



CONTRA COSTA
HEALTH

2023-2026 Cultural Humility Plan

Contra Costa Behavioral Health Services

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Cultural Humility Plan Summary

Contra Costa Behavioral Health Services (CCBHS) has ongoing efforts to bolster a system of care that is culturally and linguistically responsive to better meet the needs of the communities served. This Cultural Humility Plan and/or Plan Update details programming in CCBHS to address identified disparities. CCBHS recognizes the importance of developing services and working with community partners that are receptive to the cultural and linguistic diversity of the communities served and the need to invest in a quality workforce that supports the cultural and linguistic needs of those served. It is important that systems continue to invest in building services, relationships, policy, and funding for communities which have been historically marginalized; understanding that racism and discrimination is a public health crisis and communities continue to face challenges due to structural racism, discrimination, and inequities.

Focus Areas and Future Goals

CCBHS continues its work in previously identified Focus Areas identified through the CCBHS Reducing Health Disparities (RHD) Workgroup Survey in 2019. Programming has continued to support target population of Latina/o/e/Hispanic, Asian/ Pacific Islander communities, young children, Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersectional, Plus (LGBTQI+) youth; as well as African American/Black communities leveraging more appropriate services in ways that align with client cultural values and linguistic needs. In 2021, the RHD Workgroup further identified Action Items for each Focus Area as recommendations to CCBHS leadership. These discussions, however difficult are ongoing. Outcomes to date have been summarized below.

Focus Area 1.) Continue strengthening dialogue between the CCBHS RHD Workgroup and CCBHS Leadership. Continue to improve and invest in a System of Care that fosters space for healing and difficult discussions, recognizing at times, the complex system complicity of causing harm or distrust in communities that are supposed to be served. Revisit approaches and allow for dialogue to encourage peer/clients/consumers, families, community, and staff to build equity, health, wellness, and trust.

Action Item(s):

- a.) Ethnic Services Manager/Ethnic Services Coordinator will at minimum, meet quarterly or more, if necessary, with CCBHS Leadership to update, communicate and identify methods to support equity as it relates to behavioral health and identified action items.

Outcome: Ethnic Services Manager meets quarterly with CCBHS Leadership to communicate equity efforts. Provides regular reports used within CCBHS and larger CCH system.

Focus Area 2.) Build up language access in Spanish, which is this County's threshold language, as well as language access that extends to the changing demography of the community.

Action Item(s):

- a.) Start process to interpret key CCBHS links/info on web pages into Spanish to support equity, and based on identified priority population needs, External Quality Review Organization (EQRO) recommendations, threshold language requirements, and disparities identified in Cultural Humility Plan. Recommend starting with the CCBHS Homepage and working on to other key sites.
- b.) Recommend also including some basic information on website about Access Line in the languages of Chinese (written and traditional), Tagalog, Punjabi, Farsi, Portuguese, Vietnamese.

Outcome: In late 2023, CCH updated its website. Through these updates, an imbedded interpretation device was established and allows for information to be interpreted into Arabic, Chinese (simplified), Chinese (traditional), Filipino, French, Hindi, Japanese, Korean, Persian, Portuguese, Russian, Spanish, and Vietnamese.

Focus Area 3.) Work to strengthen community engagement and involvement, including peer/client/ consumer and family voices. Track how and where this is happening, to further build healthy equitable relationships.

Action Item(s):

a.) Work to increase number of peer/clients/consumers and family members, specifically from historically marginalized communities, such as BIPOC and LGBTQI+ communities involved in stakeholder committees as a manner to continually move equity forward. Whether consumers are appropriately served in ways that align with their cultural values and linguistic needs is an issue that has been raised by many community stakeholders and advocates and is something that warrants ongoing assessment. Additionally, marginalized populations identified both in quantitative and qualitative data in Cultural Humility Plan are listed below.

- Latina/Latino/LatinX/ Hispanic
- Asian communities – at minimum identified as Chinese and Filipino communities, based off 2020 Census Data, but also in reviewing Language Line calls supported through the County’s Linguistic Access Services and through the Health Care Interpreter Network (HCIN), communities which speak Punjabi, Farsi, Portuguese, and Vietnamese
- Families of Children (ages 0-5)
- LGBTQI+ youth
- African American/ Black Communities - although penetration rates show to be serving at minimum or higher rates in this population, stakeholders have voiced the need for more culturally appropriate services specific to the African American/ Black communities.

Outcome: This area has proved challenging, and CCBHS continues to explore methods on how to better encourage engagement.

b.) Work to translate Community Program Planning Process Surveys into languages listed above to gather input from these communities.

Outcome: CCBHS provided surveys to the community in 2022 in other languages, however, other than Spanish, no responses were received. Additionally, the new website features updated in 2023 allow for translation of surveys into other languages. This is a new feature and CCBHS is still exploring its use.

c.) Work within CCBHS to further identify methods to support and engage these groups. Some of the current efforts include the idea to support community defined practices for Asian and African American/Black communities through MHSA-Innovation funds.

Outcome: A CCBHS Innovation project was established to allocate funding to target underserved and inappropriately served communities to support mental health and wellness. As a result, CCBHS did extensive work with community stakeholders to create a Request for Proposal that provided a funding opportunity of \$6 million over an estimated three-year period to support Community Defined Practices (CDP). A CDP is a practice reflective of a community or culture and is embraced by that community and supports that community’s mental health and wellness. CDPs are rooted in customs, behaviors, values, and beliefs that may be passed down or shared in community, serve as informal system of support which individuals/communities may practice as part of their daily lives. The services may be provided by a qualified practitioner, a peer, promotora, community health worker, trained facilitator, traditional healers, or trusted community member based on that community’s definition. Through this process the following 17 agencies were identified as awardees. CCBHS is in process of establishing contracts with the below listed agencies to further community defined practices of mental health and wellness. The population to be served is highlighted in the following table.

Table 1. Community Defined Practices Awardees

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Being Well				X				
Center for Human Development				X		X		
Contra Costa AAPI Coalition			X					
CoCo Family Justice Alliance	X	X	X					
Early Childhood Mental Health Program	X	X		X				
East Bay Center for Performing Arts	X	X	X	X				
Genesis Church	X							X
International Rescue Committee							X	
James Morehouse Project		X					X	
La Clinica de la Raza		X					X	
La Concordia		X						
NAMI Contra Costa	X	X	X			X		X
One Day at A Time		X		X				
One Accord	X							X
PEERS	X		X					X
Richmond Community Foundation	X	X	X	X				
Village Community Resource Center		X						

Focus Area 4.) Ongoing support of the CCBHS workforce and partner community agencies to support the diverse needs of the community. Support more specified cultural humility, anti-racism, self-care, and trauma informed systems training.

Action Item(s):

a.) Offer following training, based on feedback from Workforce Survey.

- Training in relation to Racial Trauma
- Training in relation to working with the African American/Black Community
- Training in relation to LGBTQ+ Community/ Sexual Orientation/ Gender Identity (SOGI)
- Training in relation to working with the LatinX/ Hispanic Community
- Training in relation with working with undocumented people
- Training in relation to working with immigrants

Outcome: CCBHS has expanded its training, however there are still several areas that need further attention and support. Much of the training focused on cultural groups has not been realized due to several other training demands, specifically State required training due to California Advancing and Innovating Medi-Cal (CalAIM) implementation and other programming.

Focus Area 5.) Promote and invest in professional development programs that support quality staff in CCBHS including contracted CBOs with specific consideration of staff with language capacity and lived experience, systems involvement experience, and cultural responsiveness to serve and meet the identified needs of BHS clients and community.

Action Item(s):

a.) Prioritize CCBHS and contracted CBO staff for student loan repayment program with specific consideration for:

- Language capacity – prioritize Spanish, Chinese languages (Mandarin and Cantonese), Tagalog, Punjabi, Farsi, Portuguese, and Vietnamese
- Cultural responsiveness
- Lived experience

- Systems involvement experience

Outcome: CCBHS is participating in the Greater Bay Area Regional Partnership Loan Repayment Program, which is a State program that provided matching funds to counties which elected to participate in the program through a regional partnership agreement. This allowed CCBHS to offer educational loan repayment to CCBHS staff and CCBHS contracted Community Based Organization (CBO) providers; where the State provided about 67% in funding and participating counties needed to match with an additional 33% of funding. Through participation in this program, CCBHS has been able to award 60 individuals with educational loan repayment. Individuals identified for award may receive up to \$10,000 in educational loan repayment in return for a 12-month service obligation, meaning 12-months of completed work. Priority was placed on individuals which could fill a language or cultural need, and those with lived experience. Applicants were surveyed. All individuals had the opportunity to skip some or all questions asked below.

Table 2. CCBHS Loan Repayment Program Survey Responses

Number of Awardees Which Provided Response to Survey Questions	58
Provide Services in Other Language	27
Self-Identified as Having Personal Lived Experience	39
Self-Identified as Client/ Consumer/ Peer	39
Self-Identified as Having a Close Family Member of Someone w/Mental Health Challenges	44
Self-Identified as Previous Systems Involvement (personal or close family member involved in Juvenile Justice System, or Adult Justice System)	22
Self-Identified as Having lived in a foster home or group home at any point during your childhood (0-18 years of age)	11
Self-Identified as First-generation college student/graduate	39
Self-Identified as Military (Active, Reserve, Veteran)	7
County CCBHS Staff	34
CCBHS Contracted CBO Staff	26

Criterion 1: Commitment to Cultural Humility

I. Commitment to Cultural Humility

Contra Costa Health's Mission, Commitment and Statement of Philosophy

The mission of Contra Costa Health (CCH) is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Its commitment and vision are to:

- Provide high quality services with respect and responsiveness to all.
- Be an integrated system of health care services, community health improvement and environmental protection.
- Anticipate community health needs and change to meet those needs.
- Work in partnership with our patients, cities, and diverse communities, as well as other health, education, and human service agencies.
- Encourage creative, ethical, and tenacious leadership to implement effective health policies and programs.

CCBHS is one of the eight divisions under CCH. Mental Health and Alcohol and Other Drug Services were combined into a single Behavioral Health Services system of care to create CCBHS.

Behavioral Health Services Mission

CCBHS, in partnership with consumers, families, staff, and community-based agencies strives to provide welcoming, integrated services for mental health, substance abuse, and other needs that promote wellness, recovery and resiliency, while respecting the complexity and diversity of the people we serve.

Strategic Plan

CCBHS is committed to strengthening its ongoing efforts in providing a system of care that works to be culturally responsive and linguistically appropriate to the communities served. The CCBHS Cultural Humility Three Year Plan (or Plan Update) details strategies and data illustrating CCBHS's work to improve identified language, and cultural needs to build equitable care. This plan follows recommendations based on the last Department of Mental Health Cultural Competence Plan Requirements Modification¹. The primary purpose of the Cultural Humility Plan is to evaluate services and workforce needs of the populations CCBHS is intended to serve, while also gauging areas in relation to cultural and linguistic access and need within its system of care. This plan is a working document that has been compiled in collaboration with community stakeholder input and data collected from County systems and other groups.

Policies and Procedures

CCH and CCBHS have standing policies and procedures in place that enable better coordination of care. These policies and procedures are reviewed and revised every few years to better formulate the changing landscape of services and reinforce the National Standards for Culturally and Linguistically Appropriate Services (NCLAS) in Health and Health Care². These policies include, but are not limited to:

Contra Costa Health Department

- CCHS Policy 110-A Dissemination of Information (including Patient Information) to the Public and Media
- CCHS Policy 111-A Mission of Contra Costa Health Services
- CCHS Policy 117-A Service Excellence
- CCHS Policy 127-A Reducing Health Disparities
- CCHS Policy 128-A Non-Discrimination Policy
- CCHS Policy 200-PM Affirmative Action Policy
- CCHS Policy 402-PCS Access to Services for Limited English Proficient (LEP) Deaf and Hearing-Impaired Persons
- CCHS Policy 508-PCC: Filing Complaints

Contra Costa Behavioral Health Services Division

- CCBHS Policy 104: Cultural Competence Plan
- CCBHS Policy 117: Physical Accessibility
- CCBHS Policy 118 Guidelines for Providing Linguistic Access to Limited English Proficient (LEP), Deaf, and Hearing-Impaired Clients in Behavioral Health Services Division
- CCBHS Policy 119: Guidelines for the Distribution of Translated Materials to Consumers in Behavioral Health

¹ California Department of Mental Health (2011). *California Department of Mental Health Cultural Competence Plan Requirements - CCPR Modification*. https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice10-17_Enclosure1.pdf

² US Department of Health and Human Services. (2021, December 15). *National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

- CCBHS Policy 144MH Client, Family Member, and Stakeholder Reimbursements for Participation in Mental Health Services Act Planning and Implementation
- CCBHS Policy 146: Behavioral Health Intern Program
- CCBHS Policy 151-MH: MHSA-Funded Community Based Organization Internship Program Guidelines
- CCBHS Policy 153: Cultural Competence Training
- CCBHS Policy 510: Behavioral Health Access Line Protocols for Routine and Urgent Mental Health Conditions
- CCBHS Policy 704 Behavioral Health Client Rights
- CCBHS Policy 750-MH Behavioral Health Access Line Service Availability and Telephone Call Logs for Mental Health Services
- CCBHS Policy 801: Network Adequacy Standards and Monitoring
- CCBHS Policy 804: Medi-Cal Beneficiary Grievance Procedures
- CCBHS Policy 827 Availability of Beneficiary Brochures and Other Behavioral Health Services Division Medi-Cal Beneficiary Informing Materials

Other Key Documents

The below documents provide information related to behavioral health services.

- Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Fiscal Years 2023-2026³
- Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Mental Health Plan⁴
- Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Drug Medi-Cal Organized Delivery System⁵
- Substance Use Disorder Services Strategic Prevention Plan 2018-2023⁶

II. Recognition, Value and Inclusion of Racial, Ethnic, Cultural and Linguistic Diversity Within System

A. Community Services and Supports (CSS) Plan

In 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA)⁷. The Act provides significant additional funding to the existing public behavioral health system to better serve individuals and families affected or at risk of, serious mental health issues. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach and include those most in need and have been traditionally underserved. Services are to be client, peer, consumer driven, family focused, based in

³ Contra Costa Behavioral Health Services. (2023, June) *Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Update Fiscal Year 2022-2023*. <https://www.cchealth.org/home/showpublisheddocument/29216/638386819435000000>

⁴ Behavioral Health Concepts, Inc. (2023, August). *Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Mental Health Plan*.

<https://calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202022-2023%20Reports/MHP%20Reports/Contra%20Costa%20MHP%20EQR%20Revised%20Final%20Report%20FY22-23%20RW%2004.17.23%20rev%208.23.23.pdf>

⁵ Behavioral Health Concepts, Inc. (2022, September). *Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Drug Medi-Cal Organized Delivery System*.

<https://www.calegro.com/data/DMC/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/FY%202022-2023%20Reports/County%20Reports/Contra%20Costa%20DMC-ODS%20EQR%20Final%20Report%20FY22-23%20AC%2011.22.22%20revised%2001.30.23.pdf>

⁶ Contra Costa Behavioral Health Services. *Substance Use Disorder Services Strategic Prevention Plan 2018-2023, Alcohol and Other Drugs Services*. <https://www.cchealth.org/home/showpublisheddocument/10155/638428254490298810>

⁷ Department of Health Care Services. *Mental Health Services Act*. https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx

the community, culturally and linguistically appropriate, and integrated with other health and social services.

The MHSA is comprised of five components which are Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovation, (INN), and Capital Facilities/Technology (CFTN).⁸ CSS refers to service delivery for mental health services and supports for children, transition aged youth- TAY (ages 16-25), adults (ages 26-59), and older adults (ages 60 and over) with a serious emotional disturbance or mental health challenges. CCBHS utilizes MHSA-CSS funding to support Full-Service Partnerships (FSP) and General System Development. It should be noted that for many CSS programming, the total amount of funding is likely a combination of Medi-Cal reimbursed specialty mental health services funds, MHSA funds, and/or other federal or state funding sources. CCBHS's budget has grown incrementally to approximately \$81.9 million for FY 2023-24 in commitments to programs and services under CSS. The construction and direction of how and where to provide funding began with an extensive and comprehensive Community Program Planning Process (CPPP) whereby stakeholders were provided training in the intent and requirements of the MHSA and actively participated to identify and prioritize community mental health needs, and develop strategies as service delivery grew with increasing MHSA revenue. The programs and services described are directly derived from the initial CPPP and expanded by subsequent yearly community program planning processes.

Full-Service Partnerships (FSPs)

CCBHS both operates and contracts with partner CBOs to enter collaborative relationships with clients/peers/consumers. Personal service coordinators develop an Individualized Services and Support Plan (ISSP) with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals. Children and transition aged youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health treatment, including alternative and culturally specific treatments, peer support, family education services, access to wellness and recovery centers, and assistance in accessing medical, substance abuse, housing, educational, social, vocational, rehabilitation and other community services, as appropriate. Service providers are also available to respond to the client/family, 24 hours a day, seven days a week to provide after-hours intervention. As per current statute requirements, these services comprise most of the CSS budget. Detailed planning and programming under the CSS component can be found in the most recent MHSA Three Year Plan, under the Community Services and Support section. Demographic information for CSS – FSP programs can be found under Criterion II, Section IV of this document. The following is a summarized description of CSS services and goals for FY 2023-2024.

Children's FSPs.

Personal Service Coordinators (PSCs). PSCs are part of the Short-Term Assessment of Resources and Treatment (START) program. Seneca contracts with CCBHS to provide PSCs, a mobile crisis response team, and three to six months of short-term intensive services to stabilize youth in the community and connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.

⁸ Mental Health Services Oversight and Accountability Commission. Prop 63/MHSA. <https://mhsoac.ca.gov/the-act-mhsla/>

Mobile Crisis Response. Additional MHSA funding supports the expansion of hours that Seneca’s mobile crisis response teams are available to respond to children and their families in crisis. This expansion began in FY 2017-18 and includes availability to all regions of the county. Seneca has two teams available from 7AM until 10PM with on call hours 24/7 and the ability to respond to the field during all hours if indicated and necessary.

Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a cooccurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence-based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth’s interpersonal functioning, the parents’ parenting practices, parent-adolescent interactions, and family communications with key social systems.

Multi-systemic Therapy (MST) for Juvenile Offenders. EMBRACE Mental Health formerly known as Community Options for Families and Youth, contracts with CCBHS to provide home-based multiple therapist family sessions over a 3–5-month period. These sessions are based on nationally recognized evidence-based practices designed to decrease rates of antisocial behavior improve school performance and interpersonal skills and reduce out-of-home placements. The goal is to empower families to build a healthier environment through the mobilization of existing child, family, and community resources.

Children’s Clinic Staff. County clinical specialists and family partners serve all regions of the County and contribute a team effort to full-service partnerships. Clinical specialists provide a comprehensive assessment on youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.

Table 3. Children FSPs

<i>Program/Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60
Multi-systemic Therapy	Embrace Mental Health (FSP)	Countywide	65
Children’s Clinic Staff	County Operated	Countywide	Support for FSPs
Children’s Flex Funds		Countywide	TBD
Eating Disorder Treatment		Countywide	TBD
CalAIM Transitional Support Funds		Countywide	N/A

Transition Age Youth (TAY) FSPs.

Eligible youth (ages 16-25) are individuals who are diagnosed with a serious emotional disturbance or serious mental illness, and experience one or more of the risk factors of homelessness, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster care placements, and experience with the juvenile justice system.

Fred Finch Youth Center. Located in West County and serves West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder

and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.

Youth Homes. Located in Central and East County and serves Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help, and family.

Table 4. Transition Age Youth (TAY) FSPs

<i>Program/ Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Transition Age Youth FSP	Fred Finch Youth Center	West & Central County	70
Transition Age Youth FSP	Youth Homes	Central & East County	30
County Support Costs (Vehicles)	County	Countywide	N/A
CalAIM Transitional Support Funds		Countywide	N/A

Adult and Older Adult FSPs.

Adult FSPs provide a full spectrum of services and supports to adults over 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level, are uninsured or receive Medi-Cal benefits. CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP services in the West and East regions of the County. Prior to COVID-19, the Hume contract was increased to provide enhanced services including housing flex funds as well as serving 40 additional clients. Familias Unidas contracts with the County to provide the lead on full-service partnerships that specialize in serving the County’s LatinX population whose preferred language is Spanish.

Table 5. Adult FSPs

<i>Program/ Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Adult FSP	Hume Center	Wes County East County	70 (Adult), 5 (Older Adult) 70 (Adult), 5 (Older Adult)
Adult FSP	Familias Unidas	West County	28 (Adult), 2 (Older Adult)
CalAIM Transitional Support Funds		Countywide	N/A
Adult Housing Flex Fund	County	Countywide	TBD
County Support Costs (Vehicles)		Countywide	N/A

*CalAIM Transitional Support Funds. These are temporary funds offered in FY 23-24 to support community-based organizations who provide specialty mental health services as they transition from cost-based to fee-for-service contracts, as part of the statewide California Advancing and Innovating Medi-Cal (CalAIM) effort. These funds were calculated through a cost survey analysis and will be offered on a pay-per-performance basis to qualified agencies to keep them whole during the transition year.

Additional Services Supporting Full-Service Partners. The following services are utilized by full-service partners and enable the County to provide the required full spectrum of services and supports.

Adult Mental Health Clinic Support. CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination, and rapid access for full-service partners to health and mental health clinic services as needed and appropriate.

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services

and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for FSP services, the Rapid Access Clinician will seek approval to refer the client to FSP services. Clinic management act as the gatekeepers for the FSP programs, authorizing referrals and discharges as well as providing clinical oversight to the regional FSP programs. FSP liaisons provide support to the FSP programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

Table 6. Adult Mental Health Clinic Support

<i>Program/Plan Element</i>	<i>County/Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full-Service Partners

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meets the acuity level of a full-service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out of office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for assisted outpatient treatment are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Turn Behavioral Health Services (formerly Mental Health Systems, Inc.) to provide 23 the Assertive Community Treatment (ACT), while CCBHS has dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with ACT contractor, and 8) participate in the development of the treatment plan.

Table 7. Assisted Outpatient Treatment

<i>Program/ Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Assisted Outpatient Treatment	Turn Behavioral Health Services	Countywide	70 (Adult), 5 (Older Adult)
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Support for Assisted Outpatient Treatment

Wellness and Recovery Centers. Mental Health Connections (formerly Putnam Clubhouse) contracts with CCBHS to provide wellness and recovery centers in West, Central and East County to provide a full spectrum of mental health services. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups that teach self- management and coping skills. The centers offer support groups, wellness planning, physical health, nutrition education, advocacy services, training, and arts and crafts.

Table 8. Wellness and Recovery Centers

<i>Program/Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Wellness and Recovery Centers	Mental Health Connections, (formerly Putnam Clubhouse)	West, Central, East County	200

Hope House - Crisis Residential Center. The County contracts with Telecare to operate a 16-bed crisis

residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid in-patient psychiatric hospitalization. It also serves consumers being discharged from the hospital and long-term locked facilities that would benefit from a step-down from institutional care in order to successfully transition back into community living. Services are designed to be short term, are recovery focused with a peer provider component, and treat co-occurring disorders, such as drug and alcohol abuse. In addition, CCBHS is in the process of developing a Request for Proposal (RFP) for a second Crisis Residential Center, following the recent closure of Neireka House.

Table 9. Crisis Residential Center

<i>Program</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Hope House - Crisis Residential Center	Telecare	Countywide	200
New Crisis Residential	TBD	TBD	TBD

MHSA Funded Housing Services. MHSA funds for housing supports supplements that which is provided by CCBHS and the County’s Health, Housing and Homeless (H3) Services Division, and is designed to provide various types of affordable shelter and housing for low-income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of chronic homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost. Housing supports are categorized as follows; 1) temporary shelter beds, 2) augmented board and care facilities or homes, 3) scattered site or master leased permanent supportive housing, 4) housing continuum and resource development 5) a centralized county operated coordination team.

Temporary Shelter Beds. The County’s Health, Housing and Homeless Services (H3) Division operates several temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding (MOU) with the H3 Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes 1,638 bed nights per year for the Bissell Cottages, Pomona Street Apartments and McGovern House transitional living programs, staff for the Calli House Youth Shelter, 23,360 bed nights for the Brookside and Concord temporary shelters, and 2,920 bed nights for the Respite Shelter in Concord.

Augmented Board and Care. The County contracts with several licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. MHSA currently funds a number of augmented board and care providers to augment clients board and care with additional agreed upon care for persons with seriously mental illness. These providers include, but are not limited to, Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An additional provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a transitional residential program, The Pathway, that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues. During this three-year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental

illness. Additional funding is also being allocated to address market competitiveness for rates being paid to small adult residential facilities and to assist older adult clients to maintain the home and placement that they have successfully lived in for many years.

Permanent Supportive Housing: Master Leased and Scattered Site. Shelter, Inc. contracts with the County to provide a master leasing program which adults or children and their families are provided tenancy in apartments and houses in the County. Through a combination of self-owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff, maintenance and administers County-funded rental subsidies to support individuals and their families to move in and maintain their homes independently. Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with community partners the County embarked on several one-time capitalization projects to create 39 permanent housing units for individuals with serious mental illness. Individuals receive mental health support from CCBHS contracted and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue (Arboleda) Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing). The state-run MHSA Housing Program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). Under SNHP, the County received and distributed \$1.73 million in state level MHSA funds to preserve, acquire, or rehabilitate housing units, and added 5 units of permanent supportive housing at the St. Paul Commons in Walnut Creek. The deadline to use SNHP funds was June 30, 2023.

In July 2016 Assembly Bill 1618, or No Place Like Home, was enacted to dedicate in future years \$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness or are at risk of chronic homelessness. Local applications for construction and/or re-purposing of residential sites have been developed and submitted to the state. Through the four completed funding rounds Contra Costa has or will add up to 61 permanent supportive housing units.

- Round 1 - Contra Costa was awarded competitive funding in partnership with Satellite Affordable Housing Association (SAHA) in the amount of \$1,804,920 for construction of 10 dedicated NPLH units for persons with serious mental illness at their Veteran's Square Project in the East region of the County. During Round 1 County accepted the State's non-competitive funds in the amount of \$2,231,574 to be allocated in future funding rounds.
- Round 2 - Contra Costa was awarded funds to construct permanent supportive housing units in the Central region of the County. An award was granted to Resources for Community Development (RCD) in the amount of \$6,000,163 for 13 NPLH Units at their Galindo Terrace development.
- Round 3 – Selected RCD as recipient of County's non-competitive funds in the amount of \$2,231,574 for 9 units located at 699 Ygnacio Valley Rd in Walnut Creek.
- Round 4 – CCBHS sponsored two additional projects that were awarded funds by the Department of Housing and Community Development (HCD.) The first project is an 8-unit development located in Richmond submitted in partnership with Community Housing Development Corporation and Eden Housing in the amount of \$3,718,780. A second County sponsored project was submitted by Resources for Community Development (RCD) which was awarded \$13,002,266 for 21 additional units (total of 30 dedicated NPLH units) for the project at 699 Ygnacio Valley Road that had previously been awarded non-competitive dollars during the Round 3 project period.

Housing Continuum and Resource Development. The State and Federal government have and continue to release multiple housing infrastructure-related grant opportunities for Counties. CCBHS has submitted projects under the Behavioral Health Continuum Infrastructure Program (BHCIP), submitted plans to participate the Behavioral Health Bridge Housing (BHBH) program, and intends to submit a plan under the Department of State Hospital Incompetent to Stand Trial and Competency Restoration program. CCBHS has accepted an allocation from Department of Social Services to fund the Community Care Expansion (CCE) Preservation program intended to stabilize existing licensed adult residential facilities and residential care facilities for the elderly. The County intends to apply for other opportunities as they are released. CCBHS recognizes supported housing for people living with a mental health condition as a priority and is committed to leveraging existing resources to meet that need by fortifying our existing housing continuum of care. CCBHS plans to complete proposed projects and provide funding for any potential County required funding match to take advantage of funding opportunities. Additional funds have been allocated to allow CCBHS to locally fund potential projects addressing other gaps in the housing continuum.

In order to better support clients additional funding is being allocated to emergency care funds to support clients at certain facilities while social security benefits are pending. Additionally, this budget allocates funding to support clients and Housing Services staff address the often-unforeseen challenges that arise by creating a housing flex fund. This fund may be used to address small, unplanned and/or temporary financial needs related to maintaining a home.

Coordination Team. The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs and services, and provides contract monitoring and quality control. A Chief of Supportive Housing Services oversees the Coordination Team and MHSAs funded housing units.

Table 10. MHSAs Housing Services

<i>Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># of MHSAs Beds/ Units Budgeted</i>
Shelter Beds	County Operated	Countywide	Estimated 75 beds
Augmented Board and Care*	Crestwood Healing Center	Countywide	80 beds
Augmented Board and Care*	Various	Countywide	335 beds
Master Lease	Various	Countywide	110 units
Scattered Site Housing	Contractor Operated	Countywide	39 units
Community Care Expansion Preservation Match		Countywide	Varies
Behavioral Health Continuum Infrastructure Program/ Infrastructure Program Match		Countywide	Varies
Coordination Team	County Operated	Countywide	Varies
Emergency Care Funds		Countywide	Varies
Housing Flex Funds		Countywide	Varies
Continuum Resource Development	TBD	Countywide	TBD

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSAs as funding sources. Thus, the budgeted amount for FY 22-23 may not match the total contract limit for the facility and beds available. The amount of MHSAs funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSAs funding, 2) history of expenditures charged to MHSAs, and 3) projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three-Year Plan Updates will reflect adjustments in budgeted amounts.

It is estimated that over 1,000 individuals per year are receiving temporary or permanent supportive housing by means of MHSA funded housing services and supports. CCBHS is and will continue to actively participate in state and locally funded efforts to increase the above availability of supportive housing for persons with serious mental illness.

Non-FSP Programs (General System Development)

General System Development is the service category in which the County uses MHSA funds to improve the County’s mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the CSS component was first approved in 2006, programs and plan elements included herein have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

Supporting Older Adults. There are two MHSA funded programs serving the older adult population over the age of 60, 1) Intensive Care Management, and 2) Improving Mood: Providing Access to Collaborative Treatment (IMPACT).

- 1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County, provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers’ mental health, physical health, and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
- 2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults in a primary care setting who are experiencing co-occurring physical health impairments. The model involves short-term (8 to 12 visits) problem solving therapy and medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.

Table 11. Supporting Older Adults

<i>Program</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Intensive Care Management	County Operated	Countywide	237
IMPACT	County Operated	Countywide	138

Supporting Children and Young Adults. There are two programs supplemented by MHSA funding that serve children and young adults: 1) Wraparound Program, and 2) expansion of the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT).

- 1) Wraparound Program. Countywide program, in which children and their families receive intensive, multi-leveled treatment from the County’s three children’s mental health clinics, was augmented in 2008 by family partners and mental health specialists. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children and their families. Mental Health Specialists are non- licensed care providers, often in successful recovery with lived experience as a consumer or family member, who can address culture and language specific needs of families in their communities. These professionals arrange and facilitate team meetings between the

family, treatment providers and allied system professionals.

- 2) EPSDT Expansion. EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). The Department of Health Care Services has clarified that the continuum of EPSDT services is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County’s responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), utilizes MHSAs funds as the up-front match for subsequent federal reimbursement that enables the County to provide the full scope of services, adding County mental health clinicians, family partners and administrative support.

Table 12. Supporting Children and Young Adults

<i>Plan Element</i>	<i>County/Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Wraparound Support	County Operated	Countywide	Supports Wraparound Program
EPSDT Expansion	County Operated	Countywide	Supports EPSDT Expansion

Concord Health Center. The County’s primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. A behavioral health clinician and community support worker (peer) work as a team to provide an integrated response to adults visiting the clinic for medical services who also have a co-occurring behavioral health issues. MHSAs funds additional similar positions in the regional behavioral health clinics to provide enhanced support.

Table 13. Concord Health Center

<i>Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Supporting all Outpatient Clinics	County Operated	Central County	Support Clients Served by Clinics

Liaison Staff. CCBHS and Contra Costs Regional Medical Center (CCRMC) partner to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) to assist individuals experiencing a psychiatric crisis connect with services to support them in the community. These positions are in the CCBHS Transition Team, and schedule regular hours at PES.

Table 14. Liaison Staff

<i>Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES

Clinic Support. County positions funded through MHSAs supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in response to identified needs in the Community Program Planning Process (CPPP).

- 1) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
- 2) Transportation Support. The CPPP identified transportation as a critical priority for accessing services. One-time MHSAs funds were used to purchase additional county vehicles to be located at the clinics.

Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.

- 3) Evidence Based Practices. Clinical Specialists for each Children’s clinics have been added to provide training and technical assistance to fidelity of treatment practices that establish evidence that support successful outcomes.
- 4) Transitions Team Expansion. Funds have been allocated to support a Street Psychiatry initiative to offer field-based nursing and psychiatry services to community members who are unhoused or facing other challenges that prevent them from coming into the clinic. The Transitions Team will also support a new Mental Health Library Initiative with a field-based team (one clinician and one peer support specialist). The team will work with county libraries identified as having a high number of unhoused patrons living with untreated mental health and substance use disorders. The team will provide outreach and engagement, linkage to community supports and services, and support library staff.

Table 15. Clinic Support

<i>Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff
Transportation Support	County Operated	Countywide	Supplements Clinic Staff
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff
Transition Team Expansion	County Operated	Countywide	TBD

Forensic Team. Clinical specialists are funded by MHSA to join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing supports to individuals with serious mental illness who are either referred by the courts for diversion from incarceration, or on probation and at risk of re-offending and incarceration. These individuals were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

Mobile Crisis Response Team (MCRT). During the FY 2017-20 Three Year Plan the Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) with law enforcement to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers work closely with the County’s Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their respective communities.

The passage of the Measure X sales tax has allowed for further expansion of crisis services in Contra Costa. The adult Mobile Crisis Response Team, formerly funded by MHSA, has now been expanded and moved under the Anyone, Anywhere, Anytime (A3) program, which is a new system for delivering safe, appropriate care to county residents who are experiencing behavioral health emergencies. Once fully brought to scale, the program will offer 24-hour mobile crisis response teams available throughout the county, as well as the comprehensive Miles Hall Crisis Hub where a number of related services will be available to community members.

Table 16. Mobile Crisis Response Team (MCRT)

<i>Plan Element</i>	<i>County/ Contract</i>	<i>Region Served</i>	<i># to be Served Yearly</i>
Forensic Team	County Operated	Countywide	Support to the Forensic Team

Quality Assurance and Administrative Support. MHSA funding supplements County resources to enable CCBHS to provide required administrative support, quality assurance and program evaluation functions for statutory, regulatory, and contractual compliance, as well as management of quality-of-care protocols, such as fidelity to Assisted Outpatient Treatment and Assertive Community Treatment. County staff time and funding to support the mandated MHSA community program planning process are also included here. County positions have been incrementally justified, authorized, and added each year as the total MHSA budget has increased.

B. Current Involvement Efforts and Level of Inclusion with Underserved Communities

Each year CCBHS utilizes a Community Program Planning Process (CPPP) to accomplish the following:

- Identify issues related to mental illness that result from a lack of mental health services and supports
- Analyze mental health needs
- Identify priorities and strategies to meet these behavioral health needs

CCBHS gathers input from its ongoing community stakeholder bodies, which include clients, peers, consumers, family members, providers, and community members. Engagement is provided through committees, workgroups, community forums, surveys, program visits, and ongoing dialogue. Some meetings are either held virtually, in-person or are a hybrid of both meetings. All meetings are open to the public.

Table 17. Stakeholder Meeting Groups

<i>Meeting</i>	<i>Purpose</i>	<i>Frequency</i>
MHSA Advisory Council (formerly known as Consolidated Planning and Advisory Workgroup - CPAW Committee)	Opportunity for the public dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, review existing programming, funding, and evaluation. MHSA Advisory Council Membership seats include; Alcohol and Other Drug Services, CBO Service Providers, CCBHS Service Providers, Consumers, Criminal Justice, Education, Faith Based Leadership, Family Members, Family Partner, Youth Family Partner, Health, Housing and Homeless Services, Mental Health Commissioners, Peer Providers, Underserved Populations, and Veterans	Bi-Monthly
MHSA Advisory Council Sub-Committee: Innovation and Systems of Care	Learn, discuss, and provide input on new and emerging MHSA related programs that impact Behavioral Health Services system of care.	Quarterly
MHSA Advisory Council Sub-Committee: Steering	Develop monthly agenda for MHSA Advisory Council main meeting, including identifying presentation & discussion topics	Bi-Monthly
MHSA Advisory Council Sub-Committee: Membership	Review new applications for MHSA Advisory Council Membership	As Needed
Suicide Prevention Coalition	Countywide collaboration responsible for Suicide Prevention Strategic Planning	Monthly
Youth Suicide Prevention Sub-Committee	Collaborative meeting for networking and information sharing around issues related to youth mental health and suicide prevention	Quarterly
CCBHS Reducing Health Disparities Workgroup	Focus on diversity, equity, inclusion and reducing disparities within Behavioral Health Services system of care with ongoing goal of being trauma informed, working against racism, addressing historical barriers to services to promoting wellness, recovery, and resiliency service delivery and workforce. Provides input for annual Cultural Humility Plan.	Quarterly
Assisted Outpatient Treatment (AOT) Workgroup	Discussion and support around the work of County AOT providers, including Forensic Mental Health, Justice Partners, and Community Based Organizations	Quarterly

Other CPPP events involved:

- Presentation to Historically Marginalized Community Engagement (HMCE) Unit - Mental Health Services Act (MHSA) Innovation Project: Supporting Equity through Community Defined Practices Project held June 29th, 2023
- Community Mental Health Forum: Real Talk! Real Voices! Real Solutions held January 21, 2023
- Innovation Community Forum provided an overview of the MHSA with particular focus on the Innovation component. New project ideas were reviewed and input from the community was received through small group listening sessions and was held March 4, 2022.
- Town Hall for Providers was a way to engage in an informational and listening sessions where providers were able to identify priority populations and service needs, as well as staff training needs and was held October 26, 2022.
- Virtual Community Forum Events also allowed participants to learn about the MHSA, engage in listening sessions, small group discussions and provide direct feedback regarding prioritization of future programming and funding related to the MHSA. These events were held November 3, 2022, November 17, 2022, and December 15, 2022.
- Annual MHSA Orientation: Provided to the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class. SPIRIT is a nine-unit accredited college course, taught in collaboration with Contra Costa College and peer providers from the CCBHS Office for Consumer Empowerment.
- Other MHSA presentations include presenting to the Mental Health Commission. MHSA staff regularly attend the Mental Health Commission meetings. Other informational presentations in the year were provided to the Alcohol and Other Drug Services Advisory Board, CCBHS Access Team, School-based Mental Health Providers, and Cal State University East Bay Nursing Students.
- A community survey was launched and distributed to at least 800 community members in November of 2022. The survey was intended to elicit feedback from the community regarding prioritization Cultural Humility Plan Focus Areas. Please see pages 11-14 of the [MHSA Three Year Program and Expenditure Plan 2023 – 2026](#).

C. Lessons Learned

CCBHS has identified Asian and Latino/a/e/X/Hispanic population as being underserved. This is demonstrated through the External Quality Review Organization data, found in the *Medi-Cal Population Service Needs* section of this document. CCBHS is in the process of establishing contracts for Community Defined Practices through the MHSA Innovation component. The Request for Proposal (RFP) and process was created through community collaboration to better support equity in opportunities for funding, as well as supporting culturally and linguistically appropriate practices for mental health and wellness.

A lesson learned through this process was using language that was easily understood and non-clinical in the RFP and utilizing a group of community members and contractor with experience in working with the community to draft the RFP to facilitate language which did not reflect solely clinical terminology. Overall, positive feedback was received as well as a high number of RFP applications.

III. Positions Supporting Cultural Humility

CCBHS has one staff member filling the role of Ethnic Services Manager (ESM) which also holds the role of Training Coordinator and is part of the MHSA team. The acting ESM meets with the CCBHS Director, as needed. The CCBHS Director has open dialogue and is regularly involved with stakeholder meetings and the CPPP.

IV. Budget Resources Targeting Culturally Responsive Activities

Budgeting for culturally and linguistically responsive programming is outlined in detail throughout the *Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Fiscal Years 2023-2026*. A summary of the programming and services that support specific cultural niches and offer services in other languages are listed in the following table; which includes agency name, the MHPA component the program is under, a brief description of services, and the most recent allocated budget. Detailed outcome information can be found in the MHPA Three Year Plan – Appendix B on the MHPA page [here](#).

Table 18. Resources Targeting Culturally Responsive Activities for Fiscal Year (FY) 2023-2024

MHPA Component of Community Services and Supports (CSS)	Funds
<i>CCBHS Adult Mental Health Clinic Support:</i> CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination, and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid access clinicians offer drop-in intake appointments and screening to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid access clinicians refer clients to appropriate services and, when possible, follow-up with clients to ensure linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership (FSP) services, the rapid access clinician will seek approval to refer the client to FSP services.	\$2,477,381
<i>CCBHS Assisted Outpatient Treatment (AOT):</i> CCBHS has dedicated clinicians and administrative support in the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determine whether a client meets eligibility criteria for AOT, 4) prepare court petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions, 7) act as liaison with Assertive Community Treatment (ACT) contractor, and 8) participate in the development of the treatment plan.	\$677,881
<i>CCBHS Children’s Clinic Staff:</i> County clinical specialists and family partners serve all regions of the County and contribute a team effort to FSP clients. Clinical specialists provide a comprehensive assessment on all youth deemed to be seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.	\$603,053
<i>CCBHS Housing Services:</i> The County provides various types of housing supports in the form of shelter beds, augmented board and cares, master lease housing, scattered site housing, Emergency Care Funds, Housing Flex Funds, Behavioral Health Continuum Infrastructure Program (BHCIP) Match, and the CCBHS Coordination Team which provides support to residents in facilities with other County behavioral health programs and services and provides contract monitoring and quality control.	\$21,907,598
<i>CCBHS IMPACT:</i> Provides evidence-based practice for depression treatment to older adults experiencing co-occurring physical health impairments in a primary care setting. Model involves short-term (8 - 12 visits) problem solving therapy and medication support, with up to one year follow-up, as necessary. Mental health clinicians are integrated into a primary treatment team.	\$ 433,536
<i>CCBHS Intensive Care Management:</i> Provides mental health services to older adults in their homes, the community, or clinical setting through three multi-disciplinary teams for each region of the County. The goal is to support aging in place, improve mental health, physical health and quality of life. Each team is comprised of a psychiatrist, a nurse, a clinical specialist, and community support worker to deliver a comprehensive array of care management services, linkage to primary care or community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.	\$3,964,286
<i>CCBHS Resource Planning and Management:</i> Staff at the three adult clinics work with and are trained by financial specialists in order to assist clients with money management and complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI) benefits to support clients.	\$741,930
<i>CCBHS Transportation Support:</i> The Community Program Planning Process identified transportation as	\$158,421

a critical priority in accessing services. MHSAs funds were used to purchase county vehicles to be located at the clinics. Community Support Workers are dedicated to transport clients for appointments.	
<i>CCBHS Wraparound Program:</i> Provides intensive, multi-leveled treatment to children and their families from County's three children's mental health clinics and is augmented by family partners and mental health specialists. Family partners have lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of services, and offer support in the home, community, and county sites. Family partners participate as team members with mental health clinicians providing treatment to children and their families. Mental health specialists are non-licensed care providers with lived experience, who can address culture and language specific needs of families in their communities. These professionals facilitate team meetings between the family, treatment providers and allied system professionals.	\$1,211,646
<i>Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Expansion:</i> EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents involved with Children and Family Services. Services include crisis services, assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, intensive home-based services, and Intensive Care Coordination. Statewide reform for care to foster care children includes County's responsibility to provide Therapeutic Foster Care (TFC) services. MHSAs funds the up-front match for subsequent federal reimbursement enabling the County to provide full scope services, by adding County mental health clinicians, family partners and administrative support through significant expansion of care responsibility entitled Continuing Care Reform.	\$761,830
<i>Embrace Mental Health (formerly Community Options for Families and Youth):</i> Multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis experiencing a cooccurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This evidence-based practice of weekly or twice weekly sessions conducted over 4-6 months target the youth's interpersonal functioning, the parents' parenting practices, parent-adolescent interactions, and family communications with key social systems.	\$1,056,614
<i>Familias Unidas:</i> Serves adults 18+ through Full-Service Partnerships (FSP) providing a full range of services utilizing a modified Assertive Community Treatment (ACT) model consisting of a multi-disciplinary mental health team. Team works together to provide majority of treatment, rehabilitation, and support services to client/peer. Focused FSP services for the County's Latino/Hispanic population.	\$297,404
<i>Fred Finch Youth Center:</i> Serves west & central County. Program utilizes the ACT model as modified for young adults; supported through a multi-disciplinary team including a personal service coordinator, peer and family mentors, and psychiatric nurse practitioner. Staff have clinical specialty in co-occurring substance disorder and offer bilingual services. Mobile mental health and psychiatric services are offered as well as services to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support in connecting with families.	\$1,643,231
<i>Hope House:</i> Provides Crisis Residential Center through contract with Telecare to operate 16-bed crisis residential facility. This is a voluntary, highly structured treatment program intended to support seriously mentally ill adults during a period of crisis to avoid in-patient psychiatric hospitalization. It also serves clients discharged from hospital and long-term locked facilities that benefit from a step-down from institutional care to transition into community living. Services are designed to be short term, recovery focused with a peer provider component, and treat co-occurring disorders.	\$2,408,428
<i>Lincoln Child Center:</i> Provides a comprehensive and multi-dimensional family-based outpatient program for adolescents with mental health and co-occurring substance use issues. The youth are considered high risk for continued substance use and other risky behaviors. This evidence-based practice of weekly or twice weekly sessions provided over 4-6 months target the youth's interpersonal functioning, parents' parenting practices, parent-adolescent interactions, and family communications with social systems.	\$1,069,956
<i>Mental Health Connections - Peer Connection Centers (formerly Putnam Clubhouse):</i> Provides wellness and recovery centers in west, central and east County. The centers offer peer-led recovery-oriented, self-help and rehabilitation groups that teach self-management and coping skills, Wellness Recovery	\$1,100,039

Action Planning (WRAP), physical and nutrition education, training, arts, crafts, and support groups.	
<i>Portia Bell Hume Behavioral Health and Training Center (Hume Center):</i> Provides adult Full-Service Partnership (FSP) services in East and West County.	\$4,532,294
<i>Seneca Family of Agencies:</i> Provides Short Term Assessment of Resources and Treatment (START) services, personal services coordinators, a mobile crisis response team, and 3-6 months of short-term intensive services to stabilize youth in the community and connect them and their families with sustainable resources and supports. Referrals are coordinated by County staff on a countywide assessment team. Services are for youth and their families experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services. Seneca also provides the Mobile Response Team (MRT). Funding supports the expansion of hours which Seneca's MRT is available to respond to children and families in crisis in all regions of the county. Two teams are available from 7AM-10PM with on call hours 24/7 and ability to respond during all hours if indicated and necessary.	\$1,001,479
<i>Youth Homes:</i> Provides services to central and east County. Emphasizes evidence-based practice of integrated treatment for co-occurring disorders. Youth receive mental health and substance abuse treatment from a single treatment specialist. Services include individual, family and group self-help.	\$794,041
<i>MHSA Component of Innovation (INN)</i>	<i>Funds</i>
<i>CCBHS Cognitive Behavioral Social Skills Training (CBSST):</i> Project aimed to enhance quality of life for those residing in enhanced board and care facilities by incorporating meaningful activity, skills in daily routines to increase overall functional improvement. CBSST is emerging practice with demonstrated positive results for persons with severe and persistent mental illness. CBSST applies therapeutic practice consisting of a licensed clinician and peer support worker to lead CBSST groups at board and care facilities. Adults with serious mental illness learn and practice skills to enable them to achieve and consolidate recovery-based skills, while decreasing need for costly interventions such as psychiatric emergency services. Funds added to expand services to additional board and care residents.	\$454,716
<i>CCBHS Room to Overcome, Achieve and Recover (ROAR):</i> Intensive outpatient treatment program offering three levels of care (intensive, transitional and continuing care) to adolescents dually diagnosed with substance use and mental health disorders. Services provided by multi-disciplinary team and include individual, group and family therapy, and linkage to community services. CCBHS recognizes substance use dependence in adolescence negatively affects physical, social, emotional, and cognitive development. Early onset of substance use is one of the strongest predictors of later dependence.	\$658,412
<i>CCBHS Supporting Equity Through Community Defined Practices (CDPs):</i> Emerging Innovation project. General idea is to funding mental health and wellness reflective of community defined practices which are culturally and/or linguistically responsive and target underserved or inappropriately served communities.	\$1,907,750
<i>Psychiatric Advanced Directives (PADs):</i> Multi-County Collaborative Innovation Project aimed to support treatment decisions for people experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. Technology to be developed with peers and stakeholders, rather than for them	\$494,646
<i>MHSA Component of Prevention and Early Intervention (PEI)</i>	<i>Funds</i>
<i>Asian Family Resource Center (fiscal sponsor Contra Costa ARC):</i> Provides culturally sensitive education and access to mental health services for immigrant Asian communities, focus on Southeast Asian population of Contra Costa. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services provided to those exhibiting symptoms of mental illness. Participants assisted in actively managing recovery process.	\$164,354
<i>California Mental Health Services Authority (CalMHSA):</i> Through Know the Signs initiatives CalMHSA provides technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCBHS contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This	\$78,000

linkage expands the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.	
<i>CCBHS Experiencing the Juvenile Justice System – Supporting Youth:</i> County operated Children's Services mental health clinicians support families experiencing juvenile justice system. Five clinicians support the juvenile probation offices. Clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.	\$433,535
<i>CCBHS First Hope:</i> Serves youth showing early signs of psychosis or who have recently experienced a first psychotic episode. Referrals accepted from all parts of the County. Through a comprehensive assessment process, young people ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. Intensive care is provided by a multi-disciplinary team and consists of psychiatrists, mental health clinicians, occupational therapists, and employment/education specialists. Services are based on the Portland Identification and Early Referral (PIER) Model, and consist of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.	\$3,550,789
<i>CCBHS Library Initiative:</i> Provides support to work with county libraries that have been identified as having a high number of unhoused patrons who are living with untreated mental health and substance use disorders. CCBHS staff will work to provide outreach and engagement, linkage to community supports and services, and support to library staff.	\$150,000
<i>CCBHS Office for Consumer Empowerment (OCE):</i> OCE staff provides support to reduce stigma and discrimination, develop leadership and advocacy skills among consumers, support the role of peers as providers, and encourages consumers to actively participate in planning and evaluation of services. OCE supports activities designed to educate the community and raise awareness of the stigma of mental illness. The Wellness Recovery Education for Acceptance, Choice & Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived experiences, using face to face contact and storytelling of recovery & resiliency, as well as sharing information on health treatment and supports. WREACH activities include producing videos, public service announcements, and educational materials. OCE facilitates Wellness Recovery Action Plan (WRAP) groups providing certified leaders conducting classes in the County. Staff employ evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their wellness. The Social Inclusion Committee is a project-based committee and ongoing alliance promoting the inclusion of persons who receive behavioral health services. Projects are designed to increase participation of consumers and family in planning, implementation and delivery of services. Efforts support integration of services for mental health and substance use treatment within CCBHS. Staff assist and support consumers and family in participating in planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.	\$248,577
<i>Center for Human Development (CHD):</i> Fields two programs - African American Wellness Group that serves east county community in Bay Point. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing serious mental illness receive assistance with referral and access to County mental health services. Second program provides mental health education & supports for LGBTQ youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.	\$176,633
<i>Child Abuse Prevention Council of Contra Costa:</i> Provides 23-week curriculum designed to build new parenting skills. Intended to strengthen families and support healthy development of their children. Program is designed to meet the needs of Spanish speaking families in east and central County.	\$192,311
<i>Contra Costa Crisis Center:</i> Provides suicide prevention services operating a certified 24-hour suicide prevention hotline. Callers deemed as vulnerable and at risk of suicide are connected to community resources to enhance safety. Staff conduct lethality assessment on each call, provide intervention and support, and do follow-up calls (with caller's consent) to those deemed at medium to high risk of suicide. MHSA funds additional paid and volunteer staff capacity. Services in Spanish and other languages.	\$413,652
<i>Counseling Options Parenting Education (COPE):</i> Uses evidence-based practices of Positive Parenting	

Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbance. Focus on families in underserved communities, through seminars, training, and groups in English and Spanish.	\$276,720
<i>Fierce Advocates (formerly Building Blocks for Kids under fiscal sponsorship of Tides):</i> Provides education to family and partner communities. Uses peer model of lived experience in outreach and engagement of at-risk families to address family mental health challenges. Individual and group wellness activities assist participants to make and implement plans of action, increase access to community services, and integrate into higher levels of mental health treatment as needed.	\$245,428
<i>First Five Contra Costa (First 5):</i> partners with COPE Family Support Center by taking lead on training families who have children up to age five. Provides training in Positive Parenting Program (Triple P) method to mental health practitioners who serve underserved population.	\$92,023
<i>Hope Solutions:</i> Provides on-site services to formerly homeless families at Garden Park Apartments in Pleasant Hill, Bella Monte Apartments in Bay Point, and Los Medanos Village in Pittsburg. Services include pre-school and afterschool programs, teen and family support groups, assistance in school preparation, and homework clubs. Services designed to prevent serious mental illness by addressing domestic violence, substance abuse, as well as life and parenting skills.	\$421, 221
<i>James Morehouse Project:</i> Provides range of youth development groups designed to increase access to mental health services for at-risk students at El Cerrito High School. Partners with other CBOs, government agencies and local universities. Groups address mindfulness (anger/ stress management), violence, bereavement, societal and environmental factors leading to substance abuse, peer conflict mediation, and immigration/ acculturation.	\$115,815
<i>Jewish Family and Community Services of the East Bay (JFCS):</i> Provides culturally grounded, community-directed mental health education and navigation services to Latino, Afghan, Bosnian, Iranian, and Russian refugees and immigrants of all ages. Outreach and engagement services provided in group setting including cultural practice, in non-office settings convenient to individuals and families.	\$190, 664
<i>La Clinica de la Raza:</i> Engages at-risk LatinX in central and east County. Provide behavioral health assessments and culturally appropriate intervention services to address trauma, domestic violence, and substance abuse. Clinical staff provide psycho-education groups.	\$315,771
<i>Lao Family Community Development:</i> Provides comprehensive and culturally sensitive integrated services for Asian adults and families in west County. Staff provide comprehensive case management services, including home visits, counseling, parenting classes, assistance accessing employment, financial management, housing, and other services offered within and of outside agency.	\$214,315
<i>Lifelong Medical Care:</i> Provides isolated older adults in west County opportunities in social engagement, social services, and access to mental health. Group and one-on-one approaches employed in three housing developments provide screening for depression or other health issues with linkage to services.	\$147,201
<i>Mental Health Connections (formerly Putnam Clubhouse):</i> Provides peer-based programs for adults in recovery from serious mental illness, includes work focused programming helping individuals develop support networks, career development skills, and self-confidence needed to sustain stable, productive and more independent lives. Provides respite support to family members, peer-to-peer outreach, and special programming for Transition Age Youth (TAY) and young adults	\$820,581
<i>People Who Care (PWC):</i> After school program serving underserved youth, youth involved in the juvenile justice system, or youth from other referred behavioral health treatment programs from the communities of Pittsburg and Bay Point. Vocational projects offered on and off site, with select participants receiving stipends to encourage leadership development. Clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.	\$391,905
<i>Rainbow Community Center:</i> Provides social support program designed to decrease isolation, suicidal ideation, and depression among lesbian, gay, bisexual, transgender, and/or questioning community. Activities include outreach to community, engaging individuals at risk, mental health support groups that address isolation and stigma and promote wellness/resiliency, and providing mental health treatment.	\$853,161
<i>RYSE Center (RYSE):</i> Provides activities that enable underserved youth to cope with violence and	\$549,662

trauma in community and at home. Trauma informed programs and services include drop-in, recreational and structured activities across areas of health, wellness, media, arts, culture, education, career, technology, youth leadership and organizing capacity. RYSE facilitates training and technical assistance events to educate community on mental health and mental illness connected to trauma and violence.	
<i>STAND!</i> : Utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Support groups are held for teens throughout County, teachers and other school personnel are assisted with education and awareness to identify and address unhealthy relationships amongst teens.	\$150,944
<i>The Latina Center (TLC)</i> : Serves Latino parents and caregivers in west County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). Offers training to parents with lived experience to both conduct parenting education classes and become Parent Partners to offer mentoring, emotional support, and assistance in navigating social and mental health services.	\$137,178
<i>Vicente Martinez High School, Martinez Unified School District</i> : Provides career academies for at-risk/underserved youth that include individualized learning plans, learning projects, internships, mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.	\$202,985
<i>We Care Services for Children</i> : Supports families and children from birth to 6 years old in range of early childhood education and mental health programs. Targeted, compassionate, and effective early intervention services are aimed to help young children and their families reach their full potential, regardless of abilities or circumstances. The Everyday Moments/Los Momentos Cotidianos provides programming for families and children in three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.	\$132,613
<i>MHSA Component of Workforce Education and Training (WET)</i>	<i>Funds</i>
<i>CCBHS Loan Repayment Program (LRP)</i> : LRP for educational loan repayment to address diversity equity and inclusion, critical staff shortages, such as language need, hard-to-fill, and hard-to-retain positions. Provides potential career advancement for CCBHS staff and contracted CCBHS CBO staff as part of the public behavioral health workforce. CCBHS partners with the California Mental Health Services Authority (CalMHSA) to administer both the County specific LRP, as well as the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program provided by the California Department of Health Care Information Access (HCAI). Funds have been allocated to CalMHSA for payment to individuals and administration of program is ongoing.	\$0
<i>CCBHS Senior Peer Counseling Program</i> : Program in CCBHS Older Adult Mental Health that supports, recruits, and trains volunteer peer older adults to engage other older adults at risk of developing mental illness by providing home visits and group support. Clinical staff support efforts to reaching Latino/X/Hispanic and Asian American seniors. Volunteers receive extensive training and consultation support.	\$144,512
<i>Staff Training</i> : Various staff trainings are funded that support values of the MHSA. CCBHS offers training to CCBHS staff, CCBHS contracted CBO staff, and other community partners. Training is identified through workforce, community and leadership input.	\$615,203
<i>National Alliance on Mental Illness (NAMI) Contra Costa</i> : Provides Family Volunteer Support Network to recruit train, and support family members with lived experience as subject matter experts in a volunteer role to educate and support other families in understanding, navigating, and supporting someone with mental health challenges. Family members are provided training and assistance to become natural supports in the recovery of loved ones. Also provide Family Psycho Education Programs such as NAMI Basics, Faith Net, Family-to-Family/De Familia a Familia (offered in Mandarin and Spanish), and Conversations with Local Law Enforcement. The programming offers evidence-based NAMI educational training, relationship building, education on mental health throughout the County to family members, care givers, faith communities, first responders and local law enforcement on what individuals experiencing mental health challenges may encounter. Training programs are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with	(FVSN) \$675,305 (FPEP) \$77,142

community resources. Some services offered in Spanish and Mandarin.	
<i>Residency and Internship Programs:</i> Funds paid internship programs for graduate or post-graduate students within CCBHS sites or contracted CCBHS CBOs. Emphasis on recruitment of interns to fill language and cultural needs of communities served, as well as interns with lived experience. Internships for individuals working towards licensure in mental health as Marriage and Family Therapist, licensed Clinical Social Worker, licensed Professional Clinical Counselor, and Clinical Psychologist.	\$737,350
<i>Service Provider Individualized Recovery Intensive Training (SPIRIT):</i> SPIRIT is offered through partnership between CCBHS and Contra Costa Community College. SPIRIT is a college accredited recovery oriented, peer led and experiential-based program for individuals with lived experience as a consumer or a family member of a consumer with mental health and/or substance use challenges. Completion of classroom and internship lead to certification accepted as the minimum qualification necessary for employment within CCBHS as a Community Support Worker. Participants learn peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in a peer provider or family partner position. Some individuals are hired within CCBHS or CCBHS contracted CBOs. This training is offered annually. Monthly peer support groups are offered for individuals hired into CCBHS, as well as support in placement and advancement for SPIRIT graduates consisting with their career aspirations.	\$545,336

MHSA programs focus on outreach to underserved communities and serve specific cultural niches or provide services in other languages. Other language access efforts include the Linguistic Access Services office where County staff support interpretation for clients. When interpretation cannot be provided through Linguistic Access Services either the Health Care Interpreter Network (HCIN) or Language Line Solutions are used. Written translation is provided through the United Language Group. CCH provides language differential pay. Parameters and amount are negotiated by union bargaining. In FY 21-22, it is estimated that 90 CCBHS staff received language differential pay, and 39 positions were flagged for bilingual for language needs in Spanish, Chinese (Mandarin and Cantonese), Vietnamese, and American Sign Language.

Criterion 2: Updated Assessment of Service Needs

I. Contra Costa County General Population

Based on the 2020 US Census estimates, the population size in Contra Costa County is about 1,165,927⁹. It's estimated 8% of people in Contra Costa are living in poverty and about 33% of the residents have public health coverage¹⁰. The population size is expected to grow¹¹. In addition, its estimated that 23% of the population are children¹² and 77% are 18 or older, and about a quarter of residents are foreign born. The County is also primarily identified by three geographic regions; each having unique sub-populations. These regions are west – including cities of El Cerrito, Richmond, San Pablo, Pinole, Hercules, and the unincorporated communities of Kensington, El Sobrante, North Richmond, Rodeo, Crockett, and Port Costa; central - including cities of Lafayette, Moraga, Orinda, Walnut Creek, Pleasant Hill, Concord, Clayton, Martinez, Danville, San Ramon; and the unincorporated areas of Canyon, Pacheco, Vine Hill, Clyde, Pleasant Hill BART station, Saranap, Alamo, Blackhawk, and Tassajara; and east - including cities of Pittsburg, Antioch, Oakley, Brentwood, and the unincorporated communities of Bay Point, Bethel Island,

⁹ United States Census Bureau. (2021, December 15). *Contra Costa County, California*.

<https://data.census.gov/cedsci/profile?q=0500000US06013>

¹⁰ United States Census Bureau. (2021, December 15). *Selected Economic Characteristics*.

https://data.census.gov/cedsci/table?q=contra%20costa%20county%20data&t=Health%20Insurance&q=05US&tid=ACSDP1Y2019_DP03

¹¹ State of California Department of Finance. (2021, December 15). *Projections- Household Projections for California Counties*.

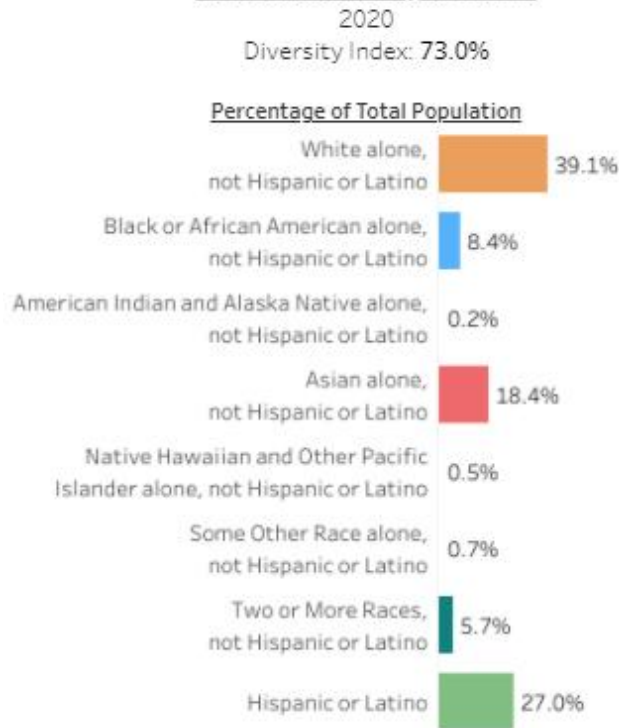
<http://www.dof.ca.gov/Forecasting/Demographics/projections/>

¹² United States Census Bureau. (2021, December 15). *Contra Costa County, California*.

<https://data.census.gov/cedsci/profile?q=0500000US06013>

Knightsen, Discovery Bay, and Byron.¹³ Figure 1 illustrates estimated current racial/ethnic demographics for Contra Costa, based on the 2020 Census Diversity Index.

Figure 1: Contra Costa County Racial and Ethnic Diversity in the United States 2020 Estimated Populations
Contra Costa County, California



II. Medi-Cal Population Service Needs
A. County Client Utilization Data

The California Department of Health Care Services (DHCS) requires an annual, independent external evaluation by an External Quality Review Organization (EQRO). The EQRO conducts a review that is an analysis and evaluation of aggregate information including, but not limited to access, timeliness, and quality of health care services. It also requires evaluation on the delivery of services in a culturally competent manner, coordination of care with other healthcare providers, beneficiary satisfaction, and services provided to Medi-Cal eligible minor and non-minor dependents in foster care. The EQRO also measures penetration rates for those receiving services. The penetration rate is the number of persons receiving mental health and/or substance use treatment services of the total County Medi-Cal eligible population. Penetration rate data also shows how the County is performing in comparison to other like sized, large counties, and how the county compares to the overall state average performance. There are two separate reports developed, one which evaluates services in relation to mental health and the other evaluates services for substance use treatment.

The following figure is from page 25 of the Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Mental Health Plan¹⁴. It shows penetration rates of the

¹³ Contra Costa County Community Development. (2004, December 1). *Planning Framework*.

<https://www.contracosta.ca.gov/DocumentCenter/View/30912/Ch2-Planning-Framework?bidId=>

¹⁴ Behavioral Health Concepts, Inc. (2023, August). *Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report*.

<https://calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202022->

Contra Costa Mental Health Plan (MHP), or services provided to eligible beneficiaries by race/ethnicity. Analysis of services provided through the Contra Costa Mental Health Plan shows Latino/Hispanics and Asian/Pacific Islanders as being underserved. Latinos/Hispanics represented at 34%, however only 25% of mental health services are being provided to that group. Asian/Pacific Islanders (API) represent approximately 11% percent of eligible beneficiaries, but only receive about 5% of services. In contrast, Whites and African Americans seem to be overrepresented in services. Whites represent only 16% of eligible beneficiaries, but receive about 24% of services, and African Americans represent about 13% of eligible beneficiaries, but receive about 18% of those which receive services.

Figure 2: Penetration Rate (PR) of Beneficiaries Served by Race/Ethnicity CY 2021
Contra Costa MHP

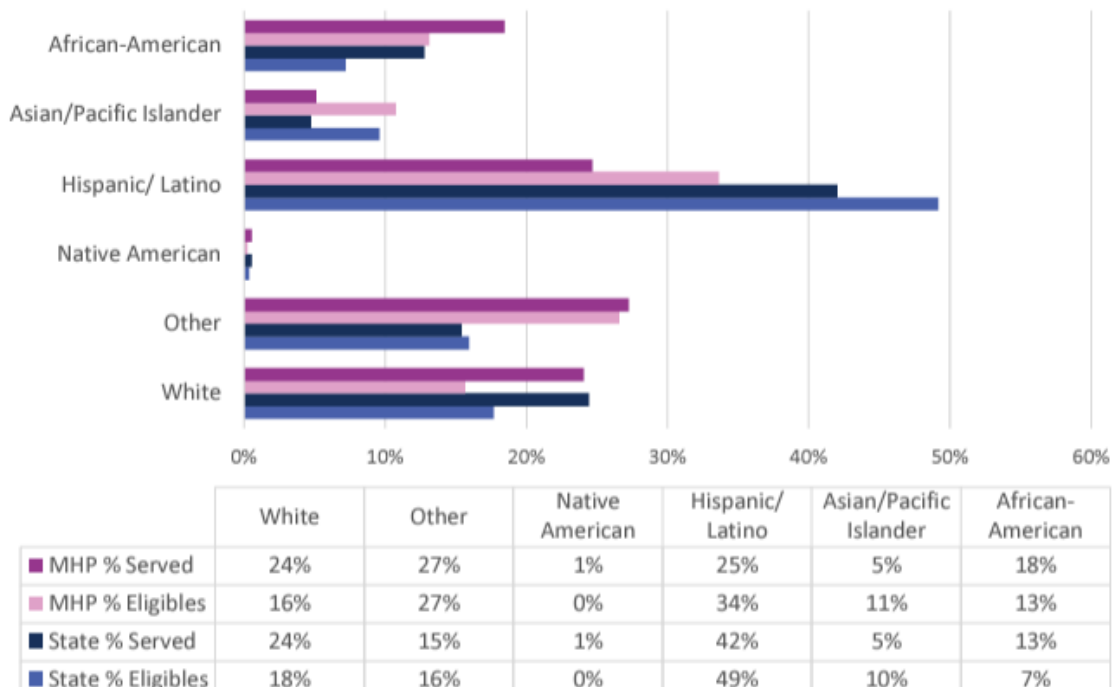


Figure 3 shows penetration rates of the Drug Medi-Cal Organized Delivery System or services provided by CCBHS and its contractors for substance use treatment to eligible beneficiaries by race/ethnicity. It is found in page 22 of the Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Drug Medi-Cal Organized Delivery System (DMC-ODS)¹⁵. The same underrepresentation proves for the Drug Medi-Cal Organized Delivery System (DMC-ODS) which are services for substance use treatment provided through CCBHS. Latinos/ Hispanics represent 33% of eligible beneficiaries but receive only 15% of services for substance use treatment. Likewise, Asian/Pacific Islanders (API) represent about 11% of eligible beneficiaries but receive about 2% of services. In contrast, Whites represent only 16% of eligible beneficiaries, but receive about 33% of services. African Americans represent about 13% of eligible beneficiaries yet receive 17% of services. It should be noted that although

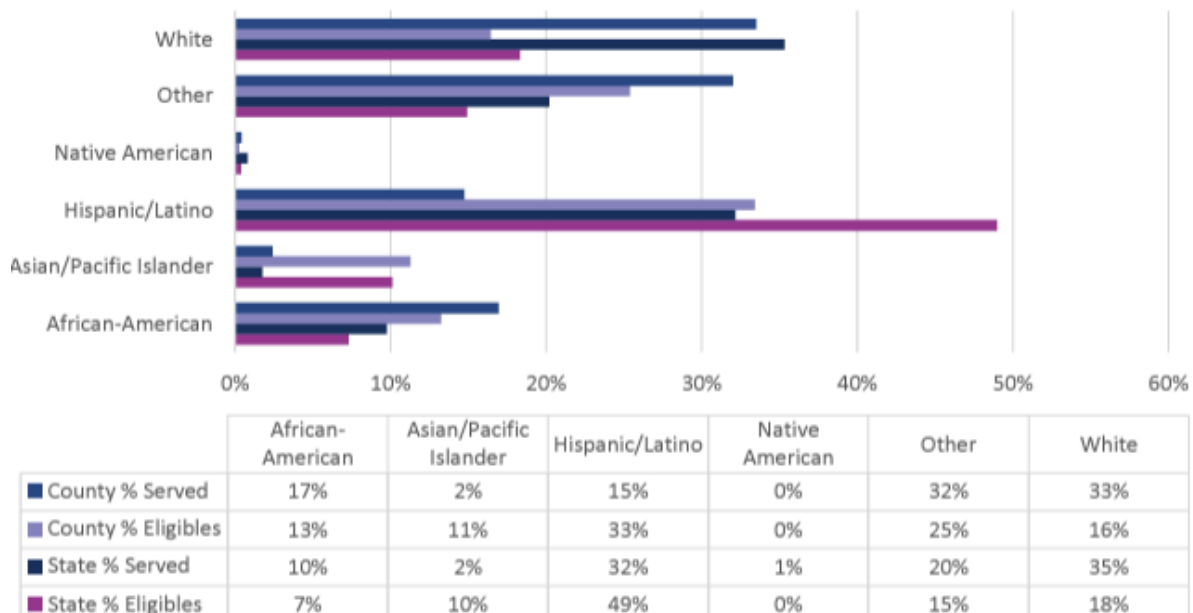
[2023%20Reports/MHP%20Reports/Contra%20Costa%20MHP%20EQR%20Revised%20Final%20Report%20FY22-23%20RW%2004.17.23%20rev%208.23.23.pdf](https://www.calegro.com/data/DMC/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/FY%202022-2023%20Reports/County%20Reports/Contra%20Costa%20DMC-ODS%20EQR%20Final%20Report%20FY22-23%20AC%2011.22.22%20revised%2001.30.23.pdf)

¹⁵ Behavioral Health Concepts, Inc. (2022, September). *Fiscal Year (FY) 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report - Drug Medi-Cal Organized Delivery System (DMC-ODS)*.

<https://www.calegro.com/data/DMC/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/FY%202022-2023%20Reports/County%20Reports/Contra%20Costa%20DMC-ODS%20EQR%20Final%20Report%20FY22-23%20AC%2011.22.22%20revised%2001.30.23.pdf>

African Americans/Blacks seem to be overrepresented in both the MHP and DMC-ODS, when looking at where services are received, most receive services in more intensive programs. Low penetration rates for Latinos/Hispanics and Asian/Pacific Islanders have been ongoing.

Figure 3: Percentage of Eligibles and Beneficiaries Served by Race/ Ethnicity, Calendar Year (CY) 2021
Contra Costa County



III. Poverty Estimates Based on 200% Federal Poverty Level

A. Summary of Client Utilization Data

Looking at the overall services needs of Contra Costa, it is estimated that about 33% of the population in the County is insured through public health insurance¹⁶, and another 5.5% of the population does not have health insurance¹⁷, based on 2020 US Census Data. Due to the passing of the Affordable Care Act (ACA) in 2010, more individuals have become eligible for health insurance coverage which has led to higher enrollment in services provided by the County over the years. According to Covered California, for a person to be considered at 200% Federal Poverty Level in 2020, an individual's income would be at or below \$24,980¹⁸. This is the primary population intended to be served through CCH and CCBHS.

B. Analysis of Disparities Identified

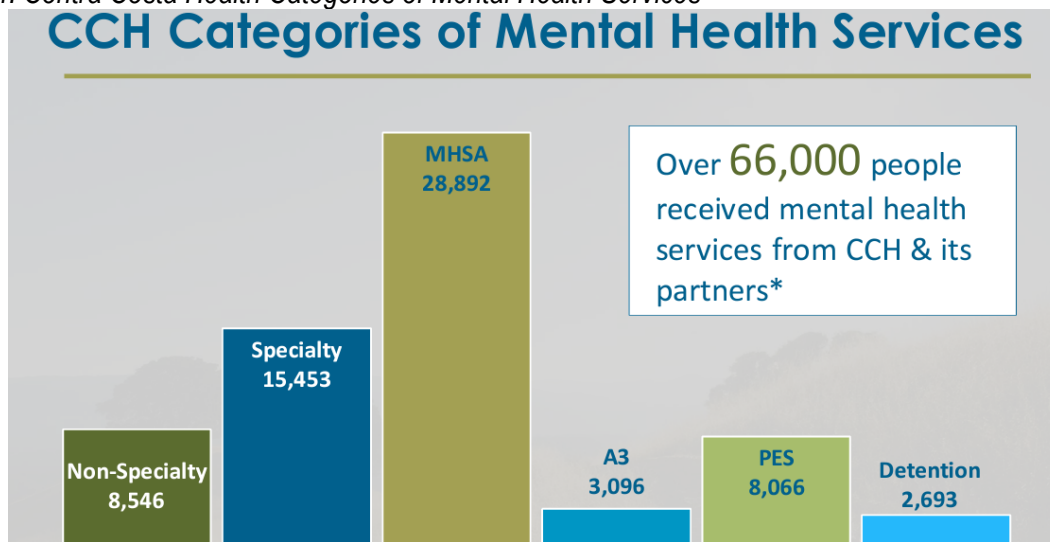
To provide more equitable care, CCBHS must continue to invest in culturally and linguistically responsive, community defined practices. A review conducted and presented to the Contra Costa Board of Supervisors on August 16th, 2022, provided data for racial/ethnic estimates of the overall County population, the Medi-Cal eligible population, and the estimated clients served through the County health system, including CCBHS and CCBHS contractors. The [Equity in our Mental Health Delivery System](#) presentation data shows the most recent 12-month reporting period at the time.

¹⁶ United States Census Bureau. (2021, December 15). *Contra Costa County- Selected Economic Characteristics*. <https://data.census.gov/cedsci/table?q=contra%20costa%20county%20data&t=Health%20Insurance&g=05US&tid=ACSDP1Y2019.DP03>

¹⁷ United States Census Bureau. (2021, December 15). *Contra Costa County, California*. <https://data.census.gov/cedsci/profile?q=05000000US06013>

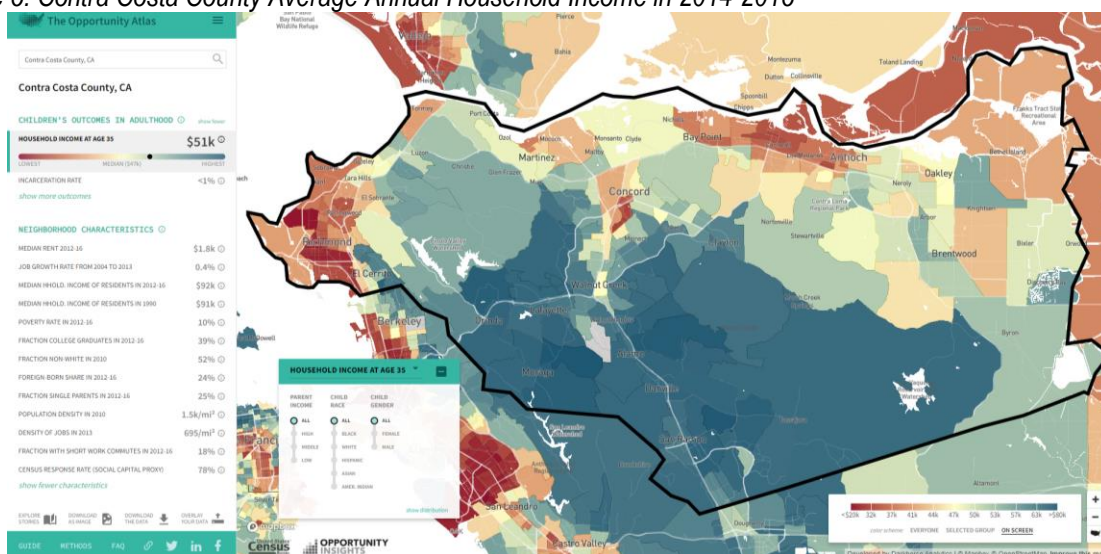
¹⁸ Covered California. (2020, March). *Program Eligibility by Federal Poverty Level for 2020* <https://www.coveredca.com/pdfs/FPL-chart-2020.pdf>

Figure 4: Contra Costa Health Categories of Mental Health Services



Further data analysis of the County demographic data also shows income disparities, specifically some of the areas with the lowest levels of income in Contra Costa County were in the City of Richmond, the Monument Corridor located in the City of Concord, and parts of the City of Antioch. This is based off information from The Opportunity Atlas, which is an interactive map of social mobility data, compiled through a collaboration between researchers at the Census Bureau, Harvard University, and Brown University¹⁹. The following figure is a snapshot which outlines Contra Costa County average annual household income in 2014-2015 with the areas shown in the darker brick red having income ranging between \$20,000 and \$32,000. Areas with darker brick red indicates lowest levels of income, with the yellow and light green being median and the darker green being areas with higher household income.

Figure 5: Contra Costa County Average Annual Household Income in 2014-2015



IV. MHS Community Services and Supports (CSS) Population Assessment and Service Needs
 CCBHS released its 2019 Mental Health System of Care Needs Assessment which draws upon input

¹⁹ United States Census Bureau. (2021, December 15). *Data Equity Tools*. <https://www.census.gov/about/what/data-equity/tools.html>

received through the Community Program Planning Process, Various stakeholder committees and analyzing data focused on Contra Costa County²⁰. Housing continues to be the number need identified throughout the County.

A. CSS Population Assessment

Under the component of CSS, Full-Service Partnership (FSP) programs are a crucial component that assists in recovery and wellness for individuals with a serious mental illness or serious emotional disturbance. An analysis of FSP programs had identified the positive impact FSPs which provide an Assertive Community Treatment (ACT) model have shown to decreasing homelessness, incarceration, and Psychiatric Emergency Service (PES) visits and increased engagement in productive and meaningful activities such as; work, education, vocation/ training programs and volunteerism for individuals with serious and debilitating mental health challenges.

Housing services and support continues to be a key factor for many of the clients being served by FSP programs. CCBHS's strategy to address this is the continuum of housing services to support the FSP programs. MHSa currently funds several housing specific elements, to include permanent supportive housing, master leasing, shared housing, augmented board and care, shelter beds, and the housing specific services and supports to enable clients/consumers to move in and maintain housing most suited to their situation. CCBHS has applied and been awarded No Place Like Home²¹ funding intended to house people with serious mental illnesses and continues to explore efforts to support future housing for clients enrolled in FSP programs.

Strategies to reduce identified disparities include cultural and gender-sensitive outreach; services located in racial/ethnic communities with linkages to the full range of supports, such as transportation, services and supports provided at school, in the community and at home. In another example of key strategies, keys to the cultural competency of programs serving transition age youth are the embedding of its outreach/ personal service coordinators in community-based agencies serving communities that are often not reached by county systems.

The data below illustrates rates of change for in-patient psychiatric hospitalization and PES episodes for participants of FSP programs. For FY 2021- 2022 data was obtained for 450 participants served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following overall results:

- 61.2% decrease in the number of PES episodes
- 69.9% decrease in the number of in-patient psychiatric hospitalizations
- 47.8% decrease in the number of in-patient psychiatric hospitalization days
- 19.7% decrease in productive meaningful activity (average hours per week) – this is usually an increase, however; it should be noted, this is the first full year of data which reflects the pandemic
- 55.5% decrease in number of unhoused

For most participants, FSP programs have also shown to decrease the number of juvenile assessment and consultation services as well as detention facility bookings. The data for FSP clients is listed in the subsequent tables and is listed by order Children, Transition Aged Youth (TAY), and Adults and Older Adults FSP programs. Please reference the following tables for detailed information. The data labels for the

²⁰ Contra Costa Behavioral Health Services. (December 2019). *2019 Mental Health System of Care Needs Assessment*. <https://cchealth.org/mentalhealth/mhsa/pdf/2019-Needs-Assessment-Report.pdf>

²¹ California Department of Housing and Community Development. *No Place Like Home Program*. <https://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml#background>

FSP tables are identified below:

- PES episodes - Psychiatric Emergency Services (PES) Episodes
- Inpatient episodes – number of hospitalizations
- Inpatient days - number of days hospitalized
- JACS - Juvenile Assessment and Consultation Services
- DET Bookings – Detention facility bookings

Children’s FSP Programming

Table 21. Pre- and post-enrollment utilization rates for 29 Embrace FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	25	6	0.091	0.045	-50.6%
Inpatient episodes	1	0	0.004	0.00	-100.0%
Inpatient days	4	0	0.014	0.000	-100.0%
JACS Bookings	11	2	0.040	0.015	-62.6%

Table 22. Race/Ethnicity Data for Embrace Children’s FSP participants enrolled in during FY 21-22

Black or African American	3
Latin American	5
Mexican American	9
Mixed Race	1
Other Hispanic	2
Unknown / Not Reported	5
White or Caucasian	4

Table 23. Gender Data for Embrace Children’s FSP participants enrolled in program during FY 21-22

F	10
M	19

Table 24. Pre- and post-enrollment utilization rates for 39 Lincoln Child Center participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	3	0	0.009	0.010	-100.0%
Inpatient episodes	0	0	0.000	0.000	-0%
Inpatient days	0	0	0.000	0.000	-0%
JACS Bookings	10	12	0.031	0.047	+51.6%

Table 25. Race/Ethnicity Data for Lincoln Child Center participants enrolled in program during FY 21-22

American Indian	1
Black or African American	16
Filipino	2
Mexican American	6
Mixed Race	3
Other	1
Other Hispanic	1
Unknown / Not Reported	3
White or Caucasian	6

Table 26. Gender Data for Lincoln Child Center participants enrolled in program during FY 21-22

F	11
M	28

Table 27. Pre-and post-enrollment utilization rates for 47 Seneca Start FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	94	52	0.201	0.169	-15.9%
Inpatient episodes	6	3	0.013	0.010	-23.1%
Inpatient days	31	26	0.066	0.084	-27.3%

Table 28. Race/Ethnicity Data for Seneca START Children's FSP participants enrolled in program during FY 21-22

Asian	1
Black or African American	7
Latin American	5
Guamanian	1
Mexican American	13
Other	1
Other Hispanic	3
Unknown/ Not Reported	2
White or Caucasian	14

Table 29. Gender Data for Seneca START Children's FSP participants enrolled in program during FY 21-22

F	28
M	19

Transition Aged Youth (TAY) FSP Programming

Table 30. Pre- and post-enrollment utilization rates for 33 Fred Finch FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	27	11	0.082	0.030	-63.4%
Inpatient episodes	13	7	0.039	0.019	-51.3%
Inpatient days	126	154	0.382	0.418	+9.42%
DET Bookings	2	2	0.006	0.005	-16.7%

Table 31. Race/Ethnicity Data for Fred Finch Youth Center TAY FSP participants enrolled during FY 21-22

Black or African American	12
Filipino	1
Laotian	1
Latin American	4
Mexican American	3
Mixed Race	1
Other	2
Other Hispanic	4
White or Caucasian	5

Table 32. Gender Data for Fred Finch Youth Center TAY FSP Participants enrolled during FY 21-22

F	16
M	17

Table 33. Pre- and post-enrollment utilization rates for 33 Youth Homes FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	131	42	0.358	0.119	-66.5%
Inpatient episodes	36	13	0.098	0.037	-62.6%
Inpatient days	441	181	1.205	0.513	-57.4%
DET Bookings	12	7	0.033	0.020	-39.4%

Table 34. Race/Ethnicity Data for Youth Homes TAY FSP Participants enrolled during FY 21-22

American Indian	2
Black or African American	9
Chinese	1
Latin American	2
Mexican American	5
Mixed Race	1
Other	1
Other Asian	2
Other Pacific Islander	1
White or Caucasian	9

Table 35. Gender Data for Youth Homes TAY FSP participants enrolled during FY 21-22

F	16
M	18

Adult and Older Adult FSP Programming

Table 36. Pre-and post-enrollment utilization rates for 20 Familias Unidas FSP participants enrolled during FY 21-22

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	22	0	0.094	0.000	-100.0%
Inpatient episodes	6	0	0.026	0.000	-100.0%
Inpatient days	41	0	0.175	0.000	-100.0%
DET	7	4	0.030	0.018	-39.2%

Table 37. Race/Ethnicity Data for Familias Unidas Adult FSP participants enrolled during FY 21-22

Asian Indian	1
Black or African American	2
Laotian	2
Latin American	6
Mexican American	5
Mixed Race	1
Other Hispanic	1
White or Caucasian	2

Table 38. Gender Data for Familias Unidas Adult FSP participants enrolled in program during FY 21-22

F	11
M	9

Table 39. Pre- and post-enrollment utilization rates for 68 Hume East FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	302	72	0.378	0.091	-75.9%
Inpatient episodes	44	16	0.055	0.020	-63.6%
Inpatient days	381	176	0.477	0.223	-53.2%
DET Bookings	22	12	0.028	0.015	-46.4%

Table 40. Race/Ethnicity Data for Portia Bell Hume Center East Adult FSP participants enrolled during FY 21-22

Asian Indian	1
American Indian	2
Black or African American	21
Latin American	2
Mexican American	7
Mixed Race	2
Other Hispanic	3
Samoan	1
Vietnamese	1
White or Caucasian	28

Table 41. Gender Data for Portia Bell Hume Center East Adult FSP participants enrolled during FY 21-22

F	37
M	31

Table 42. Pre- and post-enrollment utilization rates for 47 Hume West FSP participants enrolled during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	96	64	0.180	0.113	-37.2%
Inpatient episodes	14	2	0.026	0.004	-84.6%
Inpatient days	145	30	0.272	0.053	-80.5%
DET Bookings	13	2	0.024	.004	-83.3%

Table 43. Race/Ethnicity Data for Portia Bell Hume Center West Adult FSP Participants enrolled during FY 21-22

Black or African American	24
Filipino	3
Laotian	1
Mexican American	3
Other	1
Other Hispanic	1
Other Southeast Asian	1
Samoan	1
White or Caucasian	12

Table 44. Gender Data for Portia Bell Hume Center West Adult FSP participants enrolled during FY 21-22

F	22
M	26

Table 45. Pre-and post-enrollment utilization rates for 76 Turn BHS Assisted Outpatient Treatment (AOT)/ Assertive Community Treatment (ACT) FSP participants enrolled during FY 21-22

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
PES episodes	235	66	0.308	0.076	-75.3%
Inpatient episodes	39	16	0.051	0.018	-64.7%
Inpatient days	514	282	0.675	0.323	-52.1%
DET Bookings	48	37	0.063	0.042	-33.3 %

Table 46. Race/Ethnicity Data for Turn BHS AOT/ACT Adult FSP Participants enrolled during FY 21-22

American Indian	4
Black or African American	6
Filipino	2
Latin American	3
Mexican American	7
Mixed Race	1
Native Hawaiian or Other Pacific Islander	2
Other	4
Other Asian	1
Unknown / Not Reported	4
Vietnamese	1
White or Caucasian	41

Table 47. Gender Data for Turn BHS AOT/ACT Adult FSP Participants enrolled during FY 21-22

F	32
M	44

Table 48. Pre-and post-enrollment utilization rates for 59 Turn BHS FSP participants enrolled during FY 21-22

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
PES episodes	139	65	0.217	0.098	-54.8%
Inpatient episodes	28	15	0.044	0.023	-47.7%
Inpatient days	314	231	0.489	0.347	-29.0%
DET Bookings	20	35	0.031	0.038	+22.5 %

Table 49. Race/Ethnicity Data for Turn BHS Adult FSP Participants enrolled in program during FY 21-22

American Indian	1
Asian Indian	1
Black or African American	8
Japanese	1
Korean	1
Latin American	3
Mexican American	4
Native Hawaiian	1
Other	2
Other Asian	1
Other Hispanic	2
Unknown / Not Reported	4
White or Caucasian	30

F	17
M	42

B. Analysis of Disparities in CSS

Data analyses supports that the FSP programs are mostly meeting the targeted number of clients intended to be served annually, and that FSP services have shown to support a decrease in psychiatric emergency services episodes, inpatient psychiatric hospitalizations, the number of inpatient hospitalization days, and the number of juvenile assessment and consultation services or detention facility bookings. In reviewing the data available in relation to race/ethnicity for overall FSP clients, there does seem to be an over representation of Caucasian/White under the Adult FSPs. Most of the agencies providing Adult and Older Adult FSP services seem to have a larger percentage of Caucasian/ White population. In some agencies, this population makes up over 50% of the clients served, when roughly 18% of the Medi-Cal Eligible population identifies as Caucasian/White. The aggregate data for race/ethnicity of FSP clients is shown in the following table.

Table 51. Overall Race/Ethnicity Data Available for 2021-2022 FSP Clients

Race / Hispanic Origin	Num of Clients	% of Clients
White or Caucasian	146	33.0%
- Hispanic	12	2.7%
- Not Hispanic	126	28.4%
- Unknown/Not Reported	8	1.8%
Black or African American	105	23.7%
- Hispanic	1	0.2%
- Not Hispanic	95	21.4%
- Unknown/Not Reported	9	2.0%
Mexican American	61	13.8%
- Hispanic	58	13.1%
- Unknown/Not Reported	3	0.7%
Latin American	29	6.5%
- Hispanic	28	6.3%
- Not Hispanic	1	0.2%
Other Hispanic	16	3.6%
- Hispanic	13	2.9%
- Unknown/Not Reported	3	0.7%
Unknown	12	2.7%
- Hispanic	1	0.2%
- Unknown/Not Reported	11	2.5%
Other	12	2.7%
- Hispanic	1	0.2%
- Not Hispanic	7	1.6%
- Unknown/Not Reported	4	0.9%
Mixed Race	10	2.3%
- Hispanic	4	0.9%
- Not Hispanic	3	0.7%
- Unknown/Not Reported	3	0.7%
American Indian	10	2.3%
- Hispanic	3	0.7%

- Not Hispanic	6	1.4%
- Unknown/Not Reported	1	0.2%
Filipino	8	1.8%
- Hispanic	2	0.5%
- Not Hispanic	6	1.4%
Unknown / Not Reported	6	1.4%
- Hispanic	4	0.9%
- Not Hispanic	1	0.2%
- Unknown/Not Reported	1	0.2%
Laotian	4	0.9%
- Not Hispanic	4	0.9%
Other Asian	4	0.9%
- Not Hispanic	4	0.9%
Asian Indian	3	0.7%
- Not Hispanic	3	0.7%
White	3	0.7%
- Not Hispanic	3	0.7%
Native Hawaiian	2	0.5%
- Not Hispanic	2	0.5%
Vietnamese	2	0.5%
- Not Hispanic	2	0.5%
Samoan	2	0.5%
- Not Hispanic	2	0.5%
Native Hawaiian or Other Pacific Islander	1	0.2%
- Not Hispanic	1	0.2%
Japanese	1	0.2%
- Not Hispanic	1	0.2%
Korean	1	0.2%
- Not Hispanic	1	0.2%
Other Southeast Asian	1	0.2%
- Hispanic	1	0.2%
Asian	1	0.2%
- Unknown/Not Reported	1	0.2%
Guamanian	1	0.2%
- Hispanic	1	0.2%
Other Pacific Islander	1	0.2%
- Not Hispanic	1	0.2%
Chinese	1	0.2%
- Not Hispanic	1	0.2%
Grand Total	443	100.0%

V. Process in Identifying Prevention and Early Intervention (PEI) Priority Populations

It is estimated that MHS A Prevention and Early Intervention (PEI) programming which primarily do not require Medi-Cal eligibility to receive services provided support to an estimated 31,917 individuals in FY 2021-2022. It should be noted that this data reflects the second year of the pandemic. Despite the challenges faced by COVID-19 and the shelter in place, many agencies continued to serve clients at the same volume. Some limitations that exist in this data is that all programs were not able to collect data, especially with shelter in place challenges that made it difficult for some of the demographic data to be

gathered. During the first year of the pandemic the data did show a slight decrease of those served in PEI programs decreasing by about 3,000 compared to the previous year, but in the second year of the pandemic, it seems agencies were serving individuals almost at the same rate as prior to the pandemic. The identifying data collected represents voluntary information that is self-reported by program participants.

A. PEI Priority Populations

The following table illustrates *primary populations* served related to cultural groups under MHSA-PEI funding. It should be noted that the agency may be more expansive and serving other populations. Detailed planning and programming under the PEI component can be found in the most recent MHSA Three Year Plan, under the Prevention and Early Intervention section.

Table 52. Prevention and Early Intervention Cultural and Linguistic Providers

<i>Provider</i>	<i>Primary Population(s) Served</i>
Asian Family Resource Center	Asian
Fierce Advocates (formerly Building Blocks for Kids)	African American/Black, Latino/Latina/LatinX/Hispanic
Center for Human Development	African American/Black, LGBTQI+ Youth Latino/Latina/LatinX/Hispanic
Child Abuse Prevention Council	Latino/Latina/LatinX/Hispanic
Contra Costa Crisis Center	African American/Black, Latino/Latina/LatinX/Hispanic
COPE / First Five	Latino/Latina/LatinX/Hispanic, African American/Black
Hope Solutions	African American/Black, Latino/Latina/LatinX/Hispanic
James Morehouse Project	Latino/Latina/LatinX/Hispanic, African American/Black, Asian
Jewish Family & Community Services of the East Bay	Afghan, Middle East, Russian, and other recent immigrants
La Clínica de la Raza	Latino/Latina/LatinX/Hispanic
Lao Family Development	Asian, and other recent immigrants
Lifelong (SNAP Program)	African American/ Black
People Who Care	African American/ Black, Latino/Latina/LatinX/Hispanic
Putnam Clubhouse	Peer Driven Services
Rainbow Community Center	LGBTQI+ / LGBTQI+ Youth
RYSE	Youth, Asian, Latino/Latina/LatinX/Hispanic, African American/ Black, LGBTQI+ Youth
Stand!	Youth, African American/Black, Latino/Latina/LatinX/Hispanic
The Latina Center	Latino/Latina/LatinX/Hispanic
Vicente Martinez High School	Youth
We Care Services for Children	African American/Black, Latino/Latina/LatinX/Hispanic

All programs under PEI help create access and linkage to mental health treatment, often through community defined practices, as well as providing outreach and engagement to those populations who have been identified as historically marginalized such as black, indigenous, people of color (BIPOC), immigrants and refugees, children, youth, older adults and the LGBTQI+ communities.

The following tables summarize demographic data collected by PEI programs, however a significant number of program participants declined to provide information or data was unable to be collected. Prior to 2020, when MHSA staff were conducting in person program visits, many staff and clients shared that people were hesitant to provide information when receiving services due to the political climate and fear of who would have access to the data collected, specifically relating to immigration challenges and various

laws such as Public Charge²². Additionally, with the onset of COVID-19, collecting client data became even further challenging. It should be noted, this data represents the second year of the pandemic.

<i>Table 53. Race Data in PEI Programs</i>	<i>Numbers Served</i>
Asian	2,154 or about 7%
African American / Black	4,069 or about 13%
Caucasian / White	8,784 or about 29%
Latino/ Latina/ LatinX / Hispanic	3,578 or about 11%
Native American / Alaskan Native	165 or about .5%
Native Hawaiian / Other Pacific Islander	194 or about less than 1%
More than One Race	507 or about 2%
Other	510 or about 2%
Declined to Respond or Data Not Captured	11,347 or about 36%

Please note, race data may be more than 100% as some individuals identified as more than one race. It is difficult to identify disparities in PEI programs as information is provided at will and a large number of individuals do not respond to all questions.

<i>Table 54. Age for PEI Clients</i>	<i>Numbers Served</i>
0-15 years (Child)	1,211
16-25 years (Transition Age Youth – TAY)	2,395
26-59 years (Adult)	10,226
60+ years (Older Adult)	5,040
Decline to State/ Data Not Captured	12,433

The following PEI programs primarily serve children and adolescents ages 0-15: Fierce Advocates, Center for Human Development, Child Abuse Prevention Council, COPE, First Five, Hope Solutions, the James Morehouse Project, Jewish Family and Community Services of the East Bay, La Clinica de la Raza, People Who Care, RYSE, Stand!, Vicente Martinez High School, and We Care Services for Children.

<i>Table 55. FY 2021-2022 Primary Language Spoken for PEI Clients</i>	<i>Numbers Served</i>
English	24,324
Spanish	2,118
Other	1,405
Decline to State or Data Not Captured	3,610

<i>Table 56. Current Gender Identity for PEI Clients</i>	<i>Numbers Served</i>
Man	8,057
Woman	14,466
Transgender	96
Genderqueer	24
Questioning or Unsure of Gender Identity	10
Another Gender Identity	58
Decline to State/ Data Not Captured	8,581

²² Contra Costa County Board of Supervisors. (2018, December 7). Letter from Contra Costa Board of Supervisors to Chief Regulatory Coordination Division, Office of Policy and Strategy U.S. Citizenship and Immigration Services Department of Homeland Security. <https://cchealth.org/insurance/pdf/Public-Charge-Comment-12-7-18.pdf>

<i>Table 57. Sexual Orientation for PEI Clients</i>	<i>Numbers Served</i>
Heterosexual or Straight	20,926
Gay or Lesbian	214
Bisexual	141
Queer	71
Questioning or Unsure of Sexual Orientation	36
Another Sexual Orientation	68
Decline to State/ Data Not Captured	9,835

Some PEI programs have specific programming supporting the LGBTQI+ and non-binary gender communities, such as the Rainbow Community Center, RYSE, and Center for Human Development.

<i>Table 58. Military Connected Status for PEI Clients - Active Military</i>	<i>Numbers Served</i>
Yes	66
No	2,711
Decline to State/ Data Not Captured	22,642
<i>Veteran Status</i>	<i>Numbers Served</i>
Yes	124
No	3,650
Decline to State/ Data Not Captured	27,515

The County does have a local Veterans Affairs (VA) Office and VA Hospital located in central Contra Costa County²³. Additionally, the Regional Veterans Affairs Office is in Oakland²⁴, in the next county over making.

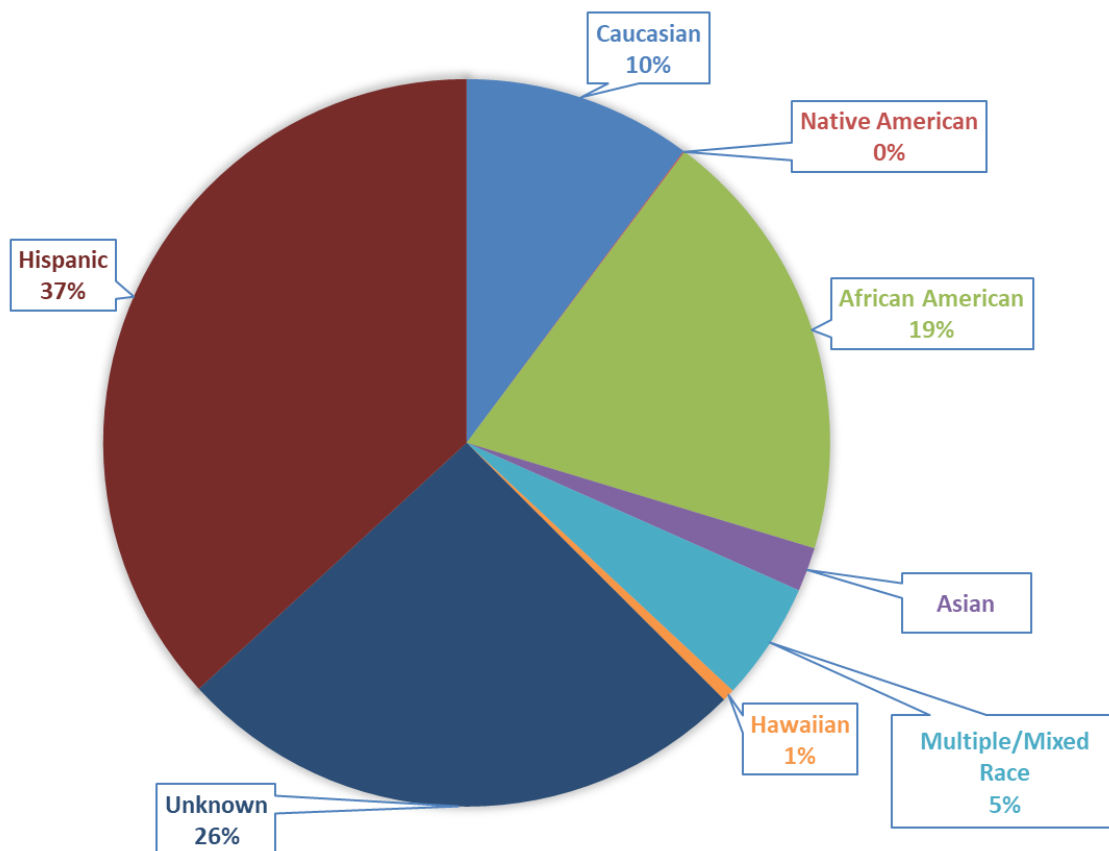
<i>Table 59. Disability Status for PEI Clients</i>	<i>Numbers Served</i>
Yes	557
No	1,375
Decline to State/ Data Not Captured	27,427

Apart from the MHSA PEI programs, CCBHS also contracts with providers under Alcohol and Other Drug Services (AODS) to provide prevention services to clients and the community. The California Department of Health Care Services Primary Prevention SUD Data Service (PPSDS) is a system for counties and providers to report and track prevention services. According to PPSDS, AODS prevention providers served 1836 individuals in 2021; race/ethnicity is shown below. Overall, AODS prevention providers served mainly Hispanic clients, followed by African American and Caucasian. However, there are 26% prevention clients whose race/ethnicity is unknown.

²³ Contra Costa County Veterans Service Office. (2021, December 15). <https://www.contracosta.ca.gov/1557/Veterans-Service-Office>

²⁴ United States Department of Veterans Affairs. (2021, December 15). *Oakland Regional Office*. <https://www.benefits.va.gov/oakland/>

Figure 6: Race/ Ethnicity of Clients Served by AODS Prevention Providers (January 1, 2021-December 31st, 2021)



Whether consumers are appropriately served in ways that align with their cultural values and linguistic needs is an issue that has been raised by community stakeholders and advocates and is something that warrants on-going assessment. Specifically, the topic of the need for appropriate and relevant mental health and wellness services through community defined practices for Latino/ Latina/ LatinX/ Hispanic, Asian and African American/ Black communities has been a topic stated throughout many stakeholder and community engagement events. CCBHS must continue to build trusting relationships with communities that have been historically marginalized as well as affected by systemic discriminatory policies. This has become even more relevant during the pandemic, as existing social and racial inequities have been exacerbated.

In analyzing the available data, the identified priority populations are similar to the identified needs in other areas under CCBHS. Priority populations include Latino/Latina/LatinX/Hispanic, Asian communities, children; older adult and LGBTQI+ communities²⁷. Additionally, although African American/ Black communities may be showing up as having received services comparable to the percentage eligible, stakeholders have voiced the need for culturally responsive and appropriate community defined practices in relation to mental health and is a well warranted and valid claim, given serious disparities this community has faced²⁵.

²⁵ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Behavioral Health Disparities

I. Target Populations

CCBHS has identified the following target populations which include Latino/Latina/LatinX/Hispanic, Asian, African American/Black, LGBTQI+ communities, and children ages 0-5. Furthermore, there has been some work done to further identify sub-groups that make up the Asian population. In reviewing data from the updated 2020 Census, the largest ethnic groups which identified as being part of the Asian race were those which identified as Filipino and Chinese²⁶. The County also received refugee arrivals from Afghanistan, likely increasing the need for language access. Data continues to be reviewed to gauge language needs. Considering interpretation support calls provided through Linguistic Access Services, the Health Care Interpreter Network (HCIN), and Language Line Solutions for CCBHS clients during FY 2021-2022, the following languages were most utilized in order of highest to least utilized.

Spanish
Punjabi
Farsi
Portuguese
Vietnamese
Dari
Arabic
Mandarin
Tagalog
Cantonese

II. Identified Disparities

There are significant language disparities with many of the clients needing support in other languages. Spanish is a threshold language, however penetration rates through EQRO data for Medi-Cal eligible clients, still show there is a gap for providing services to LatinX communities. For clients needing services in other languages, specifically the various Asian languages identified proves challenging. Although some clients may be able to be supported by CCBHS and CBO providers, utilization and penetration rates are low. Additionally, stakeholder feedback provided by clients and staff at CBOs partner agencies state services are not sufficient to meet the needs of the clients, due to challenges in navigation.

Alcohol and Other Drugs Services (AODS) Utilization Data by Race and Ethnicity

Data collection and integration continues to take place within CCBHS. In 2018, AODS began to develop and implement methodologies to capture, report and incorporate data into primary prevention. In 2019 AODS further increased strategies to collect and use data to inform treatment program planning. Initial efforts to capture data started with each American Society of Addiction Medicine (ASAM) Criteria Level of Care Placement Assessment (LOCPA) that was administered. Beyond LOCPAs data AODS continues to collect data on staff demographics, training, provider network language capacity, opioid response, etc. Disparities in the AODS data mirror disparities identified in mental health, when consider race/ethnicity, however the gap and disparity margin for communities of color, specifically for LatinX and Asian

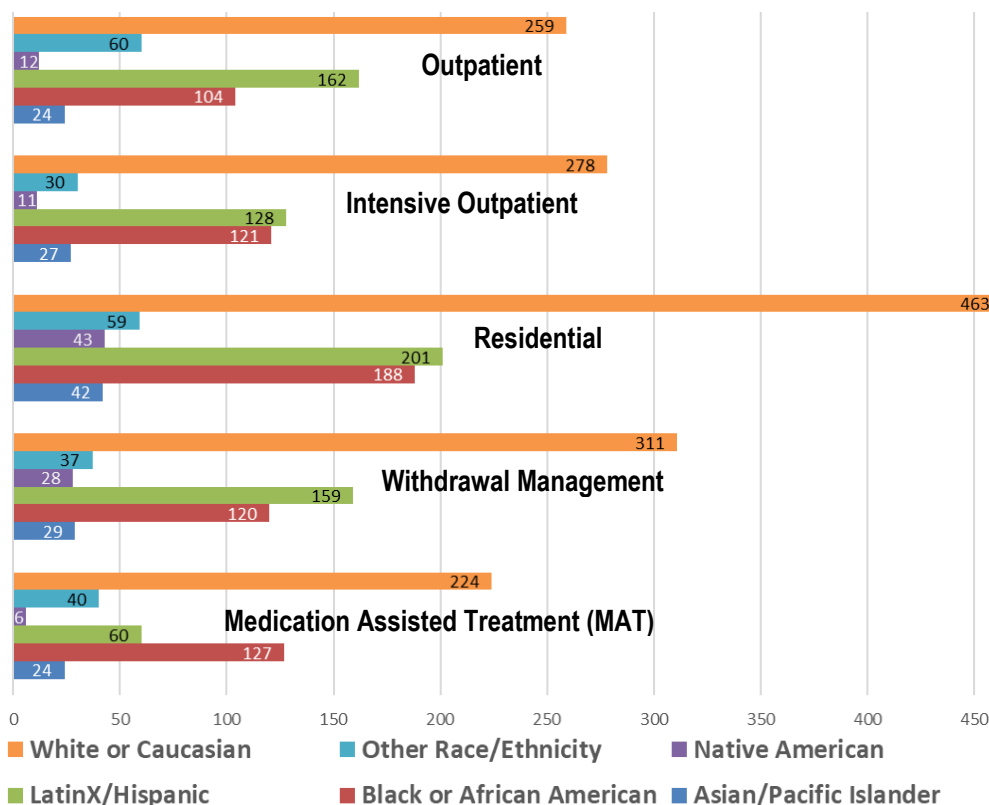
²⁶ United States Census Bureau. (2021, December 15). *Contra Costa County, California*.

<https://data.census.gov/cedsci/table?t=Language%20Spoken%20at%20Home%3APopulations%20and%20People&g=0500000US06013&d=DEC%20Summary%20File%203%20Demographic%20Profile>

communities seems to be greater. Overall, AODS is predominantly serving more White/ Caucasian clients which are over-represented in Residential Treatment Programs, followed by LatinX/Hispanic and African American. When compared, there are more LatinX/Hispanic than African American clients in most levels of care, except for Medication Assisted Treatment (MAT). Black/ African Americans are the largest group represented in MAT's Drug Medi-Cal Organized Delivery System (DMC -ODS) services. Similarly, the County's Buprenorphine MAT program also known as Choosing Change served only 14% of Black/African American clients and 62% were White/Caucasian.

Further detailed information may be accessed at the California Overdose Surveillance Dashboard hosted by the California Department of Public Health. County specific data is available and can be filtered by selecting data for Contra Costa.²⁷ The data demonstrates the need for more targeted outreach to address disparities that may have been compounded by the impact of COVID-19 such as isolation and accessibility of Fentanyl (a synthetic form of Opioid) as well as limited Substance Use Disorder (SUD) treatment resulting from program closures due to quarantine status. For more detailed information, please refer to the Substance Use Disorder Services Strategic Prevention Plan 2018- 2023²⁸. The California Outcomes Measurement System Treatment (CalOMS Tx) data system captures each participant's initial admission into Substance Use Disorders (SUD) treatment and any subsequent transfers or changes in service. According to CalOMS data, AODS providers served an estimated 3,377 individuals in 2021.

Figure 7: Racial/ Ethnic Data and Level of Care for Individuals Served by AODS (January 1, 2021-December 31st, 2021)



It should be noted that the category of Asian/Pacific Islander includes Asian Indian, Chinese, Cambodian,

²⁷ <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>

²⁸ <https://cchealth.org/aod/pdf/Prevention-Strategic-Plan-2018-2023.pdf>

Filipino, Guamanian, Japanese, Korean, Laotian, Native Hawaiian, Other Asian, Other Southeast Asian, Other Pacific Islander, Samoan and Vietnamese. LatinX/Hispanic includes Mexican American, Latin American, and Other Hispanic. Native American includes Alaskan Native and American Indian. The category of Other Race/ Ethnicity includes Mixed, Other, Unknown and Not Reported. The total individual served during the reporting period in Figure 7 was 3,377. Data for race/ethnicity with Level of Care for substance use is outlined in the following figure.

III. Strategies to Reduce Disparities

In examining the data captured above, specifically in County administered programs, it seems there are areas where penetration rates in Medi-Cal eligible services for specific ethnic/racial groups in comparison to other groups are lower, when considering the population percentages of those enrolled. Specifically, penetration rates for the LatinX and Asian communities seem to be disproportionately lower when taking into consideration the eligible percentage of enrollees in these racial/ethnic groups. There also seems to be the same trend in AODS with even greater margins of inequity.

Additionally, community input in various stakeholder meetings have voiced the need for more culturally appropriate services for the African American/ Black community. As previously stated, although penetration rates based on the External Quality Review Organization (EQRO) show African/American Black communities as being overrepresented, stakeholders have voiced a need for more culturally appropriate supports in preventative services.

Ongoing evaluation is warranted in CCBHS's commitment to equity and continuing conversations and assessments in pursuit of better service delivery; recognizing that there must always be work to dismantle systemic racism and discrimination, and review policy which may harm communities intended to be served. Penetration rates in both the EQRO report conducted for and show the Asian and Latino population continue to be underserved, when comparing the percentage of eligible beneficiaries or the population eligible for services. Linguistic needs continue to be voiced from stakeholders. Additionally, factors that likely play into low penetration rates for some communities may be due to fear in immigrants, refugees or families with mixed status due to the political climate that oust or make access to services difficult.

Additionally, communities continue to share concerns with various hate crimes that have been witnessed and experienced by BIPOC and the LGBTQI+ communities. For some communities there is a distrust in government systems. Although Contra Costa County staff and board of supervisors make public statements to voice that services are to be provided to communities regardless of race/ ethnicity, religion, sexual/ gender identity or documentation status; there is a strong challenge in communities feeling safe when accessing the services²⁹.

CCBHS should continue to partner with trusted CBOs that provide mental health and substance use services. An advantage of the MHSAs as it currently stands, is that some CBOs providing PEI services are not required to provide Medi-Cal services, decreasing the need for collection of in-depth personal information. Additionally, CCBHS has now expanded its community crisis response program known as the Miles Hall Pilot Hub³⁰. Community advocacy and ongoing discussions in Contra Costa County led to the development of the Anywhere, Anytime, Anyplace (A3) program; with a priority on 1) someone to talk to – a centralized call center (hub) to receive calls for help 2) someone to respond - 24/7 trained mobile crisis teams responding across the county, and 3) a place to go – locations to get care. This program was birthed

²⁹ <https://cchealth.org/insurance/pdf/Public-Charge-Comment-12-7-18.pdf>

³⁰ <https://cchealth.org/bhs/crisis-response/>

through collaboration with various Health Services divisions, County agencies, community stakeholders, elected officials, and law enforcement to better support community crisis response in connection with behavioral health needs.

As children of ages 0-5 had been previously identified as a target population, this group was further supported through MHS-A-PEI funding to support families through a collaborative of 0-5 providers which partner with CCBHS. This came out of stakeholder involvement and community input provided through the Early Childhood Mental Health Community Forum. Specifically, a collaborative multi-agency effort was developed with funding being awarded to We Care Services for Children to support families and children from birth to six years old with wide range of early childhood education and mental health programs. This Cultural Humility Plan reflects the first year of reporting for this program.

In 2021, AODS launched its Nuevos Comienzos or New Beginnings program, in partnership with the Family Justice Center which aims to support Spanish speaking groups for people who may struggle with substance use. AODS has 2 FTE bilingual counselors running 2 groups of clients in Central and East County. Nuevos Comienzos served more than 34 clients with 6 clients successfully graduating from the program. In 2022, AODS plans to add a five-week session of (Substance Abuse and Mental Health Services Administration (SAMHSA's) *Peer Based Recovery Community Dialogues: El Siguiente Paso* as a step down from Nuevos Comienzos to support stabilization and maintenance. El Siguiente Paso will provide a safe venue where mental health needs are discussed in a community setting that embraces culture and traditions. Community resources to support Mental Health and Wellness are provided along with relapse prevention for both conditions.

Women and youth services clearly represent the most underserved populations in the AODS system. In an attempt to address the overall decline on the number of referrals of women into treatment, we engaged the consulting services of Network for the Improvement of Addiction Treatment (NIATx) to work directly with perinatal providers. NIATx assisted our perinatal providers with PDSA cycles to focus on engaging clients in treatment programs. Moreover, our perinatal team worked with the Labor and Delivery unit at Contra Costa Regional Medical Center (CCRMC) to minimize barriers for treatment admissions and help clients impacted by health inequities. Building visibility for Substance Use Disorder (SUD) has included revamping networking and attending case conferences, Perinatal Equity Initiative (PEI) Board meetings, SUD in pregnancy Workgroup meetings, Planned Parenthood and Black Infant Health collaboratives. In 2021, AODS was able to increase the number of women served in AODS by 23% as compared to 2020. As intended, the women services unit developed a Strategic Plan to formulate a road map to ensure women have equal access to services.

To expand Youth Treatment, AODS hired a bilingual (Spanish) Parent Navigator as a strategy to support parents who may call the Access Line, or teachers who may need assistance in using a complicated system. The Parent Navigator provides warm hand-off to youth and parents in need of SUD treatment and linkages to resources in need. We have increased efforts to work in an integrated manner with other systems such as Probation and Continuation/Regular Schools.

AODS will continue ongoing efforts to track and monitor treatment admission data for these populations. Focus areas for AODS will include:

- Initiate the update of the County's Prevention Strategic Plan to comprehensively address gaps and opportunities including a blueprint with goals, objectives and timelines for our prevention services.
- Offer meaningful opportunities for both youth and women to contribute with their input in the development of strategies intended to improve services for these populations, e.g. create an

advisory group, survey implementation, key informant interviews, etc.

Other efforts which provide cultural and linguistic services under AODS include the following:

- a. Pueblos del Sol, Residential Services SUD Treatment: Operated by BiBett Corporation, is a 16-bed residential facility that serves monolingual Spanish speakers and bilingual clients whose primary language and preference is Spanish. This facility is in Concord, the Central Region of the county. To support effective transitions of care, in FY18-19 a pathway to outpatient services was created through Nuevos Comienzos and the number of Spanish speaking counselors was increased from 2 to 3FTEs.
- b. The Latino Commission, Residential Services SUD Treatment: After years struggling with providing effective treatment support to pregnant and perinatal women in residential services, AODS contracted with the Latino Commission based in San Mateo County. Initially, existing providers were encouraged to hire bilingual staff, but the practice was not always effective at engaging the client work toward more inclusion and acceptance within schools and in the community. The contract supports the cultural and linguistic needs of women with SUD and their children.
- c. Driving Under the Influence (DUI) Programs, SUD Intervention/Diversion: DUI diversion programs are offered in both English and Spanish in the East and Central part of Contra Costa. All Spanish speaking groups are well attended.
- d. Center for Human Development (CHD) Project Success SUD Prevention: Project Success is a primary prevention program that focuses on education strategies. A component of Project Success, which is an Evidence Based SUD prevention program, aims at educating parents about the risks and protective factors for SUD. There are some geographic areas in the county comprised of prominently monolingual Spanish speaking parents, cultural and linguistical adaptations were made to Strengthening Youth and Families (SYF) in order to effectively serve parents. CHD has been a champion in supporting hiring practices that support the linguistic needs of the parents. Currently, SYF parent education classes are delivered in Spanish. As with all other AOD primary prevention programs, the classes are offered free to the community.
- e. AODS launched its SUD Latino Workgroup and has invited Mental Health staff primarily focused on serving Latino beneficiaries due to low penetration rate. The SUD Latino Workgroup developed a Strategic Plan, which included hiring of additional bilingual staff/providers and continued outreach in the community. This included an interview in Richmond Confidential and a local radio station, posters in local grocery stores were placed at visible locations in East, Central and West County. The SUD Latino Workgroup has provided two cultural competence presentations to internal key units in the AOD system of care, so that staff understand the cultural challenges and barriers to access SU services. community to coordinate efforts to better support this community.
- f. In June 2021, CCBHS requested funding to expand its successful existing Mobile Crisis Response Teams (MCRTs) to ensure that clients throughout the County receive appropriate, timely, and targeted care in the community; this is due the existing gaps in the county's crisis response system for Spanish speakers. The Latino MCRT was approved early in 2022. Recruitment efforts are underway to secure two teams of Spanish speaking SUD counselors and MH Clinicians.
- g. In 2021, AODS received the Residential Substance Abuse Treatment (RSAT) grant from Board of Corrections to fund Crossroads Project with 2 FTE SUD counselors in West County Detention Facility to provide SUD treatment in the jail. Up to date, Crossroads has received more than 200 referrals and successfully linked 42 justice-involved clients into SUD treatment prior to release, this is less than a year. AODS keeps track of demographic data of all clients to ensure equity.
- h. Efforts to Elicit Client Input: In June of 2022, AODS assisted the AOD Board with the release of a SUD Community Awareness Survey which is currently underway in English and Spanish about awareness of AODS services. The survey was developed by our AOD Board Chair, AODS staff has assisted with

preparation and dissemination. This is an electronic survey using a QR code and paper surveys are also available and distributed at local outreach fairs.

IV. Metrics for Reducing Disparities

The primary metric to identify change in disparities will be based on penetration rates through the annual EQRO, as well as in reviewing all the data presented within this report. Additionally, stakeholder feedback will serve to inform system analysis as well.

V. Accomplishments and Lessons Learned

Events throughout the Country and this County have been eye opening to some, though not unfamiliar to many marginalized communities. The best approaches and impact come from instances of learning and when County has directed services with community collaboration. If the last few years have served to educate at all, they have also clearly outlined some system shortfalls; specifically the need for services to be representative of community healing.

Criterion 4: Client/Family Member/Community Committee: Integration of the Committee Within the County Behavioral Health System

I. Cultural Humility Committee

A. Description of Cultural Humility Committee

There are several longstanding committees, meetings, advisory boards, and workgroups that support the integration of mental health and substance use services within CCBHS and work together to support equity, however the primary meeting group under CCBHS focused on increasing cultural humility, language access and equity is the Reducing Health Disparities Workgroup (RHD).

This meeting group provides input to the CCBHS Director and is chaired by the Ethnic Services and Training Coordinator, which is part of the MHSA team. Updates are also provided to the MHSA Program Manager and CCBHS leadership to discuss methods to support equity within CCBHS. Input from the RHD group also feeds into other stakeholder groups; such as the Quality Improvement/ Quality Assurance (QI/QA) Committee and is exploring better methods of strategizing efforts. Members of this group also identified the Focus Areas and advocated for increase of community defined practices which support mental health and wellness through MHSA Innovation funding, as well as Measure X. Measure X is a recently passed County tax which was created to generate revenue through ½ cent tax on Contra Costa residents for crucial social services. Mental health was identified as the number one priority in Measure X community planning. RHD Workgroup meetings are open to all.

B. Cultural Humility Committee and Integration with County Behavioral Health System

Other committees and meeting groups which provide input and dialogue with CCBHS leadership are identified below.

The Mental Health Commission

Contra Costa County also has the Mental Health Commission that is comprised of appointees from the five districts. Meetings are regularly attended by the CCBHS Director. The commission has a dual mission:

1. To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and
2. To be the advocate with the Board of Supervisors, the Mental Health Division, and the community on

behalf of all Contra Costa County residents who need mental health services.³¹

There are three appointed Mental Health Commission members for each of the five districts that represent:

1. A Consumer Representative- a person who is receiving or has received mental health services.
2. A Family Member- a person who has a family member who is receiving or has received mental health services.
3. A Member-at-Large- a person who has an interest in and knowledge of mental health issues.³²

Other Committees, Workgroups, and Meetings

Other meetings, workgroups and committees that meet on an ongoing basis also provide avenues to communicate cultural or language needs:

- Mental Health Services Act (MHSA) Advisory Council formerly known as the Consolidated Planning Advisory Workgroup (CPAW). This meeting group is an advisory committee to the CCBHS Director with sub-committees of Steering, Systems of Care and Innovation, Suicide Prevention, and the Membership Committee.
- This meeting group has largely been connected to providing input on the MHSA, service delivery and system needs. The meeting is regularly attended by the CCBHS Director who also provides regular updates, dialogues with stakeholder.
- Individuals can also make Public Comments and suggest future agenda items
- Other meeting groups that are integrated into the system of care are Social Inclusion, Aging and Older Adults Committee, Health, Housing, and Homeless (H3) Services – Council on Homelessness Meeting, Behavioral Health Care Partnership, Alcohol and Other Drug Services (AODS) Advisory Board.

All meeting groups listed are open to the public. Ongoing effort by method of presentations, information sharing and recruitment for members that represent clients/peers/consumers, family members, Community Based Organizations (CBOs), and the workforce is made to have various voices present in shaping and integrating services and programs. These meetings also support the Community Program Planning Process (CPPP) within CCBHS as a method to identify, address, and inform CCBHS on service needs, and how to build more equitable, and culturally and linguistically appropriate services and serve to communicate input to CCBHS Leadership in evaluating service responsiveness and quality.

A challenge some committees face is having appointed members that participate on a consistent and continual basis from culturally and linguistically underrepresented communities. Further work to address this challenge must be incorporated through all committees and should involve conversation and strategic planning with leadership to identify methods that may lead to increased participation from historically marginalized communities. Additionally, Community Forums are regularly held by the MHSA to engage the community. These events are usually held in partnership with local and trusted CBOs or community agencies to further engage community. Forums allow for several methods to provide input such as small group discussions where input is collected by scribes, a public comment portion and electronic or written input forms are also made available. When forums are held in person, if an individual desired to provide input for the public comment period but did not want to speak in front of a large crowd, people could provide input on a card and a CCBHS staff member would read the comment. Materials were translated into the

³¹ <https://www.cchealth.org/about-contra-costa-health/leadership/commissions-advisory-groups/mental-health-commission>

³² <https://www.cchealth.org/about-contra-costa-health/leadership/commissions-advisory-groups/mental-health-commission/membership>

threshold language of Spanish, and an interpreter was onsite for those needing translation in Spanish. Other languages could also be supported through an interpreter with advance request. Prior to the pandemic, forums were in person and have since shifted to a virtual platform.

Criterion 5: Cultural Humility Training Activities

I. Cultural Humility Training

Regularly, CCBHS holds several ongoing and regular trainings throughout the year and requires that all staff, contracted providers, as well as partner community-based organizations complete Cultural Humility Training on an annual basis. Apart from live trainings, CCBHS offers various cultural humility trainings through the Relias Learning Management System, an online platform that provides virtual recorded trainings.

A. Cultural Humility Training Plan

The following table outlines various Cultural Humility trainings that took place during FY 2021-2022. It should be noted that trainings were significantly impacted since the pandemic, as CCBHS pivoted to pandemic response and eventually a large focus for required training through new State requirements.

Course Name	Name of Presenter	Description of Training	Date of Training	Number of Hours	Attendees
Building a Multicultural Care Environment and Other Culturally Responsive Courses Offered through Relias	Relias Learning Management System – Contra Costa Behavioral Health Services Online Platform	Training examines the factors that may contribute to underutilization of healthcare services, as well as ways to improve cultural understanding & competency in healthcare treatment. Covers significance of culture & demographics, as well as individual & cultural diversity factors. This training proposes some helpful conceptual frameworks for embracing cultural considerations in healthcare.	Training completed between the dates of 7/1/2021 through 6/30/2022	596hrs	549
Supervision in Stressful Times: Managing Staff Stress, Vicarious Traumatization, Time Management, Prioritizing Work Tasks, Boundaries w/Working from Home, Telehealth & Challenging Supervisees	Rachel B. Michaelsen, LCSW	Supervisors will learn how to: <ul style="list-style-type: none"> • identify and address stress and vicarious traumatization in their staff; • address time management and work prioritizing balanced with challenges of working from home; • understand and monitor ethical concerns of telehealth; • intervene with supervisees who may present challenges 	8/12/2021	6hrs	45
The Practice of Cultural Humility: Acknowledging Ourselves while Working with	Matthew Mock, PhD	<ul style="list-style-type: none"> • List imperatives for understanding background of immigrants & refugees' sources of stress • List sources of strength and resilience that can contribute to mental health, wellness, and adjustment 	10/20/2021	3hrs	15

Immigrants and Refugees		<ul style="list-style-type: none"> • Apply specific processes for the effective evaluation of immigrants, refugees & mixed status families • List principles of forming effective working relationships w/immigrant, refugee & other migrant communities 			
Cognitive Behavioral Social Skills Training (CBSST)	Granholm Consulting – Eric Granholm, PhD	Building upon two strong and previously validated evidence-based practices, Cognitive Behavioral Social Skills Training (CBSST) combines cognitive behavioral therapy (CBT) and Social Skills Training (SST) to target functional disability in schizophrenia. It is a flexible intervention that teaches cognitive, social, and problem-solving skills to help clients/ consumers achieve their living, learning, socializing & working goals. CBSST targets various multi-dimensional deficits that lead to functional disability in people with Severe Mental Illness (SMI).	10/26/2021 & 10/27/2021	6.5hrs per day	79
Creating Trans-Affirming Behavioral Health Services	Willy Wilkinson, MPH	This training explores breadth of identities associated /trans & gender nonconforming communities, and how to utilize culturally competent language and behavior for working with this population. Participants will; <ul style="list-style-type: none"> • Increase knowledge of social determinants of health, mental health stressors, substance abuse risk and protective factors for health care access • Receive overview of legal & policy issues that impact trans communities, with emphasis on trans communities of color. • Explore trans-affirming practices & systems for effective service provision w/interactive, solutions-oriented, engagement. • Have opportunities for learning & problem solving at all knowledge levels 	11/17/2021	3hrs	19
Youth Mental Health First Aid (MHFA)	Cypress Resilience Project - Brooke Briggance & Jasmine Nakagawa-Wong	Youth Mental Health First Aid (YMHA) teaches adults how to help & support adolescents (ages 12 to 18) experiencing a mental health or substance use challenge.	2/23/2022, 2/24/2022 & 6/16/2022	8hrs	54
Assessing, Addressing and Preventing Suicide	Rachel B. Michaelson, LCSW	The Centers for Disease Control and Prevention data shows a steady increase in suicide mortality between 1999 and 2018 with a 1% increase per year from 1999 to 2006 and 2% per year from 2006 through 2018. A recent study showed the percentage of young adults, ages 18 to 24 who have increased their likelihood of seriously considering suicide went up from 10.7% to 25.5% since the pandemic began. Learn how to identify signs of	2/25/2022 & 4/8/2022	6hrs	154

		suicide risk, assess for suicide risk, intervene when there is suicide risk and prevent suicide in children, teens, and adults. In this class participant will have the opportunity to practice performing a suicide assessment and intervening with a suicidal client through role play and case vignettes. They will also have the opportunity to review their case load for sign and symptoms of suicide risk and will discuss intervention and prevention strategies for their cases.			
Culturally Responsive Services through Culturally and Linguistically Appropriate Services (CLAS) Standards: Optimizing Practices of Cultural Effectiveness	Matthew Mock, PhD	This training is crucial for ensuring effective delivery of culturally and linguistically responsive, and competent services. This training furthers ongoing commitment through its cultural competence plan adhering to the National Standards for Culturally and Linguistically Appropriate Standards (CLAS) services. Behavioral health care staff and others continue to serve clients increasingly diverse by culture, class, gender, sexual orientation, immigration standing, different abilities and more. This foundation training provides conceptual and experiential learning furthering understanding of cultural humility through CLAS services.	3/23/2022	6hrs	120
The Assessment of Violence Risk Using the Historical Clinical and Risk Management (HCR-20 Version 3)	Nicole Paglione, PsyD	This training is designed to enhance forensic mental health professionals' ability to identify risk factors of violent behavior, specifically utilizing the HCR-20 Version 3, in order to not only assess for violence risk, but also to aid in treatment planning and supervision through the practice of relevance rating and scenario planning. This training will educate Contra Costa Forensic Mental Health staff on the development of the HCR-20 as a well-respected and highly researched risk assessment tool, the research that guides the use of said tool, and the practical application of said tool on cases indicative of escalating risk.	3/31/2022 & 4/7/2022	3hrs per day	23
Adult Mental Health First Aid (MHFA)	Cypress Resilience Project - Karen Lane & Jasmine Nakagawa-Wong	Mental Health First Aid (MHFA) teaches you how to identify, understand, and respond to signs of mental health and substance use challenges. Topics will include: <ul style="list-style-type: none"> • Common signs & symptoms of mental illness • Common signs & symptoms of substance use disorders • How to interact with a person in crisis • How to connect the person with help • The "ALGEE" action plan 	4/22/2022 & 5/26/2022	8hrs per day	52
Strength and Resilience of Asian	Matthew Mock, PhD	Cultural competency, responsiveness & humility are imperatives in service practices working w/Asian American communities. This means understanding	5/16/2022	6hrs	28

Americans Amid Diversity and Complexity		diversity & complexity of Asian Americans and Pacific Islanders (AAPI), understanding ourselves, and general understanding of world views of mental health. There will be sharing of social movements & relational practices, including those used by therapists. There must be critical social justice in times of racial attacks on AAPI, and impact on wellness of AAPI communities.			
Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP) Strategies	Integrated Substance Abuse Program (ISAP) - James Peck, PsyD	CBT for Substance Use Disorders (SUD) is an evidence-based SUD treatment which has demonstrated efficacy by itself, and as part of combination treatment strategies. Participants shall be provided detailed overview of CBT and RP strategies, available resources, & use strategies in clinical practice.	6/9/2022	3hrs	42
Crisis Prevention and Response (CPAR)	Sean Krack, Steve Diamond, APCC, Justine King, LMFT	The CPAR model was developed & created by small group of individuals with significant experience providing crisis support services to a variety of populations. Facilitators speak to utilization of CPAR techniques and concepts at all levels of staff; including but not limited to various de-escalation models and collaborative approaches including such as Handle with Care, Crisis Prevention Intervention (CPI), Pro-act, Nonviolent Crisis Resolution, Trauma-Informed Care, and Collaborative and Proactive Solutions. The CPAR model incorporates effective concepts from these models' w/adjustments to enhance approaches to prepare, prevent, respond, reflect in crisis situations, and create an environment of constant growth and learning for staff.	6/15/2022 & 6/16/2022	5hrs per day	14
Creating LGBTQ+ Affirming Behavioral Health Services	Willy Wilkinson, MPH	This training will explore breadth of identities associated w/LGBTQ+ populations, w/focus on non-binary, and gender-expansive communities. Will explore how to utilize culturally competent language & behavior for navigating interactions appropriately. Will also review methods to apologize when mistakes are made. Participants will; <ul style="list-style-type: none"> increase knowledge of mental health stressors, substance use disorder risk, protective factors, social determinants of health, health care access, educational settings, and legal and policy issues that impact LGBTQ+ communities. Participants will practice strategies to scenarios they might encounter through interactive, multimodal, solutions-oriented, and engaging training. 	6/30/2022	3hrs	59

II. Incorporation of Client Culture Training

<i>Table 62. Training for the Incorporation of the Client Culture through CCBHS for FY 2021-2022</i>					
<i>Course Name</i>	<i>Name of</i>	<i>Description</i>	<i>Date of</i>	<i>Number</i>	<i>Attendees</i>

	<i>Presenter(s)</i>		<i>Training of Hours</i>		
PhotoVoice Empowerment Project, Wellness Recovery, Education for Acceptance, Choice and Hope (WREACH), and Wellness Recovery Action Plan (WRAP), Social Inclusion Committee, and SPIRIT	CCBHS Office for Consumer Empowerment SPIRIT Peer Providers and Contra Costa College Professor, Aminta Mickles, Chair of Health and Human Services	<p>The Office for Consumer Empowerment (OCE) provides client culture training & educational opportunities to include personal lived experience of clients, presentations to CCBHS, CBO partners, & other agency partners representing the peer perspective.</p> <ul style="list-style-type: none"> • The PhotoVoice Empowerment Project enables consumers to produce art that speaks to prejudice & discrimination people with behavioral health challenges face. Photovoice's vision is to enable people to record & reflect their community's strengths & concerns, promote critical dialogue about personal & community issues, & to reach policymakers to effect change. • The Wellness & Recovery Education for Acceptance, Choice & Hope (WREACH) Speakers' Bureau forms connections between the community & people with lived experience & co-occurring experiences, using personal stories of recovery & resiliency & current information on health treatment & supports. Other activities include producing videos, public service announcements & educational materials. • Wellness Recovery Action Plan (WRAP) groups are facilitated by peer certified leaders. Staff employ evidence-based WRAP system enhancing efforts of consumers to promote & advocate for their own wellness. •The Committee for Social Inclusion is an ongoing alliance of members that work together to promote social inclusion of persons receiving behavioral health services. The committee is project based, & projects are designed to increase participation of consumers & family members in planning, implementation, & delivery of services. • Staff provide outreach & support peers & family members to enable them to actively participate in various committee, & behavioral health integration planning efforts. Staff provide mentoring & instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies. • (SPIRIT) is a recovery-oriented peer led class & experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in CCBHS. Staff provide instruction, administrative & ongoing support to graduates. 	Throughout the Year	Varies	It estimated that about 1,329 encounters were provided. It should be noted that some individuals may be duplicate participants throughout various sessions.
National Alliance	NAMI CC	• Family to Family (Mandarin/Cantonese) and De	Through-	Varies	It

<p>on Mental Illness, Contra Costa (NAMI CC)- Family to Family (Spanish, Mandarin, Cantonese), FaithNet, NAMI Basics, and Conversations with Local Law Enforcement</p>	<p>Staff and Volunteers</p>	<p>Familia a Familia (Spanish) help address the unique needs of the specified population, helping to serve Spanish, Mandarin & Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, & develop skills to support the recovery of loved ones.</p> <ul style="list-style-type: none"> • NAMI Basics provides instruction related to mental health concepts, wellness & recovery principles, symptoms of mental health issues; as well as education on how mental illness & medications may affect loved ones. • FaithNet implements a mental health spirituality curriculum targeting faith leaders & the faith-based communities, who have congregants or loved ones with severe & persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; & their roles as first responders at times & replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information. • Conversations with Local Law Enforcement supports dialogue between local law enforcement & consumers/ families through CCBHS's Crisis Intervention Training (CIT) within the County to enhance learning & dialogue between all groups in response to community concerns & mental health supports. The desired goal is to enhance information sharing & relationships between law enforcement & those affected by mental health. <p>All these trainings are meant to create partnerships with agencies and community to gain general understanding of mental health and learn about family support efforts, ensure connectivity with families of consumers, stay abreast & be adaptive to current & future needs. Training is augmented by utilizing faith centers, CBOs, & community locations to enable access to diverse communities & reach the broadest audiences.</p>	<p>out the Year</p>		<p>estimated that about 1,163 encounters were provided. It should be noted that some individuals may be duplicate participants throughout various sessions.</p>
<p>Crisis Response Team Training (CRTT)</p>	<p>Recovery Innovation (RI) International</p>	<p>The RI created was created by peer support advocate, Lisa St. George, and is based on best practices toolkit provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) as National Guidelines for Behavioral Health Crisis Care, Best Practices Toolkit. Subject matter experts from various behavioral health backgrounds including peers w/lived experience, social service professionals, and medical experts in recovery field aided in curriculum development.</p>	<p>5/18/2022, 5/20/2022, & 5/23/2022</p>	<p>5hrs per day</p>	<p>12</p>

CCBHS Staff may provide input through their supervisors. Managers and supervisors are also able to provide input through the Training Advisory Workgroup (TAW). Additionally, managers and supervisors are able to voice their training needs to executive leadership which also communicate needs to the Training & Ethnic Services Coordinator. CCBHS CBOs and stakeholders may provide input for training via the various stakeholder meeting groups. In 2020, the CCBHS Workforce Survey collected responses from almost 300 County and contracted provider staff to gauge for training interests and needs. The following top five training were identified by County staff as being the most helpful in assisting in staff's work at CCBHS:

1. Trauma-informed care
2. Cultural humility/ cultural responsiveness
3. Implicit Bias
4. Ethics
5. Assessing/ treating suicide risk/ harm

County staff also identified the following top five general trainings they would like to see offered in the future:

1. Self-care/ self-compassion
2. Training to work with people who may have a dual diagnosis (mental health & substance use challenges)
3. Communication with co-workers in a remote setting/ or physically distant setting
4. Training to work with people who may be criminal justice involved
5. Training to work with people who may have borderline personality disorder

The following trainings were identified as the top five training needs in relation to cultural humility/ responsiveness that County staff would like to see offered in the future:

1. Training in relation to Racial Trauma
2. Training in relation to working with the African American/Black Community
3. Training in relation to working with LGBTQ+ Community
4. Training in relation to working with the LatinX/ Hispanic Community
5. Training in relation with working with undocumented people

Contracted community partners were also surveyed and identified the following top five general trainings they would like to see offered in the future:

1. Training in relation to working to work with people who may have anxiety or depression
2. Training to work with people who may have a dual diagnosis (mental health & substance use challenges)
3. Training to work with people who may be criminal justice involved
4. Training in relation to Self-care/ Self-Compassion
5. Training to work with people who may have borderline personality disorder

The following trainings were identified as the top five training needs in relation to cultural humility/ responsiveness by contracted community partners:

1. Training in relation to Racial Trauma
2. Training in relation to working with the African American/Black Community
3. Training in relation to working with the LatinX/ Hispanic Community
4. Training in relation to working with immigrants
5. Training in relation to Sexual Orientation/ Gender Identity (SOGI)

As part of CCBHS commitment to equity and to better facilitate workforce development and systems change, CCBHS plan to utilize the input received from the workforce survey to focus on offering training in relation to the indicated topics.

Criterion 6: County’s Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Responsive Staff

I. Recruitment, Hiring and Retention of a Multicultural Workforce

The CCBHS County workforce is culturally diverse. List certified bilingual staff and share challenge in accessing this data.

Alcohol and Other Drug Services (AODS) Primary Prevention and Treatment Workforce Strategies

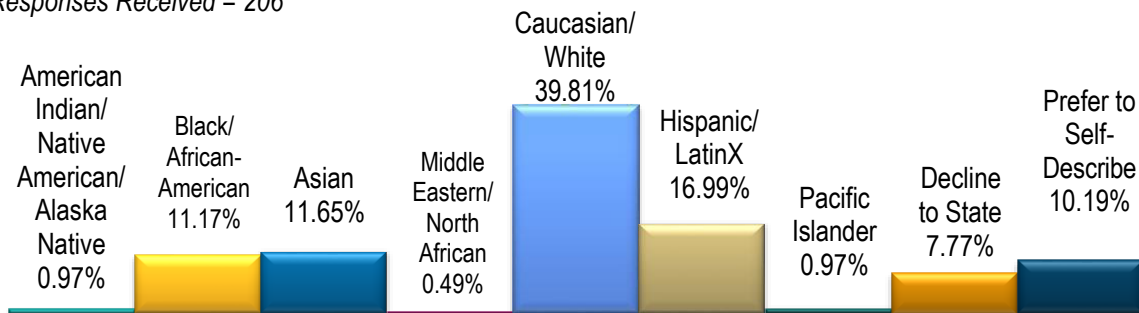
The AODS office under CCBHS continues to implement the following workforce strategies to provide primary prevention and treatment for underserved populations.

Table 63. AODS Workforce Development Strategies

<i>Workforce Staff Support</i>
<ol style="list-style-type: none"> 1. Identified supervisors attend the local community Colleges Advisory Board (Diablo Valley College and Contra Costa College). Most SUD programs including County-run services are hosting Addiction Studies Interns. 2. Maintain and support implementation of Latino Outreach efforts in the community to develop a volunteer network of Latino families to provide support and navigation for family members struggling with SUD. 3. Continue efforts to increase, recruit and hire substance abuse counselors who represent the cultural diversity of Contra Costa with emphasis on hiring bilingual staff. 4. Insert language in contracts with SUD subcontracted providers that requires Culturally and Linguistically Appropriate Services (CLAS) standard implementation and encourage hiring practices of direct service staff who represent Contra Costa’s diversity. 5. Ensure promotional material prepared by AODS is regularly translated into threshold language, including all clinical forms signed by clients or prevention participants.
<i>Training and Technical Assistance</i>
<ol style="list-style-type: none"> 6. Continue to offer training opportunities for both county and community-based organizations staff in AODS to enhance CLAS standards and cultural competency. 7. Provide and increase training for both county and community-based organizations staff regarding LGBTQ+ communities.

In the fall of 2020, CCBHS conducted a voluntary workforce survey. The following is a summary of responses received from County staff. A total of 219 County staff that participated in the voluntary anonymous survey, and all individuals had the option to skip questions, or decline to respond. The data collected from the survey illustrated that about 67% of the staff that participated in the survey provide some form of direct service to peers/clients/consumers, about 78% lived in Contra Costa County, and about 50% had at some point in their life either received services or had a close family member receive services through CCBHS or another public mental health system. Additionally, about 50% of the survey participants had a master’s degree. About 29% or 60 individuals self-identified as being fluent in another language, but of that number 61% or 37 individuals did not use their other spoken language in their line of work. Of the reasons given for not using their language; 13 stated the other language they spoke was not needed in their line of work, 4 stated they were not in a role where their other language was needed, 3 stated they did not feel comfortable using their other language in their line of work, and 10 declined to respond. The following figure shows race/ethnic data for those that responded to this survey question.

Figure 8. 2020 CCBHS Workforce Survey Race/ Ethnicity of Respondents Self-Reported Ethnicity/ Race of County Workforce Survey Participants Total Responses Received = 206



Individuals that preferred to self-describe identified as: Human Race, Mexican, European & South American, White & LatinX, Caucasian & Pacific Islander, Hungarian & Japanese, Mix raced assumed white, Asian & Caucasian, Spanish/ Native American/ Irish, Mixed Race, Black/ White/ Hawaiian, Middle Eastern/ Pacific Islander, Bi-Racial, Black & White, and one individual identified as none.

Following tables display the positions of staff that participated in the survey, race/ ethnicity, age, sexual orientation, gender identity and the average length of time worked in CCBHS or any other public mental health system for the CCBHS County staff which participated in the survey. It is important to note that not all individuals responded to all questions.

Table 64. 2020 CCBHS Workforce Survey Participant Responses- County Staff Positions

Position	Totals
Executive Leadership	1
Clinical Supervisor	9
Clinical Manager	6
Mental Health Clinical Specialist- Licensed	57
Mental Health Clinical Specialist- Licensed Eligible	11
Administration- Clerical or Secretarial	32
Administration- Supervisor or Manager	16
Administration- Other	11
Community Support Workers- Peer Provider	14
Community Support Worker- Family Support Worker	4
Community Support Worker- Family Partner	3
Mental Health Specialist	11
Family Practitioner (Psychiatric Nurse Practitioner)	1
Psychiatrist	6
Substance Abuse Counselor	13
Registered Nurse	7
Patient Financial Services Specialist	2
MH Employment Placement Specialist	2
MH Rehabilitation Counselor	2
Intern	1
<i>Number of Individuals that Answered Question</i>	<i>213</i>
<i>Number of Individuals that Skipped Question</i>	<i>6</i>

Table 65. 2020 CCBHS Workforce Survey Participant Responses- County Staff Age Range

Age	Totals
18-25 years	0
26-35 years	24
36-45 years	64
46-55 years	55
56-65 years	36
66+ years	12
Decline to State	8
<i>Number of Individuals that Answered Question</i>	<i>204</i>
<i>Number of Individuals that Skipped Question</i>	<i>15</i>

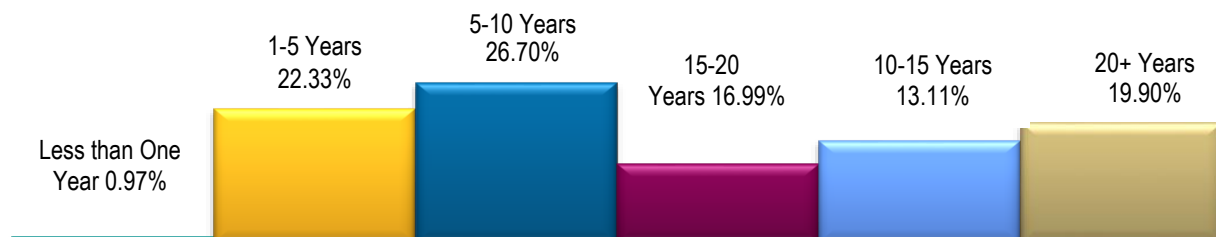
Table 66. 2020 CCBHS Workforce Survey Participant Responses- County Staff Gender Identity

Gender Identity	Totals
Female	151
Male	43
Transgender	0
Genderqueer	1
Questioning	0
Decline to State	9
Prefer to self-describe: Her/She	1
<i>Number of Individuals that Answered Question</i>	<i>203</i>
<i>Number of Individuals that Skipped Question</i>	<i>16</i>

Table 67. 2020 CCBHS Workforce Survey Participant Responses- County Staff Sexual Orientation

Sexual Orientation	Totals
Bisexual	5
Gay	5
Heterosexual or straight	167
Lesbian	2
Queer	2
Questioning	0
Decline to State	21
Prefer to self-describe multi-sexual, queer/ bi-sexual	2
<i>Number of Individuals that Answered Question</i>	<i>205</i>
<i>Number of Individuals that Skipped Question</i>	<i>14</i>

Figure 9. Average Length of Time Working in Public Mental Health System
Total Responses Received = 206



Contracted Community Partners Workforce Data

Contracted providers were also asked to participate in a workforce survey. 77 responses were collected from the voluntary survey. The data collected illustrated that about 55% of the staff that participated in the survey provide some form of direct service to peers/clients/consumers, about 51% lived in Contra Costa County, and only about 39% stated they had at some point in their life either received services or had a close family member receive services through CCBHS or another public mental health system. Additionally, about 52% of the survey participants had a master's degree. About 21% self-identified as being fluent in another language, but of that number only about 10% use their other spoken language in their line of work.

Table 68. CCBHS County Contracted Partner Providers Racial/Ethnic Estimates 2020

<i>Racial/Ethnic Data Estimates</i>	<i>Staff Employed</i>
Hispanic/ LatinX	13%
Caucasian/ White	45.5%
Black/ African American	18%
Asian	13%
American Indian/ Alaska Native	1%
Pacific Islander	3%
Middle Eastern/ North African	0%
Decline to State	0%
Prefer to Self-Describe	6.5%

The following tables display information in relation to contracted community provider staff that participated in the survey, and answered questions about race/ ethnicity, age, sexual orientation, gender identity and the average length of time worked in behavioral health or any other public mental health system.

Table 69. 2020 CCBHS County Contracted Partner Providers Workforce Survey - Age Range

<i>Age</i>	<i>Totals</i>
18-25 years	1
26-35 years	20
36-45 years	28
46-55 years	14
56-65 years	9
66+ years	4
Decline to State	1
<i>Number of Individuals that Answered Question</i>	<i>77</i>

Table 70. 2020 CCBHS County Contracted Partner Providers Workforce Survey - Gender Identity

<i>Gender Identity</i>	<i>Totals</i>
Female	60
Male	17
Transgender	0
Genderqueer	0
Questioning	0
Decline to State	0
Prefer to self-describe:	0
<i>Number of Individuals that Answered Question</i>	<i>77</i>

Table 71. 2020 CCBHS County Contracted Partner Providers Workforce Survey- Sexual Orientation

Sexual Orientation	Totals
Bisexual	5
Gay	6
Heterosexual or straight	59
Lesbian	1
Queer	1
Questioning	0
Decline to State	3
Prefer to self-describe heteroflexible	1
Number of Individuals that Answered Question	76
Number of Individuals that Skipped Question	1

Table 72. Average Length of Time Contracted Partner Working in Public Mental Health System

Total Responses Received = 76

Length of Time	Totals
Less than One Year	0%
1to 5 Years	20.78%
5 to 10 Years	22.08%
10 to 15 Years	19.48%
15-20 Years	10.39%
20+ Years	25.97%

CCBHS will continue to survey its workforce and monitor the number of staff members which receive differential pay for language access.

Criterion 7: Language Capacity

I. Increase Bilingual Workforce

Examples of language access has been identified throughout the Cultural Humility Plan. Efforts that address language access are consideration in staff recruitment for identified language capacity, as well as the loan repayment program offered through CCBHS in partnership with HCAI and California Mental Health Services Authority (CalMHSA). Information and signage are provided in threshold and other languages CCBHS sites where clients are served.

Additionally, the acting Ethnic Services Manger meets with the Linguistic Access Services Program Manager to stay in tune with policies in relation to language access as administered by the State and communicates any challenges encountered by staff when using interpretation services. In FY 2021-22, it is estimated that 90 CCBHS staff received language differential pay, and 39 positions were flagged for bilingual for language needs in Spanish, Chinese (Mandarin and Cantonese), Vietnamese, and American Sign Language.

II. Provide Services to People with Limited English Proficiency (LEP)

Some examples of services for Limited English Proficiency are the CCBHS Access Line, which apart from being a way people can access services, also serves to provide linguistic access. For example, if someone calls the Access Line at 1-888-678-7277 and needs services in other languages, there are recordings in English, Spanish, Vietnamese, Farsi, Tagalog, Cantonese, Russian, and Khmu where people will be instructed to press a number to be connected with someone who can support them in these languages. Other services are supported through the HCIN.

III. Provide Bilingual Staff/Interpreters at All Points of Contact for Threshold Language Clients

There are also postings in all clinics where individuals receive services with information on how to access services through an interpreter which is offered through a video phone service. Between FY 2021- 2022, 4,040 interpretation encounters were facilitated by use of Language Line Solutions (LLS) and another 1,504 calls were facilitated through the Health Care Interpreter Network (HCIN).

IV. Provide Bilingual Staff/Interpreters at All Points of Contact for Clients Not Meeting Threshold Language Criteria

An interpreter is made available to clients who many not fall under a threshold language in the same mananer as other clients, either through a video phone or audio phone. Between FY 2021- 2022 the following languages were the most utilized for calls that were supported either through Linguistic Access Services, HCIN, or LLS. The languages listed are in order of the highest utilized to least utilized for behavioral health services.

1. Spanish
2. Punjabi
3. Farsi
4. Portuguese
5. Vietnamese
6. Dari
7. Arabic
8. Mandarin
9. Tagalog
10. Cantonese

V. Required Translated Documents, Forms, Signage and Client Informing Materials

As previously stated, there are also postings in all clinics where individuals receive services with information on how to access services through an interpreter which is offered through a video phone service. Informing materials can be translated upon request, if not available.

Criterion 8: Adaptation of Services

I. Client Driven/Operated Recovery and Wellness Programs

The Office of Consumer Empowerment (OCE) is comprised of primarily Community Support Workers (CSWs) and a manager. The office is a County operated program that supports CCBHS and offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The staffing has various lived experience and reflect a culturally diverse workforce. The goals of OCE are to increase access to wellness and empowerment for peers/clients/consumers of CCBHS. Detailed information for OCE programs was provided under Criterion 5 of this plan. Additionally, all the PEI programs incorporate some form of culturally and linguistically responsive peer driven/ peer led model. Specific example of peer model programs provided during FY 2021-2022 include the services provided by Putnam Clubhouse under the MHSa components of PEI and CSS.

Putnam Clubhouse provides a safe, welcoming place, where participants (called members), recovering from mental health challenges and illness, build on personal strengths. Members work as colleagues with peers and a small staff to maintain recovery and support prevention through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse and Peer Connection Centers.

Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/ accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.

Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops. Putnam Clubhouses assists CCBHS in several other projects, including organizing community events and by assisting with administering consumer perception surveys. Putnam Peer Connection Centers also provide peer related services.

During FY 21-22, Putnam Clubhouse established a new contract with CCBHS, expanding as Putnam Peer Connections Centers were provided which served individuals or members experiencing mental and/or behavioral health challenges in west, central and east Contra Costa County. Connection Centers provided a variety of wellness and recovery-related classes and groups which were primarily offered virtually, as well as one-on-one calls during the pandemic, vocational support and links to community resources. Due to the pandemic, most recreational opportunities were placed on hold during this period. The classes, groups and coaching are recovery-oriented and facilitated by peer providers. Peer providers worked with members towards individualized goals. The Wellness Recovery Action Plan (WRAP) which was part of usual services were also put on hold due to the pandemic, however wherever possible, WRAP skills were practiced; which included establishing virtual and over the phone self-help and coping skills, support networks and a commitment to overall wellness. Members seeking services also helped shape the newly implemented programs through feedback and listening sessions. Peer providers facilitated groups by engaging members to share their own success in recovery through obtaining education, coping skills, self-management and/or sobriety; continually using their lived experience as a strength-based path to recovery.

It should be noted that RI ended services with CCBHS on June 30, 2021, and Putnam Clubhouse took on contracted services that were previously offered by RI International effective July 1, 2021. Putnam Clubhouse was instrumental in providing services to individuals transitioning over from the previous provider. Programming has continued to grow and expand as services have eventually transitioned into a hybrid model offering both in-person and virtual programming.

II. Responsiveness of Behavioral Health Services

Information for accessing services is provided in several ways. This information is found on the [CCBHS Homepage](#), as well as the [Behavioral Health Access Line](#) site.

III. Quality Assurance

[Quality Improvement and Quality Assurance \(QI/QA\)](#) works with both the mental health and substance use services to monitor effectiveness, oversight and review of clinics, organizations, and services to clients/consumers. At the moment, CCBHS is exploring better methods the QI/QA team may better

coordinate efforts and shared challenges to further support cultural responsiveness and better access to clients. The Quality Management team performs program development and coordination work to implement, assess and maintain programming that effectively measures and strives to improve the access to, and quality of care and services provided to the County's behavioral health peers/clients/consumers.

Beneficiary Rights

To provide feedback about any experience or resolve an issue, people can receive assistance at one of the CCBHS clinics, find information with the contracted CBO, or may call the Quality Improvement Line or Email CCBHSQualityAssurance@cchealth.org. Assistance is also offered by contacting a Patient Rights Advocate at 925-293-4942 or 844-666-0472. This information is also posted online at [Quality Improvement and Quality Assurance \(QI/QA\)](#) under *Beneficiary Rights*. To file a written complaint/grievance, the information can be found online at [Problem Resolution Process](#) under *File A Grievance*.

This document outlines and meets the requirements described in the California Department of Mental Health Cultural Competence Plan Requirements CCPR Modification³³. Although the California Department of Mental Health no longer exists, CCBHS looks forward to new guidance for the Behavioral Health Equity Plan that is slated to be released by the California Department of Health Care Services (DHCS). Further information on DHCS efforts to reduce behavioral health disparities may be accessed at the [DHCS Efforts to Reduce Disparities in Behavioral Health](#) page.

³³ https://www.dhcs.ca.gov/services/MH/Documents/IN10-17_Enclosure1.pdf