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Contra Costa Behavioral Health Services (CCBHS), a division of the Contra Costa Health Services Department, is conducting a survey as part of the CCBHS Community Program Planning Process under the Mental Health Services Act (MHSA). We'd like your help!

### **Why should I participate?**

- We value your unique experience, especially as a client/consumer/peer, family member, or member of the community!
- Surveys help inform the MHSA Three Year Plan and future use of MHSA funding
- The more input we receive, the better the community voice is represented

### **What is going to happen to the answers I give you? Is this private?**

- All information (including demographic) is completely anonymous!
- Responses will be compiled into an aggregate summary that will help inform CCBHS of how to best serve the community
- The survey will not affect your ability to receive behavioral health services now or in the future

### **How long will this take?**

- Approximately 5-10 minutes.

### **What is the Mental Health Services Act (MHSA)?**

- The MHSA, (Proposition 63) was voted into law November 2004 by California's voters
- It provides additional funding to the County's existing public behavioral system - which includes mental health and alcohol and other drugs services
- Core values of the MHSA are that it be client/consumer/peer and family driven - meaning those with lived experience have a voice at the table, that it be culturally and linguistically responsive, have community collaboration, work to integrate service experiences, and focus on wellness, recovery and resiliency
- The MHSA also requires a Three-Year Program & Expenditure Plan be developed by each County with active participation of the community. In Contra Costa County for fiscal year 2021-2022, over 54 million dollars were allocated for over 80 programs throughout the county. For the latest Three Year Plan, please visit <https://cchealth.org/mentalhealth/mhsa/>

**Surveys - Click on the language or copy and paste the link into your address bar. Please complete and return by Monday, February 14th at 9am.**



**English:** <https://www.surveymonkey.com/r/ZVH2KH3>

**Español / Spanish:** <https://www.surveymonkey.com/r/8DY5RKF>

**簡體中文 Jiǎntǐ zhōngwén / Simplified**

**Chinese:** <https://www.surveymonkey.com/r/DLBBQ2Z>

**繁體中文 Fántǐ zhōngwén / Traditional**

**Chinese:** <https://www.surveymonkey.com/r/DBNNSPL>

**Tagalog:** <https://www.surveymonkey.com/r/8TXGHDM>

**ਪੰਜਾਬੀ Pajābī / Punjabi:** <https://www.surveymonkey.com/r/8XZZMJP>

**Português/ Portuguese:** <https://www.surveymonkey.com/r/8S6T7YZ>

**Tiếng Việt/ Vietnamese:** <https://www.surveymonkey.com/r/8MMZ78J>

**Farsi:** An electronic PDF or printed copy of the survey may be requested via email. Send requests to [MHSA@CCHHealth.org](mailto:MHSA@CCHHealth.org) and indicate if you'd like a PDF or printed copy.

Send questions or comments to [MHSA@CCHHealth.org](mailto:MHSA@CCHHealth.org)

