2022-2023 Cultural Humility Plan Update

Contra Costa Behavioral Health Services

Table of Contents

Cultural Humility Plan Summary ... 3
Focus Areas and Future Goals ... 3
Criterion 1: Commitment to Cultural Humility ... 5
CCBHS Commitment to Cultural Humility ... 5
Health Services Department Mission, Commitment and Statement of Philosophy ... 5
Behavioral Health Services Mission ... 5
Strategic Plan ... 5
Policies and Procedures ... 6
Other Key Documents ... 7
Recognition, Value and Inclusion of Racial, Ethnic, Cultural and Linguistic Diversity Within System ... 8
Community Services and Supports (CSS) Plan ... 8
Current Involvement Efforts and Level of Inclusion with Underserved Communities ... 14
Lessons Learned ... 16
Positions Supporting Cultural Humility ... 16
Budget Resources Targeting Culturally Responsive Activities ... 16
Criterion 2: Updated Assessment of Service Needs ... 25
Contra Costa County General Population ... 25
Medi-Cal Population Service Needs ... 26
Analysis of Disparities Identified ... 27
MHSA Community Services and Supports (CSS) Population Assessment and Service Needs ... 27
CSS Population Assessment ... 28
Analysis of Disparities in CSS ... 35
Process in Identifying Prevention and Early Intervention (PEI) Priority Populations ... 37
PEI Priority Populations ... 37
Criterion 3: Strategies and efforts for Reducing Racial, Ethnic, Cultural and Linguistic Behavioral Health Disparities ... 41
Target Populations ... 41
Identified Disparities ... 42
Strategies to Reduce Disparities ... 43
Metrics for Reducing Disparities ... 48
Accomplishments and Lessons Learned ... 48
Criterion 4: Client/Family Member/ Community Committee: Integration of the Committee Within the County Behavioral Health System ... 49
Cultural Humility Committee ... 49
Description of Cultural Humility Committee ... 49
Cultural Humility Committee and Integration with County Behavioral Health System ... 49
Criterion 5: Cultural Humility Training Activities ... 51
Cultural Humility Training ... 51
Cultural Humility Training Plan ... 51
Incorporation of Client Culture Training ... 53
Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally Linguistically Responsive Staff ... 56
Recruitment, Hiring and Retention of a Multicultural Workforce ... 56
Criterion 7: Language Capacity ... 61
Increase Bilingual Workforce ... 61
Provide Services to People with Limited English Proficiency (LEP) ... 61

Provide Bilingual Staff/Interpreters at All Points of Contact for Threshold Language Clients..................... 62
Provide Bilingual Staff/Interpreters at All Points of Contact for Clients Not Meeting Threshold Language Criteria 62
Required Translated Documents, Forms, Signage and Client Informing Materials.................................... 62
Criterion 8: Adaptation of Services.. *62*
Client Driven/Operated Recovery and Wellness Programs... 62
Responsiveness of Behavioral Health Services 63
Quality Assurance.. 64

Cultural Humility Plan Summary

Contra Costa Behavioral Health Services (CCBHS) is committed to its ongoing effort in bolstering a system of care that is culturally and linguistically responsive to better meet the needs of the communities served. The 2022-2023 Cultural Humility Plan Update details data and efforts that outline CCBHS's work to address identified disparities inclusive of both mental health and substance use services.

In addition, CCBHS recognizes the importance of developing services and partnering with community partners that are receptive to the cultural and linguistic diversity of the clients/peers/consumers and families served. It is also necessary to continue investing in a quality workforce that strives to be culturally humble and has linguistic capacity to support client needs. With the onset of COVID-19, along with the many other challenges and uncertainties communities are facing; CCBHS and the larger Health Services Department (HSD) has strived to adapt to respond to the needs of the community.

Focus Areas and Future Goals

CCBHS will work towards previously identified areas of focus, carrying on from the 2020-2023 Cultural Humility Plan. Efforts will continue to support target population of Latino/Latina/LatinX/Hispanic and Asian communities, young children and LGBTQI+ youth; as well as African American/ Black communities further focusing on how to leverage and more appropriately serve clients/peers/consumers, and families in ways that align with their cultural values and linguistic needs. Aside from the challenges faced due to COVID-19, much of the inequities, racial disparities and systemic racism that continues to be seen across the country is a reminder of the need to continue to invest in building genuine relationships with Black, Indigenous, People of Color (BIPOC). It is necessary to recommit efforts, attention, policy and most importantly listen to those communities that have historically been marginalized, such as African-American/ Black, Latino/ Latina/LatinX/Hispanic, Asian, LGBTQI+, children and other communities; understanding that racism and discrimination is a public health crisis. This discussion has been ongoing and has been raised by community stakeholders and advocates and continually warrants on-going assessment, evaluation and policy change. This has become even more relevant during the pandemic, as existing social and racial inequities have been exacerbated.

The following five focus areas were identified through the 2019 CCBHS Reducing Health Disparities (RHD) Survey which was released to the RHD workgroup and stakeholders. In 2021, the RHD Workgroup started the process of further identifying Action Items in relation to each one of these focus areas.as recommendations to CCBHS leadership.

Focus Area 1.) Continue strengthening dialogue between the BHS Reducing Health Disparities Committee and BHS 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.

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 *BHS Homepage* - main information listed in grey box under *Welcome to Contra Costa Behavioral Health Services* 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.

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 Black, Indigenous, People of Color (BIPOC) and LGBTQ+ 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)
- LGBTQ+ 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.

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

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.

Focus Area 4.) Ongoing support of the BHS 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

Focus Area 5.) Promote and invest in professional development programs that support quality staff in BHS 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 BHS 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

Criterion 1: Commitment to Cultural Humility

I. CCBHS Commitment to Cultural Humility

Health Services Department Mission, Commitment and Statement of Philosophy

The mission of the Health Services Department (HSD) 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.

Contra Costa Behavioral Health Services (CCBHS) is one of the eight divisions under Contra Costa Health Services.[1] To better respond to the needs of our community and provide an enhanced and coordinated care approach; Mental Health and Alcohol and Other Drug Services (AODS) were combined into a single Behavioral Health Services system of care to create the CCBHS Division.

Behavioral Health Services Mission

The CCBHS Division, 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

---

[1] Contra Costa Health Services Department. (2021, December 15). *Health Services. Divisions.* https://cchealth.org/healthservices/divisions.php

Plan (or Plan Update) details strategies and outlines data illustrating CCBHS's response and work to address 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 Modification[2]. 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 identifying areas in relation to cultural and linguistic access that need strengthening within its system of care. This document contains a summary of updates of the activities identified in furthering equity.

This Cultural Humility Plan is a working document that has been compiled in collaboration with stakeholder input and data collected from various groups. The Cultural Humility Plan highlights inequities and needs in CCBHS under both mental health and substance use services. It also references targeted programming and strategies to address cultural and linguistic needs within CCBHS's behavioral health treatment and client wellness.

Policies and Procedures

The HSD 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 Car[3]e. These policies include, but are not limited to:

Contra Costa Health Services 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
- CCBHS Policy 144MH Client, Family Member, and Stakeholder Reimbursements for Participation

[2] 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

[3] 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

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

Further examples of work that honor culturally responsive and linguistically appropriate practices within HSD and CCBHS include the following documents:

- CCBHS 2019 Mental Health System of Care Needs Assessment[4]
- Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Update Fiscal Year 2022-23[5]
- Contra Costa County in 2050: Demography, Economy, Disease, Scenarios[6]
- Fiscal Year (FY) 2020-21 Medi-Cal Specialty Mental Health External Quality Review[7]
- Fiscal Year (FY) 2020-21 Drug Medi-Cal Organized Delivery System External Quality Review[8]
- Annual PEI Evaluation Report[9]
- Innovation Annual Report Fiscal Years 20-21[10]
- Substance Use Disorder Services Strategic Prevention Plan 2018-2023[11]

---

[4] Contra Costa Behavioral Health Services. (2019, December). *2019 Mental Health System of Care Needs Assessment.* https://cchealth.org/mentalhealth/mhsa/pdf/2019-Needs-Assessment-Report.pdf

[5] Contra Costa Behavioral Health Services. (2021, June) *Contra Costa County Mental Health Services Act Three Year Program and Expenditure Plan Update Fiscal Year 2022-2023.* *https://cchealth.org/mentalhealth/mhsa/pdf/0705-FY-22-23-MHSA-Plan.pdf*

[6] Institute for Population Health Improvement at UC Davis Health System. (2019, April). *Contra Costa County in 2050: Demography, Economy, Disease, Scenarios.* https://docs.wixstatic.com/ugd/ee8930_cb8ad455f17b4069beb067b649368a57.pdf

[7] Behavioral Health Concepts, Inc. (2021, February). *FY 2020-21 Medi-Cal Specialty Mental Health External Quality Review Contra Costa MHP Final Report.* https://www.calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202020-2021%20Reports/MHP%20Reports/Contra%20Costa%20MHP%20EQRO%20Final%20FY20-21%2005.04.21.pdf

[8] Behavioral Health Concepts, Inc. (2020, September). *2020-21 Drug Medi-Cal Organized Delivery System External Quality Review Contra Costa DMC-ODS Report.* https://cchealth.org/aod/pdf/DMC-ODS-EQRO-FY20-21-Report.pdf

[9] Contra Costa Behavioral Health Services. (2018-2021*). Annual PEI Evaluation Report.* https://cchealth.org/mentalhealth/mhsa/pdf/ContraCosta_3Y_PEI_Eval_18-21.pdf

[10] Contra Costa Behavioral Health Services. *Innovation Annual Report FY 20/21.* https://cchealth.org/mentalhealth/mhsa/pdf/ContraCosta_INN_20-21.pdf

[11] Contra Costa Behavioral Health Services. *Substance Use Disorder Services Strategic Prevention Plan 2018-2023, Alcohol and Other Drugs Services.* https://cchealth.org/aod/pdf/Prevention-Strategic-Plan-2018-2023.pdf

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)[12]. 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 those who have been traditionally underserved. Services are to be client/peer/consumer driven, family focused, based in the community, culturally and linguistically appropriate, and integrated with other appropriate 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).[13] 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 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, MHSA funds, and/or other federal or state funding sources. CCBHS's budget has grown incrementally to approximately $48.2 million for FY 2022-23 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 whereby stakeholders were provided training in the intent and requirements of the MHSA, actively participated in various venues to identify and prioritize community mental health needs, and developed strategies by which service delivery could grow with increasing MHSA revenues since 2004. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

<u>Full Service Partnerships</u>

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 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. A summarized description of CSS services is provided. Below is a

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

[13] Mental Health Services Oversight and Accountability Commission. *Prop 63/MHSA.* https://mhsoac.ca.gov/the-act-mhsa/

summary of goals for FY 2022-2023 under the CSS component representing.

The Children's FSP is comprised of four elements, 1) personal services coordinators, 2) multi-dimensional family therapy for co- occurring disorders, 3) multi-systemic therapy for juvenile offenders, and 4) county operated children's clinic staff.

Table 1. Children FSPs

Program/Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
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

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.

Table 2. Transition Age Youth (TAY) FSPs

Program/ Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West & Central County	70
Transition Age Youth Full Service Partnership	Youth Homes	Central & East County	30

Provide a full spectrum of services and supports to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level and are uninsured or receive Medi-Cal benefits.

Table 3. Adult FSPs

Program/ Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
Full Service Partnership	Hume Center	Wes County East County	70 (Adult), 5 (Older Adult) 70 (Adult), 5 (Older Adult)
Full Service Partnership	Turn Behavioral Health Services	Central County	47 (Adult), 3 (Older Adult)
Full Service Partnership	Familias Unidas	West County	28 (Adult), 2 (Older Adult)

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

<u>Adult Mental Health Clinic Support.</u> 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 4. Adult Mental Health Clinic Support

Program/Plan Element	*County/Contract*	*Region Served*	*# to be Served Yearly*
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, and thus meets the acuity level of an FSP. 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 Mental Health Systems, Inc. to provide 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 5. Assisted Outpatient Treatment

Program/ Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
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. Contra Costa Clubhouses, Inc. (Putnam Clubhouse) contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services is available. These centers offer peer-led recovery-oriented, rehabilitation and self-help groups that teach self- management and coping skills. The centers offer Wellness Recovery Action Planning (WRAP), physical health and nutrition education, advocacy services and training, arts and crafts, and support groups.

Table 6. Wellness and Recovery Centers

Program/Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
Recovery and Wellness Centers	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.

Table 7. Crisis Residential Center

Program	*County/ Contract*	*Region Served*	*# to be Served Yearly*
Hope House - Crisis Residential Center	Telecare	Countywide	200

<u>MHSA Housing Services.</u> MHSA funds for housing supports supplements that which is provided by CCBHS and the County's Health, Housing and Homeless 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 disturbances 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 housing, 4) permanent supportive housing, and 5) a centralized county operated coordination team.

Table 8. MHSA Housing Services- Total Beds/Units 690

Plan Element	*County/ Contract*	*Region Served*	*# of MHSA Beds/ Units Budgeted*
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
Scattered Site Housing	Shelter, Inc.	Countywide	119 units
Permanent Supportive Housing	Contractor Operated	Countywide	81 units
Coordination Team	County Operated	Countywide	Varies

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both Realignment as well as MHSA 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 MHSA funds budgeted are projections based upon the 1) history of actual utilization of beds paid by MHSA funding, 2) history of expenditures charged to MHSA, 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.

<u>Non-FSP Programs (General System Development)</u>

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.

<u>Supporting Older Adults.</u> 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 9. Supporting Older Adults

Program	*County/ Contract*	*Region Served*	*# to be Served Yearly*
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. The County's Wraparound 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 that are conjointly 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). Recently 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), will utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

Table 10. Supporting Children and Young Adults

Plan Element	County/Contract	Region Served	# to be Served Yearly
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. Two mental health clinicians are funded by MHSA to enable a multi-disciplinary team to provide an integrated response to adults visiting the clinic for medical services who have a co- occurring mental illness.

Table 11. Concord Health Center

Plan Element	County/ Contract	Region Served	# to be Served Yearly
Supporting the Concord Health Center	County Operated	Central County	Clients Served by Concord Health Center

Liaison Staff. CCBHS partners with CCRMC to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) in order to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES.

Table 12. Liaison Staff

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

Clinic Support. County positions are funded through MHSA to supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in direct response to identified needs surfaced in prior Community Program Planning Processes.

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 Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA 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, one for each Children's clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

Table 13. Clinic Support

Plan Element	County/ Contract	Region Served	# to be Served Yearly
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

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 will 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. MHSA funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation and the addition of two positions.

Table 14. Mobile Crisis Response Team (MCRT)

Plan Element	County/ Contract	Region Served	# to be Served Yearly
Forensic Team	County Operated	Countywide	Support to the Forensic Team
MCRT	County Operated	Countywide	Supplements MCRT

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 mental health needs

CCBHS gathers input from its ongoing stakeholder bodies, which include clients/peers/consumers, family members, providers and community members and engages them through committees, workgroups, community forums, surveys, program visits, and ongoing dialogue. Meeting have continued to be held virtually, due to the pandemic. All meetings are open to the public and it is estimated that approximately 60 community stakeholder events were held in FY 2021-22 through the various listed methods.

Table 15. Stakeholder Meeting Groups

Meeting	*Purpose*	*Frequency*
Consolidated Planning Advisory Workgroup (CPAW)	Opportunity for members of the public to dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, including review existing programming, funding and evaluation	Monthly
CPAW Sub-Committee:	Learn, discuss, and provide input on new and emerging MHSA related	Bi-Monthly

Systems of Care	programs that impact Behavioral Health Services system of care.	
CPAW Sub-Committee: Steering	Develop monthly agenda for CPAW main meeting, including identifying presentation & discussion topics	Monthly
CPAW Sub-Committee: Membership	Review new applications for CPAW Membership	As Needed
CPAW Sub-Committee: Innovation	Review and discuss both existing and emerging Innovation projects	Bi-Monthly
Suicide Prevention Coalition	Countywide collaborative co-hosted with the Contra Costa Crisis Center. Responsible for Suicide Prevention Strategic Planning	Monthly
Youth Suicide Prevention Sub-Committee	Youth-focused collaborative that serves as a platform for networking and information sharing around issues related to youth mental health and suicide prevention	Quarterly
Reducing Health Disparities (RHD) Workgroup	Focus on diversity, equity, inclusion and reducing disparities within the behavioral health care system with an ongoing goal of being trauma informed, working against racism, addressing historical barriers to services, and promoting equity, wellness, recovery and resiliency both in service delivery and within the workforce.	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

Additionally, other CPPP events involved:

- Youth Suicide Prevention Forum in partnership with the Contra Costa Youth Suicide Prevention Coalition – September 9, 2021
- MHSA Innovation Community Forum – March 4, 2022
- MHSA Presentation and Orientation - MHSA Orientations are held quarterly during the hour prior CPAW. Community members are invited to attend and learn more about the MHSA and Behavioral Health System of Care. Topics identified in 2022 calendar year include 1) Understanding the MHSA, Advocacy and Stakeholder Participation 2) Mental Health Programs – County and Contracted Services 3) How Does Budgeting and the Money Work?
- Annual MHSA presentation provided to the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class - SPIRIT is a nine-unit college course taught in collaboration with Contra Costa College which offers clients/consumers/peers with lived experience an opportunity to develop skills, obtain certification complete a college accredited course; and ultimately find employment within the behavioral health care field.
- Presentations to the Mental Health Commission (local board) - MHSA staff regularly attend the Mental Health Commission meetings and provide information and presentations related to MHSA.
- Surveys - In January 2022, a community survey was launched and distributed to at least 800 community members and offered in nine different languages including English, written Chinese (simplified), written Chinese (traditional), Portuguese, Spanish, Punjabi, Tagalog, Vietnamese and Farsi. The survey was intended to elicit feedback from the community regarding prioritization of MHSA funds. 230 responses were received. Topics that emerged were grouped by theme and included the following (in priority order):
    - Behavioral Health treatment services – more available programming and services for mental health, substance use disorders and pandemic-related stressors
    - Housing and homelessness services
    - Care for specific cultural groups/populations – including Black, Indigenous, People of Color (BIPOC), recent immigrants, LGBTQI+

- Access to care – timely, affordable, culturally and linguistically appropriate
- Community building and support – health and wellness education, parenting and family support, employment support, family events, resource sharing, green community spaces
- Crisis services
- Prevention and early intervention services
- Justice involved/community violence services
- School-based programming
- Suicide prevention
- Transportation

Surveys received from non-English speakers and recent immigrants included the above priority issues, but also highlighted needs specific to their experience. Some of these included: addressing the stress and trauma related to escaping a war-torn country; access to quality, affordable health care; resettlement services including assistance getting connected to appropriate resources in a new community, English language classes; general health and wellness supports; resources for those with co-occurring issues including mental health, physical disability and/or substance abuse.

Further information on engagement with the community may be found in the most recent MHSA Three Year Plan (pgs. 8-17).

C. Lessons Learned

CCBHS is aware of underserved and previously identified Asian and Latino/X/Hispanic populations and will continue efforts to support this population for. The aim for FY 2023-24; will be to release mini-grants to support community defined practices with a focus to these populations, as well as other communities. A lesson learned through the CPPP in further trying to engage the Asian community was the challenge CCBHS had in distributing the electronic survey in Farsi. All surveys were distributed via SurveyMonkey, an electronic platform used for surveying individuals; however, CCBHS found through its intent to offer the survey in Farsi, that the program did not support hosting the Farsi language, due to the language being written from right to left.

CCBHS pivoted to paper surveys for this population and worked with a local agency which provides services to clients which speak this language to collect surveys from clients.

III. Positions Supporting Cultural Humility

CCBHS has one staff member filling the role of Ethnic Services Manager (ESM). This person holds the title of Workforce Education and Training/ Ethnic Services Coordinator and is also part of the MHSA team. The acting ESM meets with the CCBHS Director, as needed. The CCBHS Director and has open dialogue and is regularly involved with stakeholder meetings and the CPPP. Recent strategies to strengthen the work are outlined in the Cultural Humility Plan.

IV. Budget Resources Targeting Culturally Responsive Activities

Budgeting for culturally and linguistically responsive programming is outlined in detail throughout the *MHSA Plan Update Fiscal Years 2021-2022*; as well as the *AODS Substance Use Disorder Services Strategic Prevention Plan Fiscal Years 2018-2023.* A summary of the programming and services that support specific cultural niches and language access are listed in the following table. The table displays agency name, the MHSA component the program is under, a brief description of services, and the most recent dedicated

budget. For detailed outcomes information, please refer to the MHSA Three Year Plan – Appendix B. The most recent version of the plan can be found on the MHSA page at https://cchealth.org/mentalhealth/mhsa.

Table 16. Resources Targeting Culturally Responsive Activities for Fiscal Year (FY 2022-2023)

MHSA Component of Community Services and Supports (CSS)	*Funds*
Augmented Board and Cares: County contracts with several licensed board & care providers & facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. Additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization & 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, & connection with healthy social activities. There are currently seven augmented board & cares which include Divines, Modesto Residential, Oak Hill, Pleasant Hill Manor, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven.	$7,083,324
CCBHS Coordination Team: The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs & services, & provides contract monitoring & quality control.	$1,089,982
CCBHS Forensic Team. Clinical specialist funded to join multi-disciplinary team that provides mental health services, alcohol/drug treatment, & housing supports to individuals with serious mental illness, either referred by courts for diversion from incarceration, or on probation & at risk of re-offending & incarceration. These individuals were determined to be high users of psychiatric emergency services & other public resources, but very low users of the level and type of care needed. Team works closely with criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, & work as team to provide appropriate mental health, substance abuse & housing services needed.	$269,995
CCBHS IMPACT: Provides evidence-based practice for 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 & medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.	$ 404,992
CCBHS Intensive Care Management: Provides three multi-disciplinary teams, one for each region of the County to provide mental health services to older adults in their homes, in the community, and within a clinical setting. Primary goal is to support aging in place & to improve consumers' mental health, physical health & overall quality of life. Each team is comprised of a psychiatrist, a nurse, a clinical specialist, & a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care & community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance	$3,180,657
CCBHS Liaison Staff: CCBHS partners with Contra Cost Regional Medical Center (CCRMC) to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) to assist individuals experiencing a psychiatric crisis to connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES.	$154,793
CCBHS Mobile Crisis Response Team (MCRT): MCRT respond to adult consumers experiencing mental health crises in community. Mental health clinicians & community support workers work closely with County's Psychiatric Emergency Services & law enforcement, as necessary, to respond to residents in crises who would be better served in their respective communities. MHSA funds enable team to respond seven days a week with expanded hours of operation and the addition of two positions.	$1,288,752
CCBHS Resource Planning & Management. Dedicated staff at three adult clinics assist consumers with money management & complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) & Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.	$730,595

CCBHS Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. MHSA 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.	$302,777
CCBHS Wraparound Program: County's Wraparound Program provides intensive, multi-leveled treatment to children & their families from County's three children's mental health clinics & is augmented by family partners & mental health specialists. Family partners are individuals with lived experience as parents of children & adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of services, & offer support in the home, community, & county service sites. Family partners participate as team members with the mental health clinicians who are providing treatment to children & their families. Mental Health Specialists are non- licensed care providers, with lived experience as a consumer or family member, who can address culture & language specific needs of families in their communities. These professionals arrange & facilitate team meetings between the family, treatment providers and allied system professionals	$1,428,167
Crestwood Behavioral Health, Inc.: Provides 64 augmented board & care beds in Pleasant Hill, has a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with possible six-month extension) for residents considered most compromised by mental health issues.	$1,210,356
Early Periodic Screening, Diagnostic, and Treatment- EPSDT Expansion. EPSDT is a federally mandated specialty mental health program that provides comprehensive & preventative services to low-income children & adolescents that are conjointly involved with Children and Family Services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), & Intensive Care Coordination (ICC). Statewide reform for care provided to foster care children, includes County's responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), to utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables County to provide full scope of services, & includes adding County mental health clinicians, family partners and administrative support.	$728,220
Embrace Mental Health Plan (formerly Community Options for Families and Youth - COFY): 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.	$931,434
Familias Unidas: serves adults (18+) through Full-Service Partnerships (FSP) providing full range of services and utilize a modified assertive community treatment model consisting of a multi-disciplinary mental health team. Team works together to provide majority of treatment, rehabilitation, and support services to client/peer. Provide mental health FSP services for the County's Latino/Hispanic population.	$288,742
Fred Finch Youth Center: contracts with CCBHS to serve west & central County. Program utilizes the Assertive Community Treatment (ACT) model as modified for young adults; includes a personal service coordinator working with a multi-disciplinary team of staff, including peer & 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 & psychiatric services, the program offers a variety of services designed to promote wellness & recovery, including assistance finding housing, benefits advocacy, school & employment assistance, & support connecting with families.	$1,595,369
Hope House: 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. Also serves clients being discharged from hospital & long-term locked facilities that benefit from a step-down from institutional care to successfully transition back into community living. Services are designed to be short	$2,338,279

term, are recovery focused with a peer provider component, & treat co-occurring disorders, such as drug and alcohol abuse.	
Lincoln Child Center: contracts with CCBHS to provide a comprehensive & multi-dimensional family based outpatient program for adolescents with a mental health diagnosis experiencing a co-occurring substance use issue. These youth are at high risk for continued substance use & other risky behaviors. 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, & family communications with social systems.	$982,146
Portia Bell Hume Behavioral Health and Training Center (Hume Center): CCBHS with the Hume Center to provide Full Service Partnership (FSP) services in East and West County.	$4,400,285
Putnam Clubhouse- Peer Connection Centers: provides wellness & recovery centers in West, Central & East County. These centers offer peer-led recovery-oriented, rehabilitation & self-help groups that teach self-management & coping skills. The centers offer Wellness Recovery Action Planning (WRAP), physical health & nutrition education, advocacy services & training, arts & crafts, & support groups.	$1,067,999
Seneca Family of Agencies: CCBHS contracts with Seneca to support Short Term Assessment of Resources and Treatment (START) services, personal services coordinators, a mobile crisis response team, and three to six months of short-term intensive services to stabilize youth in their community & to connect them & their families with sustainable resources & supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth & 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 (PES). CCBHS also contracts with Seneca to provide the Mobile Crisis Response. 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 includes availability to all regions of the county. Seneca has two teams available from 7AM until 10PM with on call hours 24/7 & the ability to respond to the field during all hours if indicated and necessary	$843,600
Shelter, Inc.: Contracts with County to provide master leasing program for scattered site housing, which adults or children & their families are provided tenancy in apartments & houses in County. Through combination of self-owned units & agreements with landlords, Shelter, Inc. acts as lessee to the owners & provides staff to support individuals & their families to move in & maintain their homes independently.	$2,420,426
Temporary Shelter Beds. County's Health, Housing and Homeless (H3) Services Division operates several temporary bed facilities for adults & transitional age youth. CCBHS has a Memorandum of Understanding with H3 Services 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. Agreement includes 400 bed nights per year for Bissell Cottages & Appian House Transitional Living Programs, staff for Calli House Youth Shelter, 23,360 bed nights for the Brookside & Concord temporary shelters, & 3,260 bed nights for the Respite Shelter in Concord.	$2,048,912
Turn Behavioral Health Services (formerly Mental Health Systems, Inc.): CCBHS contracts with Mental Health Systems, Inc., to provide Full Service Partnership (FSP) services in Central County. CCBHS also contracts with this agency to provide Assisted Outpatient Treatment (AOT). 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, & provides the full spectrum of services, to include health, substance abuse, vocational & housing services. Persons deemed eligible for AOT are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS contracts with Mental Health Systems, Inc. to provide the Assertive Community Treatment (ACT), while CCBHS has dedicated clinicians & administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach & engagement to assist a referred individual, 3) conduct the investigation & determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation & ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender & law enforcement jurisdictions, 7) act as liaison with ACT contractor, & 8) participate in	FSP $1,114,343 AOT $2,266,775

development of the treatment plan.	
Youth Homes: CCBHS contracts with Youth Homes to serve 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.	$770,915
MHSA Component of Prevention and Early Intervention (PEI)	*Funds*
Asian Family Resource Center (fiscal sponsor Contra Costa ARC): Provides culturally sensitive education & access to mental health services for immigrant Asian communities, especially Southeast Asian population of Contra Costa. Staff provide outreach, medication compliance education, community integration skills, & mental health system navigation. Early intervention services provided to those exhibiting symptoms of mental illness, & participants assisted in actively managing recovery process.	$159,567
Building Blocks for Kids (fiscal sponsor Tides): Provide education to family partners from community with lived mental health experience to reach out & engage at-risk families in activities to address family mental health challenges. Individual & group wellness activities assist participants to make & implement plans of action, access to community services, & integrate into higher levels of mental health treatment as needed.	$238,280
California Mental Health Services Authority (CalMHSA): Through Take Action for Mental Health project, CalMHSA provides technical assistance to encourage County's integration of available statewide resources on stigma & discrimination reduction & suicide prevention. CCBHS partners with CalMHSA to link county level stigma & discrimination reduction efforts with statewide social marketing programs. Linkage expands County's capacity via language specific materials, social media, & subject matter consultation with regional & state experts to reach diverse underserved communities, such as Latino/X/ Hispanic, African American/Black, Asian, Pacific Islander, LGBTQ+, Native American & immigrant communities. Primary focus is to reach Spanish speaking Latino/X/Hispanic communities via social media and materials adapted specifically for this population.	$78,000
CCBHS Cognitive Behavioral Social Skills Training (CBSST): Project aimed to enhance quality of life for those residing in enhanced board & cares by incorporating meaningful activity & skills into daily routines & increasing overall functional improvement. CBSST is emerging practice with demonstrated positive results for persons with severe & persistent mental illness. CBSST Project applies therapeutic practice to population of individuals placed in augmented board & care facilities. CBSST Project has a clinical team, consisting of licensed clinician & peer support worker, to lead cognitive behavioral social skills training groups at board & care facilities. Adults with serious mental illness learn & practice skills to enable them to achieve & consolidate recovery-based skills, while decreasing need for costly interventions such as PES admissions. Funds added to expand services to additional board & care residents.	$424,788
CCBHS Center for Recovery and Empowerment (CORE): CCBHS recognizes substance abuse/ dependence in adolescence negatively affects physical, social, emotional & cognitive development. Early onset of alcohol/other drug use is one of the strongest predictors of later dependence. The CORE Project is intensive outpatient treatment program offering three levels of care: intensive, transitional & continuing care to adolescents dually diagnosed with substance use & mental health disorders. Services provided by multi-disciplinary team, & includes individual, group & family therapy, & linkage to community services	$734,181
CCBHS First Hope: serves youth showing early signs of psychosis or which 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. A multi-disciplinary team provides intensive care to individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists and employment/ education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.	$2,719,036
CCBHS Micro Grants for Community Defined Practices. Emerging Innovation concept in development with MHSA advisory body. General idea is to allow funding opportunities for community organizations to provide model services to targeted underserved and inappropriately served community groups.	$250,000

CCBHS Office for Consumer Empowerment (OCE): provides leadership & staff support to various initiatives designed to reduce stigma & discrimination, develop leadership & advocacy skills among consumers of services, support the role of peers as providers, & encourage consumers to actively participate in the planning & evaluation of MHSA funded services. OCE staff support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness. The Wellness Recovery Education for Acceptance, Choice & Hope (WREACH) Speakers' Bureau forms connections between people in the community & people with lived mental health & co-occurring experiences, using face to face contact by providing stories of recovery & resiliency & current information on health treatment & supports. Other related activities include producing videos, public service announcements & educational materials. OCE also facilitates Wellness Recovery Action Plan (WRAP) groups providing certified leaders & conducting classes in the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote & advocate for their own wellness. The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote inclusion of persons who receive behavioral health services. The committee is project based, projects are designed to increase participation of consumers & family members in planning, implementation & delivery of services. Current efforts support the integration of mental health & alcohol & other drug services within CCBHS Division. In addition, OCE staff assist & support consumers & family members in participating in the various planning committees & sub-committees, Mental Health Commission meetings, community forums, & other opportunities to participate in planning processes. OCE is also reflected under the WET component of the MHSA as staff and programming support the Service Provider Individualized Recovery Intensive Training (SPIRIT) program.	$232,189
CCBHS Psychiatric Advanced Directives (PADs): PADs is a multi-county collaborative Innovation project. PADs are used to support treatment decisions for people experiencing a mental health crisis. Project will offer standardized training on usage & benefits of PADs, development of a peer created standardized PAD template, provide a training toolkit (in 9 languages) & implement customized cloud-based technology platform to access & utilize PADs. Unlike electronic health record, technology will not be used to store HIPAA protected data. Technology will be developed with peers & stakeholders.	$503,680
Center for Human Development (CHD): Fields two programs. First is African American Wellness Group that serves Bay Point community in East Contra Costa. Services consist of culturally appropriate education on mental health issues through support groups & 43 workshops. Participants at risk for developing serious mental illness receive assistance with referral & access to County mental health services. Second program provides mental health education & supports for LGBTQ youth & their supports in East County to work toward more inclusion and acceptance within schools and in the community.	$171,488
Child Abuse Prevention Council of Contra Costa: Provides 23-week curriculum designed to build new parenting skills and & old behavioral patterns. Intended to strengthen families & support healthy development of their children. Program is designed to meet the needs of Spanish speaking families in East and Central Counties.	$136,709
Contra Costa Crisis Center: provides suicide prevention services by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with caller's consent) to persons who at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity. Services offered in Spanish and other various languages.	$401,603
Counseling Options Parenting Education (COPE): Utilizes evidence- based practices Positive Parenting Program (Triple P) to help parents develop effective skills to address common child & youth behavioral issues that can lead to serious emotional disturbance. Focus on families in underserved communities, through seminars, training and groups in English & Spanish.	$268,660
Experiencing the Juvenile Justice System – Supporting Youth: 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.	$404,992

First Five Contra Costa (First 5): 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.	$89,343
Hope Solutions (formerly Contra Costa Interfaith Housing): provides on-site services to formerly homeless families at Garden Park Apartments in Pleasant Hill, Bella Monte Apartments in Bay Point, & Los Medanos Village in Pittsburg. Services include pre-school & afterschool programs, teen & family support groups, assistance with school preparation, & homework clubs. Services are designed to prevent serious mental illness by addressing domestic violence, substance addiction, and life & parenting skills.	$408,952
James Morehouse Project provides range of youth development groups designed to increase access to mental health services for at-risk students at student health center at El Cerrito High School that partners with other CBO, government agencies & local universities. Groups address mindfulness (anger/ stress management), violence & bereavement, societal & environmental factors leading to substance abuse, peer conflict mediation & immigration/ acculturation.	$112,442
Jewish Family & Community Services of the East Bay (JFCS): provide culturally grounded, community-directed mental health education & navigation services to refugees & immigrants of all ages in Latino, Afghan, Bosnian, Iranian & Russian communities of Central & East County. Outreach & engagement services provided in context of group setting & community cultural practice, utilizing variety of non-office settings convenient to individuals and families.	$185,112
La Clinica de la Raza: engages at-risk LatinX in Central & East County by providing behavioral health assessments & culturally appropriate intervention services to address mental illness brought about by trauma, domestic violence & substance abuse. Clinical staff provide psycho- educational groups that address stress factors connected to serious mental illness.	$306,573
Lao Family Community Development: provides comprehensive & culturally sensitive integrated services for Asian & Southeast Asian adults & families in West Contra Costa. Staff provide comprehensive case management services, including home visits, counseling, parenting classes, & assistance accessing employment, financial management, housing, & other service both within & outside agency.	$208,073
Lifelong Medical Care: provides isolated older adults in West County opportunity for social engagement & access to mental health & social services. Group & one-on-one approaches employed in three housing developments, provide screening for depression, other mental & medical health issues, & linkage to appropriate services.	$142,914
Native American Health Center (NAHC): provides variety of cultural methods of outreach and engagement to educate Native Americans throughout County regarding mental health, identify those at risk for developing serious mental illness, and help to access & navigate human service systems in County. Hold an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Native-American/ American Indian Parenting sessions, and gatherings of Native Americans.	$265,486
People Who Care (PWC): After school program serving communities of Pittsburg & Bay Point underserved youth from schools, juvenile justice system & behavioral health treatment programs. Vocational projects conducted both on & off site, select participants receiving stipends to encourage leadership development. Clinical specialist provides emotional, social & behavioral treatment through individual & group therapy.	$243,789
Putnam Clubhouse provides peer-based programs for adults in recovery from serious mental illness, includes work focused programming helping individuals develop support networks, career development skills, & self-confidence needed to sustain stable, productive & more independent lives. Provides respite support to family members, peer-to-peer outreach, & special programming for TAY & young adults.	$718,777
Rainbow Community Center: provides social support program designed to decrease isolation, depression & suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity or gender. Activities include reaching out to community in order to engage individuals at risk, providing mental health support groups that address isolation & stigma & promote wellness/resiliency, and providing mental health treatment.	$828,312

RYSE Center (RYSE): provides activities that enable underserved youth to cope with violence & trauma in community and at home. Trauma informed programs and services include drop-in, recreational & structured activities across areas of health & wellness, media, arts and culture, education and career, technology, & developing youth leadership & organizing capacity. RYSE facilitates city & system-wide training and technical assistance events to educate community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.	$533,653
STAND!: 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 & other school personnel are assisted with education & awareness to identify & address unhealthy relationships amongst teens.	$146,548
The Latina Center (TLC): serves Latino parents & caregivers in West Contra Costa 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.	$133,184
Vicente Martinez High School, Martinez Unified School District: 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.	$197,076
We Care Services for Children in collaboration with The Early Childhood Prevention and Intervention Coalition (ECPIC): Awarded Early Childhood Mental Health 0-5 Outreach Request for Proposal (RFP). We Care Services for Children supports families & children from birth to six years old with wide range of early childhood education & mental health programs. Through targeted, compassionate, & effective early intervention services, We Care helps young children & their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP called The Everyday Moments/Los Momentos Cotidianos to provide programming for families with children ages 0-5. Program includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.	$128,750
MHSA Component of Workforce Education and Training (WET)	*Funds*
CBO Internship Program: Graduate level students are placed in various CCBHS contracted community based organizations (CBOs). Emphasis on recruitment of interns with language capacity or connection to communities served by programs, with client and/or family member experience. Funding enables graduate level students to participate in paid internships leading to licensure in mental health as Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), and Clinical Psychologists.	$500,000
CCBHS Loan Repayment Program (LRP): CCBHS is continuing LRP to administer educational loan repayment to address diversity equity & inclusion & critical staff shortages, such as language need, & hard-to-fill, hard-to-retain positions. Provides potential career advancement opportunities for CCBHS staff & contracted CBO staff as part of public behavioral health workforce. CCBHS partners with CalMHSA to administer loan repayment patterned after State level loan repayment programs but differing in providing flexibility awarded to each individual, and County selecting awardees based upon workforce need. CCBHS is participating in Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program; which is partnership between Bay Area counties, the California Department of Health Care Information Access (HCAI) & CalMHSA.	$300,000
CCBHS Senior Peer Counseling Program: Program within CCBHS Older Adult Mental Health that supports, recruits, & trains volunteer peer older adults to engage other older adults at risk of developing mental illness by providing home visits & group support. Clinical staff support efforts aimed at reaching Latino/X/Hispanic & Asian American seniors. Volunteers receive extensive training & consultation support.	$269, 995
Staff Training: Various individual & group staff trainings are funded that support values of the MHSA. CCBHS offers training to county & contracted staff as identified through workforce input & as planned through the Training Advisory Workgroup (TAW), Reducing Health Disparities (RHD) Workgroup.	$353,203

CCBHS Internship Program: Graduate level students are placed in various County clinics & programs. Emphasis is on recruitment of individuals with language capacity or connection to communities served by programs, with client and/or family member experience. Funding enables graduate level students to participate in paid internships leading to licensure in mental health as Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), and Clinical Psychologists.	$237,350
Mental Health First Aid (MHFA) Training: CCBHS contracts with Cypress Resilience Project, (fiscal sponsor of the Public Health Institute) to offer MHFA training created by National Council for Mental Wellbeing. Youth & Adult MHFA training is offered to government & community-based agencies who are often first responders to community trauma, violence or natural disaster. MHFA is an evidence-based training for anyone who wants to learn about mental illness, addictions, risk factors & warning signs. Training provides participants with action plan to help a person in crisis connect with professional, peer, social, & self-help care. Participants are given opportunity to practice new skills & gain confidence in helping others who may be developing a mental health or substance use challenge, or those in distress.	$12,000
National Alliance on Mental Illness (NAMI) Contra Costa: Family Volunteer Support Network (FVSN) staff work to recruit train, & support family members with lived experience to act as subject matter experts in a volunteer capacity to educate & support other family members in understanding, navigating, & participating in different systems of care. Family members/loved ones are provided with training and assistance to enable them to become powerful natural supports in the recovery of loved ones. Under the Family Psycho Education Program (FPEP); programs such as the NAMI Basics/ Faith Net/ Family-to-Family/ De Familia a Familia (offered in Mandarin and Spanish), and Conversations with Local Law Enforcement, program offers evidence-based NAMI educational training, relationship building, and education throughout 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 community resources that are responsive and understanding of challenges & impact of mental illness. Some courses offered in Spanish and Mandarin.	(FVSN) $655,637 (FPEP) $74,896
Service Provider Individualized Recovery Intensive Training (SPIRIT): Supports the delivery and implementation of Service Provider Individualized Recovery Intensive Training (SPIRIT), a partnership between CCBHS and Contra Costa Community College. SPIRIT is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived mental health experience as a consumer or a family member of a consumer. This classroom and internship experience lead to a certification for individuals who successfully complete the program and is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of 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 peer provider and family partner positions in both County operated and community-based organizations. OCE offers this training annually and supplements the class with a monthly peer support group for those individuals who are employed by the County in various peer and family partner roles. The SPIRIT Program also provides support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.	$375,697

All MHSA programs focus on outreach to underserved communities, however many of the PEI programs listed above provide specific outreach to cultural niches or communities needing services in other languages. For interpretation services, CCBHS uses either Linguistic Access Services under the Public Health Division, which has County staff and contractors available to support language access throughout Health Services[14]. Additionally, when support cannot be provided through Linguistic Access Services, the Health Care Interpreter Network (HCIN) is used. For translation, United Language Group is utilized. CCBHS provides differential pay, however the parameters and amount are negotiated based on the various

[14] Contra Costa Public Health, (2021, December 15). *Linguistic Access Services.* https://cchealth.org/language-assistance/

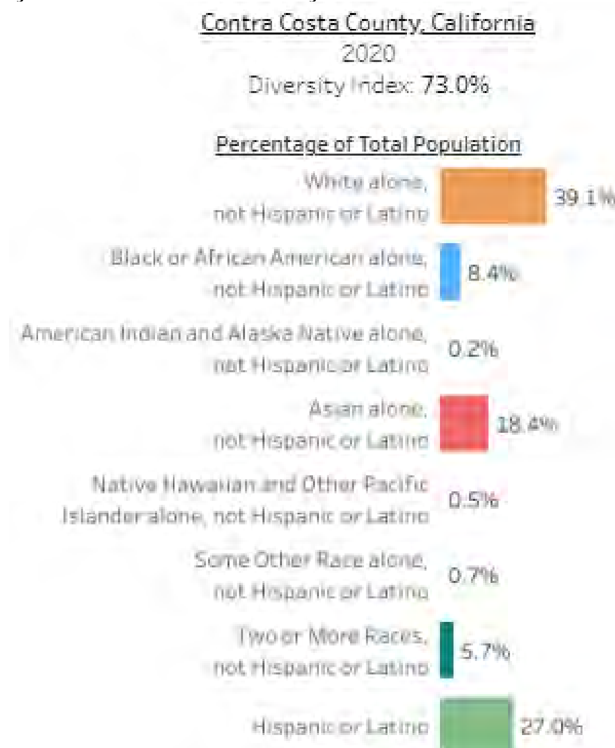
unions. In FY 19-20, CCBHS had 90 staff members who received differential pay for language access, and there were 39 positions flagged for bilingual candidates at the time with languages that included: Spanish, Chinese (Mandarin and Cantonese), Vietnamese, and American Sign Language.

Criterion 2: Updated Assessment of Service Needs

I. Contra Costa County General Population

According to the most recent 2020 US Census estimates, the population size in Contra Costa County is estimated at 1,165,927[15]. It's estimated that about 8% of people in Contra Costa County are living in poverty and about 33% of the residents have public health coverage[16]. Information released by the State of California's Department of Finance, projects that population size is expected to grow[17]. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, about 77% of the population is 18 or older, with about 23% of the population being children.[18]About a quarter of the residents are foreign born. The figure below was sourced from the 2020 Census Diversity Index by County.

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



Contra Costa County is primarily identified by three geographically dispersed regions with each area having unique sub-populations. These three regions are west (includes the cities of El Cerrito, Richmond, San Pablo, Pinole, and Hercules, and the unincorporated communities of Kensington, El Sobrante, North Richmond, Rodeo, Crockett, and Port Costa); central (includes the cites of Lafayette, Moraga, Orinda,

[15] United States Census Bureau. (2021, December 15). *Contra Costa County, California.* https://data.census.gov/cedsci/profile?g=0500000US06013
[16] United States Census Bureau. (2021, December 15). *Selected Economic Characteristics.* https://data.census.gov/cedsci/table?q=contra%20costa%20county%20data&t=Health%20Insurance&g=05US&tid=ACSDP1Y2019.DP03
[17] State of California Department of Finance. (2021, December 15). *Projections- Household Projections for California Counties.* http://www.dof.ca.gov/Forecasting/Demographics/projections/
[18] United States Census Bureau. (2021, December 15). *Contra Costa County, California.* https://data.census.gov/cedsci/profile?g=0500000US06013

Walnut Creek, Pleasant Hill, Concord, Clayton, Martinez, Danville and San Ramon and the unincorporated areas of Canyon, Pacheco, Vine Hill, Clyde, the Pleasant Hill BART station, Saranap, Alamo, Blackhawk, and Tassajara); and east (includes the cities of Pittsburg, Antioch, Oakley, and Brentwood, and the unincorporated communities of Bay Point, Bethel Island, Knightsen, Discovery Bay, and Byron).[19]

II. Medi-Cal Population Service Needs

A. County Client Utilization Data

The following table provides details on penetration rates for mental health services of the Medi-Cal eligible population served by race/ethnicity for calendar year 2020. This data can be found on page 20 of the most recent 2021-2022 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Final Report administered by Behavioral Health Concepts, in conjunction with the California Department of Health Care Services (DHCS) [20].

Table 17: County Medi-Cal Eligible Population and Beneficiaries Served by the Mental Health Plan (MHP) in Calendar Year (CY) 2020, by Race/Ethnicity

Contra Costa MHP				
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Eligibles	Percentage of Average Monthly Unduplicated Medi-Cal Eligibles	Unduplicated Annual Count of Medi-Cal Beneficiaries Served by the MHP	Annual Percentage of Medi-Cal Beneficiaries Served by the MHP
White	44,074	16.3%	3,873	25.1%
Latino/Hispanic	92,066	34.1%	3,860	25.0%
African-American	35,837	13.3%	2,827	18.3%
Asian/Pacific Islander	29,408	10.9%	736	4.8%
Native American	699	0.3%	77	0.5%
Other	67,760	25.1%	4,080	26.4%
Total	**269,844**	**100%**	**15,453**	**100%**
The total for Average Monthly Unduplicated Medi-Cal Eligibles is not a direct sum of the averages above it. The averages are calculated independently.				

The following table provides details on penetration rates of the Drug Medi-Cal eligible population for Contra Costa County, compared to the Drug Medi-Cal eligible population served by race/ethnicity for other large counties as well as Statewide. According to data, CCBHS's penetration rate for LatinX/Hispanic clients is significantly lower than Statewide and comparable large counties average. The following data can be found in the most recent 2021- 2022 Medi-Cal Specialty Behavioral Health External Quality Review Contra Costa Report administered by Behavioral Health Concepts, in conjunction with the California DHCS[21] on page 23.

[19] Contra Costa County Community Development. (2004, December 1). *Planning Framework.* https://www.contracosta.ca.gov/DocumentCenter/View/30912/Ch2-Planning-Framework?bidId=
[20] https://www.calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202021-2022%20Reports/MHP%20Reports/Contra%20Costa%20MHP%20EQRO%20Final%20Report%20FY21-22.pdf
[21] https://www.calegro.com/data/DMC/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/FY%202021-2022%20Reports/County%20Reports/Contra%20Costa%20DMC-ODS%20EQRO%20Final%20Report%20FY21-22.pdf

Table 18: Percentage of County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/ Ethnicity, Calendar Year 2020

Contra Costa				Large Counties	Statewide
Race/Ethnicity Groups	**Average # of Eligibles per Month**	**# of Clients Served**	**Penetration Rate**	**Penetration Rate**	**Penetration Rate**
White	37,323	815	2.18%	2.34%	1.96%
Latino/Hispanic	66,772	310	0.46%	0.76%	0.69%
African-American	27,366	387	1.41%	1.53%	1.34%
Asian/Pacific Islander	25,096	51	0.20%	0.17%	0.17%
Native American	598	14	2.34%	2.77%	1.84%
Other	51,034	692	1.36%	1.58%	1.41%
TOTAL	**208,189**	**2,269**	**1.09%**	**1.18%**	**1.03%**

B. Analysis of Disparity

Data analysis shows the penetration rates for mental health services for Latino/Hispanic and Asian/ Pacific Islander percentages are low when compared to the eligible population. More than 35% of the Medi-Cal enrollees identify as Latino/ Hispanic, but only 26.9% are served through CCBHS. 11.2% of the Medi-Cal enrollees identified as Asian/ Pacific Islander, but less than 5% are being served through CCBHS. To provide more equitable care, CCBHS should work to strengthen services for these populations. Investment in culturally and linguistically responsive, community defined practices would better support these communities that have been historically marginalized.

This disparity is not unique to mental health. Data analysis for Alcohol and Other Drug Services (AODS) shows very similar disparities in penetration rates for Latino/Hispanic and Asian/ Pacific Islander communities. 32.8% of the Medi-Cal enrollees identify as Latino/ Hispanic, but only 13.9% are served through CCBHS. Additionally, 12.5% of the Medi-Cal enrollees identified as Asian/ Pacific Islander, but only 1.8% are being served through CCBHS.

III. Poverty Estimates Based on 200% Federal Poverty Level

A. Summary of Client Utilization Data

It is estimated that about 33% of the population in Contra Costa County is insured through public health insurance[22], and another 5.5% of the population does not have health insurance[23], 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 over the years. According to Covered California, for a person to be considered at 200% Federal Poverty Level in 2020, an individual would have income at or below $24,980[24]. This is the primary population intended to be served through Contra Costa County Health Services including CCBHS. Furthermore, taking into consideration the information in the 2020-2021 Medi-Cal Special Mental Health External Quality Review, there are over

[22] 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
[23] United States Census Bureau. (2021, December 15). *Contra Costa County, California.* https://data.census.gov/cedsci/profile?g=0500000US06013
[24] Covered California. (2020, March). *Program Eligibility by Federal Poverty Level for 2020* https://www.coveredca.com/pdfs/FPL-chart-2020.pdf

260,000 Medi-Cal enrollees in any given month which are eligible for services through the County Health Services.

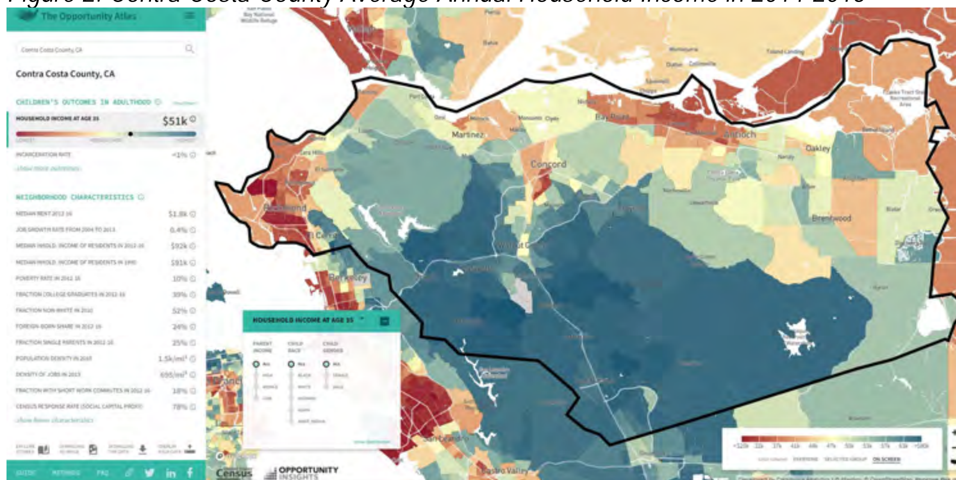
Additionally, CCBHS and the Contra Costa Health Services system is reviewing methods to further support equity. A review of mental health services was conducted and presented to the Contra Costa Board of Supervisors on August 16th, 2022 providing data for racial/ethnic estimates of the general County population, the Medi-Cal eligible population, and the estimated numbers served through the county health system, including CCBHS and its contractors. The presentation, entitled Equity in our Mental Health Delivery System, provided a breakdown of services being provided, reflecting data collection over the most recent 12-month reporting period at the time the presentation was created.

The following figure provides an illustration of the scope of services provided.

B. Analysis of Disparities Identified

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 University[25]. 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 2: Contra Costa County Average Annual Household Income in 2014-2015



IV. MHSA 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 received through the Community Program Planning Process, Various stakeholder committees and analyzing data focused on Contra Costa County[26]. Housing continues to be the number need identified throughout the County.

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

[26] 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

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 a need for further expansion of FSP programs to enact a fidelity to Assertive Community Treatment (ACT) model that has shown to have an impact on 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. Prior to the COVID-19 pandemic, CCBHS had plans to enhance the FSP programs to support the fidelity to ACT model, however additional funding for any programming was postponed due to the unforeseen financial uncertainty that the pandemic presented.

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 to No Place Like Home[27] 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 rates of in-patient psychiatric hospitalization and PES episodes for participants of FSP programs indicate whether Contra Costa's FSP programs promote less utilization of higher acuity care. For FY 2019-2020 data was obtained for 518 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation, with the following overall results:

- 60.8% decrease in the number of PES episodes
- 71.9.1% decrease in the number of in-patient psychiatric hospitalizations
- 49.7% decrease in the number of in-patient psychiatric hospitalization days

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. A summary of data labels for the 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

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

- DET Bookings – Detention facility bookings

Additional demographic data for FSP participants has been added into this year's plan. Please reference the following tables for detailed information.

Children's FSP Programming

Table 19. Pre- and post-enrollment utilization rates for 47 Embrace FSP (formerly COFY) participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	19	1	0.044	0.006	-86.5%
Inpatient episodes	2	0	0.005	0.00	-100.0%
Inpatient days	10	0	0.023	0.000	-100.0%
JACS Bookings	9	5	0.021	0.030	-42.9%

Table 20. Race/Ethnicity Data for Embrace Children's FSP (formerly COFY) participants enrolled in program during FY 20-21

Black or African American	10
Latin American	3
Mexican American	15
Mixed Race	1
Other Hispanic	2
Unknown / Not Reported	7
White or Caucasian	9

Table 21. Gender Data for Embrace Children's FSP (formerly COFY) participants enrolled in program during FY 20-21

F	13
M	34

Table 22. Pre- and post-enrollment utilization rates for 54 Lincoln Child Center participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	7	4	0.015	0.010	-32.6%
Inpatient episodes	0	0	0.000	0.000	-0%
Inpatient days	0	0	0.000	0.000	-0%
JACS Bookings	27	5	0.058	0.013	-78.2%

Table 23. Race/Ethnicity Data for Lincoln Child Center participants enrolled in program during FY 20-21

Black or African American	20
Latin American	3
Mexican American	11
Mixed Race	1

Other	1
Other Hispanic	1
Unknown / Not Reported	13
White or Caucasian	4

Table 24. Gender Data for Lincoln Child Center participants enrolled in program during FY 20-21	
F	17
M	37

Table 25. Pre-and post-enrollment utilization rates for 58 Seneca Start FSP Participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	108	53	0.209	0.152	-27.2%
Inpatient episodes	11	3	0.021	0.009	-59.6%
Inpatient days	63	13	0.122	0.037	-69.4%

Table 26. Race/Ethnicity Data for Seneca START Children's FSP Participants enrolled in program during FY 20-21	
Asian Indian	2
Black or African American	11
Filipino	1
Latin American	5
Mexican American	19
Mixed Race	2
Other	1
Other Hispanic	3
White or Caucasian	14

Table 27. Gender Data for Seneca START Children's FSP Participants enrolled in program during FY 20-21	
F	33
M	25

Transition Aged Youth (TAY) FSP Programming

Table 28. Pre- and post-enrollment utilization rates for 41 Fred Finch FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	42	16	0.101	0.031	-0.071%
Inpatient episodes	19	10	0.046	0.019	-0.027%
Inpatient days	163	209	0.394	0.404	-0.011%
DET Bookings	1	1	0.002	0.002	-0%

Table 29. Race/Ethnicity Data for Fred Finch Youth Center (TAY) FSP Participants enrolled in program during FY 20-21	
American Indian	1
Asian Indian	1
Black or African American	16
Filipino	2

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

Table 30. Gender Data for Fred Finch Youth Center (TAY) FSP Participants enrolled in program during FY 20-21	
F	21
M	20

Table 31. Pre- and post-enrollment utilization rates for 34 Youth Homes FSP Participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	150	61	0.417	0.160	-61.7%
Inpatient episodes	43	20	0.119	0.052	-56.2%
Inpatient days	459	259	1.275	0.678	-46.8%
DET Bookings	15	10	0.042	0.026	-37.2%

Table 32. Race/Ethnicity Data for Youth Homes (TAY) FSP Participants enrolled in program during FY 20-21	
American Indian or Alaska Native	2
Black or African American	12
Chinese	1
Latin American	3
Mexican American	3
Mixed Race	2
Other	1
Other Asian	2
Other Pacific Islander	2
White or Caucasian	6

Table 33. Gender Data for Youth Homes (TAY) FSP Participants enrolled in program during FY 20-21	
F	16
M	18

Adult and Older Adult FSP Programming

Table 34. Pre-and post-enrollment utilization rates for 15 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 20-21

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	17	9	0.094	0.050	-47.1%
Inpatient episodes	4	5	0.022	0.028	+25.0%
Inpatient days	15	35	0.083	0.194	+133.8%
DET	6	3	0.033	0.017	-50.0%

Table 35. Race/Ethnicity Data for Familias Unidas (formerly Desarrollo Familiar, Inc.) Adult FSP Participants enrolled in program during FY 20-21

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

Table 36. Gender Data for Familias Unidas (formerly Desarrollo Familiar, Inc.) Adult FSP Participants enrolled in progra6 during FY 20-21

F	6
M	9

Table 37. Pre-and post-enrollment utilization rates for 85 Turn BHS (formerly Mental Health Systems) AOT/ACT/ FSP participants enrolled in the FSP program during FY 20-21

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	278	118	0.336	0.121	-64.1%
Inpatient episodes	50	28	0.060	0.029	-52.6%
Inpatient days	511	450	0.617	0.460	-25.5%
DET Bookings	68	29	0.030	0.053	-63.9 %

Table 38. Race/Ethnicity Data for Turn BHS (formerly Mental Health Systems) AOT/ACT Adult FSP Participants enrolled in program during FY 20-21	
Asian Indian	1
American Indian	3
Black or African American	12
Filipino	2
Latin American	3
Mexican American	4
Mixed Race	1
Native Hawaiian or Other Pacific Islander	2
Other	4
Other Hispanic	1
Other Asian	1
Unknown / Not Reported	3
Vietnamese	1
White or Caucasian	47

Table 39. Gender Data for Turn BHS (formerly Mental Health Systems) AOT/ACT Adult FSP Participants enrolled in program during FY 20-21	
F	34
M	51

Table 40. Pre-and post-enrollment utilization rates for 61 Turn BHS (formerly Mental Health Systems) FSP participants enrolled in the FSP program during FY 20-21

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	164	78	0.248	0.117	-53.1%
Inpatient episodes	33	15	0.050	0.022	-55.2%
Inpatient days	441	153	0.668	0.229	-65.8%
DET Bookings	25	31	0.038	0.046	+22.3 %

Table 41. Race/Ethnicity Data for Turn BHS (formerly Mental Health Systems) Adult FSP Participants enrolled in program during FY 20-21	
American Indian	1
Asian Indian	1
Black or African American	7
Filipino	2
Japanese	1
Korean	1
Latin American	3
Mexican American	5
Native Hawaiian	1
Other Asian	1
Other Hispanic	2
Unknown / Not Reported	4
White or Caucasian	32

Table 42. Gender Data for Turn BHS (formerly Mental Health Systems) Adult FSP Participants enrolled in program during FY 20-21	
F	22
M	39

Table 43. Pre- and post-enrollment utilization rates for 66 Hume East FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	278	80	0.354	0.105	-70.4%
Inpatient episodes	41	17	0.052	0.022	-57.3%
Inpatient days	376	233	0.478	0.305	-36.2%
DET Bookings	22	8	0.028	0.010	-62.5%

Table 44. Race/Ethnicity Data for Portia Bell Hume Center East Adult FSP Participants enrolled in program during FY 20-21	
American Indian	2
Black or African American	22
Latin American	2
Mexican American	5
Mixed Race	2
Other Hispanic	3
Samoan	1
Vietnamese	1
White or Caucasian	28

Table 45. Gender Data for Portia Bell Hume Center East Adult FSP Participants enrolled in program during FY 20-21	
F	26
M	40

Table 46. Pre- and post-enrollment utilization rates for 51 Hume West FSP participants enrolled in the FSP program during FY 20-21

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	99	51	0.176	0.083	-52.4%
Inpatient episodes	14	2	0.025	0.003	-86.8%
Inpatient days	145	45	0.257	0.074	-71.4%
DET Bookings	13	6	0.023	0.010	-57.4%

Table 47. Race/Ethnicity Data for Portia Bell Hume Center West Adult FSP Participants enrolled in program during FY 20-21	
Black or African American	29
Filipino	2
Laotian	1
Mexican American	4
Other	1
Other Hispanic	1
Samoan	1
White or Caucasian	12

Table 48. Gender Data for Portia Bell Hume Center West Adult FSP Participants enrolled in program during FY 20-21	
F	23
M	28

B. Analysis of Disparities in CSS

Data analyses supports that the FSP programs are mostly meeting the targeted amount 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 following table is a representation of the aggregate data available.

Table 49. Overall Race/Ethnicity Data Available for 2020-2021 FSP Clients		
Race / Hispanic Origin	**# of Clients**	**% of Clients**
White or Caucasian	**150**	**29.6%**
- Hispanic	9	1.8%
- Not Hispanic	133	26.2%
- Unknown/Not Reported	8	1.6%
Black or African American	**139**	**27.4%**
- Hispanic	2	0.4%
- Not Hispanic	118	23.3%
- Unknown/Not Reported	19	3.7%
Mexican American	**76**	**15.0%**
- Hispanic	70	13.8%
- Unknown/Not Reported	6	1.2%
Latin American	**30**	**5.9%**
- Hispanic	29	5.7%
- Not Hispanic	1	0.2%
Unknown	**24**	**4.7%**
- Unknown/Not Reported	24	4.7%
Other Hispanic	**18**	**3.6%**
- Hispanic	14	2.8%

- Not Hispanic	2	0.4%
- Unknown/Not Reported	2	0.4%
Mixed Race	**11**	**2.2%**
- Hispanic	6	1.2%
- Not Hispanic	4	0.8%
- Unknown/Not Reported	1	0.2%
Other	**10**	**2.0%**
- Hispanic	1	0.2%
- Not Hispanic	6	1.2%
- Unknown/Not Reported	3	0.6%
Filipino	**9**	**1.8%**
- Hispanic	1	0.2%
- Not Hispanic	8	1.6%
American Indian	**9**	**1.8%**
- Hispanic	2	0.4%
- Not Hispanic	7	1.4%
Asian Indian	**5**	**1.0%**
- Hispanic	1	0.2%
- Not Hispanic	4	0.8%
Other Asian	**4**	**0.8%**
- Not Hispanic	4	0.8%
Laotian	**3**	**0.6%**
- Not Hispanic	3	0.6%
White	**3**	**0.6%**
- Not Hispanic	2	0.4%
- Unknown/Not Reported	1	0.2%
Unknown / Not Reported	**3**	**0.6%**
- Hispanic	1	0.2%
- Not Hispanic	1	0.2%
- Unknown/Not Reported	1	0.2%
Native Hawaiian	**2**	**0.4%**
- Not Hispanic	2	0.4%
Vietnamese	**2**	**0.4%**
- Not Hispanic	2	0.4%
Samoan	**2**	**0.4%**
- Not Hispanic	2	0.4%
Other Pacific Islander	**2**	**0.4%**
- Not Hispanic	2	0.4%
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%
Chinese	**1**	**0.2%**
- Not Hispanic	1	0.2%
American Indian or Alaska Native	**1**	**0.2%**
- Not Hispanic	1	0.2%
Grand Total	**507**	**100.0%**

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

It is estimated that MHSA Prevention and Early Intervention (PEI) programming which primarily do not require Medi-Cal eligibility to receive services provided support to an estimated 29,105 individuals in FY 2020-2021. It should be noted that this is the first year in which data reflective of the pandemic is reported. 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 since the pandemic. The reporting of the number of individuals served did decrease by about 3.000 individuals, but again this may be due to the pandemic and clients not engaging at the same volume or it may be due to the challenges the pandemic presented in collecting the data The identifying data collected represents voluntary information that is self-reported by program participants, thus, the demographic data reflected for CBOs may not be as detailed as in other years.

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 50. Prevention and Early Intervention Cultural and Linguistic Providers

Provider	*Primary Population(s) Served*
Asian Family Resource Center	Asian
Building Blocks for Kids (BBK)	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 (formerly Contra Costa Interfaith Housing)	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
Native American Health Center	Native/ Indigenous/ Native American
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

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.

Identified Priority Populations

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 Charge[28]. Additionally, with the onset of COVID-19, collecting client data became even further challenging.

Table 51. Race Data in PEI Programs	*Numbers Served*
Asian	1,512 or about 5%
African American / Black	2,251 or about 8%
Caucasian / White	8,270 or about 28%
Latino/ Latina/ LatinX / Hispanic	2,812 or about 10%
Native American / Alaskan Native	136 or about less than .5%
Native Hawaiian / Other Pacific Islander	55 or about less than .2%
More than One Race	318 or about 1%
Other	142 or about less than .5%
Declined to Respond or Data Not Captured	11,251 or about 39%

*Please note, Race data is more than 100% as some individuals identified as more than one race.

It is difficult to identify disparities in PEI programs as a large number of data was either not provided or not able to be collected. The number of individuals which declined to respond or where data was not captured was larger in this year versus previous, likely due to the challenges the pandemic presented.

Table 52. Age for PEI Clients	*Numbers Served*
0-15 years (Child)	831
16-25 years (Transition Age Youth – TAY)	2,944
26-59 years (Adult)	7,205
60+ years (Older Adult)	3,185
Decline to State/ Data Not Captured	14,929

Additionally, children 0-15 do not show up in larger numbers in the data collected by PEI programs, however it should be noted that Building Blocks for Kids, the 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!, and Vicente Martinez High School predominantly provide services for this age group. Through further stakeholder involvement there were issues raised for the need for specific mental health support for children ages 0-5 and their families. specifically, on the need to educate families on mental health for young children.

[28] 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

Table 53. FY 2020-2021 Primary Language Spoken for PEI Clients	*Numbers Served*
English	22,810
Spanish	1,522
Other	891
Decline to State or Data Not Captured	6,831

*Please note, primary language spoken is higher than total individuals served, as some individuals selected more than one primary language.

Table 54. Current Gender Identity for PEI Clients	*Numbers Served*
Man	6,846
Woman	10,696
Transgender	91
Genderqueer	14
Questioning or Unsure of Gender Identity	15
Another Gender Identity	68
Decline to State/ Data Not Captured	11,360

Table 55. Sexual Orientation for PEI Clients	*Numbers Served*
Heterosexual or Straight	16,400
Gay or Lesbian	198
Bisexual	132
Queer	21
Questioning or Unsure of Sexual Orientation	52
Another Sexual Orientation	111
Decline to State/ Data Not Captured	12,191

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.

Table 56. Military Connected Status for PEI Clients - Active Military	*Numbers Served*
Yes	81
No	2,894
Decline to State/ Data Not Captured	26,113
Veteran Status	*Numbers Served*
Yes	178
No	3,173
Decline to State/ Data Not Captured	25,697

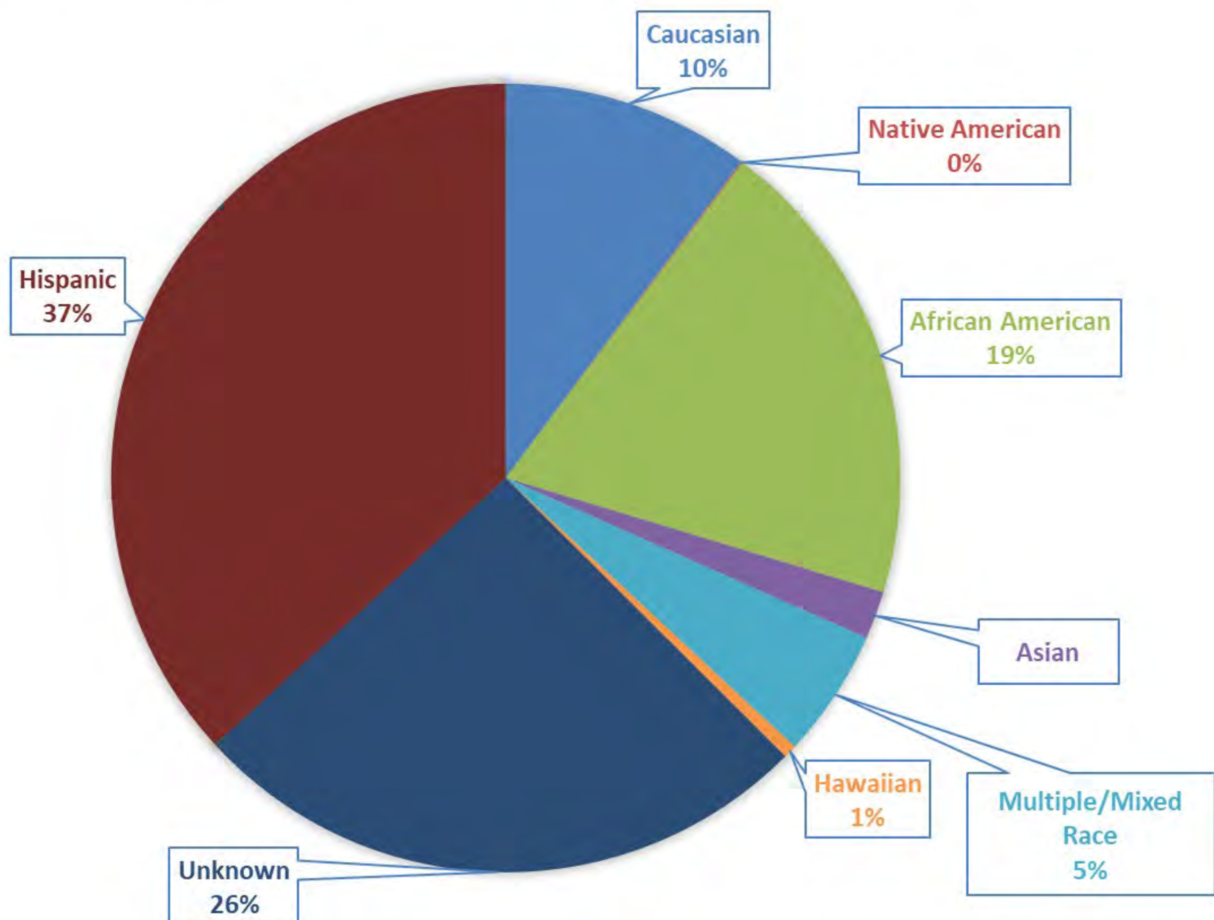
As with all data captured is difficult to provide a detailed analysis under MHSA PEI programs for any program participants currently or formerly in the military, however it should be noted that Contra Costa County does have a local Veterans Affair (VA) Office and VA Hospital located in central Contra Costa County[29]. Additionally, the Regional Veterans Affairs Office is in Oakland[30], in the next County over making VA services easier to access as well as having more local support for those needing to access in person services.

[29] Contra Costa County Veterans Service Office. (2021, December 15). https://www.contracosta.ca.gov/1557/Veterans-Service-Office
[30] United States Department of Veterans Affairs. (2021, December 15). *Oakland Reginal Office*. https://www.benefits.va.gov/oakland/

Table 57. Disability Status for PEI Clients	*Numbers Served*
Yes	965
No	1,440
Decline to State/ Data Not Captured	26,619

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.

Figure 3: Race/ Ethnicity of Clients Served by AODS Prevention Providiers (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+ communities[27]. 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 faced[31].

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 Chinese[32]. Further analysis of calls either through Linguistic Access Services of the Health Care Interpreter Network (HCIN) or Language Line Solutions for services provided by CCBHS during FY 2020-2021 also identified the following languages in order of most utilized to least utilized. Asian languages are identified with a star.

Table 58. Non-English Encounters through Linguistic Access Services and HCIN
Spanish
Punjabi *
Farsi*
Portuguese
Vietnamese*
Dari*
Arabic*
Mandarin*
Tagalog*
Cantonese*

Contra Costa County has also received many recent refugee arrivals from Afghanistan, likely increasing the need in some of these languages, most likely Farsi and Dari. CCBHS is also in process of applying for an MHSA Innovation proposal to support community defined practices to support mental health and wellness as well as prioritizing the CCBHS Loan Repayment Program to recruit and retain staffing both within the

[31] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24
[32] 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

County system and with contracted Community Based Organizations (CBOs) with capacity to fill for language or cultural needs. Additional efforts include expansion of the CBO Internship Program partner with behavioral health CBOs to provide paid internship programs at their sites, prioritizing agencies which provide services in other languages, or to specific cultural groups.

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, accessing culturally responsive services has proved challenging. Although some clients may be able to be supported by CBOs and can utilize Linguistic Access Services, utilization of these services proves 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. Only a portion of the client needs can be supported.

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.

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.

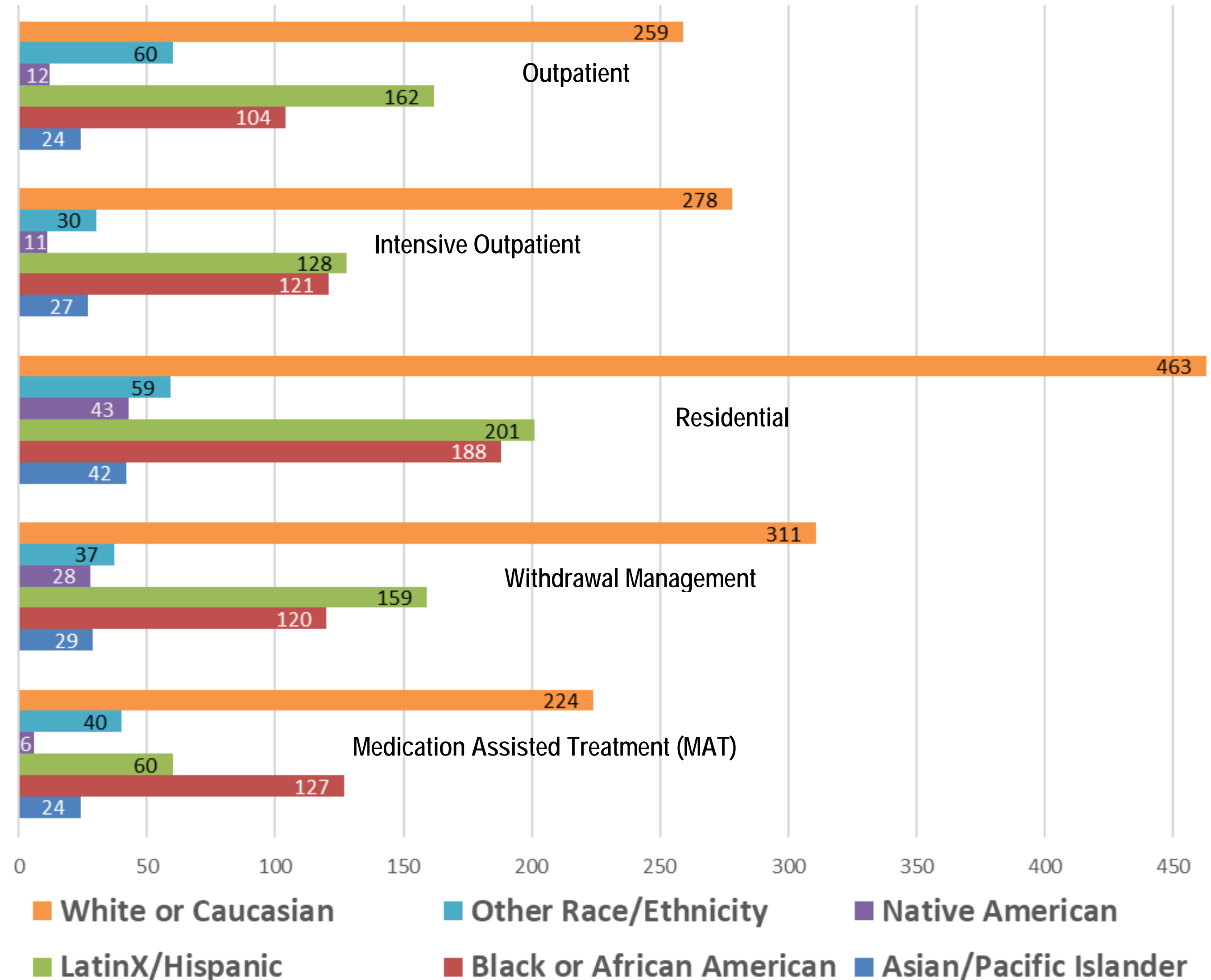
Disparities in the AODS data mirror disparities identified in mental health, when consider race/ethnicity, however the gap and disparity margin for communities of color, specifically for LatinX and Asian communities seems to be greater. Overall, AODS is predominantly serving more White/ Caucasian clients 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.[33] 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- 2023[34]. Data for race/ethnicity with Level of Care for substance use is outlined in the following figure.

---

[33] https://skylab.cdph.ca.gov/ODdash/?tab=CTY

[34] https://cchealth.org/aod/pdf/Prevention-Strategic-Plan-2018-2023.pdf

Figure 4: Racial/ Ethnic Data and Level of Care for Individuals Served by AODS (January 1, 2021-December 31st. 2021)
Total Individuals Served (n=3,377)



*Please Note: The category of Asian/Pacific Islander includes Asian Indian, Chinese, Cambodian, 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.

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.

The below figures show the penetration rates by race/ethnicity for the percentage of individuals eligible in Contra Costa County for services in comparison to those receiving CCBHS mental health services[35] and substance use treatment services[36].

Figure 5: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020 through Mental Health Plan

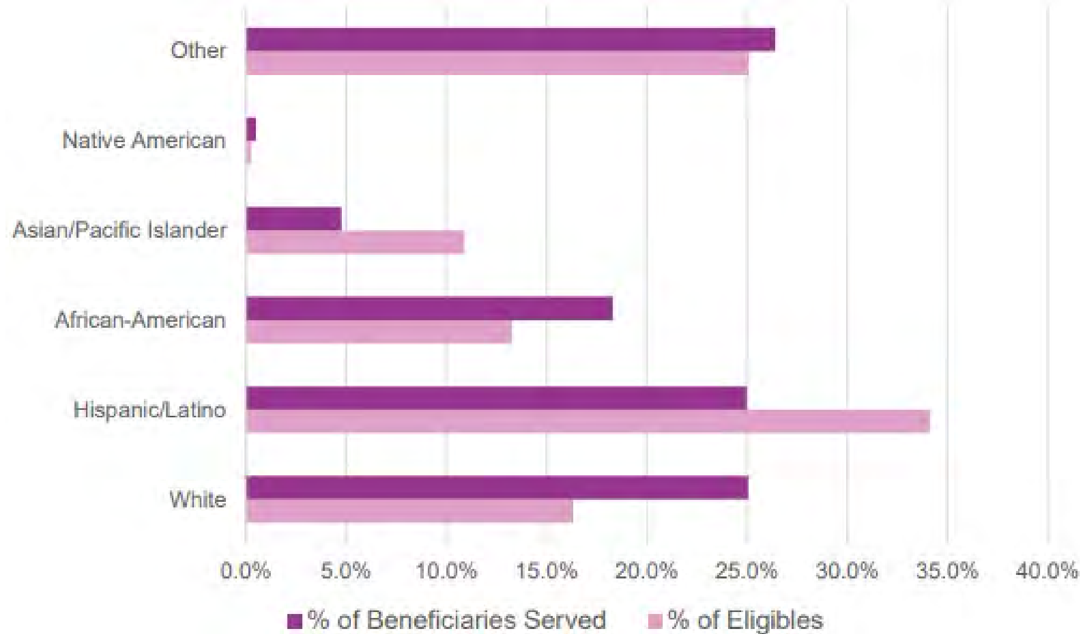
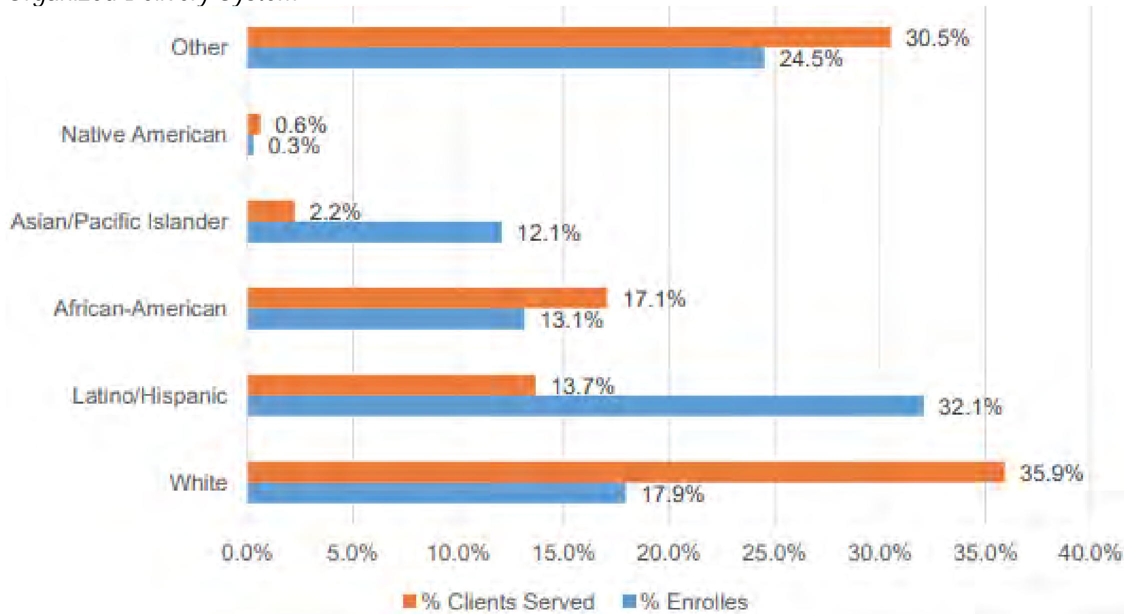


Figure 6: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020 through Drug Medi-Cal Organized Delivery System



Additionally, community input in various stakeholder meetings have voiced the need for more culturally

[35]https://www.calegro.com/data/MH/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/Fiscal%20Year%202021-2022%20Reports/MHP%20Reports/Contra%20Costa%20MHP%20EQRO%20Final%20Report%20FY21-22.pdf
[36]https://www.calegro.com/data/DMC/Reports%20and%20Summaries/Prior%20Years%20Reports%20and%20Summaries/FY%202021-2022%20Reports/County%20Reports/Contra%20Costa%20DMC-ODS%20EQRO%20Final%20Report%20FY21-22.pdf

appropriate services for the African American/ Black community. Although penetration rates based on the External Quality Review Organization (EQRO) mandated by DHCS show CCBHS serving at minimum or above rates for this population, stakeholders have voiced a need for more culturally appropriate supports for this group as the Black/ African American population also seem to be over represented in higher acuity or intense levels of care.

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, laws or 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. Prior to the shelter in place orders, the fear of accessing services had been communicated through MHSA Program Reviews, where members of the MHSA team review services and interview clients and staff. MHSA Community Forum focused on Serving Immigrant Communities also echoed community concerns.

Additionally, stakeholders have also shared stress and concern of the various hate crimes that have been witnessed and experienced by BIPOC and indigenous people of color and disparities being even more so exacerbated by the pandemic. There has been a voice of distrust in government systems. Although Contra Costa County staff and board of supervisors have made multiple public statements to voice that services will be provided to these communities regardless of race/ ethnicity, religion, sexual/ gender identity or documentation status; the challenge in these communities is feeling safe when accessing the services[37].

CCBHS may look to increase support to CBOs that are trusted by these communities to support mental health and substance use services. CBOs may not require collection of in depth personal information. This is an avenue that CCBHS is currently working to explore through stakeholder collaboration in its CPAW-Innovation Committee. CCBHS is in process of applying for MHSA Innovation funds to support community defined practices to support behavioral health in the community. The end goal would be to use those funds to offer grants to community based agencies which have identified community defined practices to support specific cultural needs and underserved or inappropriately served cultural communities.

CCBHS continues to flag positions for language needs as another avenue to support internal language capacity. CCBHS is participating in the statewide Loan Repayment Program, originally initiated by the Office of Statewide Health and Planning, now Department of Health Care Access and Information (HCAI). The first round of applicants have entered into twelve-month agreements and priority was given to staff with language capacity, peer providers or those with lived experience, and providers in identified positions of need with. CCBHS staff and contracted CBO staff providing mental health and substance use treatment services are eligible to apply. CCBHS should have data to present on this program within another year.

CCBHS has also expanded funding through its MHSA WET programming to increase paid behavioral health internships through contracted community based agencies; prioritizing agencies which provide services in other languages or to specific cultural groups.

[37] https://cchealth.org/insurance/pdf/Public-Charge-Comment-12-7-18.pdf

Additionally, CCBHS continues to work with the larger Health Services system to focus on community crisis response. The Community Crisis Response Program, which has come to be known as the Miles Hall Pilot Hub[38] in development of a system where anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, at any time (A3); 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 work has been in collaboration with various Health Services divisions and other County agencies and has included community stakeholders, elected officials, and law enforcement to better support community crisis response in connection with behavioral health needs. CCBHS has faced challenges in staffing and is continuing to work with community stakeholder groups to address these challenges. Additionally, local Measure X funds – a Countywide tax to support social service programs, State grants, and possibly MHSA funds support the implementation of the A3.

As children of ages 0-5 had been previously identified as a target population, this group was further supported through MHSA-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. The Everyday Moments/Los Momentos Cotidianos includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

Other strategies to reduce disparities include:

- Work to Include basic information on website about Access Line in the languages of Chinese (written and traditional), Tagalog, Punjabi, Farsi, Portuguese, Vietnamese.
- Continued translation of Community Program Planning Process Surveys into languages listed above to gather input from these communities.
- Offer training based on feedback from Workforce Survey, specifically on the topic of Racial Trauma, working with the African American/Black Communities, working with LGBTQI+ and Sexual Orientation/ Gender Identity (SOGI) non-conforming communities, working with the LatinX/ Hispanic Community, working with undocumented people, working with immigrants.
- Exploring costs associated with extending interpretation services provided by CCBHS through its internal network and contractors to contracted community based agencies.

AODS which provide substance use treatment under CCBHS has also done some work to address disparities. 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 (S*AMHSA'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

[38] https://cchealth.org/bhs/crisis-response/

culture and traditions. Community resources to support Mental Health and Wellness will be 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 targeting identified target populations 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 2FTE 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

Additionally, with the various events that took place within this Country and this County, as well as the pandemic have been eye opening to some, though not unfamiliar to many marginalized communities. The best approaches and impact will come from instances of learning and when County services can work with the community and adapt to meet the need. If the few years have served to educate at all, they have also clearly outlined areas of system shortfalls and specifically the need for services to be representative of community healing that is both culturally and linguistically appropriate. This is also a great time for opportunity as further revenue is generated through Measure X funds and mental health was identified as a prioritized need. It is essential for all government systems to listen and implement efforts based on the needs of those most marginalized within systems.

Accomplishments have been listed through the strategies to reduce efforts. Additionally, CCBHS has been a pioneer for integrating peers into its service delivery system. In preparation for California Advancing and Innovating Medi-Cal (CalAIM), many of CCBHS's peer providers have been preparing to become certified peer specialist and continue to be integrated into efforts for CalAIM implementation.

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 cultural humility, language access and equity is the Reducing Health Disparities (RHD) Workgroup. also continually works to promote and involve participation from clients/consumers and family members into all meeting groups.

The Reducing Health Disparities (RHD) Committee in CCBHS has taken lead on working to strengthen the System of Care to continually strive to be culturally responsive and linguistically appropriate. This group comes together to identify, discuss and strategize on methods that can be implemented. In 2020 meetings were primarily taken place every month, however due to pandemic challenges and staffing transitions, meetings are currently being held quarterly. The mission of the RHD Committee is to reduce disparities in behavioral health and health care delivery by creating a workforce that is culturally competent; promotes wellness, recovery and resiliency; and engages in the building and fostering of relationships with individuals and communities of Contra Costa County.

This meeting group provides input to the Behavioral Health Director and is chaired by the Training and Ethnic Services Coordinator, who also 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. The Training and Ethnic Services Coordinator also works with the Quality Improvement/ Quality Assurance (QI/QA) Committee and is exploring better methods of strategizing efforts. Members of this group also identified key areas of focus and advocated for community defined mental health practices through various avenues, with some of the key RHD members being involved in Measure X planning and advocacy. Measure X funds generate revenue through ½ cent tax to Contra Costa residents for crucial social services. Mental health was identified as the number one priority, and community planning will continue to shape use of these funds.

Many of the members involved in the RHD Workgroup are connected to CBOs with strong ties to the community, there are also some community members which regularly attend, as well as peer providers and Board of Supervisor representatives. Meetings are open to anyone, and attendees may provide a Public Comment or suggest future agenda items for the meeting.

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

In addition, several other committees and meeting groups provide input and dialogue with CCBHS leadership.

<u>The Mental Health Commission</u>

Contra Costa County also has the Mental Health Commission that is comprised of the five districts in this

County and 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.[39]

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.[40]

This meeting is also regularly attended by the CCBHS Director.

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:

- Consolidated Planning Advisory Workgroup (CPAW) which is an MHSA advisory committee to the Behavioral Health Director with sub-committees of Systems of Care, Suicide Prevention, Innovation and the Membership Committee.
- CPAW is largely connected to providing input on the MHSA, service delivery and needs within the system of care. This meeting is also regularly attended by the CCBHS Director, which provides regular updates, dialogues with stakeholder, and an opportunity for Public Comments and future agenda item is provided.
- Other meeting groups that are integrated into the system of care are the Adults Committee, 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 are part of the Community Program Planning Process (CPPP) practiced in 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. These groups also serve to communicate and provide input to CCBHS Leadership and the overall Health Services Department 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

[39] https://cchealth.org/mentalhealth/mhc
[40] https://cchealth.org/mentalhealth/mhc/membership.php

community. These events are usually held in partnership with local and trusted CBOs or community agencies to further engage community.

All input collected is analyzed and included in the MHSA Three Year Plan. These forums host several methods for the community to provide input such as small group discussions where input is collected by scribes. A public comment portion and written input forms are also made available. During the pandemic, electronic surveys have been made available. When 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 threshold language of Spanish, and an interpreter was onsite for those needing translation in Spanish, Other languages could also be supported with an interpreter with advance notice.

Prior to the pandemic, about 1,000 people, had participated from various regions of the county from period between 2017-2019. In 2020, forums shifted to virtual platform and have continued via Zoom.

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. The main cultural humility course completed by most through Relias is entitled *Building a Multicultural Care Environment.* however, there are several other cultural humility trainings available on the topics of supporting mental health in youth, LGBTQ+ communities, SUD challenges, older adults, etc.

A. Cultural Humility Training Plan

The following table outlines various Cultural Humility trainings that took place during FY 2020-2021. It should be noted that trainings significantly declined with the onset of the pandemic, as CCBHS pivoted to pandemic response and coordinating for virtual service delivery and trainings. Additionally, transitions in staffing which supported training have also impacted training.

Table 59. Training Offered through CCBHS for FY 2020-2021

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 7/1/2020 through 6/30/2021	596hrs	549

Learn to Regulate Ourselves and Our Clients' Nervous Systems Using Energy Medicine and Energy Psychology Practices)	Rachel B. Michaelsen, LCSW	In these very challenging times, both mental health and social services providers and their clients are finding it hard to manage stress and anxiety levels and maintain a regulated nervous system. In this class participants will learn 1) how stress and trauma impact the nervous system; 2) techniques from the fields of energy medicine and energy psychology to maintain healthy boundaries and regulate their nervous systems; 3) how to have a daily practice and a crisis intervention practice; & 4) how to use these techniques and teach them to their clients.	12/8/2020	4.5hrs	34
Supervision in Stressful Times: Managing Staff Stress, Vicarious Traumatization, Time Management & Prioritizing Work Tasks, Boundaries with Working from Home & Telehealth and Challenging Supervisees	Rachel B. Michaelsen, LCSW	In this unprecedented time, staff and supervisors are challenged in new and unexpected ways. In the class, supervisors will learn how to: • 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	1/14/2021	6hrs	42
Dialectical Behavioral Therapy (DBT)	Natalie Todd, PsyD	The DBT Introduction to CCBHS provides clinicians an orientation to DBT. Following the initial training a select group of clinicians will participate in a program of a comprehensive consultations. This program will offer an in-depth review of the theoretical underpinnings of DBT, including the Biosocial Theory of Borderline Personality Disorder, strategies for working with clients in different stages of treatment as well as exposure and rehearsal of the core skills used in DBT.	3/1/2021 and 3/8/2021	13hrs	79
Assessing, Addressing and Preventing Suicide	Rachel B. Michaelsen, 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 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	4/16/2021	6hrs	70

		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.	5/7/2021	6hrs	75

II. Incorporation of Client Culture Training

Table 60. Training for the Incorporation of the Client Culture through CCBHS for FY 2020-2021

Course Name	*Name of Presenter(s)*	*Description*	*Date of Training*	*Number of Hours*	*Attendees*
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	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. • 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	Through-out 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.

		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.			
National Alliance on Mental Illness, Contra Costa (NAMI CC)- Family to Family (Spanish, Mandarin, Cantonese), FaithNet, NAMI Basics, and Conversations with Local Law Enforcement	NAMI CC Staff and Volunteers	• Family to Family (Mandarin/Cantonese) and De 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. • 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	Through -out the Year	Varies	It estimated that about 1,163 encounters were provided. It should be noted that some individuals may be duplicate participants throughout various sessions.

		health supports. The desired goal is to enhance information sharing & relationships between law enforcement & those affected by mental health. All these trainings are meant to create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as culturally specific agencies to coordinate 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 within the County, as needed to enable access to diverse communities & reach the broadest audiences.			
CASRA 3.0 Conference	California Association of Social Rehabilitation Agencies	• July 14- Finding the Right Notes: The Music of Recovery, Tracy Harris, BM, Yamaha Performing Artist, Clinician and Author, Professor of Flute, Bakersfield College and College of the Sequoias • Delving Deeper - Workshop with Tracy Harris • Healing through Spiritual Practices, Patty Blum, Ph.D., CPRP, Executive Vice President, Crestwood Behavioral Health, Inc. • July 21- PSR: From Paradigm to Practice, Chad Costello, CPRP, Vice President for Policy, Mental Health America of Los Angeles (MHALA) • Strengths-Model Case Management, Rick Goscha, Ph.D., Senior Vice President, California Institute for Behavioral Health Solutions (CIBHS) • Building Bridges through Community Partnerships, Mark Smith, MS, OTR/L Occupational Therapist, and Carl Schuler, MA, Peer Support Specialist, San Francisco VA Psychosocial Rehabilitation and Recovery Center	July 14 and July 21	7hrs	3

In 2020 with the onset of the pandemic, some trainings were able to be transitioned to a virtual platform. However, with virtual challenges, staffing transitions and other COVID-19 related challenges, the number of trainings decreased. In 2021, more trainings were held and CCBHS continues to hold trainings primarily virtually.

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 Strategies Workforce
The following strategies are designed to provide primary prevention and treatment targeted strategies for underserved populations to better reach the multi-varied cultural communities that make up Contra Costa County.

Table 61. AODS Workforce Development Strategies

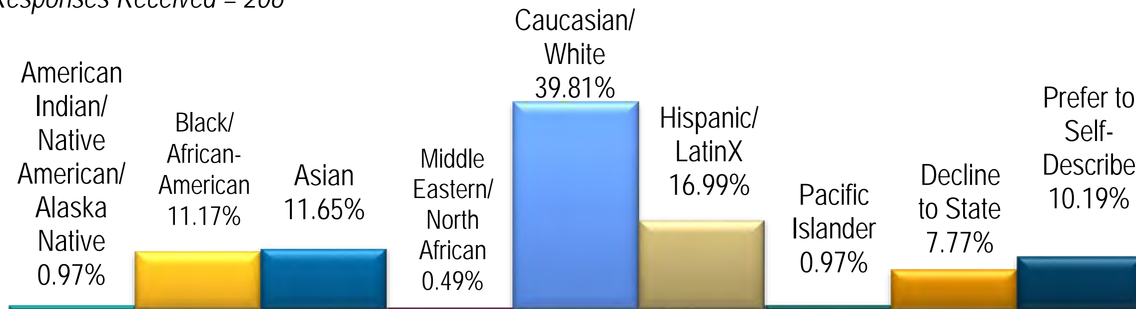
Workforce Staff Support
1. Provide dedicated County staff to participate in CCBHS's RHD Committees ongoing efforts to support all aspects of Workforce Education and Training coordination further the NCLAS standards, to aim to improve healthcare quality and advance health equity pertaining to (SUD). Two AODS supervisors are assigned to attend the local community Colleges Advisory Board (Diablo Valley College and West 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. This includes hiring bilingual staff, with emphasis in the threshold language in all county operated programs. 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 that promotional material prepared by AODS is regularly translated into threshold language. This includes all clinical forms signed by the clients or prevention participants.
Training and Technical Assistance
6. Offer training and education opportunities for staff from both county and community-based organizations that enhance CLAS standards, cultural competency and linguistic proficiency in non- dominant languages. 7. For all AODS available and sponsored training ensure that a "cultural component" is included to support treatment and prevention providers in the implementation of "cultural adaptations" that can be made to maximize client and participant engagement and response into treatment or prevention programs. 8. 8. Provide training and increase education, and technical assistance to both county staff and community-based organizations regarding the LGBTQ+ communities.

In the fall of 2020, CCBHS conducted a voluntary workforce survey. Below is a summary of the responses received from County staff. A total of 219 County staff that participated in the survey, however some individuals did not respond to all questions, as this was a 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 figure below shows the race/ethnic data for those that responded to this question of the

survey.

Figure 7. 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 62. 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
Number of Individuals that Answered Question	*213*
Number of Individuals that Skipped Question	*6*

Table 63. 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
Number of Individuals that Answered Question	*204*
Number of Individuals that Skipped Question	*15*

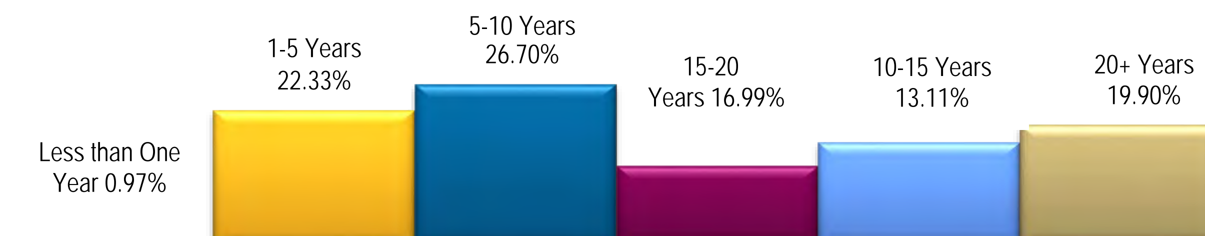
Table 64. 2020 CCBHS Workforce Survey Participant Responses- County Staff Gender Identity

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

Table 65. 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
Number of Individuals that Answered Question	*205*
Number of Individuals that Skipped Question	*14*

Figure 8. 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 66. CCBHS County Contracted Partner Providers Racial/Ethnic Estimates 2020

Racial/Ethnic Data Estimates	*Staff Employed*
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 67. 2020 CCBHS County Contracted Partner Providers Workforce Survey - Age Range

Age	*Totals*
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
Number of Individuals that Answered Question	77

Table 68. 2020 CCBHS County Contracted Partner Providers Workforce Survey - Gender Identity

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

Table 69. 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 70. 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

Some evidence of language access for mental health programs has been identified throughout the Cultural Humility Plan under PEI services. Some key efforts that will address language capacity are consideration in staff recruitment and retention efforts for identified language capacity and through the loan repayment opportunities which will be offered through CCBHS in partnership with HCAI and California Mental Health Services Authority (CalMHSA). These efforts will be supported under the MHSA Workforce Education & Training (WET) component. Other work will be to provide some information at minimum in threshold languages on CCBHS key sites.

The Training and Ethnic Services Coordinator meets with the Linguistic Access Services Program Manager, which oversees interpretation services for all Health Services and stays 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 either through Linguistic Line Solutions or the Health Care Interpreter Network. Additionally, in FY 2020-2021, 85 staff members received differential pay through CCBHS, and 39 positions were flagged for language needs of the following languages: 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 2020- 2021, 4,667 interpretation encounters were facilitated by use of Language Line Solutions (LLS) and another 2,539 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

The similar opportunity is offered to individuals not meeting threshold language, but still needing services in other languages. An interpreter is made available either through a video phone or through a phone. Between FY 2020-2021 the following ten languages were the most utilized for calls that were supported either through Linguistic Access Services or the HCIN. The languages listed below are in order of the highest number or calls to least in accessing behavioral health services, excluding Spanish.

1. Punjabi
2. Farsi
3. Portuguese
4. Vietnamese
5. Dari
6. Arabic
7. Mandarin
8. Tagalog
9. 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 models during FY 2020-2021 include Putnam Clubhouse under MHSA- 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 20-21, RI International held a contract with CCBHS to provide Adult Wellness Cities which served individuals or *citizens* experiencing mental and/or behavioral health challenges in west, central and east Contra Costa County. Wellness Cities provided a variety of wellness and recovery-related classes and groups, one-on-one coaching, vocational opportunities, links to community resources, and recreational opportunities in a peer supported environment. The classes, groups and coaching are recovery-oriented and facilitated by peer recovery coaches. Coaches work with citizens to establish individualized goals, a wellness recovery action plan (WRAP), self-help and coping skills, support networks and a commitment to overall wellness. All services provided are related to at least one of the nine dimensions of wellness; physical, emotional, intellectual, social, spiritual, occupational, home and community living, financial and recreation/leisure. Participants seeking services become citizens of the city. Citizens develop a 6 month partnership with RI International and are assigned a Peer Recovery Coach who has experienced their own success in recovery by obtaining education, coping skills, self-management and/or sobriety. They share what they have learned and walk alongside each citizen on their individualized and strength-based path to recovery.

Other services provided are case management support by the Recovery Care Coordinator. The position assists individuals with linkages that provide independence, education and support in the community. The Employment Services Coordinator also helps RI citizens that are ready in their path to recovery with support of positive employment opportunities; whether it be paid or volunteer work. 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.

II. Responsiveness of Behavioral Health Services

Information for accessing services is provided in several ways. This information is found on the BHS

Homepage, as well as the Access Services site and lists the MHSA services for each of the County regions; including east, west and central.

III. Quality Assurance

Quality Improvement/ 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 improves 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. The information is posted online. To file a written complaint/grievance, the information can be found online at the File A Grievance site or a printed form may be requested.

This document outlines and meets the requirements described in the California Department of Mental Health Cultural Competence Plan Requirements CCPR Modification[41]. Although the California Department of Mental Health no longer exists, CCBHS looks forward to new cultural humility guidance that is 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.

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