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August 24, 2017 PowerPoint Presentations and Handouts

- Tab 2:** • PowerPoint: Mental Health Crisis Triage Request for Applications (RFA)

- Tab 3:** • Handout Recommended Proposed Outline of Request for Proposal (RFP) for Transition Age Youth Stakeholder Contract
- PowerPoint: Recommended Proposed Outline of Request for Proposals (RFP) for a Transition Age Youth Stakeholder Contract (B)

- Tab 6:** • PowerPoint Contra Costa County Behavioral Health Services Proposed INN Projects



**Mental Health Crisis Triage
Request for Applications (RFA)**

August 24, 2017
Tom Orrock, Triage Manager
Kristal Antonicelli, Project Lead

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Investment in Mental Health Wellness Act of 2013

- Total \$32 million per year
- MHSOAC
 - Personnel
- CHFFA
 - Facilities

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Objectives of the Act

- Reduce hospitalizations
- Reduce expenditures of law enforcement
- Reduce costs
- Expand services



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The Role of Triage Personnel

- Initiate or discontinue 5150 holds
- Provide linkage to services
- Follow-up care



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SB 82 Informational Meetings

- Site visits
- Quarterly meetings with Triage Coordinators
- Triage Meeting with Law Enforcement: January 4, 2017
- Forum on Triage: February 13, 2017
- SB 82 Information Gathering Meeting: June 29, 2017
- CFLC and CLCC: July 12, 2017



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SB 82 Principles

- July 27, 2017 Commission Meeting
 - Evaluation Strategy
 - Services for Children and Youth
 - Population-Based Apportionment




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RFA OUTLINE

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Eligibility Criteria

- Applicants are limited to:
 - Counties
 - City mental health/behavioral health departments
 - Any counties and/or city mental health/behavioral health departments acting jointly across the state

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Funding

- Total \$32 million per year for three years
- Goal of the Commission to spend no less than 30% of total available funds on services for children and youth



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Grant Apportionment

- Population Based Apportionment
 - Small ($\leq 200,000$)
 - Medium ($> 200,000 - 750,000$)
 - Large ($> 750,000 - \geq 4,000,000$)



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Allowable Costs

- 15% for administration
 - Includes contract administration
- Supplement not supplant
- Must be used for stated purpose of the grant



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Program Narrative

- Current crisis response system
- Needs assessment
- Proposed triage grant program



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Program Implementation Plan

■ Narrative

- Illustrate the critical steps in starting the proposed program(s)
- Identify and potential challenges
- It is hoped that programs will begin serving clients within 90 days of approval

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Collaboration

■ Letter(s) of Intent to Collaborate

- Signed by both parties

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Plan for Sustainability

- Specific steps that will help build sustainability capacity



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Program Communications Plan

- Triage information on grantee webpage



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Budget Requirements

- Personnel costs
- Administration



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Statewide Evaluation

- Third party contractor
- Triage staff will still need to collect the data
- Participation is mandatory



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Proposed Motion

Proposed Motion:

- (1) The Commission approves the proposed outline to be used for the SB 82 Investment in Mental Health Wellness Act Triage Grant Request for Applications.
- (2) The Commission authorizes the Executive Director to initiate a competitive application process.





Recommended Proposed Outline of Request for Proposals (RFP) for Transition Age Youth Stakeholder Contract (B)

August 24, 2017 MHSOAC Commission Meeting

Overview

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). The passage of the MHSA initiated, at the state and local levels, the concept of transparent and collaborative processes being implemented to determine the mental health needs, priorities, and services for California mental health consumers.

Welfare and Institutions (W&I) Code Section 5892(d) requires the Mental Health Services administrative fund to “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.”

The Mental Health Services Oversight and Accountability Commission (MHSOAC) oversees the activities of statewide stakeholder contracts funded under section 5892(d). These contracts are focused on training, outreach, and advocacy for the following populations:

- Clients/Consumers
- Families of clients/consumers
- Children and Youth (under 18 years) and their parents/caregivers
- Transition Age Youth (TAY) (ages 16-25 years)
- Veterans
- Diverse racial and ethnic communities/populations
- LGBTQ

These contracts, originally awarded on a sole source basis, were transferred to the MHSOAC after the dissolution of the Department of Mental Health (DMH) in 2011.

Budget Act 2016-2017

In July of 2016, in the first round of competitive Request for Proposals (RFP) released by the Commission, CYC was awarded a stakeholder contract in the amount of \$500,000 per year for a three year total of \$1.5 million for the TAY population. During this process the 2016-17 Budget Act was passed increasing the funds available for stakeholder contracts to \$670,000 per year for a three year total of \$2.1 million for all populations including TAY. As a result of these changes the Commission has an additional \$170,000 per year for a three year total of \$510,000.

This TAY contract will be awarded in a competitive bid process, as required by the legislature, and consistent with other stakeholder contracts awarded in both 2016 and 2017.

Stakeholder Planning Process

In order to ensure that funds are spent in the most effective way and in alignment with existing activities underway in the current CYC contract, MHSOAC staff held a series of meetings to explore relevant issues and needs of the TAY population. A Focus Group, consisting entirely of TAY, was held in San Francisco on July 7, 2017, and an information gathering meeting was held on August 9, 2017, to collect input and information on the needs of TAY which could be addressed through this funding opportunity. The Focus Group and information gathering meeting included over sixty participants, the large majority of which were TAY. MHSOAC staff also presented to the Client and Family Leadership Committee (CFLC) and Cultural and Linguistic Competence Committee (CLCC) to gather additional feedback.

At these meetings participants discussed a wide array of needed services and supports for TAY, with emphasis on local advocacy and outreach activities. This included:

- Community-based TAY engagement
- Linkage to appropriate services and supports
- Stigma reduction
- Engagement with local decision makers regarding mental health priorities.

Recommended Outline

Below are the recommended principles, outline, and minimum qualifications proposed for work conducted through the TAY stakeholder contract.

Overall Principles

The RFP and this contract are to reflect the following, previously approved, principles:

1. Contract will be deliverable based.
2. Deliverables are aligned with the MHSA and the values of the MHSOAC.
3. Deliverables are aligned with the MHSOAC logic model.
4. Deliverables should predominately make an impact on the mental health system instead of at the individual level.
5. Contract will provide for outreach and support to ensure the perspective and participation of diverse community members reflective of California populations and others with lived experience are a significant factor in all of the MHSOAC's decisions and recommendations.
6. Contract will provide for outreach and support to contribute to a robust local stakeholder process.

Minimum Qualifications

The following minimum qualifications must be met for the proposal to be read and evaluated. All eligible bidders must:

1. Have evidence of capacity to provide statewide, county-level, and state-level participation;
2. Be a non-profit organization;
3. Have evidence of capacity to engage communities reflective of California's diverse population.

The recommended minimum qualifications for this population is as follows:

- Transition Age Youth (ages 16-25 years): A statewide youth-run organization with a board of directors and/or staff comprised of more than 51% youth with experience in the public mental health system.

Recommended Funding

The total amount of available funding for this stakeholder contract is \$170,000 per year for a total not to exceed \$510,000 for fiscal years 2017/18 through 2019/20.

Scope of Work

Contractor will be asked to develop deliverables in response to the scope of work as outlined in the RFP. In order to ensure that activities are complimentary to the current TAY contract and not duplicative in nature, the RFP will focus primarily on local TAY activities that provide access and linkage to services, stigma reduction, and more resources to TAY that are not duplicative of current contractor activities. High schools, colleges, homeless shelters, and unserved or underserved neighborhoods will be the primary focus of outreach. The Scope of Work will also include an identification of best practices in the utilization of TAY to inform and educate local decision makers regarding mental health funding priorities. Due to the limited funding in this RFP, activities are to be carried out within the scope of the to-be-awarded contract in the following priority areas:

1. Advocacy

Advocacy is a key component to raising awareness on mental health issues and ensuring effective and necessary improvements in policy, legislation and service delivery at the state and local level. The Contractor is to establish a strong presence and commit to engaging in all of California counties on behalf of TAY. These efforts should be enhanced with visits to both urban and rural communities, ensuring inclusion of unserved, underserved, and hard to reach populations.

2. Training and Education

Training and education efforts are to increase access and awareness of available services, increase understanding of local and state level policy and program development, and to support and enhance stakeholder involvement, specifically in the local Community Planning Process and Innovation Plan development at the county level. Training efforts are also to increase community awareness and understanding of mental health to recognize the importance of those with lived experience as active participants in community mental health planning and process.

3. Outreach, Engagement and Communication

Community engagement and outreach is a key component in providing necessary services and supports. Effective strategies and programs strengthen communities by providing communication regarding mental health services and programs to increase access and linkage to quality services and supports, reduce stigma and discrimination, as well as prevent or reduce the risk of onset of severe mental health problems.



Recommended Proposed Outline of Request for Proposal (RFP) for a Transition Age Youth Stakeholder Contract


Norma Pate, Deputy Director
Tom Orrock, Manager
August 24, 2017



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Background

- The Mental Health Services Act (MHSA) provides funds to support the advocacy, training, and outreach efforts of stakeholders for local and state level advocacy efforts.
- In July of 2016 the TAY contract was awarded to California Youth Connection (CYC) for \$500k per year for three years.
- 2016/17 Budget Act increased the funding available for stakeholder contracts to \$670k per year for a three year total of \$2.1 million.



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Additional TAY Funding

- As a result of the 16/17 Budget Act \$170,000 per year for a three year total of \$510,000 is available for TAY advocacy.



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RFP Planning Process

To ensure funds are spent effectively and complimentary with the existing CYC contract, public meetings were held to gather information.

Feedback included:

- Better access to MH treatment
- Unserved/Underserved cultures
- Outreach events at target locations
- TAY at the table to guide decision making
- Job opportunities and skills training



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RFP Outline: Overall Principles

- Deliverable based.
- Focus on Transformational Change.
- Perspectives and participation of TAY at all levels of decision making.
- Support a local level stakeholder process.



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RFP Outline: Proposed Scope of Work

- Activities are to be carried out in three priority areas:
 - Advocacy
 - Training and Education
 - Outreach, Engagement, and Communication



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RFP Outline: Proposed Scope of Work

- Proposers will be asked to develop deliverables in response to the scope of work as outlined in the RFP.
- Deliverables will be developed which respond to the need for local TAY advocacy, training, and outreach.

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RFP Outline: Proposed Minimum Qualifications for All Bidders

- Have evidence of capacity to provide statewide, county-level, and state-level participation;
- Be a non-profit, statewide youth organization with a board of directors and/or staff comprised of 51% TAY with experience in the public mental health system;
- Have evidence of capacity to engage communities reflective of California's diverse population.

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Next Steps

- Upon Commission approval, Request for Proposals (RFP) will be released.
- The most qualified Proposer will be selected through a competitive process.
- Results will be presented to the Commission and approval to enter into the contract will be obtained, Target date: October 2017

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Proposed Motion

- The Commission approves the proposed outline of the TAY RFP scope of work and minimum qualifications.
- The Commission authorizes the Executive Director to initiate a competitive bid process.

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CONTRA COSTA COUNTY Behavioral Health Services Proposed INN Projects

- Cognitive Behavioral Social Skills Training in Augmented Board and Care Facilities – CBSST
- Center for Recovery and Empowerment - CORE

County Profile

■ County Characteristics:

- One million residents live in Bay Area east of San Francisco
- 1000 square miles divided into three geographically separate regions
- 23 disparate communities; from densely urban, to bedroom, to rural farmland.
- 49% identify as White, 24% Hispanic, 14% Asian/Pacific Islander, 9% African American, .4 % Native American, 4% Other
- 13% identify Spanish as preferred language; 4% Chinese or Southeast Asian
- \$79,135 median household income, 7.6% live below federal poverty level.
- Communities tend to congregate by income level and culture/ethnicity, from wealthy Blackhawk to impoverished San Pablo. 3,500 people are homeless.

■ Behavioral Health Services Characteristics:

- Serves higher proportion of seriously mentally ill than state average.
- PEI programs engage cultures underserved by county mental health clinics.
- Strong history of peer providers, family partners and stakeholder participation.

■ Mental Health Service Challenges:

- Access and navigation of behavioral health services.
- Client movement within levels of care.
- Lack of psychiatry time.

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INN Project #1: CBSST

Problems to Address



- Limited access to mental health services in board and care facilities
- Little or no functional improvement in residents
- Multiple admissions to psychiatric emergency services and more costly care
- Residents do not move out to more independent living

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INN Project #1: CBSST

Proposed Project

- MH clinician and peer support specialist conduct cognitive behavioral social skills training groups at augmented board and care facilities
- Clinical team trains board and care staff in CBSST model
- Combines cognitive behavioral therapy, social skills training, and problem solving therapy to enable better alignment of thoughts to behavior (CBT), improve communication skills (SST) and basic problem solving skills (PST)
- Checks in with consumers between group meetings to consolidate skills and address obstacles, works with board and care staff, and coordinates care with case managers
- Provides the tools for consumers to progress toward self-sufficiency

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INN Project #1: CBSST

What is Innovative?

- CBSST combines CBT, SST and PST into one emerging treatment protocol
- Provides CBSST to a new population – augmented board and care residents
- Integrates care where consumers live
- Combines a clinical team comprised of a clinician and a peer support specialist

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INN Project #1: CBSST

Learning Objectives

- A. Will CBSST have an effect on the consumer's mental health?
- B. Will the intervention lead to higher overall functionality and quality of life?
- C. Will the intervention reduce involuntary holds within psychiatric emergency services and inpatient hospitals?
- D. Will a consumer have fewer or no evictions ?

What lessons can we learn as we prepare for the No Place Like Home Initiative?

[6]

INN Project #1: CBSST

Evaluation Plan

Staff will use survey/data measures to establish baseline, changes during implementation, and impact after project period on the following indicators:

- A. Mental Health: Public Health Questionnaire (PHQ-9), Level of Care Utilization System (LOCUS)
- B. Higher Functioning: Client, family member surveys, interviews, number in independent living
- C. Reduce Involuntary Holds: incidence of 5150s, hospital stays
- D. Fewer Evictions: Number of transfers to higher acuity facilities or number homeless

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INN Project #1: CBSST

MHSA INN Funds Requested - \$1,247,200

- Years 1 and 2 Combined: 1 team of MH Clinical Specialist, Peer Support Specialist, plus admin/evaluator time
 - \$448,911 MHSA INN funds
- Years 3 and 4 Combined: 2 teams of MH Clinical Specialist, Peer Support Specialist, plus admin/evaluator time
 - \$514,436 MHSA INN funds
 - \$407,552 Realignment and federal financial participation
- Year 5: 3 teams of MH Clinical Specialist, Peer Support Specialist, plus admin/evaluator time
 - \$283,853 MHSA INN funds
 - \$425,982 Realignment and federal financial participation

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INN Project #1: CBSST

Stakeholder Engagement

- JUL 2016: CCBHS solicited 53 concepts from the stakeholder community
- SEP 2016: Consolidated Planning and Advisory Workgroup (CPAW) and its Innovation Committee recommended CBSST to the CCBHS Director for project development
- OCT/DEC 2016: Community Program Planning Process (CPPP) conducted focus groups to obtain input from community stakeholders
- JAN/MAR 2017: Innovation and Adult Committees developed project proposal
- MAR/MAY 2017: 30 day public comment period, public hearing, Mental Health Commission endorsement
- JUN 2017: Board of Supervisor review and approval

[9]

INN Project #1: CBSST



Q & A

[10]

INN Project #2: CORE

Problem to Address

- Substance abuse/dependence in adolescents, ages 14-19, negatively affects their physical, emotional and cognitive development, and is one of the strongest predictors of later addiction
- CCBHS does not have coordinated levels of care to provide mental health and substance use disorder treatment services to youths with co-occurring addictions and emotional disturbances

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INN Project #2: CORE

Proposed Project

- A multi-disciplinary team will provide three levels of care; intensive, transitional and continuing treatment to adolescents dually diagnosed with substance use and mental health disorders
- Adolescents can move freely between these three levels of care
- Team consists of MH clinician, substance use disorder specialist, general education teacher, transition age youth peer recovery coach, and psychiatry and nursing hours
- Provides outpatient individual, group and family therapy in a non-clinic community setting to enable peer social activities and independent living and educational skills development
- Maximum coordination will be effected among all resources relevant to the adolescent and his/her family

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INN Project #2: CORE

What is Innovative?

- The model will be a hybrid of American Society for Addictive Medicine (ASAM) levels 2.1 (Intensive Outpatient Program) and 2.5 (Partial Hospitalization)
- Combines the Matrix Model with developmentally and culturally specific strategies to address the needs of every adolescent and his/her family; the Matrix Model includes cognitive behavioral therapy, relapse prevention, motivational interviewing strategies, psycho-educational information, and 12-Step program involvement
- Young People in Alcoholics Anonymous (YPAA) will be integrated into the treatment program, and will include a sober peer group, participation in sober social experiences, and working with recovery coaches that are close in age and from their own community/culture
- Contains an academic component where a teacher will tailor academic assignments to ensure continuation of studies
- Provides ongoing health and nutrition monitoring that will include adventure therapy

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INN Project #2: CORE



Learning Objectives

- A. Will CORE result in reduced substance abuse?
- B. Will this treatment result in reduced symptoms of mental illness?
- C. Will there be reduced need for future mental health/substance dependence intervention?
- D. Will this treatment increase academic success?

What lessons can we learn as we participate in the Drug Medi-Cal Organized Delivery System?

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INN Project #2: CORE

Evaluation Plan

Staff will use survey/data measures to establish baseline, changes during implementation, and impact after project period on the following indicators:

- A. Abstinence: “Adolescent Outcomes Profile for Substance Abuse Treatment Programs”
- B. Mental Health: Child and Adolescent Level of Care Utilization (CALOUS), Client, family member surveys, interviews
- C. Intervention Reduction: incidence of psychiatric emergency services, hospital admissions
- D. Academic Success: School, teacher reports

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INN Project #2: CORE

MHSA INN Funds Requested - \$2,502,022

- Year 1: 1 team of 1 MH Supervisor, 3 Behavior Specialists, 1 Peer Support Specialist, plus part-time psychiatry, nursing, general education teacher and admin/evaluator time
 - \$420,533 MHSA INN funds
- Years 2 through 5: The above team financed by
 - \$500,000 MHSA INN funds plus 3% COLA each year
 - \$300,000 Realignment and federal financial participation

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INN Project #2: CORE

Stakeholder Engagement

- JUL 2016: CCBHS solicited 53 concepts from the stakeholder community
- SEP 2016: Consolidated Planning and Advisory Workgroup (CPAW) and its Innovation Committee recommended CORE to the CCBHS Director for project development
- OCT/DEC 2016: Community Program Planning Process (CPPP) conducted focus groups to obtain input from community stakeholders
- JAN/MAR 2017: Innovation and Children and Youth Committees developed project proposal
- MAR/MAY 2017: 30 day public comment period, public hearing, Mental Health Commission endorsement
- JUN 2017: Board of Supervisor review and approval

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INN Project #2: CORE

Q & A

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Proposed Motion

- **The MHSOAC approves Contra Costa County's INN Projects as follows:**
- Cognitive Behavioral Social Skills Training in Board and Care Facilities (CBSST)
Amount: \$1,247,200
Project Length: Five Years
- Center for Recovery and Empowerment (CORE)
Amount: \$2,502,022
Project Length: Five Years

