supervisor
 Diane Burgis, District III Supervisor
 Karen Mitchoff, District IV Supervisor
 Federal D. Glover, District V Supervisor

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

ATTESTED: June 13, 2017

David J. Twa, County Administrator and Clerk of the Board of Supervisors

By: June McHuen, Deputy

Contact: Cynthia Belon,
925-957-5201

cc: T Scott, M Wilhelm, Warren Hayes

BACKGROUND: (CONT'D)

million dollars. There are a total of five MHSA components which have been enacted out over time by the State with the goal of creating a better program of mental health services and supports in California's public mental health systems. The five components include: Community Services and Supports; Prevention and Early Intervention; Workforce Education and Training; Capital Facilities and Technology; and Innovation. There are multiple programs operated within each component. This is a state mandated program under Welfare & Institutions Code.

ATTACHMENTS

Plan Summary

MHSA 3 Year Plan 2017-20

Letter to MHSOAC

ATTACHMENT 3 - Signed Letter to Mental Health Services OAC

WILLIAM B. WALKER, M.D.
Health Services Director
CYNTHIA BELON, L.C.S.W.
Behavioral Health Services Director



**CONTRA COSTA
BEHAVIORAL HEALTH
SERVICES
ADMINISTRATION**
1340 Arnold Drive, Suite 200
Martinez, CA 94553-4639
Ph 925/957-5201
Fax 925/957-5156

June 13, 2017

Mental Health Services Oversight and Accountability Commission
1300 17th St., Suite 1000
Sacramento, CA 95811
E-mail: mhsoac@mhsoac.ca.gov

Dear Mental Health Services Oversight and Accountability Commission:

Enclosed you will find the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Year 2017/2020, to include the proposed Innovation Projects, "Center for Recovery and Empowerment (CORE)" and "Cognitive Behavioral Social Skills Training (CBSST)", as required. The Draft MHSA Three Year Program and Expenditure Plan for FY 2017/2020 was posted for the required 30 day public review and comment period from March 17, 2017 through April 19, 2017, with a public hearing on May 3, 2017. The MHSA Three Year Program and Expenditure Plan for FY 2017/2020 was adopted by the Contra Costa County Board of Supervisors on June 13, 2017.

Please note that we will be seeking Mental Health Services Oversight and Accountability Commission (MHSOAC) approval for the aforementioned new Innovation projects during the upcoming fiscal year. The descriptions contained herein are meant to inform our stakeholders in regards to our intentions for FY 2017/2020, and only include the budget for the first several months of project implementation (estimated start January 2018). These descriptions are not intended to seek and receive approval from the MHSOAC. Detailed project descriptions and multi-year budgets will be submitted to the MHSOAC in a separate document, and will constitute Contra Costa County's official request for approval.

As required, we have enclosed one hard copy with original signature, and one electronic copy that is a single document in PDF format, for submission.

If you have any questions on this request, please contact: Cynthia Belon, LCSW, Behavioral Health Services Director, 925-957-5201, or Cynthia.Belon@hscd.cccounty.us.

Thank you.

Sincerely,

Federal D. Glover, District V
Chair of the Contra Costa County Board of Supervisors

Enclosure: Contra Costa County Adopted MHSA Three Year Program and Expenditure Plan for FY 2017/2020 +



• Contra Costa Emergency Medical Services • Contra Costa Environmental Health • Contra Costa Health Plan • Contra Costa Hazardous Materials Programs •
• Contra Costa Behavioral Health • Contra Costa Public Health • Contra Costa Regional Medical Center • Contra Costa Health Centers