
Contra Costa Behavioral Health

Evaluation of 2017 Quality Improvement Work Plan



Service Capacity

Goal 1: Monitor service delivery capacity

■ **Objective: Increase penetration rates by .05% for the following underserved populations: Latino, Asian/Pacific Islander, Birth to Six, and Older Adults.**

- ◆ Action: Compare penetration rates for underserved populations to penetration rates from previous years.

This action was not met. The penetration rate for the Latino population decreased slightly from 4.7% in 2012 to 4.4% in 2016. The penetration rate for the Asian/Pacific Islander (API) population decreased from 4.1% in 2012 to 2.7% in 2016. This decrease in penetration rate is likely attributable to the substantial increase in the number of API beneficiaries (19,180 in 2012 to 39,558 in 2016). Therefore, even though the number of API consumers served increased, so did the number of API beneficiaries; surpassing the number of API consumers served. The penetration rate for the Birth to Six population also decreased, from 2.0% in 2012 to 1.8% in 2016. The penetration rate for the Older Adult population decreased slightly from 5.4% in 2012 to 5.1% in 2016. As with the population of beneficiaries, the number of Older Adult individual's eligible for Medi-Cal rose substantially. The substantial increase in beneficiaries may be due to the Affordable Care Act, which expanded Medi-Cal eligibility to a larger population.

■ **Objective: Develop Prevention and Early Intervention (PEI) outcome indicators that determine outreach to underserved populations and linkage to mental health care.**

- ◆ Action: Develop and report on demographic data, such as age group, race/ethnicity, primary language and sexual orientation to enable assessment of outreach and engagement efforts over time.

This action was met. To meet state PEI Regulations established in October 2015, demographic data are collected by PEI programs on consumers served. In Fiscal Year (FY) 16-17 (i.e., July 1, 2016 to June 30, 2017), 26,735 individuals were served with data collected on:

- Age group
- Primary Language
- Race
- Ethnicity
- Gender Assigned at Birth
- Current Gender Identity
- Sexual Orientation
- Military Status
- Disability Status

These data are reported in the PEI Annual Report submitted to the state at the end of the year and then publically disseminated.

- ◆ Action: For PEI programs, develop and report on the number of people connected to care, and average duration of reported untreated mental illness to enable assessment of impact of programs connecting people from underserved populations to mental health care.

This action was met. PEI funded programs submit data on referrals to mental health services, average referral wait time, and average length of time untreated for mental health issues, which are also included in the PEI Annual Report submitted to the state.

■ ***Objective: Use geo-mapping to assess the relationship between consumer locations and resources available.***

- ◆ Action: Use geo-mapping software to plot consumer and service locations.

This action was met. Using Tableau 10.1, 372 provider addresses were converted to latitude and longitude and plotted. FY16-17 consumers' zip codes (5,678 youth consumers and 14,262 adults) were plotted to create a heat map overlaid on the provider addresses in which cities with more consumers are darker colored than cities with fewer consumers. A draft was reviewed with the Quality Improvement Committee (QIC).

- ◆ Action: Identify data, standards, and reporting requirements for Travel Time or Time to Service.

This action was met. California Department of Health Care Services (DHCS) released the Medicaid Managed Care Final Rule: Network Adequacy Standards on July 19, 2017. The time and distance standards proposed for mental health network adequacy were 30 miles or 60 minutes from the beneficiary's residence for a county the size of Contra Costa. California Assembly Bill 205 was passed on October 13, 2017 and details network adequacy standards to take effect on January 1, 2018. Under this new law, outpatient mental health services must be located within 15 miles or 30 minutes for beneficiaries of this County.

■ ***Objective: Review services designed for TAY and identify service needs.***

- ◆ Action: Solicit interest among potential contractors to provide residential services to the TAY population.

This action was met. Over the past several years Contra Costa has seen an increased need for services for youth and young adults ages 18-26. These Transition Age Youth (TAY) are in need of services in general, but are more urgently in need of comprehensive supportive services in order to support successful transition to adult life. Many TAY struggle with all of the demands of any young person – housing, work, relationships, family, and school – that may place an overwhelming demand on these youth. These demands in consort with a mental illness or behavioral challenge will sometimes make this transition insurmountable. The Mental Health Plan (MHP) sought submissions from suitably qualified community-based providers to develop and operate a co-located residential and supportive services program in a County-owned building. This voluntary community level program will deliver a tiered, stepdown, continuum of coordinated services from residential to supported outpatient care. A Request for Proposals (RFP) was initially posted in March 2017 with submissions due May 2017. A Review Panel met and was unsuccessful in recommending a proposal. As a result, the RFP was reissued in August 2017 with proposals due in September 2017. From the second round of submissions, a Review Panel recommended one organization's proposal and the MHP has thus far met with the recommended agency to discuss their proposal and are reviewing the viability of the selected location.

Access to Care

Goal 2: Beneficiaries will have timely access to the services they need

- **Objective: At least 90% of individuals, on average, requesting routine care mental health services will be offered an initial assessment appointment within 10 business days.**

Data collection from the MHP's Tapestry system, show that during FY16-17, 86% of appointments for routine outpatient mental health services are offered within 10 business days.

- ◆ Action: Report the percentage of new consumer appointment requests for which a routine clinician appointment is offered within 10 business days.

This action was met. The MHP launched Tapestry (an Epic system module) in April 2016 which enabled the MHP to gather more data points in order to assess timeliness. Reports were developed following implementation that allowed for the ongoing assessment of time from consumer request for appointment to the date an appointment was offered for routine outpatient mental health services. While a more stringent timeframe was adopted in 2017, moving from 15 calendar days down to 10 business days between request to appointment offered, the MHP has been able to continuously monitor this performance metric. The average length of time from first request to first clinical assessment is 6.7 business days. Timeliness data were reported out at two QIC meetings during the FY. There is substantial variability between systems of care and clinic regions which has prompted the MHP to implement a non-clinical performance improvement project (PIP) focused on improving timeliness.

- **Objective: At least 80% of individuals, on average, requesting routine care mental health services will be offered psychiatry appointment within 15 business days.**

From January 3, 2017 through November 22, 2017, 24.2% of appointments for psychiatry were offered within 15 business days.

- ◆ Action: Report the percentage of new consumer appointment requests for which a routine psychiatry appointment is offered within 15 business days.

This action was met. As this metric has traditionally been reported out on an annual basis, the 2016 calendar year data was shared during the June 2017 QIC meeting. In 2016, 31% of psychiatric appointments were offered within 15 business days, with the mean wait time for appointments being 31.5 business days. In January 2017, the MHP launched Cadence (an Epic scheduling module) to support County-operated clinics appointment scheduling. The launch of this new tool provided additional data points for the assessment of timeliness as the MHP moved away from paper-based scheduling. A timeliness committee was gathered to review scheduling process flows and identify potential time points when data could be gathered for reporting. The committee also discussed how to define key timeliness metrics, including psychiatric appointment scheduled and disposition of the appointment if/when kept. By August 2017, a preliminary report had been developed to track psychiatric appointment timeliness, and through an iterative process, the MHP has been able to build additional reports that allow for this key assessment. The average wait time from request to appointment scheduled was 46.9 business days.

- **Objective: 100% of urgent care mental health service requests are offered appointment within 2 business days for all consumers.**

During FY16-17, 53% of appointments for urgent outpatient mental health appointments were offered within 2 business days.

- ◆ Action: Report the percentage of urgent outpatient mental health appointments with clinicians that are offered within 2 business days of request.

This action was met. The MHP has continued to monitor timeliness for urgent outpatient mental health services during 2017 and has reported on timeliness metrics at two QIC meetings. The average wait time from request to appointment scheduled was 3.9 business days. Following implementation of Tapestry in April 2016, the MHP developed reports that allowed for the ongoing assessment of time from consumer request for an urgent appointment to the date an appointment was offered for outpatient mental health services. The MHP will continue to monitor the timeliness of urgent assessment appointments and provide the averages to the QIC and the County-operated clinics so each can use data to inform future policy and staffing recommendations.

- **Objective: At least 90% of hospital discharges are followed by an outpatient mental health visit within 7 calendar days.**

Data collected between January 1 through November 13, 2017 show that 54.4% of all psychiatric inpatient discharged consumers received a follow-up appointment within 7 days.

- ◆ Action: Report the percentage of all hospital discharges for which the consumer receives an outpatient mental health appointment within 7 calendar days.

This action was met. The MHP has continued to monitor timeliness for discharge hospital patients and has reported on timeliness metrics at two QIC meetings. In order to assess the timeliness of appointments for consumers discharged from inpatient care receiving an outpatient mental health appointment, the MHP analyzes the time between the date of discharge from hospital care to the date of the next mental health service appointment attended by the consumer. The MHP plans to revisit discharge follow-up reporting once the MHP enters the optimization phase for its electronic health record (EHR) implementation. The aim will be to develop customizable reports that will allow for increased reporting frequency.

- **Objective: Reduce 30-day hospital readmission rate for mental health consumers to be below 10%**

The 2017 readmission rate was 11%, compared to the 2016 readmission rate of 14.7%.

- ◆ Action: Report annually 30-day hospital readmission rates for all consumers by system of care and countywide.

The MHP reported on annual 30-day hospital readmission rates during two QIC meetings. System of Care and Countywide data from calendar year 2016 were shared with Program Managers and MHP leadership. The MHP continues to monitor this data in effort to reduce hospital readmissions to below 10%. Customized reports were developed following Cadence and EHR implementation

that enabled the MHP to generate reports on a more frequent basis; moving forward data will be reported quarterly.

■ **Objective: Provide tele-psychiatry services in regions showing the greatest needs.**

- ◆ Action: Pilot tele-psychiatry at the East Adult specialty mental health clinic.

This action was met. The MHP launched a Tele-Psychiatry pilot on October 31, 2017 at the East County Adult Mental Health clinic. The selected site experiences the longest wait times for new consumers to be seen for their initial routine psychiatric appointments (i.e., consumers wait an average of 45 business days from request to first available booking). The pilot, which includes videoconferencing with a psychiatrist coupled with face-to-face assessment by a nurse, is anticipated to improve timeliness for access to care. A nurse is stationed at the East County clinic alongside the consumer while a psychiatrist from the MHP's West County Adult Mental Health clinic will provide services virtually. Both clinic sites utilize Health Care Interpreter Network (HCIN) machines to facilitate inter-office communications. Tele-psychiatry will roll out in phases, initially allowing for two intake appointments per week and gradually expanding to include four follow-up appointment slots by the eighth week of implementation.

- ◆ Action: Gather consumer input via focus groups.

This action was partially met. Following a successful round of focus groups held in 2016, it was decided to conduct another round of focus groups with consumers or their caregivers at each of our main clinic sites in FY17-18. Questions were identified and vetted at the QIC. One of five questions asked is: *Some people have to wait a long time for an appointment with a psychiatrist. Some agencies use telepsychiatry services, such as people come to their appointment and talk to their psychiatrist who is at a different clinic through a video monitor. What do you think of this? [probes: Is this something that would work for you [your family]? What are some of the challenges of not meeting in person?]* Thus far one focus group has been held.

Goal 3: Reduce appointment no-show rates

■ **Objective: Improve appointment data collection on mental health appointments.**

- ◆ Action: Implement Cadence, the Epic appointment scheduling module.

This action was met. Cadence was implemented in January 2017, and all appointments within Behavioral Health clinics are scheduled into Cadence. Mental health services in County-operated clinics and programs went live with full ccLink access (i.e., Epic) on September 26, 2017, and providers use the scheduled appointment in Cadence to access their clinical documentation tools. Within ccLink, there are reporting dashboards that identify all mental health appointments by clinic, as well as by individual provider. The continued use of the dashboard will allow the MHP to follow no-show trends and other relevant appointment data. The data from the dashboards will help the MHP identify action plans to continue to reduce appointment no-show rates and improve consumer access to services.

■ **Objective: Implement Televox automated call reminder system across mental health clinic sites.**

- ◆ Action: Explore text message option in the Televox automated call reminder system.

This action was met. Interest in establishing a text message option for those receiving automated call reminders through our Televox automated call reminder system began in 2016. In January 2017 as we moved to scheduling in Cadence, a module in the Epic EHR, the MHP began exploring the feasibility of text messages via Televox. Contra Costa’s ambulatory care currently sends out text messages that include a work around to link Epic, Televox, and communication preference. There is an Epic upgrade, however, that includes a communication flag that would streamline the process. The MHP is currently in the process of determining which option to take to launch text message reminders.

- ◆ Action: Create reporting that integrates Televox and appointment adherence data.

This action was met. In December 2017, Business Intelligence created a data report (CAD3903) integrating appointment status (i.e., attended, canceled, no show, left without being seen) with Televox status (i.e., confirmed attendance, wants to cancel, busy, no answer, hung up). Data are available by program and in the aggregate. This report will aid us in better understanding the relationship between Televox automated call reminders on appointment adherence so that we can improve the system.

Goal 4: Improve the Behavioral Health Access Line triaging and referral processes into the behavioral health system of care

■ **Objective: 75% of business hours Access Line calls are answered by a live staff within 3 minutes.**

- ◆ Action: Compare the number of business hour calls that are answered within 3 minutes to the total number of business hour calls.

This was partially met. The Access Line continues to make improvements in this area. During this reporting period, Access Line made some changes to its workflow by placing clinicians on the front end to answer calls, rather than clerks (who now provide back up if no clinician is available). Therefore, due to the changes mid-reporting cycle, along with the limitations of our current report, the data are preliminary. A new report needs to be created to capture this objective moving forward, and data are not available retroactively, so we are only able to report on the current available report configuration, which is the percentage of calls answered within five minutes. During FY16-17:

Job Classification	# Answered	Percentage answered within 5 minutes
Clerk – English	182	98.4%
Clinician – English	23,592	86.0%
Clinician - Spanish	1,990	76.2%

■ **Objective: 75% of after-hours Access Line calls are answered by a live representative within 1 minute.**

- ◆ Action: Compare the number of after-hour calls that are answered within 1 minute to the total number of after-hour calls.

This objective was met. The Access Line transitioned to an after-hours answering service, Optum, on 4/1/16 to provide coverage for after-hours calls. During the after-hours, the caller is transferred to a live clinician at Optum who follows a detailed script. The clinician assesses for crisis, provides county resources as needed, and provides detailed information in order for Access to return the call the next business day. The following business day a report is sent to the Access Line with the name, telephone number, presenting issue, and disposition of each call. The messages then get converted into a CRM (Customer Relationship Management) in Epic's Tapestry, where an Access clinician can make a follow-up call. During the FY16-+17 reporting period, 93% of the calls were answered by Optum within 45 seconds. Access will continue to track the call data to ensure quality care and compliance.

■ **Objective: Increase regularity with which Access Line test calls are made for both daytime and after-hours.**

- ◆ Action: On quarterly basis, conduct 10 tests calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) after hours.

This action was partially met. During the first quarter of 2017, the MHP continued the number of test calls determined in 2016 (i.e., six). Beginning in the second quarter of 2017, the number of quarterly calls was increased from six to ten. In both quarters, the requisite number of test calls were made, including six during business hours and four after hours. During the second quarter, the MHP conducted four test calls in Spanish. Due to a lack of Spanish-speaking staff members, however, there were only two Spanish test calls conducted during the third quarter. These calls result in a report summarizing the calls and include specific recommendations; this report is shared with the Access Line managers and presented to the QIC.

- ◆ Action: Re-evaluate the Access Line test call protocol.

This action was met. A Planner/Evaluator assigned to the Access Line test calls has been working with representatives from other counties to understand their protocols for evaluating 24/7 access lines. These conversations are ongoing and the drafting of a new protocol will follow from these communications. Beginning in the fourth quarter of 2017, responsibility for conducting the test calls was transferred from the Quality Assessment and Performance Improvement program to the Provider Services Unit.

Beneficiary Satisfaction

Goal 5: Evaluate consumer grievances, unusual occurrence notifications, and change of provider and appeal requests

■ **Objective: Continue to review grievances, unusual occurrence notifications, and change of provider and appeal requests and identify system improvement issues.**

- ◆ Action: Collect and analyze mental health service grievances, unusual occurrence notifications, change of provider, appeals, and fair hearing requests to examine patterns that may inform the need for changes in policy or programming.

This action was met. The MHP routinely collects and analyzes mental health service grievances, unusual occurrence notifications (UONs), change of provider, appeals, and fair hearing requests to examine findings. Data gathered are then reported at QIC meetings to inform program operations and policies as needed.

In FY16-17, there were 232 UONs reported, a 20% increase over the number of UONs reported in FY15-16. The average length of time to report an incident was seven days, which represents a 36% decrease from the 11 day average in FY15-16. The MHPs concerted efforts to follow-up with providers and county program staff in 2016, stressing the importance of timely reporting and resolution, have paid off in improved reporting. The majority of incidents reported were defined as “Other” and tended to relate to consumers absconding from the campus of a contracted provider and/or vehicle related incidents. The MHP intends to revisit the current UON reporting tool and database to improve incident tracking in the coming year. In FY16-17, there were 29 grievances resolved and 125 change of provider requests. During this FY, a total of 4 appeals/fair hearing requests were made by consumers; upon review, however, the MHP requested each request be dismissed. It should be noted that change of provider requests for the complete fiscal year have not yet been entered; the MHP will look to review documentation and submission practices around these requests to address the reporting lag time that currently exists.

- ◆ Action: Present findings to the Quality Improvement Committee on a quarterly basis.

This action was partially met. Findings on grievances, UONs, and provider appeals are presented during QIC meetings on a regular basis. During calendar year 2017, findings were presented at the March, June, and October sessions of the QIC.

Goal 6: Monitor consumer/family satisfaction

■ **Objective: Survey means (4.0 or higher) indicate consumers and/or their families are satisfied with their care.**

- ◆ Action: Conduct a mental health consumer/family satisfaction survey twice per year to gather quantitative and qualitative data about satisfaction with services.

This action was met. The MHP conducts Consumer Perception Surveys twice annually to gather quantitative and qualitative feedback about consumer/family satisfaction with services provided. During the FY16-17 year, surveys were conducted November 2016 and May 2017 in accordance with DHCS facilitation timelines. All domain areas assessed reflected a 4.0 mean or higher during

each assessment period. Survey results during both administration periods showed high satisfaction with average overall domain scores for all respondents at 4.4 in November (domains ranged from 4.0 to 4.5) and 4.3 in May (domains ranged from 4.0 to 4.5).

- ◆ Action: Report satisfaction survey findings to clinics and contracted providers.

This action was met. At the conclusion of each Consumer Perception Survey period, a comprehensive aggregate summary report of survey findings is produced and distributed to all MHP clinics and contracted providers. This report is additionally shared with the QIC. Individual provider reports are prepared for those clinics and contractors who gathered at least 25 survey response forms from consumers during the administration period, with raw data available upon request for those contractors who do not meet individual provider report criteria.

- ◆ Action: Conduct mental health consumer/family member focus groups at the County clinics to gather qualitative data about satisfaction with services.

This action was partially met. Following a successful round of focus groups held in 2016, it was decided to conduct another round of focus groups with consumers or their caregivers at each of our main clinic sites in FY17-18. Questions were identified and vetted at the QIC and clinic Program Managers assigned a staff member to act as the point person for their site to coordinate participant recruitment. Thus far one focus group has been held.

- ◆ Action: Conduct in-depth program and fiscal review of MHSA funded programs, including site visits and consumer interviews and surveys.

This action was met. During implementation of the MHSA Three Year Program and Expenditure Plans, all contract and County operated programs receiving ongoing Mental Health Services Act (MHSA) funds undergo a program and fiscal review. Each program receives a written report that addresses between 15-18 areas of inquiry, with the emphasis on establishing a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. The program and fiscal review is approximately a five month process from start to finish. This process starts with assembling a team and reviewing relevant data, case files, program and financial records, and performance history. The team then interviews executive and/or management staff, including fiscal officers, program staff and consumers (and their family members) during site visits, with a report generated at the end. Twenty-one reviews have been completed with a final report. Overall findings for these reviews include:

- Consumer and family member satisfaction with services has been high, with programs adhering to the values of the MHSA; namely, services are consumer driven, family focused, based and integrated into the community, and culturally competent.
- Programs are serving the agreed upon populations, and services are consistent with those agreed upon in the MHSA Three Year Plan.
- To date, no instances of fraud, waste, or abuse have been surfaced that necessitated a recommendation for County action; such as an audit by the County Controller's office.

Cultural and Linguistic Competence

Goal 7: Provide all consumers with welcoming, engaging, and culturally- and linguistically-appropriate consumer-centered care

■ **Objective: Promote the delivery of services in a culturally competent manner.**

- ◆ Action: Update the cultural competence plan, incorporating DHCS cultural competency plan requirements.

This action was partially met. Pending the release of the new Cultural Competence Plan Requirements (CCPR) from the DHCS, Contra Costa has historically provided annual updates to the 2010 Cultural Competency Plan. Until the new plan requirements are released, the progress of the existing plan have been provided in annual Plan Updates, pending availability of program data. The new CCPR will reflect Contra Costa's formation of the Behavioral Health Services Division (BHSD), merging information from Alcohol and Other Drug services, and will include any new strategies that address areas that need to be revisited and/or improved in order to reduce identified disparities.

- ◆ Action: Monitor accessibility of Access Line and services to non-English speakers.

This action was partially met. BHSD tracks a number of metrics to monitor the accessibility of services to non-English Speakers. BHSD regularly reviews language capacity within our clinics and workforce. In FY16-17, BHSD had 90 staff members who receive differential pay for language access. There are currently 39 positions flagged for bilingual candidates with languages that include: Spanish, Chinese, Vietnamese, and American Sign Language. When a beneficiary's preferred language cannot be met by the provider, BHSD maintains a Language Line, HCIN access, as well as in-person translation services by certified County personnel. In the past year, 455 encounters were facilitated by use of language access services. With regard to the Access Line, BHSD maintains internal capacity in both Spanish and Tagalog and has initiated workflows that include asking each caller if English is their preferred language. If the caller indicates a language other than English, the clinician at Access will connect third-party to the Language Line. In 2018 BHSD intends to implement a change to the call tree at Access Line to include a menu of languages. This enhancement will allow for better tracking of the languages requested at Access and help to identify gaps in service accessibility due to language.

■ **Objective: Train 100% of staff on cultural competence.**

- ◆ Action: Track percentage of staff who complete cultural competency training .

This action was partially met. BHSD uses the Relias Online Learning system to provide and track training on cultural competency. It is the goal of BHSD to train each employee, on an annual basis, on cultural diversity in the workplace. In FY16-17, 89.9% of behavioral health employees completed the required online training. However, of those who completed the training, 53.2% completed the course within the recommended timeframe of a year of having taken the course previously for current employees and within 30 days for new users. Plans for the next reporting period include improving compliance for individuals within the annual training window.

- **Objective: Maintain the percent of mental health consumers/families reporting they agree staff are respectful and supportive of culture, values, beliefs, life ways and lifestyle at 80% or above.**

- ◆ Action: Compare the number of consumers/family members who agree or strongly agree that staff are respectful and supportive to the total number of respondent.

This action was met. During the semi-annual Consumer Perception Survey period, the County added a question that asked agreement on “My provider was respectful and supportive of my culture, values, beliefs, life ways, and lifestyle (this includes race, religion, language, gender/gender expression, sexual orientation, or disability).” In May 2017, 92% of all surveyed respondents agreed or strongly agreed with the statement. Overall, the MHP is meeting its primary objective to maintain scores at 80% or above.

- **Objective: Implement efforts to create a more Welcoming Environment for consumers and their families.**

- ◆ Action: Distribute and evaluate Welcome Packet for new consumers.

This action was partially met. A FY15-16 recommendation from the External Quality Review Organization was to create a Welcome Packet for consumers. At the March 2016 QIC meeting, creating a Workgroup to address this recommendation was proposed. This Welcoming Environments Workgroup began meeting weekly starting April 2016, with the first task of creating a Welcoming Handbook. Workgroup members included the Family Services Coordinators, Clerical Supervisor, an Intake Clinician, and MHSA, Research & Evaluation, OCE, and Community Education & Information staff. Drafts of the Welcome Handbook were vetted at several managers meetings. The Handbook and accompanying folder were finalized with packets distributed to County-operated programs beginning in May 2017 for a 6-month pilot. Packets are distributed to new consumers and their families during their intake appointment with a clinician, with the Handbook also available via the waiting room and online.

Packets included a ½ sheet Feedback Form that asked for feedback on the Handbook. It was noticed in October 2017 that a low volume of these Feedback Forms were not being submitted. So a supplemental survey incorporating questions from this Feedback Form was developed and included with the November 2017 Consumer Perception Survey. Data are currently being entered and will be analyzed early 2018. In addition, the MHP also plans to hold a consumer focus group on this issue. An online staff survey was sent to all behavioral health staff in December 2017. These data will be reviewed to revise the Welcome Handbook content.

- ◆ Action: Pilot the peer liaison role with SPIRIT interns who will interact with visitors, ensure required materials are available in the waiting room, etc.

This action was met. In an effort to create a more welcoming environment, and be responsive to feedback obtained from people and their families receiving services, BHSD is exploring if the presence of volunteers or staff in the waiting room area improves the experience of visitors. As such, BHSD piloted this effort with seven Service Provider Individualized Recovery Intensive Training (SPIRIT) students in the summer of 2017 during a 6-week or 60-hour internship. SPIRIT interns were to utilize their peer support skills in the waiting room environment in the six County-operated Adult and Children’s specialty mental health clinics.

On a feedback form, 100% of consumers and caregivers ($N=144$) reported they were satisfied or very satisfied with their interactions with the liaisons (mean=3.8 on 4-point scale ranging from “very unsatisfied” to “very satisfied”). In open-ended comments, people replied that they liked being greeted, having someone to talk to, and being informed of resources. Providers overseeing the interns and front office support staff who interacted with the interns were sent an online survey. Of those who responded, 92% ($N=12$) were satisfied or very satisfied with having a liaison in the waiting room (mean=3.6 on 4-point scale ranging from “very unsatisfied” to “very satisfied”). Providers liked having the extra support and thought having someone in the waiting room to interact with and provider resources to consumers and their families created a more welcoming environment. In 2018, the East County Adult specialty mental health clinic is looking to hire for a temporary peer liaison position to further explore what this position would look like before considering if appropriate as a permanent position.

- ◆ Action: Identify programming for television monitors in waiting rooms.

This action has been partially met. During the course of the evaluation of the peer liaisons (see above action) and on a consumer survey, a theme that emerged was a suggestion to use televisions in waiting rooms. A recommendation from the Welcoming Environments Workgroup is to develop procedures on television use and appropriate content, such as identifying a menu of content and investigate the feasibility of using similar content used at the Regional Medical Center. West County Adult specialty mental health clinic recently started showing relaxation and nature content in their waiting rooms. The East County Children’s behavioral health clinic has two televisions – one side of the waiting room shows children’s movies and the other television shows health content. In addition, we are exploring the possibility of having Wi-Fi internet access in the waiting room area.

- ◆ Action: Start development of a staff orientation that includes best practices in consumer- and family-centered care.

This action has been met. To better support staff, in a 2017 Staff Development Survey asking about training needs, 81% ($N=275$) of behavioral health staff said that a Behavioral Health Division Orientation would be helpful. This orientation would emphasize the values of consumer-centered care as well as our system of care. Historically, there has not been an orientation specific to behavioral or mental health staff – only a general health services orientation. Thus, a behavioral health orientation that focuses on mission, vision, and values of consumer- and family-centered care could support a change in organizational culture. The Welcoming Environments Workgroup began planning for the orientation on August 14, 2017 with updates provided regularly to the Quality Improvement Committee. This plan is that this will be an all-day training beginning in 2018 that includes the following topics:

- Mission and Vision
- Strategic Plan
- Organizational Chart
- Policies
- Program Descriptions and Service Maps
- Access/Care Management
- Funding
- Levels of Care and Medical Necessity
- Recovery Model
- Language Matters
- Consumer- and Family-Centered Care

- Brief Intro to Electronic Information Systems
- Trainings
- Safety
- Tips for Success
- Trauma-Informed Systems 101

■ **Objective: Develop materials that are reflective of all individuals seeking care and convey inclusivity.**

- ◆ Action: Convene Communications and Outreach Workgroup.

This action was met. The Communications & Outreach Workgroup (COW) was established in July 2017 to streamline the look, tone, and language of internal and external communications and publications from Contra Costa Behavioral Health. The Workgroup meets 1-2 times monthly and is composed of a multidisciplinary team that includes behavioral health staff and consumer representation.

- ◆ Action: Develop style guide for communication materials.

This action was met. COW reviewed the Contra Costa Health Services (CCHS) style guide that applies to all subdivisions providing services. The document outlines usage of logos, graphic images, and provides specifications for collateral materials and signage. In order to complement the CCHS style guide, the COW team created an addendum with typography and color specifications for reference in developing outreach materials. Moving forward the COW team will look to develop a language guide with emphasis on consumer-friendly terminology that is inclusive of all services (e.g., substance abuse, mental health, and homeless issues) and a photographic style guide.

Medication Practices

Goal 8: Promote safe and effective medication practices

■ **Objective: Mental Health charts reviewed using the Medication Monitoring Tool will maintain an average compliance rate of at least 90%.**

- ◆ Action: All (100%) of medical staff to have a sample of their charts reviewed once a year.

This action was met. The MHP has established protocols to ensure that medical staff have a representative sample of their charts reviewed on an annual basis to ensure adherence with medication monitoring protocols and policies. The Behavioral Health Pharmacist conducts chart reviews weekly, pulling a randomized sample of charts from every member of the medical staff within the calendar year. Findings from these chart reviews are presented to the Medical Director for initial evaluation, and upon confirmation of the data it then passes to the Medical Director, Lead Psychiatrist, and selected line staff psychiatrists who pull a subset of charts for Peer Review. The most recent Medication Monitoring Report is from FY16-17 in which 39 physicians had their medical charts reviewed by the Behavioral Health Pharmacist. Although this number is not reflective of 100% of the medical staff, that incongruity is attributable to the reporting timeframe being a fiscal year instead of the calendar year. In total, 477 charts were examined.

During FY16-17, 74.4% of the charts reviewed were at least 90% compliant with the Medication Monitoring Tool. An additional 13.8% of the charts were between 80% and 89% compliant; 7.8% were between 70% and 79% compliant; 3.6% were between 60% and 69% compliant; and 0.4% of charts were between 50% and 59% compliant. The Medication Monitoring Tool is comprised of six subject areas: Initial Evaluation, Annual Update, Medication Orders & Consents, Treatment Plan, Progress Notes, and Lab & Other Test Orders. Countywide, the percentage of charts at or above 90% compliant ranged from 67.7% for Medication Orders & Consents to 97.1% for Progress Notes. Initial Evaluation had 96.2% of charts 90% compliant, Annual Update had 84.7% of charts 90% compliant, Treatment Plan had 85.5% of charts 90% compliant, and Lab & Other Test Orders 78.2% of charts 90% compliant.

The Countywide overall mean compliance rate for charts reviewed in FY16-17 was 92.9%. In each of the six subject areas, Countywide mean compliance rates ranged from 86.6% for Annual Update to 98.1% for Initial Evaluation and Progress Report. Medication Orders & Consents had a mean compliance rate of 87.7%, Treatment Plans had a rate of 88.8%, and Lab & Other Test Orders had a mean compliance rate of 90.3%.

- ◆ Action: Conduct follow up with psychiatrists with the lowest compliance rates.

This action was met. After each chart review, a report of findings is sent to the individual psychiatrist and to the Medical Director. The report outlines the criteria from the Medication Monitoring Tool used in the review, summarizes the logistics of the review (number of records reviewed, review period, and date of review), and reports findings in the areas of demonstrated excellence, areas needing immediate attention, and areas needing improvement. After the psychiatrist reviews the report, the Behavioral Health Pharmacist is available to provide one-on-one consultation if needed. Furthermore, once a month the Behavioral Health Pharmacist, Medical Director, Lead Psychiatrist, and selected line staff psychiatrists review charts together to conduct Peer Reviews. Individuals struggling with compliance are specifically invited to attend these reviews.

■ **Objective: Implement and rollout e-Prescription at all County clinics by 2017.**

The MHP launched an e-prescribing pilot in 2016. This tool supports connection of care among health services departments and “care everywhere” through sharing with non-County providers such as Kaiser Permanente, reducing drug-drug and drug-disease interactions. E-Prescribing achieves several important goals related to integrated service delivery and quality management: 1) enhances real-time communication between primary care and behavioral health related to medications for physical and mental health issues; 2) improves quality management and reduces errors with respect to documentation, medication tracking, potential drug interactions, and medication reconciliation; and 3) enhances our ability to manage controlled substances. Psychiatrists and clinical support staff as well as primary care physicians and support staff with permissions can view consumer records and see all prescribed medications, including drugs to manage physical and mental health issues.

- ◆ Action: Provide training and technical assistance, so that 100% of clinic sites are e-prescribing.

This action was met. CCHS has e-Prescription in which doctors electronically submit prescriptions to the preferred pharmacies of consumers through cLink, our Epic EHR. Starting in early 2016, the

MHP began providing training to staff in an effort to transition away from utilizing a paper prescription format. Rollout was conducted in a staggered approach. In March 2016, e-Prescription was piloted at our West County Adult specialty mental health clinic. In September 2016, the program rolled out to our 3 Children's clinics and at Forensics and Transition Team programs. In October it went live at the Older Adult clinic and East Adult clinics. The rollout to Central Adult and First Hope programs occurred in February 2017.

■ **Objective: Identify behavioral health consumers who are medication stable.**

- ◆ Action: Develop reporting on consumers prescribed psychotropic medications.

This action was partially met. Given our transition to e-Prescribing, the Behavioral Health Pharmacist began to identify ways to use the data now being systemically entered. One reporting need identified was to identify medication stable consumers on psychotropic medications, specifically prescribed anti-depressants and not prescribed other psychotropic medications. These consumers may be appropriate for step-down services to primary care. This report was put on hold while we transitioned to using an EHR for documentation and build resumed in November 2017.

■ **Objective: Medication lab monitoring protocols are adhered to.**

- ◆ Action: Develop reporting on labs of consumers receiving injectable anti-psychotic medication.

This action was partially met. The Behavioral Health Pharmacist requested a data report to monitor that consumers receiving injectable anti-psychotic medications are receiving lab work which are necessary given the potential side effects of the medications. Similar to the above action, this report was put on hold while we transitioned to using an EHR for documentation and build resumed in November 2017.

Service Delivery and Clinical Issues

Goal 9: Standardize processes and cross-regional referrals

■ **Objective: Create a comprehensive, but simplified internal and external referral process across systems of care.**

- ◆ Action: Build referral processes into electronic health records.

This action was partially met. There is a referral order within ccLink that allows Behavioral Health staff to refer a consumer to services within their own clinic (e.g., group therapy, case management), and refer a consumer to other Behavioral Health clinics (e.g., consumer moves to different region). The referral order being utilized now across the MHP, and will continue to be enhanced over time, to capture additional referral data.

- ◆ Action: Educate staff regarding available options (e.g., housing) for consumers.

This action was met. The Behavioral Health Housing Coordinator meets with Program Managers and Supervisors weekly to review and identify vacancies in augmented Board and Care facilities.

Additionally, the Housing Coordinator works with staff in the Health, Housing, and Homeless Division to identify processes for seamless referrals to supportive, independent housing.

Goal 10: Increase use of evidence-based practices

The Children's System of Care (CSOC) led the way in planning and implementing evidence-based programs (EBPs). To maintain effective implementation of EBPs and build a community of practice, training, and support to CSOC staff, EBP Team Lead positions were created and filled in November 2013. The EBP Team Leads have played a pivotal role in the implementation of EBPs in our CSOC. The Team Leads, stationed respectively in each of the three children's regional clinics, provide the foundation and structure for maintaining ongoing training, supervision, and effective practice of EBPs. EBP Team Leads are responsible overall for the monitoring and maintaining of fidelity to the EBPs being implemented in our CSOC, which are

- Dialectical Behavior Therapy (DBT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Therapy (CBT) for Depression/Anxiety
- Family Based Treatment (FBT) of Eating Disorders

BHSD initiated an EBP and Outcomes Workgroup in November 2015. This Workgroup continues to meet monthly with the goal to review and monitor EBPs and outcome measure implementation needs across the Children's and Adult Systems of Care.

■ **Objective: Expand delivery of Dialectical Behavioral Therapy (DBT).**

DBT is an empirically validated treatment applying a broad array of cognitive-behavioral therapeutic strategies in the treatment of suicidal individuals with borderline personality features. DBT reframes suicidal and other dysfunctional behaviors as part of the consumer's learned problem-solving repertoire and focuses therapy on active problem-solving while validating the consumer's current emotional, cognitive, and behavioral responses just as they are. DBT utilizes the practice of Mindfulness as a core skill providing an underlying foundation for the learning and practice of all the other DBT skills. It has demonstrated impressive clinical outcomes of consumers with complex comorbid disorders.

The MHP began its implementation of DBT in our CSOC in Summer 2011 with a six-week Summer Intensive Training with Dr. Esme Shaller of the University of California, San Francisco providing all didactics and consultation. A total of 29 staff participated in this training with the goal of creating DBT Multi-Family Groups (MFG) and services in each regional clinic. Follow-up Quarterly Consultation Trainings with Dr. Shaller and her successor Dr. Natalie Todd combined with Countywide and Regional Consultation Team meetings led by EBP Team Leaders and County staff have been implemented to support staff in continuing to develop competency in the delivery of this model.

- ◆ Action: Re-engage staff in consultation trainings to maintain DBT fidelity and effectiveness and assure quality delivery of services.

This action was met. Quarterly consultation trainings with Dr. Shaller and Dr. Todd were held January, April, August and November of 2017. Trainings were attended by staff from children's regional clinics, staff working with TAY in our adult regional clinics, and staff from community-based organizations (CBOs) who are actively working to implement DBT into their work with

consumers. In addition, the regional Team Leads continued to facilitate weekly consultation team meetings to monitor adherence to the model, support learning, and clinical support to staff. Staff reported these monthly meetings with other DBT practitioners in our system at large are supportive, informational, and valuable.

- ◆ Action: Train staff, including conduct “Train the Trainer” for Team Leaders and Program Managers.

This action was met. The MHP attended two “Train the Trainer (T4T)” trainings held in 2017; one in May and a second in October of 2017. Both at West and Central County Children’s Clinics we had a turnover in EBP/DBT Team Leads. The T4Y events provided an opportunity to introduce the new Team Leads into their new responsibilities. In 2017, we also included the DBT Lead from West County Adult in the T4T events. Our goal is to is to develop our effectiveness as DBT Team Leads and practitioners which will facilitate our ability to continue to support and train staff. The purpose of the “Train the Trainer” was to train and prepare Team Leads to provide introductory training to staff wanting to learn and practice DBT. As a result, Team Leads are now providing competent and effective training modules during consultation meetings for new staff joining the clinic or staff in clinic wanting to learn. These staff joined ongoing teams and provide much needed DBT to consumers and families. Following similar efforts in years past, the Team Leads are planning to hold additional training events for our DBT practitioners. The Leads also conducted a DBT seminar for SPIRIT program that trains individuals with lived experience to become peer providers in the mental health field.

In 2017, group membership will be opened to include staff who are committed and would like to be a trainer and leader in DBT. EBP Team Leaders now meet criterion for certification in DBT, as do several DBT team members; certification in DBT to be applied for in 2017.

- ◆ Action: Revisit DBT referral process.

This action was met. To better triage incoming referrals for DBT consideration, we adjusted our referral process. In addition to relying on intake clinicians and providers to complete DBT referral forms, our Team Leads now screens intake logs for potential DBT cases and works with the intake clinicians and staff to make DBT referral and assign cases for DBT practitioners.

- ◆ Action: Select an emotion regulation outcome measure.

This action was met. In addition to the Suicide Ideation Questionnaire (SIQ) and the MacLean Screening for Borderline Personality Disorder (BPD), we introduced the Difficulties in Emotion Regulation Scale - Short Form (DERS-SF) as a measure to assess level of dysregulation and track progress. We decided to add the DERS-SF to accommodate the fact that many consumers participating in DBT are not diagnosed with BPD, but present wide variety of diagnoses.

- ◆ Action: Develop outcomes educational materials for staff.

This action was partially met. To support staff implementing DBT, one-page Quick Guide on the DERS-SF was developed summarizing the measures and providing information on administration, clinical utility, and scoring. In the Summer of 2017, the server folder on Evidenced Based Programs was organized and now includes a sub-folder on outcome measures for those staff interested in learning more about these tools.

- ◆ Action: Use centralized outcomes database.

This action was met. In Fall 2016, the EBP Team Leads identified that they needed a database to enter outcomes data as there was no data entry plan at the time. In October 2016, a Planner/Evaluator created databases – one for each region – based on the TF-CBT database created and submitted to the California Institute for Behavioral Health Solutions (CiBHS). Team Leads monitor data entry for their region and the assigned Planner/Evaluator analyzes and shares findings with the Leads.

- ◆ Action: Investigate the feasibility of expanding DBT to the adult system of care.

This action partially met. In 2017, the EBP and Outcomes Workgroup reviewed the feasibility of expanding DBT into the Adult System of Care. Currently the West County Adult Clinic offers DBT, but the other two regional adult clinics do not. The intensive nature of this treatment model provides a challenge to treatment providers in a public mental health clinic setting where consumers' day to day struggles with housing and survival needs interfere with intensive ongoing treatment. The addition of the West County Adult DBT clinician to the DBT consultation calls had led to enriching discussions, demonstrating the value of expanding to the whole Adult System of Care (ASOC).

■ ***Objective: Continued implementation of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) in the Children's system of care.***

TF-CBT is an EBP treatment for treating post-traumatic stress disorder (PTSD), traumatic grief, and related emotional and behavioral problems in children and adolescents. The CSOC has been training staff using CiBHS sponsored trainings with the founders and national trainers of this model since August 2008.

- ◆ Action: Continue training opportunities and consultation on TF-CBT.

This action was met. A group of regional clinic staff attended a CiBHS sponsored TF-CBT booster trainings in February and November of 2017 that are required for certification (follow-up to the two-day TF-CBT introduction training in September of 2015). In addition, in an attempt to address staff turnover, newly hired staff from all regional clinics attended a CiBHS sponsored introduction to TF-CBT in May 2017. The MHP and CiBHS collaborated in developing a protocol for submission of tapes for certification review. Approval for the purchase of 11 additional tape reviews was requested so that all clinicians who are interested in becoming certified have the opportunity to do so. This year two additional clinicians were certified. The MHP is complying with the new protocol that requires newly trained clinicians participate in 12 supervision calls with a nationally certified trainer with no more than ten attendees. In addition, we continue to hold our regional case consultation groups to support clinicians who practice the model.

- ◆ Action: Monitor certification of staff in TF-CBT in the move from state to national certification.

This action partially met. Currently the CSOC staff are practicing and implementing TF-CBT in all three children's regional clinics. Two providers were certified as supervisors. Due to the new protocol for TF-CBT certification we are no longer pursuing certifying Teams Leads as supervisors. Two additional clinicians were certified as TF-CBT providers.

- ◆ Action: Develop outcomes educational materials for staff .

This action was met. To support staff implementing TF-CBT, one-page Quick Guides on the TF-CBT outcomes of the Youth Outcomes Questionnaire (YOQ) and UCLA's Posttraumatic Stress Disorder-Reaction Index (PTSD-RI) were developed summarizing the measures and providing information on administration, clinical utility, and scoring. In the Summer of 2017, the server folder on Evidenced Based Programs was organized and now includes a sub-folder on outcome measures for those staff interested in learning more about these tools.

- ◆ Action: Use centralized outcomes database.

This action was met. Prior to 2017, data were submitted to CiBHS twice yearly and the agency in turn develop and disseminate a performance dashboard report on the data submitted. Data were being submitted to CiBHS by each clinician. It was discussed at an EBP Team Leads meeting creating regional databases that can be monitored by a Planner/Evaluator who can take over data analyses and report creation. Regional TF-CBT outcomes databases were then created in December 2016 and data entry is monitored by regional Team Leads.

■ ***Objective: Implement Family Based Therapy (FBT) for Eating Disorders in the Children's and Adult systems of care beginning in 2017.***

In 2015 the MHP convened a collaborative workgroup of partners from behavioral health and primary care working with adolescent patients with eating disorders in our system. These patients pose significant risk for hospitalizations and poor outcomes. The workgroup identified a great need for clinicians trained to work with this special population. FBT for Eating Disorders (also known as the Maudsley Method) is an evidence-based treatment found to be effective in the treatment of anorexia nervosa. FBT is an intensive outpatient treatment approach that puts parents in the center of their child's treatment. It is strength-based, engaging parents at the outset in the recovery of their child and including them as it focuses on three essential treatment phases: refeeding, weight restoration, and control of eating and maintaining health identity free from anorexia.

- ◆ Action: Provide consultation to support FBT fidelity and effectiveness and assure quality delivery of services.

This action was met. Since December of 2016, we have completed 31 consultation calls with a nationally certified trainer in FBT, Dr. Gina Dimitropoulos from University of Calgary, Alberta. Consultation supports FBT providers in our regional clinics in serving suffering from eating disorders.

- ◆ Action: Monitor certification of staff in FBT.

This action was partially met. This action is in process. The plan is to certify up to three providers, one provider for each regional clinic once we have completed our 45 consultation calls.

- ◆ Action: Develop an outcomes plan, including tracking of referrals and participants.

This action was met. In 2017, the Program Manager overseeing implementation and the assigned Planner/Evaluator began to review the list of outcome measures recommended by the FBT trainer. This list was narrowed to four outcomes and subsequently to two outcome measures: The Parent

Versus Anorexia Scale (PvA) and Eating Disorder Examination Questionnaire (EDE-Q). The PvA is a seven-item survey on parental efficacy completed by the parent/caregiver. The EDE-Q is a 28-item questionnaire completed by the youth receiving services that measures the range and severity of eating disorder features. In the interim period while Business Intelligence develops a way to track program participation in our EHR, an Excel tracking log was developed.

- **Objective: Implement at least one evidence-based program across the adult system of care beginning in 2017.**

The MHP worked throughout 2016 in its EBPs and Outcomes Workgroup to strengthen its EBP work in the CSOC and expand EBPs to the ASOC. Background research was carried out on about 15 EBPs appropriate for the most common diagnosis class served in our adult system of care of schizophrenia and other psychotic disorders. The Workgroup additionally surveyed staff regarding their attitudes and suggestions about using EBPs. All of this information was used, together with considerations about training, cost, organizational culture, and implementation burden to select two new EBPs for implementation in 2017: Cognitive Behavioral Social Skills Training (CBSST) and Cognitive Behavioral Therapy for Psychosis (CBTp). CBSST combines cognitive behavioral therapy (CBT) and social skills training (SST) techniques, such as thought challenging, role-play practice of communication skills, and problem-solving training and is typically delivered in a three module group format by a clinician and peer provider team. CBTp is an individualized intervention for adults with schizophrenia and other serious mental illness.

- ◆ Action: Convene trainings on Cognitive Behavioral Social Skills Training (CBSST) and CBT for psychosis (CBTp).

This action was met. BHSD convened at two-day training in CBSST with Dr. Eric Granholm from UC San Diego on March 2 and March 3, 2017. This training was well attended, with approximately 100 participants, and included Mental Health Clinical Specialists (clinicians) and Community Support Workers (peer providers) from the ASOC as well as staff from Health, Housing, and Homeless Services and staff from our contractors providing Full Service Partnership (FSP) services. On May 16 and 17, a training in “Positive Practices for Working with Psychosis” with Dr. Kate Hardy from Stanford University was held. This training in CBTp was held for clinicians from our adult regional clinics and was well attended.

- ◆ Action: Develop certification plan for CBSST and CBTp.

This action was not met. Currently focus is on implementing the treatment models and supporting staff in their practice of the models with consultation calls with the trainers. A plan has been made to appoint EBT Team Leads in the ASOC to help facilitate the implementation of EBPs. Team Leads would help with developing certification in our EBPs. Currently, we have identified one EBP Team Lead in our Central Adult Clinic. To develop certification protocols, EBP Team Leaders need to be identified in the other clinics.

- ◆ Action: Participate in consultation trainings.

This action was met. Following the two-day CBSST training, we have held monthly one-hour consultation calls with the trainer. These calls are held on the first Thursday of the month at 1 pm; participants use a conference line and call in with questions and case presentations. These calls have good participation; with generally 15 to 20 participants on each call. For CBTp, we have

implemented follow-up consultation calls with the trainer consisting of two teams: Team A – staff from East Adult, West Adult, and Transition Team have a one hour call with Dr. Hardy on the 4th Monday at 2:00 pm; and Team B – staff from Central Adult, Older Adult, and Forensics have a one hour call with Dr. Hardy on the 2nd Monday at 9:00 am.

- ◆ Action: Identify outcomes to measure program effectiveness.

This action was met. After careful review of a list of outcome measures recommended by the trainers of CBSST and CBTp, we chose the following measures:

- The Recovery Assessment Scale – Revised (RAS)
- The Independent Living Skills Survey Self Report Interview (ILSS-SR)

The RAS is a 24-item recovery questionnaire based on a process model of recovery (e.g., hope and self-determination). The ILSS-SR is a 70-item structured interview on an individual’s view on their community adjustment and basic functional living skills. Starting in 2018, these measures will be completed before and after treatment; in addition, the ILSS will be completed at the beginning of each skill training module for CBSST and the RAS will have 6-month reassessments for CBTp.

■ **Objective: Build internal capacity to provide trainings and supervision on evidence-based practices.**

- ◆ Action: Revise and administer the Staff Development Survey that compiles a list of those trained and certified in various evidence-based practices.

This action was met. A Staff Development Survey was amended to include questions on what EBPs staff are currently trained or certified on and interest in becoming a trainer or champion for various EBPs, in addition to the perceived benefits of these topics. This was done in order to identify feasibility of building internal capacity to provide trainings and follow-up. In the Summer of 2017, County and contracted behavioral health providers were asked to complete the survey; a total of 275 online surveys were submitted. The majority of respondents rated that the following EBPs as “very beneficial”: CBT for Anxiety/Depression, Motivational Interviewing, DBT, and CBSST. Many staff have been trained in these programs and several staff indicated interest in being a trainer or champion of these programs. Findings were reviewed by the EBP and Outcomes Workgroup at their November 2017 meeting with plans to follow up with individuals in 2018.

■ **Objective: Sustain and maintain ongoing implementation of evidence-based trauma-informed care.**

- ◆ Action: Participate in the Trauma Transformed (T2) collaborative, working together with Bay Area communities to change the way we understand, respond to, and heal trauma.

This action was met. This collaboration arose from our participation in the Bay Area Trauma Informed Systems of Care (BATISC) Initiative, which brings together the behavioral health systems of care of seven Bay Area Counties (Alameda, Contra Costa, Marin, San Mateo, Santa Clara, Santa Cruz, and San Francisco) that were awarded a SAMHSA grant in 2014.

- ◆ Action: Staff cohort receives train-the-trainer TIS training.

This action was met. T2 supports the regional systems to collaborate more effectively by creating communication channels, providing a clearinghouse for best practices and policies, and disseminating a workforce training program that is aimed at organizational change based on the principals of trauma informed systems. This 3.5 hour Trauma Informed Systems 101 training (TIS 101) follows a Train-the-Trainer model with the goal of being self-sustaining. T2 oversees, coordinates, and tracks all TIS 101 trainings, and they successfully trained a new cohort of 13 Contra Costa County staff in Summer 2017. This cohort joins the six Contra Costa staff trained in Fall 2016 to form a cohort of 19 TIS trainers. In May 2016, the first TIS 101 training was held for behavioral health, public health, and educational staff at the County and CBOs. Due to the overwhelming response and interest in this training, a second session was hosted in June 2016. Over the course of the two sessions, 146 providers throughout Contra Costa attended the TIS 101 trainings. The MHP would like to train all behavioral health staff in TIS 101 starting in 2018.

- ◆ Action: Convene a Trauma-Informed Collaborative to provide ongoing input and direction, including developing policies and procedures.

This action was met. BHSD convened a “Trauma Informed Collaborative” that meets monthly with system partners from primary care, public health, employment and human services, children and family services, healthcare for the homeless. The Collaborative goal is to implement across the Contra Costa Health Services the values and principles of a trauma-informed system.

Goal 11: Facilitate access to substance use disorder treatment that support sustained recovery

■ **Objective: Infuse harm reduction strategies into the treatment of co-occurring disorders.**

- ◆ Action: Develop literature that state individuals are not marginalized for substance use, displaying mental health symptoms, or having trouble following a treatment plan.

This action was partially met. The Office for Consumer Empowerment (OCE) is finalizing revisions to an existing mental health focused Reducing Stigma brochure to incorporate both substance use and mental health language. Adding integrated language to the brochure will reinforce the importance of inclusiveness, normalizing, and reducing stigma. This brochure can be revised in the future as needed.

- ◆ Action: Recommend harm reduction strategies through peer support opportunities.

This action was not met. BHSD is working towards a more integrated model of care. Current efforts include getting the three regional adult and three regional children’s clinics Drug Medi-Cal certified. This will allow the clinics to provide outpatient drug and alcohol services to consumers with co-occurring disorders. Behavioral Health staff, including peer providers, will continue to attend trainings related to substance use disorder treatment modalities and continue to familiarize staff with EBPs. OCE will educate peer support workers on harm reduction strategies, and over time, peer support workers will utilize these strategies in Integrated Case Consultation.

Goal 12: Effectively collect data and communicate data findings to staff and the community

- ***Objective: Develop electronic reporting capacity to regularly examine quality, access, and timeliness of services through the Behavioral Health Electronic Health Record.***

BHSD successfully implemented an EHR on September 26th, 2017. BHSD is using the same EHR system that is used in the Hospital and Health Centers, ccLink (i.e., Epic). Many action steps were taken this year to ensure the success of this large project.

- ◆ Action: Develop a communication plan that includes contract providers in the planning and implementation of electronic interoperability of EHR data between disparate systems.

This action partially met. The communication plan throughout the ccLink implementation included multiple site visits, updates at Manager's and QIC meetings, Q&A sessions, presentations to various community stakeholders (Mental Health Commission, etc.), recurring all-staff emails, and access to a Behavioral Health SharePoint site with updated project notes, agendas, timelines, and governance structure. During Phase I, in-depth communication with contract providers were not held and will occur during Phase II implementation.

- ◆ Action: Identify Champions and subject matter experts.

This action was met. A Project Manager was hired to oversee and guide this implementation. A governance structure was put into place that included the Executive Steering Committee, Champions (represented across all disciplines), Subject Matter Experts (represented across all disciplines), and Super Users.

- ◆ Action: Hold validation sessions.

This action was met. During Spring 2017, Subject Matter Experts participated in multiple workflow validation sessions with the Epic Project Manager and Champions, with the purpose of understanding standard workflows across the Division.

- ◆ Action: Conduct clinical content buildout.

This action was met. Clinical content build sessions were facilitated in Summer 2017, and these meetings helped to establish the required clinical documentation to be built into ccLink. Following clinical content build sessions, Super Users were identified and this group was the first to receive ccLink training.

- ◆ Action: Train all mental health staff.

This action was met. In August 2017, all staff in the MHP (500+ employees) received ccLink training in a series of trainings organized by discipline. Champions and Super Users were also available after Phase I launch to provide individual assistance and Tip Sheets are regularly disseminated to address emerging needs.

- ◆ Action: Launch Phase I of the electronic health record.

This action was met. Phase I of ccLink implementation was successfully met on September 26, 2017. Phase I began after successful launch of the ccLink modules of Tapestry, e-Prescribing, and Cadence. Phase I entailed clinical documentation of our mental health services within County-operated programs.

■ **Objective: Develop capacity to regularly examine quality, access, and timeliness data.**

- ◆ Action: Prioritize data and reporting needs with Business Intelligence, ensuring that the data system captures individual and program level data.

This action was met. In an effort to better coordinate data requests and facilitate the reporting needs of the BHSD, the Quality Improvement Program Coordinator was named as the Data Steward for the Behavioral Health Division. As a Data Steward, the Quality Improvement Program Coordinator works closely and in collaboration with the Business Intelligence Analytics Team to discuss current, future, and required reporting elements and how to facilitate the handling of additional requests. This was an important step towards ensuring greater reporting coordination and capability particularly with CCHS' centralization of the Business Intelligence Analytics team and the MHP's transition to Epic EHR. With the transition to Epic, the Division set out to inventory all data and reporting, prioritize according to those necessary to meet mandates, support day to day operations, and create optional and/or wish list of reports. Report builds to follow accordingly in either Epic or ShareCare billing system. The data inventory was established and several data owners were identified to prioritize accordingly. Meetings with data owners were conducted over the summer months to better understand the purpose of the reports in the data inventory. In addition, the Behavioral Health Data Steward meets every other week with the Business Intelligence Analytics Team for updates, progress, and coordination with data owners to ensure two-way communication around data needs. Given the volume of required reporting and use of reports for day to day operations, there has been very little progress on any wish list reporting. However, this will hopefully be revisited next year once several of the mandatory report builds have been completed.

■ **Objective: Monitor program performance to improve BHSD capacity and service delivery.**

- ◆ Action: Annually request COMPASS-EZ updates from BHSD managers.

This action was met and is ongoing. The Behavioral Health Integration Services Manager began meeting with Program Managers and Supervisors in March 2017 to identify goals related to the Behavioral Health Strategic Plan and the COMPASS-EZ (self-assessment tool for behavioral health programs). Goals were identified and then reviewed quarterly or more frequently as needed to identify progress towards goals, and any barriers to achieving goals. The results of these goal-setting sessions were reflected in an Integration Monitoring Report that was distributed to Executives, Managers, and Supervisors staff during a meeting in August.

- ◆ Action: Report out monthly at Program Managers meeting to provide updates and gauge progress toward BHSD goals and timelines.

This action was met and is ongoing. The Integration Services Manager attends the monthly Executive/Managers meeting and provides updates and progress towards BHSD goals and timelines. The Integration Monitoring Report has also been utilized to report progress across the Division, as well as common themes related to Integration.

■ **Objective: Identify levels of care and outcome measure(s) to assess consumer performance.**

- ◆ Action: Analyze Level of Care Utilization System (LOCUS) and Child and Adolescent Level of Care Utilization System (CALOCUS) instrument data.

This action was met. Continuing work initiated in Fall 2016, the Coordinating Levels of Care (CLOC) Workgroup convened monthly in 2017 to assess utilization of the LOCUS and CALOCUS level of care tools. The Workgroup identified that key challenges with using instrument data include the frequency with which the tool is administered (currently at intake and annually) and employing the instrument score to justify transitions between levels of care (i.e., how consumers are stepped up or down depending upon assessment). Additional analysis was performed comparing 2015-2016 LOCUS scores for all adults with one year follow-up assessments done in Board & Care and/or Super Board & Care placements. Mapping exercises were introduced in an effort to discuss standardization of the level of care scoring and subsequent placements for treatment. In July 2016, the CLOC Workgroup was put on hold as attention shifted to launching the Epic electronic health record across MHP. The LOCUS and CALOCUS assessment tools were built into the EHR, MHP will look to collect and analyze instrument data in the coming year.

■ **Objective: Pilot utilization of the PHQ-9 and GAD-7.**

- ◆ Action: Identify sites to host pilot.

This action was met. The EBP and Outcomes Workgroup began considering the use of outcomes for our ASOC in 2016 to improve screening, inform treatment planning, and track progress. After several discussions, the group decided on the use of the Patient Health Questionnaire-9 Item (PHQ-9) and Generalized Anxiety Disorder-7 Item (GAD-7) tools. Before implementing system-wide, it was determined to do a pilot first. East County Adult Clinic and Discovery House – an substance use disorder (SUD) treatment program – were identified as sites to host the pilot. The goals of this pilot are to determine effectiveness and usefulness of the PHQ-9 and GAD-7 as outcome measures that can be used system-wide by ASOC clinics.

- ◆ Action: Convene pilot planning workgroup.

This action was met. The PHQ-9/GAD-7 Pilot Planning Workgroup began meeting informally in November 2016 and formally in March 2017 and includes representatives from both sites. The Workgroup meets monthly and is tasked with planning and overseeing implementation of the pilot program.

- ◆ Action: Establish workflows and provide staff training.

This action was met. Over the past year, workflows for both sites have been developed and revised repeatedly based on feedback from different staff and the launch of the EHR. Staff training was provided at the East Adult Mental Health Clinic on November 20th and at the Discovery House site on December 13th. In addition, an internal Team site (e.g., wiki) was designed to house pilot materials such as forms and workflows.

■ **Objective: Use Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35) outcome measures for children and youth up to age 21.**

- ◆ Action: Coordinate with Counties using the CANS to capture lessons learned and inform implementation planning.

This action was partially met. Starting in September 2015, discussions began to be held with other Counties and community-based organizations to hear how they implemented the CANS, including successes and challenges. More recently, in consultation with Chapin Hall, we have identified other Counties we should contact. In December 2017, our contracted providers were surveyed about their current use of the CANS. Some of these providers will be invited to participate in a CANS Implementation Team.

- ◆ Action: Identify and train staff to become Train-the-Trainers.

This action was met. In October 2017, seven staff became certified CANS Train-the-Trainers while attending the 13th annual TCOM conference. Five of the staff are embedded in the County-operated Children's Mental Health Clinics and will be the primary trainers; the remaining two will serve as back-up trainers.

- ◆ Action: Form an Implementation Team to oversee infrastructure changes and training.

This action was met. On the recommendation of Chapin Hall, a multi-disciplinary Implementation Team was formed beginning in November 2017. Members include representation from clinical line staff (and future trainers), clinical supervisor, psychiatrist, Katie A program, quality assurance and improvement, utilization review, administration, and EHR staff. The purpose of this Team is to oversee infrastructure changes needed to ensure successful implementation of the CANS and PSC-35. The Team is currently meeting monthly.

Goal 13: Improve consumer and community communication, collaboration, and education

■ **Objective: Plan, coordinate, and oversee the Wellness Recovery Action Plan (WRAP) program for Contra Costa Health Services.**

WRAP, an evidence-based program, is a peer-led group intervention typically held once a week for duration of 8 to 10 weeks at 2 to 2 ½ hours per group. During the process of developing a WRAP Plan, group members create a wellness toolbox in which they place "tools" that help them stay well. WRAP includes a Daily Maintenance Plan. WRAP helps group participants to identify triggers and create a "Triggers Action Plan." Participants identify early warning signs and create an "Early Warning Signs Action Plan." The next part of WRAP involves making a list of what it is like when there is a crisis, and to plan in advance for how to respond to crises with a "Crisis Plan." The crisis plan in WRAP can sometimes be used as an alternative to an advanced directive. After that, they create a "Post-Crisis Plan," which is used to begin the transition to wellness.

- ◆ Action: Monitor implementation of WRAP across the County.

This action was met. As monitored by the OCE, in 2017 the following events were held at County-operated programs:

- Central County Adult – 2 groups

- East County Adult – 3 groups
- West County Adult – 1 group
- West County Family Courtyard Older Adult Housing Placement – 1 group
- Forensic Mental Health Services – provided 1:1 WRAP

Staff facilitating groups submit sign-in sheets on a monthly basis to OCE for tracking purposes. Materials are also provided to the Copeland Center for Wellness and Recovery, the organization founded by the WRAP developer.

- ◆ Action: Hold WRAP facilitator training.

This action was met. The week of June 12, 2017, a 5-day Seminar II WRAP Facilitator Training was provided by Mental Health Association San Francisco. A total of nine staff were trained. A 3-day Facilitator Re-certification training was provided on April 24-26 for seven staff who needed to be recertified in WRAP facilitation.

- ◆ Action: Identify data tool on program effectiveness.

This action was met. In collaboration with the Research & Evaluation Unit, the RAS was identified as a pre- and post-measure. The RAS is a 24-item recovery questionnaire based on a process model of recovery (e.g., hope and self-determination) and was developed for program evaluation of outpatient and peer-run programs. It can be used to assess current level of recovery and changes over time. The tool was developed by mental health consumers through narrative analysis of their recovery stories. In 2018, this measure will be administered to measure program effectiveness of WRAP.

- ***Objective: Educate peers and family members through Service Provider Individualized Recovery Intensive Training (SPIRIT) program, a college-accredited three college course series.***

The SPIRIT program is a series of three college courses accredited for nine units in a unique collaboration between BHSD and Contra Costa College, and over 30 County behavioral health provider and/or behavioral health consumer and family-run organizations. The 6-month class and internship is instructed by OCE peer instructors and guest speakers to provide students with the skills they need to become peer providers. Graduates receive a SPIRIT certificate, which is a requirement to work for Contra Costa County as a peer provider.

- ◆ Action: Implement coursework emphasizing recovery, including facilitation, coordination of speakers and activities, and assessment of students' readiness to graduate.

This action was met. The first course met between January 23 and March 15, 2017 for 15 classes; topics included Transition into Becoming a College Student, Recovery, Resiliency Principles for Peer/Family Support, Peer/Family Support, Group Facilitation, MHS Proposition 63, How to Use Community Resources, Conflict Management, Forensic Mental Health, Ethical Procedures, HIPAA Law, Work-Study Fair Preparation, Mental Health Coping Strategies, Concepts of Attachment, Tell Your Story Workshop, Advocacy, Patient Rights, and LGBTQI2-Spirit. The second course met between March 20 and May 24, 2017 for 18 classes; topics included Internships, Employment Interview Skills, Helping People with PTSD, Work Study Fair, Crisis De-escalation Skills, Children's Mental Health Presentation, Juvenile Justice Recidivism Prevention, Approaches to Psychosocial

Rehabilitation & Recovery, Homeless Services, Alcohol and Other Drug, Adult Family Services, National Alliance on Mental Illness, Mental Health History, Advocacy Skills, Older Adult Mental Health, Cultural Diversity, Concepts of Attachment, Counter Transference, Evidence-Based Practices, and Whole Health. The third course met between June 19 and July 24 for 6 classes and work study/internship; topics included Group Facilitation, Boundaries, and Whole Health. A total of 34 people graduated in 2017.

- ◆ Action: Recruit consumers and family members of consumers.

This action was met. In late 2017, recruitment for the 2018 cohort included 59 outreach activities to County clinics and consumer-run and CBOs between August and October 2017; this included 50 Family Members, 503 consumers, and 280 provider staff. Interested persons completed a 17-item application used to assess self-reported behavioral health interests and aptitude; a total of 114 applications were submitted for the 2018 class. Applications are rated by a panel on thoroughness and legibility, lived experience, peer and recovery support experience, resiliency, interest level, and ability to resolve conflicts. The most promising applicants – average rating of 80 or higher – are selected for in-person interviews. The interview panel includes SPIRIT project personnel and a personnel project manager. There were 65 applicants for the 2018 class who were invited to an interview. These interviews further examined the potential of applicants and their interest in working in behavioral health. Fifty applicants were accepted into SPIRIT 2018, with potentially ten additional participants who are allowed to register directly for classes with Contra Costa College.

- ◆ Action: Consolidate and revise curriculum.

This action was met. SPIRIT staff met with the Family Services Coordinators to review curriculum topics to ensure that they were inclusive of all perspectives since students have different perspectives: consumer, family member of youth consumer, and family member of adult consumer. Speakers for the 2018 cohort were provided with information on who the students were so that they can speak to all perspectives.

- ◆ Action: Coordinate internship placements.

This action was met. Beginning with the 2014 SPIRIT cohort, two Peer Vocational Specialists were hired. The Specialists have successfully coordinated and placed 34 SPIRIT students in internship positions in County and CBOs in 2017 by outreaching to and recruiting County program representatives to participate in the SPIRIT Work-Study Fair, providing ongoing support to the students before and during internships to ensure a positive outcome and experience, conducting site visits to support and meet the needs of both the students and the agency, and providing additional training on internship ethics, soft skills and professionalism. Also, by using student and program supervisor's feedback through surveys, the Peer Vocational Specialists were able to collect information on program improvements for next year's interns.

- ◆ Support students and alumni in obtaining and maintaining paid and unpaid employment.

This action was met. The Peer Vocational Specialists motivated and mentored students to reach their full potential by identifying their goals, skills, needs, and interests through one on one interviews, linking students to other services such as Contra Costa Vocational Services, phone calls and in-person support to those who required additional help entering employment, and providing monthly continuing education training on topics that reflected the needs of surveyed participants.

The Peer Vocational Specialists met with a Planner/Evaluator to establish a new Access database to more accurately gather data and outcomes on SPIRIT students and graduates. In addition, the Peer Vocational Coordinators provided job resources by researching the internet and linking directly to agency supervisors, assisting with resume, cover letters, and mock interviews to prepare each student for upcoming job opportunities, while also working with agencies to send the appropriate resumes that fit their job requirements. To maintain employment, relationships were built with community programs and agencies, with check-ins and follow ups with both the employee/student and employer to follow through on progress and further trainings needed. In 2017, 36 SPIRIT graduates were placed in behavioral health employment or volunteer positions.

■ ***Objective: Continue the Committee for Social Inclusion to foster a community alliance and provide public education.***

The Committee for Social Inclusion is a community alliance including peers with lived mental health experience and/or co-occurring challenges such as substance use addiction and homelessness, family members of persons receiving behavioral health services, and behavioral health service providers. Committee members collaborate to educate the public about the facts around mental health and co-occurring challenges, emphasizing the ability of people to recover and achieve wellness. The Committee is guided by the purpose of promoting acceptance, empowerment, and equal opportunity for persons with lived behavioral health experience to pursue fulfilling lives as active members of their communities.

- ◆ Action: Facilitate monthly meetings, including educational presentations.

This action was met. OCE staff facilitated 12 monthly meetings of the Committee for Social Inclusion in 2017. Highlights of these meetings included:

- January 2017 – Committee breakout groups discussed the following questions:
 - How can the Committee increase its membership and meeting participation?
 - What types of discussion or presentation topics would the Committee like to see?
 - What kinds of Committee roles would current members be interested in undertaking?
- May 2017 – The Committee hosted a special guest presentation for Mental Health Awareness Month featuring Sally Zinman, Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO).
- June 2017 – The Committee discussed the formation of a third subcommittee focusing on facilitating community input into the MHSA Innovation Project, Overcoming Transportation Barriers, currently operating at OCE.
- July 2017 – Zachariah Todd, Substance Use Counselor with the Behavioral Health Access Line provided handouts and presented an overview of the Alcohol and Other Drugs Services (AODS) system of care. This presentation also included a discussion about stigma and discrimination faced by AODS clients and how clients and providers alike work to overcome it through the use of person-first language. He also presented on the Drug Medi-Cal Waiver.
- August 2017 – Juliana Pooley, Contra Costa Health, Housing and Homeless Services Coordinated Entry Systems Manager, updated the Committee with current information on how to access community housing and homeless services.
- September 2017 – April Langro, Recovery Services Administrator I at RI International and Interim Chair of the Behavioral Health Care Partnership (BHCP) at Contra Costa Regional Medical Center (CCRMC), introduced the Committee to BHCP and discussed proposed improvement projects on the CCRMC campus related to behavioral health services, including enhancements to waiting areas near Psychiatric Emergency Services (PES) and upgrading of

signage around the campus directing the public to PES and also to Psychiatric Inpatient Unit 4-C.

- ◆ Action: Update stigma brochures.

The action was partially met. After a postponement pending the hire of a new permanent Program Coordinator, OCE staff reintroduced the concept of the Social Inclusion campaign to the Committee membership beginning in October 2017 with an exercise and discussion exploring the definition of stigma and different ways to overcome it. The November 2017 meeting followed up on this with additional discussion and planning on possible goals and action items for a potential Social Inclusion campaign in 2018. Discussion and planning continued during the December 2017 meeting with an exercise on developing socially inclusive language for identification of self and others. A campaign launch is projected for early 2018.

- **Objective: Continue the Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) program.**

WREACH is a Speakers' Bureau and sub-committee of the Committee for Social Inclusion. It is made up of mental health consumers, family members, and providers in Contra Costa County. What binds the members of this group together is that they share the common bond of experience living with mental illness, substance abuse, and/or homelessness in their monthly meetings.

- ◆ Action: Facilitate monthly sub-committee meetings.

This action was met. The WREACH sub-committee held a total of 11 meetings in 2017, taking a break in November due to the holidays.

- ◆ Action: Educate on the "Tell Your Story" curriculum.

This action was met. In addition to monthly subcommittee meetings, WREACH offers to present the program overview followed by a series of Tell Your Story Workshops. WREACH conducted a total of 23 presentations; the audience consisted of High School and college students, service providers, Kaiser Permanente mental health members and staff, and family members. They have also continued the collaboration with the behavioral health agencies/programs across the County. WREACH also continued its partnership with St. Mary's College Community Mental Health class, including casual consumer interviews.

- ◆ Action: Participate in Crisis Intervention Trainings (CIT).

This action was met. Crisis Intervention Training (CIT) is coordinated with the Contra Costa County Office of the Sheriff. The 4-day training is offered periodically throughout the year to law enforcement officials from various jurisdictions within Contra Costa County. The training focuses on law enforcement techniques specific to individuals in mental health crisis. The training includes presentations by psychiatrists and clinical specialists with overviews of mental illness, mental health services, and the mental health system of care. Additional presenters include representatives from local CBOs serving persons living with mental illness and/or who are homeless. CIT also features panels of consumers and family members who share their experiences with officers in order to promote best practices in crisis interventions. CIT is generally held twice a year. A total of

70 officers attended a total of two trainings in 2017. WREACH presenters were at each of the trainings.

■ **Objective: Expand the PhotoVoice program to community-based organizations by 2017.**

PhotoVoice is a social advocacy tool that people overcoming discrimination and lack of opportunities can use to share their experiences through a combination of photography and narrative. It is a technique that enables community residents of all ages and languages to share information about their communities through pictures. PhotoVoice accomplishes the following:

- Engages consumers in documenting strengths and problems.
- Promotes dialogue about important issues.
- Educates the broader community about behavioral health issues.

◆ Action: Provide facilitator training to community-based organization staff.

This action was not met. OCE maintained a strong relationship with community-based partner Hume Center. They have approved two staff members for a training in January 2018. Another community-based organization interested in PhotoVoice is Fred Finch in East County serving TAY population. Future focus will focus on including AODS and Health, Housing, and Homeless division in order to be more inclusion of underserved groups.

◆ Action: Coordinate implementation of PhotoVoice across the County, including with new populations (e.g., TAY).

This action was partially met. In 2017, OCE coordinated the implementation of one PhotoVoice class series with a TAY population held at the New Leaf Collaborate Vincente Martinez High School. Projects produced in this class were exhibited in a local library for a month.

◆ Action: Begin holding PhotoVoice exhibitions in the community to reduce stigma.

This action was met. PhotoVoice art from New Leaf students were exhibited in a local library for a month. PhotoVoice art was also posted during MHSA Community Forum meetings held across the County. Arrangements are being made with upper administration library staff to rotate the artwork to other libraries.

◆ Facilitate monthly sub-committee meetings.

This action was met. The PhotoVoice Sub-Committee held 12 meetings in 2017 and discussed PhotoVoice methodology, including reviewing practices and exercises used by other organizations.

■ **Objective: Provide Family Partnership training.**

The MHP was awarded the Office of Statewide Health Planning and Development (OSHPD) Peer Personnel Preparation Grant in 2014 through 2016, allowing the County to partner with a subcontractor Training Coordinator to develop a comprehensive, formal training for family members of individuals with severe mental illness who are current or prospective employees in the Behavioral Health field. In the development process, the MHP's Family Services Coordinator, existing Family Partners, Training Coordinator, curriculum developers, and content experts collaborated to produce curriculum for a 3-day intensive Family Partner training.

- ◆ Action: Hold trainings.

This action was not met. Due to staff changes in the Children's Family Services Coordinator position, the training was not held in 2017. The plan was to hold the Family Partnership training twice a year, which will resume in 2018 and will be open to current and potential County and CBO employees as well as SPIRIT alumni. A 2-day training is tentatively scheduled for April 2018.

■ **Objective: Hold Parent Cafes across the County by 2017.**

Parent Café is a family-run, family-led group in a local community that partners with a Family Partner to perform the main functions of membership, advocacy, education, training, and information and support for parents, caregivers, and/or family members who have children and/or youth with behavioral challenges. Goals and objectives of a Parent Café are to:

- Inspire hope and courage.
- Empower the parent voice.
- Connect parents and families to available resources.

- ◆ Action: Implement Family Partners in facilitating Parent Cafes.

This action was not met. Training was provided in 2016. Due to staff changes in the Children's Family Services Coordinator and Family Partner positions in 2017, facilitating Parent Cafes were placed on hold. There have been discussions about linking the Cafes to the Educate Equip Support program so that after that program ends, participants can start a Café as a way to keep the group going.

■ **Objective: Hold the Educate Equip Support (EES) program.**

The EES curriculum is facilitated by parents for parents. This 14-week curriculum educates parents and caregivers about coping with grief regarding the loss of their child's health, brain development, medications, children's mental health diagnoses, access to mental health services, special education services, child welfare, and probation services. This information allows parents and caregivers to participate in an authentic way with the service providers who are developing treatment plans for their children.

- ◆ Action: Hold at least two EES group with education parents/caregivers, including Spanish language groups.

This action was met. In 2017, two EES groups were held in Spanish in East County.me

■ **Objective: Provide Mental Health First Aid (MHFA) to the community.**

Mental Health First Aid™ is a copyrighted training program that delivers material and curriculum that has been developed and is managed through the National Council for Behavioral Health. MHFA is an 8-hour training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Included on SAMHSA's National Registry of Evidence Based Programs and Practices, studies show that training in MHFA builds confidence in helping an individual experiencing a mental health challenge, reduces negative or distancing attitudes towards individuals with mental illnesses, and increases mental

health literacy – being able to identify, understand, and respond to signs of mental illnesses and substance use disorders.

- ◆ Action: Conduct MHFA train-the-trainer training for County and community based organization staff.

This action was met. Contra Costa County has been offering MHFA classes to various County staff and CBO audiences over the past several years. Historically, these course offerings tended to be sporadic and usually at the request of an agency or organization, often after an incident. At the beginning of 2016, there was only one County employee who was certified to lead these classes. With only one official certified trainer who was also heavily committed to her normal day-to-day duties, it had become very difficult to meet the increasing requests from various agencies for the 8-hour MHFA classes.

Through MHSA Workforce Education and Training (WET) funding, the County contracted with National Council for Behavioral Health, who manages the program in the United States, to host a 5-day Train the Trainer class, with 19 participants who completed the course. The training took place April 3-7, 2017. The 19 new instructors are certified to teach the 8-hour program to a variety of audiences in all regions of the county.

- ◆ Action: Establish a strategic planning committee to plan implementation.

This action was met. As part of the support for this program, a Strategic Planning Quarterly Meeting has been established. The goal of this group is to identify possible trainings, or audiences to outreach for trainings. This meeting also provides connections between trainers to help support each other in scheduled trainings.

- ◆ Action: Provide community trainings.

This action was met. MHFA was announced to a collection of agencies and organizations through a broadcast introduction letter outlining the program benefits and structure. Individual trainers also reached out to specific associated agencies to schedule trainings. The initial roll out has resulted in 12 scheduled trainings within the first two months as well as a number of organizations who have expressed interest. This interest has been enhanced by BHSD offer to provide training materials in return of the opportunity for the trainers to complete their certification.

Beginning in 2018, BHSD will begin scheduling classes on a semi-regular basis for County Health Services Staff, including non-clinician BHSD staff. Additionally, planning efforts are already underway to reach out to other County Agencies such as the Library, Public Works, and Fire Protection Districts to help their staff members develop these important skills.

- ***Objective: Assist consumers/family members develop increased skills and capacity for getting to and from mental health services via the Overcoming Transportation Barriers project.***

- ◆ Action: Hire peer Commute Navigation Specialists.

This action was partially met. The three positions approved for this project are being hired in a staggered approach. In January 2017, we hired a bilingual Spanish speaking Family Partner. In

March she asked to return back to her previous position providing direct services to monolingual and bilingual Spanish speaking families. In March of 2017, OCE interviewed four SPIRIT graduates and offered the position to a graduate who has experience as a peer provider and also navigating public transportation. Later in July, a current OCE employee expressed interest in the Commute Navigation Specialist role, and we moved her into that position. At this time we have two full-time Commute Navigation Specialists working on the Overcoming Transportation Project.

- ◆ Action: Review relevant MHSAs needs assessment recommendations.

This action was met. During FY17-18, MHSAs community program planning process held three community forums in each part of the Contra Costa County regions (West, Central, and East). These forums were designed to bring together consumers, family members, service providers and interested community members in providing input to linking MHSAs funded services and supports to prioritized needs. During small group discussions, one topic that was discussed was, *“How do we better respond to various transportation challenges our clients and their families face in getting to and from services?”* Feedback for the topic was given, recommendations were made, and a list of those was created. The following recommendations will be included in the Update to the MHSAs Three Year Program and Expenditure Plan:

- Central County transit to include services for holiday, late evening, and weekend hours.
- Bus services to include or provide access to food services such as food pantry.
- Increase outreach and campaign for better transportation.
- Have a County-operated van that could provide transportation to general services and other importation locations.

- ◆ Action: Compile and develop resources to share transportation information with staff and consumers and their families.

This action was partially met. During the 2017 calendar year, the Overcoming Transportation Barriers Project developed two Transportation Resource Guides (East County and Central County). We presented these Transportation Resource Guides to our Transportation Subcommittee and staff meetings, and received feedback to enhance the Transportation Resource guide. Commute Navigation Specialists conducted one Travel Training located in East County, in collaboration with Tri Delta Transit.

- ◆ Action: Review and revise as necessary transportation policy(ies) and standardize practices across clinics.

This action was partially met. The Overcoming Transportation Barriers Workgroup, that meets weekly, reviewed the current BHSD Transportation Policy and recommended revisions. The revisions were recommended and brought to the Policy Committee. The participants of the Policy Committee requested some additional language to be added then brought back to the Policy Committee. During this process, the process of procuring bus tickets and cab vouchers, and how to keep track of the distribution in each clinic was revamped with the aim to implement a more transparent and consistent process across all the clinics. The Policy Committee and the Overcoming Transportation Workgroup both agreed to implement this new process and once it is in place and working well, to then revisit the Transportation Policy and add the additional process in to make it complete.

- ◆ Action: Liaise between County, service providers, and transit authorities, as well as act as the County representative in community forums related to transportation.

This action was met. Project staff have attended the annual MHSA Community Forums and sat in on topics related to Transportation. The staff has also developed the MHSA Community Forum maps and directions. These maps are used to help members of the public independently navigate to the forums. Our contact number is listed on the map for Transportation related questions and peer support. Commute Navigation Specialists regularly attend transit agency meetings, as well as other meetings including the Senior Transportation Forum. We also disseminate relevant information to Clients and their loved ones. Note that this is an ongoing action.

- ◆ Action: Create a Transportation Subcommittee.

This action was met. The Commute Navigation Specialists created a Transportation Subcommittee which meets quarterly starting in July 2017. This Subcommittee was developed to identify some of the transportation needs and barriers among our Consumers and their loved ones. The Overcoming Transportation Barriers Workgroup composed of MHP staff determined the meetings will be quarterly. The Workgroup meets weekly to discuss feedback provided by our behavioral health consumers, and identify what will be discussed during the next Subcommittee meetings.

Goal 14: Maintain effective and consistent utilization review practices

- **Objective: Improve communication with those who interface with or are part of the UR Team.**

- ◆ Action: Holds regularly scheduled UR meetings on authorization, Level 1, and centralize reviews.

This action was met. The Utilization Review (UR) Team has schedules in place to hold its Level 1 (for authorizations), Level 2, and Centralized UR Meetings for provider and County own and operated clinics. Schedules and beneficiary lists are developed by the clinicians prior to the end of each month for distribution to the County owned and operated clinics and contract providers. UR Lead staff from County operated clinics meet every other month to update, provide feedback, follow up, and discuss issues related to UR. Utilization Meetings are scheduled quarterly, which comprise of Program Managers and Supervisors to talk about, update, and support the various programs for services and UR related issues that can affect the quality and quantity of services that can affect the beneficiaries. Focus reviews are conducted for a more concise and in depth review. Monthly UR staff meetings are held for update, support, and information with emergency meetings held as necessary.

- ◆ Action: Conduct documentation training monthly and by request at County operated clinics and community-based organizations.

This action was met. Assigned UR Team clinicians conduct documentation training at least once every other month and special training for updates are scheduled as necessary. In addition, training is provided to specific disciplines related to their scope of practice documentation and services. The UR Team is available via phone or email for any questions or clarity regarding UR issues. Recently, a Questions and Answers program was developed with the Adult Program Chief, Managers, and Supervisors for any UR questions to be address by the UR Team as a group.

- ◆ Action: Attend County and community-based organization meetings to announce and communicate UR regulatory changes.

This action was met. UR staff are regularly invited to attend Clerical Operations Group (COG) meetings to address UR issues. UR staff meet with County own and operated programs and contract providers as necessary regarding UR.

- ◆ Action: Send mass mailers and emails to all providers, and County owned and operated clinics on UR changes.

This action was met. Since the introduction and update of the DSM 5 as diagnosing criteria, the UR Team has been active in updating its providers with the most recent updates by the State. The UR Team has released a mass mailer to community-based organizations (both inpatient providers and our systems of care providers). UR staff attended meetings to announce its update and collaborated closely with the MHP's management staff to successfully communicate the changes within the system. Relevant policies and forms were updated to reflect these changes, which UR staff presented at Policy Committee, Forms Committee, and QIC meetings.

■ **Objective: Train 100% of staff on HIPAA.**

- ◆ Action: Track percentage of staff who complete HIPAA training.

This action was partially met. BHSD uses the Relias Online Learning system to provide and track training on Health Insurance Portability and Accountability Act (HIPAA). It is the goal of CCBHS to train each employee, on an annual basis, on HIPAA policies. In FY16-17, 89.1% of Behavioral Health employees completed the required online training. However, of those who completed the training, 53.2% completed the course within a year of having taken the course previously for current employees and within 30 days for new users. Plans for the next reporting period include improving compliance for individuals within the annual training window.

Continuity and Coordination of Care

Goal 15: Promote prevention and early intervention

■ **Objective: Better integrate PEI programs with mental health treatment programs.**

- ◆ Action: Develop and disseminate PEI reports that highlight outreach to underserved populations and linkage to mental health care.

Statewide PEI Regulations were established in October 2015. Programs in the PEI component now focus their programming on one of the following seven PEI categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Prevention
- Early Intervention
- Access and Linkage to Treatment
- Improving Timely Access to Mental Health Services for Underserved Populations
- Stigma and Discrimination Reduction

- Suicide Prevention

All programs should help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved. PEI regulations also have new data reporting requirements that will enable CCBHS to report on the following outcome indicators:

- Outreach to Underserved Populations
- Linkage to Mental Health Care

FY16-17 was the first complete year of data reporting by MHSA PEI funded programs. A total of 26,735 consumers of all ages were served by PEI programs in Contra Costa County during the fiscal year as described above under Goal 1.

- ◆ Action: Facilitate PEI staff capacity to increase access to mental health care.

This action was met. As part of the MHSA 2017 Community Program Planning Process, three community forums were held on the dates of October 5, October 25, and December 7 at different regions in the County. The theme for all three mental health community forums was for stakeholders to meet and dialogue with service providers, and in particular hear from the prevention and early intervention programs serving their community. All three events were successful in this regard. During small group discussions, one topic discussed was “*How do we better connect mental health service providers with the community?*” Notes were taken of discussions and themes documented which will be reviewed to inform the Update to the Mental Health Services Act Three Year Program and Expenditure Plan.

- **Objective: Strengthen and integrate suicide prevention efforts.**

- ◆ Action: Conduct monthly multi-agency Suicide Prevention Committee meetings.

This action was met. The Committee meets monthly to determine how to accomplish the goals for the year. In addition to the regular meetings, the Committee has also performed several other activities. The following is a list of the Committee’s activities for the year:

- Meetings were conducted on a monthly basis in 2017, except during May 2017.
- A Sub-Committee was formed to address AB2246 and how to implement Suicide Prevention & Intervention Policies for school-based providers working with grades 7-12.
- Presentation to the Board of Supervisors on September 26, 2017.
- County-Wide Suicide Prevention Trainings to county and CBO staff.

- ◆ Action: Develop Suicide Prevention Pilot program into a county-wide program.

This action was not met. A Program and Fiscal review was conducted in 2016 and recommendations included:

- Exploring how to effectively use the one clinician assigned to the pilot, including offering services to consumers in the East and West parts of the County;
- Explore use of comprehensive assessment tools to identify and determine level of services; and
- Explore the CBT for Depression model and fidelity to the model to ensure that those most impacted are receiving evidence based services.

The Adult Behavioral Health Chief along with staff are developing and implementing a plan in response to the findings. Implementation of that plan is expected in 2018. The clinician for this program vacated her position in June 2017 and a search for a replacement is presently underway. The current plan includes expanding the program beyond Central Adult Clinic, providing support to clinical staff around suicide prevention and intervention, conducting assessments to determine acuity and level of care, and the possible use of interns to assist with the process.

- ◆ Action: Develop linkage and use of statewide suicide prevention resources, such as Each Mind Matters and Know the Signs.

This action was met. The County has enhanced connectivity with the statewide campaign, Each Mind Matters. In the past year, we distributed brochures and other marketing materials around suicide prevention, as well as shared online resources, including toolkits and webinars. MHSA and OCE staff participate in a monthly call with a Resource Navigator from Each Mind Matters, in order to help us maximize this resource.

In addition, the Contra Costa Crisis Center provides trainings upon request throughout the county and has also implemented 211 Text. The Crisis Center conducted 21 trainings and presentations to 618 attendees (including county staff, school-based providers, and other CBOs), and conducted four post-intervention events to 61 attendees. There were 26,074 total calls received through the Crisis line this past fiscal year. Of that amount 1,205 were assessed as low lethality, 244 met medium risk lethality, and 70 met high risk lethality. Rescues were initiated for 98 calls. In addition, MHFA, an evidence-based program, has been adopted by the county and we hope to provide 30 county-wide trainings in the upcoming year.

Goal 16: Integrate behavioral health services with other County systems

- ***Objective: Serve 10-20 adult mental health consumers with chronic health conditions caseload per region through the Coaching to Wellness program.***

The Coaching to Wellness project is a PIP and 4-year MHSA Innovation project that began serving consumers in December 2015. The Coaching to Wellness program provides an additional level of support for adult mental health consumers with certain chronic health conditions through intensive peer (Wellness Coach) and nurse (Wellness Nurse) support. With components from intensive peer support models coupled with leveraging existing resources within the County, the Coaching to Wellness program provides a holistic team approach to providing care to our consumers. The goals of the Coaching to Wellness program are to:

- Improve consumer perception of their own wellness and wellbeing.
- Increase healthy behaviors and decrease symptoms for consumers.
- Increase cross-service collaboration among primary and mental health care staff.

Coaching to Wellness involves multiple support systems to provide intensive support to address the whole health of consumers and convey skills so consumers can take charge of their recovery. For up to 12-months, program participants receive individual and group services to empower them in their recovery. The nurses and coaches work with consumers to help them in meeting their wellness goals, be it there mental health, health, or overall functioning goals, so that the consumer is using self-management skills to be in charge of his/her wellness.

- ◆ Action: Screen, enroll, and provide individual, group, and community linkages services to participants on an ongoing basis.

This action was met. Recommendations to participate in the Coaching to Wellness program are approved by psychiatrists who refer consumers to the program although other staff may make suggestions and the Wellness Nurse confirms referred consumers who meet program criterion. The Wellness Nurse and/or peer Wellness Coach engage consumers to discuss program expectations, commence enrollment, and assist in self-identifying goals for participating and enroll if interested. The pilot began at the East Adult clinic in December 2015 with a Wellness Nurse and Wellness Coach. The pilot expanded to the Central Adult clinic in June 2016 and rolled out to the West Adult clinic in January 2017. As of November 2017, 79 participants have enrolled in the program, with a total of 232 consumers referred.

Once enrolled, participants receive individual and group services provided by the Wellness Nurse and Coaches and are referred to other programs, services, and resources as needed. Attendance to program sessions and activities is captured on the Contact Summary form that the Wellness Coaches and Nurse complete for each contact. Referrals to services including primary care, AODS, case management, dental, financial, full-service partnership, homeless, transportation, public health, Wellness Center, etc. are made on an ongoing basis starting with the screening process for program participation.

- ◆ Action: Evaluate the program on consumer perceptions of their own wellness and wellbeing, changes in consumer behaviors and symptoms, and cross-service collaboration.

This action was met. Evaluation of the program includes pre- and post-surveys that measure key indicators in areas such as: Perceived recovery, functioning, and quality of life. In addition, self-rated health and mental health are collected by the coaching team at most individual contacts and levels of support assessed and vitals taken by the Wellness Nurse as appropriate, with attendance and referrals made tracked on an ongoing basis. Satisfaction and achievement on self-identified wellness goals are recorded at post-program. Other indicators tracked in our data management systems include appointment attendance, PES, and in-patient hospitalization. Thus, the majority of data are either consumer-reported or provider (i.e., Wellness Nurse and/or Coach) assessed, with some data downloaded from our data management systems. The Wellness Nurses and Coaches are responsible for data collection, and Research and Evaluation Unit staff are responsible for data entry, monitoring, and analyses. As of September 26, 2017, data on mental health services began to be entered into a new EHR system which may increase capacity to evaluate the program.

- ◆ Action: Rollout program to West County.

This action was met. The pilot program began implementation in our West Adult specialty mental health clinic in January 2017. Prior to rollout at West, a second Wellness Nurse was hired to support the clinic and the clinic's Wellness Coach had been an active participant in the Coaching to Wellness Committee. As of November 30, 11 persons have enrolled into the program at West Clinic. Enrollment was put on hold due to the newly hired Wellness Nurse leaving the program.

- ◆ Action: Hire additional project staff.

This action was partially met. MHSa originally funded 1.5 Wellness Nurse positions (.5 FTE per region). Given how instrumental the Wellness Nurse position is to the program and difficulty in

hiring a nurse for a part-time position, the program asked for funds for an additional 0.5 Wellness Nurses for a total of 2 Wellness Nurses. In October 2016, this request was approved. Interviews were held in November 2016 and the position was offered to a nurse who was already embedded in the West Adult clinic. The new Wellness Nurse switched to his new position in December 2016 and began attending Coaching to Wellness Committee meetings and receiving training. However, in February 2017, the newly hired Wellness Nurse decided the program was not a good fit and left the program. The project has run into challenges re-hiring for this position and is considering replacing the second Wellness Nurse position with a clinician which may make the program more sustainable.

The Wellness Team did not have sufficient time for alumni or follow up activities, beyond a brief telephone/mail follow up survey. Thus, approval was attained to hire a part-time Wellness Coach in the hopes that having an alumni component will help participants transition to greater self-management. Interviews for this position were held in July with the Alumni Wellness Coach beginning in August 2017.

■ ***Objective: Provide with high fidelity Functional Family Therapy as part of the Mentally Ill Offender Crime Reduction Grant under the Contra Costa County Probation Department.***

The FY14-15 State Budget Act appropriated Recidivism Reduction Funds for Mentally Ill Offender Crime Reduction (MIOCR) grants to support appropriate prevention, intervention, supervision, services, and strategies aimed at reducing recidivism in California's mentally ill offender population and to improve outcomes for these offenders while continuing to protect public safety. Penal Code Section 6045 required that the Board of State and Community Corrections award grants to counties on a competitive basis, with half of the funding to be awarded to projects designed for mentally ill adult offenders and half to be awarded to projects that target mentally ill juvenile offenders. Contra Costa County submitted a proposal for juvenile funding titled Transitioning Out to Stay Out (TOSO). On June 15, 2015 Contra Costa County Probation was notified that their juvenile proposal was approved for funding. The Contra Costa County Probation Department announced the issuance of Request for Proposals for qualified organizations to provide Functional Family Therapy (FFT) services. Community Options for Family and Youth was awarded the contract and began providing services in October 2015.

The FFT program was successfully implemented and has served over 200 youth and their families since its inception in July 2015. In order to insure treatment fidelity, multiple outcome questionnaires are administered to each family; several of these measures are administered pre and post treatment. These measures were administered to 100% of participating families.

- ◆ Action: Collect data on treatment adherence.

This action was met. Treatment adherence measures have been administered (and will continue to be administered) to 100% of families receiving FFT treatment. Measures include the Family Self Report (FSR) administered after the first session, second session, and the first session of each phase of FFT. The Therapist Self Report (TSR) measure is also administered after the first and second session of each phase of FFT.

- ◆ Action: Administer the Youth Outcomes Questionnaire (YOQ) and YOQ-Self-Report (SR) to measure therapeutic alliance and youth symptoms and social behavior difficulties.

This action was met. The Youth Outcome Questionnaire (YOQ Self Report and teacher/parent versions) have been administered (and will continue to be administered) on behalf of each youth at pre-treatment and post-treatment.

■ **Objective: Coordinate Drug Medi-Cal Waiver services with primary care and mental health services.**

- ◆ Action: Conduct outreach and training to primary care on referrals and coordination of care.

This action was met. Outreach presentations have been conducted with the following groups:

- Hospital Emergency Room Social Workers.
- CommunityConnect (Whole Person Care) nurses and doctors.
- Medical Social Workers.
- Quality Council of the Contra Costa Health Plan.

In addition, a work session conducted to coordinate referrals and care along with case management with the Contra Costa Health Plan and all SUD treatment providers. Trainings were held about American Society of Addiction Medicine (ASAM) screening and Medication Assisted Treatment with medical personnel. One SUD 101 training was conducted with all Mental Health Program Managers and supervisors. SUD staff currently attend the MHP Bed Review meetings to start bilateral and integrated coordination for mental health consumers

- ◆ Action: Designate staff at Access Line to address calls from primary care.

This action was not met. The need for a designated staff who can address calls from primary care providers was identified. However, the staff has not yet been hired for this new position.

- ◆ Action: Update substance use disorder services forms to include primary care information.

This action was partially met. Forms now ask consumers to inform the assessor whether or not they have a primary health care provider or not. Furthermore the contact information of medical provider, medical insurance, and biomedical conditions that could interfere with their engagement into treatment is gathered. In doing so, the counselor or case manager is prompted to initiate care coordination. Lastly, the Health Questionnaire was updated to screen for tuberculosis early in the admission process. Forms are still going through administrative revision and Behavioral Health approval process.

- ◆ Action: Screen mental health consumers on substance use and make appropriate referrals.

This action was met. Consumers are currently screened at the Behavioral Health Access Line and co-located mental health clinics using the ASAM lite.

- ◆ Action: Start Drug Medi-Cal certification process at specialty mental health clinics.

This action was met. As of December 1, 2017, four applications for Drug Medi-Cal certifications have been submitted on behalf of the Children's and Adult specialty mental health clinics in the West and Central regions. Submissions are pending for the Older Adult and East regional clinics. We are awaiting response from DHCS regarding any action pertaining to the certification process.

- ◆ Action: For dual-diagnosed consumers not engaged in treatment, hold voluntary groups when they come in for financial support.

This action was met. We are conducting an early engagement group at the West County Adult specialty mental health clinic. These consumers are not currently engaged in treatment but do come to the clinic for financial support.

- ◆ Action: Educate judges on appropriate referrals and level of cares.

This action was met. We conducted PowerPoint presentations in all three Contra Costa courts with Superior Court Judges. Forms and workflows were created and implemented that include consents to release confidential information and progress reports. With this system in place, we monitor on an ongoing basis to adjust as needed. We also presented to the Conflict Panel attorneys, a private group of attorneys who serve individuals who cannot be represented by the County's public defenders. In October 2017, we presented to approximately 90 public defenders on the changes resulting from the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and instituted a structure with their full support to ensure the flow of referrals and coordination. A full-time substance abuse counselor was hired to liaise with the courts to assist with navigation of DMC-ODS changes.

- ◆ Action: Access Line to begin accepting calls from jails from individuals needing substance use disorder services.

This action was met. Effective October 1, 2017 persons at all detention facilities can contact the Behavioral Health Access Line for a screening by using a special speed dial number. Flyers were created and posted inside the facilities displaying the speed dial number and tips to expedite the call. We continue to meet with stakeholders to ensure that the process is effective.

Goal 17: Improve services to youth in foster care

■ **Objective: Monitor the use of ICC and IHBS services.**

- ◆ Action: Staff complete Child and Family Team Meeting Action Plan and Progress Summary.

This action was met. Staff complete the Child and Family Team Meeting Action Plan and Progress Summary (form MHC301) during every Child and Family Team (CFT) meeting. This two-page form asks about family visions and hopes, what is working well, worries and needs, as well as progress on goals, and how the Action Plan supports these goals and the child's health and wellbeing. Note that Intensive Care Coordination (ICC) eligibility is verified at least every 90-days.

- ◆ Action: Draft fidelity tool.

This action was met. Currently we use our CALOCUS tool and input from the CFT Action Plans to help us gauge fidelity to the Core Practice Model (CPM). We are in the process of developing our own fidelity tool specific to the effectiveness of ICC and Intensive Home Based Services (IHBS) services. We have a draft, which the Research and Evaluation Unit is reviewing in comparison to CPM values and principles and practice components.

■ **Objective: Identify outcome measure(s) to assess consumer performance.**

- ◆ Action: Review the Child and Adolescent Needs and Strengths as an outcomes tool.

This action was partially met. The MHP has formed a CANS Implementation Team that meets monthly starting November 2017. Representation from Katie A has been active in this Team and has advocated for the inclusion of several modules (i.e., trauma, violence, etc.) in the Contra Costa tool. More discussions will be held in the future about how to analyze the CANS as an outcomes measure for Katie A youth.