HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH & RECOVERY SERVICES

POLICY AND PROCEDURE

Service Area:	Mendocino County Behavioral Health and Recovery Services
Subject:	Mental Health Services Act Community Services and Supports (CSS)
Subject Matter Expert:	Karen Lovato, Acting BHRS Deputy Director
BHRS Director:	Jenine Miller, BHRS Director
Previous or Referenced Policy No.:	II.C-10, III.C-10b.
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POLICY:

Mendocino County Health and Human Services Agency (HHSA) Behavioral Health and Recovery Services (BHRS) will support programs funded through the Mental Health Services Act (MHSA), also known as Proposition 63, which will be conducted in accordance with the California Department of Health Care Services Guidelines and Regulations for Mental Health Services Act Programs, Mental Health Services Oversight and Accountability Commission (MHSOAC), as well as all State and Federal guidelines for Mental Health programs and any Mendocino County Policies that pertain to MHSA programs. The County MHSA oversight team in collaboration with MHSA stakeholders will develop a Three-Year Plan, tri-annually which will outline the Mental Health Service Programs that will be provided during that time frame. MHSA programs will fall under one of the five components of the Mental Health Services Act, and will maintain the goals of improving outreach and access to un-served and underserved populations, in a linguistically and culturally competent manner, and that are client and family focused. Programs will be community based, integrated, with an emphasis on evidence based care, targeted at early intervention, reducing longevity of illness, and improving self-sufficiency of those whose lives are affected by serious mental illness.

Decisions on which programs are included in the Three-Year Plan will be determined through the Community Planning Process (see Policy II. C-10a). Stakeholder input and feedback about MHSA programs will be collected through the CPP Process, community and consumer needs will be collected and used to evaluate and prioritize which programs will be funded through MHSA.

Definitions

Community Program Planning (CPP) Process: The Community Program Planning Process is a process defined by California Codes of Regulations toward the development and review of MHSA programs. Community Planning Process utilizes community collaboration through clients, client family members, agencies, organizations, and other community members who work together to share information and resources in order to fulfill a shared vision and goals. The process is utilized to identify community issues related to mental illness resulting from lack of community services and supports, to identify issues related to implementation of Mental Health Services Act programs, to analyze the mental health needs in the community, and to identify and re-evaluate priorities and strategies to meet mental health needs. MHSA providers are expected to participate in the MHSA Community Program Planning processes.

Stakeholder Definition: Stakeholders are defined by the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) as individuals or entities with an interest in mental health services in the State of California including but not limited to: individuals with serious mental illness, clients of MHSA programs, providers of mental health or related services, family members, educators, representatives of law enforcement, and other agencies or other community members that interact with individuals with mental illness (primary care providers, social service agencies, substance use treatment services, etc.), that have an interest in the mental health issues, consumers or their families, or an interest in Mental Health Services Act programs.

Client Definition: For the purposes of this Policy the terms client, consumer, participant, beneficiary, person with serious mental illness, and person with lived experience can be used interchangeably. A client is an individual of any age who is or has received mental health services or is receiving services through an MHSA program.

Community Services & Supports (CSS): Services that are focused on integration, community collaboration, client and family driven, cultural competence, and have a wellness focus that includes the concepts of recovery and resilience. Full Service Partnerships (FSP) and MHSA Housing are included in the CSS component.

Full Service Partnerships are a "whatever it takes" intensive care management model designed to include the client/partner and that individual's identified natural supports as part of a team oriented partnership to reduce risks of higher levels of institutionalization and overcoming barriers the individual may have to receiving traditional outpatient services. Please refer to the Enrollment in Full Service Partnerships Policy and Procedure for more details on Full Service Partnerships.

Mendocino County MHSA oversight team expects that programs receiving CSS funds will integrate whole person wellness in the service approach coordinating mental health treatment, substance use treatment, primary care treatment, and natural community support systems. CSS programs will prioritize improvement of mental health symptoms and goals toward recovery as defined by the consumer. CSS programs will track and monitor the services they provide and will report back to the County MHSA oversight team through Reporting Requirements delineated below. CSS programs will work toward improving the independent living skills, housing, employment, educational, and spiritual goals of consumers while working to reduce the need for incarceration, psychiatric hospitalization, medical hospitalization, and long term care placements.

CSS programs are consumer focused, recovery oriented, and reduce stigma. CSS programs will provide outreach and engagement services to those that have difficulty or cannot access services through the traditional means without support. This includes innovative and creative attempts to overcome consumer barriers and to establish rapport and trust with services that promote resiliency and mental wellbeing. Outreach and engagement services and stigma reduction will include targeted and culturally competent and appropriate outreach to underserved cultural populations in culturally and linguistically appropriate ways.

CSS programs will collect data on the clients they serve including but not limited to: age, ethnicity, gender identity, evidence based practices utilized, and outcome measurements on services provided.

Full Service Partnership: Full Service Partnership is a service category of CSS. Full Service Partnerships are a collaborative relationship between the service provider, the client, and when appropriate the client's family or natural supports. Full Service Partnerships offer a full spectrum of services to support the client in achieving identified goals. Full Service Partnership employ a "whatever it takes" approach to service delivery and include a support plan for 24/7 consumer needs. (Refer to Enrollment in Full Service Partnerships Policy III.C-10.c)

General System Development: General Services Development services (GSD) is a service category of CSS. General system development services may include the development or operation of culturally alternative treatments, peer support, supportive

services to aid clients in accessing housing, employment or education, wellness centers, personal service coordination to access medical, educational, social, vocational or other community services, development of a needs assessment, development of Individual Services and Supports Plans, crisis intervention or stabilization, family education services, project based housing programs, improving the mental health service delivery system, developing strategies for reducing ethnic disparities.

Individual Services and Supports Plan: The Individual Services and Supports plan is the plan for care, more commonly called Client Plan, Care Plan, or Treatment Plan. The plan is developed by the client with the Personal Services Coordinator (Care Manager) to identify the clients goals and describes the array of services and supports necessary to advance the goals based on the client's needs, preferences, and strengths. When appropriate the client's family is included in the development of the plan, and when appropriate, the needs, preferences and strengths of the family will be considered. Individual Services and Supports Plans for Full Service Partners will include a plan for 24/7 support.

Outreach and Engagement: Outreach and engagement (O&E) is a service category of CSS through which activities are identified to reach, identify, and engage underserved individuals and communities in the mental health system and reduce disparities identified by the County and MHSA Stakeholder group.

Personal Services Coordinator: The Personal Services Coordinator, used interchangeably with care manager or case manager, is the primary point of contact for coordinating client services, in particular amongst Full Service Partners, who may have multiple service providers.

Mental Health Services Act Housing Program: CSS funded housing activities used to acquire, rehabilitate, or construct permanent supportive housing for clients with serious mental illness. MHSA Housing Programs include operating subsidies.

Capitalized Operating Subsidy Reserve: Funds set aside at or before permanent loan closing for the purpose of supplementing income for the payment of operating expenses for MHSA Housing programs.

Wellness Center: Mendocino County CSS programs utilize Wellness Centers, also called Resource Centers, as one stop locations for both Full Service Partners and for Outreach and Engagement of underserved communities, by offering resources, skills building classes, networking and socializing opportunities, and linkages/connections to a wide variety of services, specialty mental health services in particular.

PROCEDURE:

1. **Community Services and Supports Programs (CSS):** Programs shall be outlined in the Mental Health Services Act Three-Year Plan and Annual Plan Updates. Input from stakeholders regarding programs will be collected through the Community Planning Process.
    a. CSS Programs shall value and establish peer support and family education support services in the administration of programs and to meet the needs and preferences of clients and/or family members.
    b. CSS Programs shall identify which program category (GSD, FSP, O&E) they are in the Three-Year Plan/Annual Update, Annual Revenue and Expenditure Report, and Annual Summary.
    c. CSS programs shall identify the target population the program intends to serve in the Three-Year Plan/Annual Update. Whether or not the target was reached will be discussed, and if not reached explained in the Annual Summary.

2. **CSS Programs shall be culturally responsive.**
    a. CSS programs shall actively work to provide equal access, equal quality of services to all ethnic, cultural, and linguistic populations of the community. Outreach and treatment to cultural groups will be designed to effectively engage and retain individuals from diverse ethnic, age, gender, and linguistic populations.
    b. Disparities in services will be identified, measured, and strategies to reduce and eliminate disparities will be employed.
    c. CSS programs will demonstrate understanding of diverse belief systems concerning health, mental illness, healing, and wellness that exist among different cultural groups.
    d. CSS programs will demonstrate understanding of the impact of historical bias, racism, and other forms of discrimination on cultural populations in the community.
    e. Addressing Cultural responsiveness, reducing disparities, and addressing the impact of historical bias will be incorporated into policy, program planning, and service delivery.
    f. CSS programs will show an understanding of the impact that bias, racism, and other forms of discrimination and disparity have on the mental health of individuals served. These principles will be incorporated into service delivery.
    g. CSS programs will utilize the strengths and forms of healing unique to an individual's cultural and linguistic community.

h. CSS programs will train staff, contractors, and others that deliver services to understand and effectively address the needs and values of the unique cultural and linguistic communities that they serve.
i. CSS programs will develop strategies to implement and promote equal opportunities for individuals of the diverse ethnic, cultural, and linguistic populations they serve to become administrators, service providers, and other roles involved in service delivery.

3. **General System Development**: CSS programs may include activities for culturally specific treatments, peer support services, supportive services to assist the client when appropriate in obtaining employment, housing or education, wellness centers, needs assessment, Individual Services and Supports plan development, personal service coordination, crisis intervention and stabilization services, family education services, project based housing programs, improving the county mental health service delivery system, and implementing strategies to reduce ethnic/cultural disparities. When the county collaborates with non mental health providers in the aforementioned activities, these fall under CSS general system development.

4. **Full Service Partnerships:** Full Service Partnerships are a full spectrum of services that aim to meet the goals identified by the client/family in the Individual Services and Supports Plan. The services provided will be a "whatever it takes" model to address client needs, including wraparound services when appropriate, and a 24/7 plan for urgent response needs.
    a. Clients enrolled in Full Service Partnerships will meet criteria outlined in PolicyIII.E-3 Enrollment in Full Service Partnerships.
    b. Full Service Partnership Client progress will be documents detailed in Policy III.E-3 Enrollment in Full Service Partnerships.

5. **Outreach and Engagement Programs**: Outreach and engagement programs and activities will be developed for the purpose of identifying underserved individuals who meet criteria for specialty mental health services in order to engage them in services that are appropriate to them, and when appropriate their families.
    a. Outreach and engagement can include strategies to reduce ethnic disparities.
    b. Outreach and engagement can include providing non mental health resources such as food, clothing, and shelter when the purpose is to engage underserved individuals in services.
    c. Outreach and engagement can include connecting with community organizations, schools, Tribal communities, primary care providers, faith based organizations, and community leaders.

d. Outreach and engagement can include outreach to those who are homeless and those who are incarcerated in county facilities.
e. CSS Outreach and Engagement programs will be designed to include individuals that are homeless, in acute treatment facilities, at risk of acute treatment, convicted of crimes, veterans, and/or other individuals that may meet specialty mental health service requirements, but may not seek services without additional outreach and engagement efforts.
f. Services will seek to identify unserved individuals and engage them, and when appropriate their families, in treatment.

6. **MHSA Housing**: MHSA Housing shall be used for providing permanent supportive housing for individuals that have specialty mental health needs and are homeless or at risk of homelessness.
    a. MHSA Housing owned by non-governmental agencies shall have a regulatory agreement or deed restriction that requires the housing to be used as described in the Three-Year Program and Expenditure Plan/Annual Plan Update.
    b. MHSA Housing funded with MHSA CSS funding shall be utilized for the MHSA purpose for a minimum of 20 years.
    c. MHSA housing shall comply with applicable federal, state, and local laws and regulations including Fair housing laws, American Disabilities Act, California Government Code section 11135, zoning and building codes, licensing requirements if applicable, fire safety requirements, environmental reporting and requirements, and hazardous materials requirements.
    d. MHSA housing shall ensure that the owner applies for rental subsidies when applicable.
    e. MHSA housing projects shall report to Mendocino County MHSA oversight team any violations of the aforementioned laws and regulations as soon as possible, and no later than 30 days of the date the violation is discovered.
    f. MHSA housing projects shall maintain and make available for review by Mendocino County MHSA oversight team or the Department of Health Care services, payment records, leasing records, and financial information.
    g. MHSA housing projects shall establish a Capitalized Operating Subsidy Reserve which shall be determined by the difference between the anticipated tenant portion of the rent minus revenue lost from anticipated vacancies and the annual operating expenses of the Housing project.

7. **CSS Peer Services:** CSS programs will use peer support where possible and appropriate. CSS programs will build opportunities for individuals with lived experience either as a consumer or family member to provide services or supports toward a wraparound continuum of services with other mental health services. Peer provided services will promote socialization, recovery, self-sufficiency, self- advocacy, development of natural supports, and/or maintenance of skills.

8. **Reporting Requirements:** MHSA CSS programs will collect data that reflects and demonstrates that the program is meeting the aforementioned requirements. Data will be submitted to Mendocino County MHSA oversight team. MHSA CSS programs will conduct performance measures and will evaluate the program as outlined in the MHSA Three-Year Plan or Annual Plan Update.
    a. All funding expenditures shall be maintained, and provided to County or Department of Health Care Services as outlined in the contract and upon request.
    b. Funding documentation shall specify the programs funded, and the services provided.
    c. Client and Service Information (CSI) shall be completed accurately and submitted Quarterly.
    d. Full Service Partnerships Performance outcome data as specified in Title Nine Section 3530.40.
    e. Consumer Perception surveys will be completed twice annually.
    f. Client Demographic data shall be submitted quarterly by service category (FSP, Outreach and Engagement, Housing, General System Development) and for each program or service. In addition to the quarterly reports an annual progress report shall include an annual summary of the total number of individuals, clients, and family units served by each program/service during the fiscal year. Demographic information will include:
        i. Age (submitted by CSS age categories)
        ii. Gender (non-binary categories)
        iii. Ethnicity
        iv. Duration of services
        v. Type of services provided

    Program information will include:
        i. The targeted number of individuals, clients, and families intended to be served each quarter.
        ii. The total number of individuals, clients, and families actually served each quarter.

9. **Reporting Timeliness:**

a. Program and fiscal reports will be due at the end of every fiscal quarter (September 30, December 31, March 31, and June 30).
b. Fiscal reports will be due within 60 days of the end of the quarter, and demographic reports will be due within 30 days of the end of the quarter.
c. All subcontracts will be provided within 15 days of completion of the contract.
d. Annual reports (fiscal and demographic/program) will be due within 60 days of the end of the Fiscal Year
e. Note: Full Service Partnership forms have specific reporting and timeliness processes. See Enrollment in Full Services Partnerships Policy No. III.A-8 for those specifics.

REFERENCES:
CCR, title 9, Chapter 14, sections 3610-3810,
Welfare and Institutions Code Section 5600.2, 5600.3, 5650, 5651, 5840, 5845(d)(10), 5846, 5847(e), 5848, 5892(g)
DMH Information Notice 10-01

ATTACHMENTS:
none