2021-2022 Cultural Humility Plan Update

Contra Costa Behavioral Health Services

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

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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 2021-2022 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 2021-2022 Cultural Humility Plan Update (Cultural Humility Plan) details strategies and outlines data illustrating CCBHS's

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

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 Policy
- 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

- BHS Policy 104: Cultural Competence Plan
- BHS Policy 117: Physical Accessibility
- BHS Policy 119: Guidelines for the Distribution of Translated Materials to Consumers in Behavioral Health
- BHS Policy 144: Consumer, Family Member, & Stakeholder Reimbursements for Participation in Mental Health Services Act Planning & Implementation
- BHS Policy 146: Intern Policy
- BHS Policy 151-MH: MHSA-Funded Community Based Organization Internship Program Guidelines

[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

- BHS Policy 153: Cultural Competency Training
- BHS Policy 510: Guidelines for Urgent Mental Health Conditions
- BHS Policy 510-AOD: Guidelines for Urgent Substance Use Disorders (SUD) Conditions
- BHS Policy 750-AOD Behavioral Health Access Line Substance Use Disorder (SUD) Treatment Admission
- BHS Policy 801: Network Adequacy Standards and Monitoring
- BHS Policy 804: Medi-Cal Beneficiary Grievance Procedures

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 2021-22[5]
- Contra Costa County in 2050: Demography, Economy, Disease, Scenarios[6]
- Fiscal Year (FY) 2019-20 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 19-20[10]Substance Use Disorder Services Strategic Prevention Plan 2018-2023[11]

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),

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[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 2021-2022.* https://cchealth.org/mentalhealth/mhsa/pdf/Plan-Update-FY-2021-2022.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://cchealth.org/mentalhealth/pdf/CAEQRO-Report-2019-2020.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. (2019-2020*). Annual PEI Evaluation Report*. https://cchealth.org/mentalhealth/mhsa/pdf/2019-2020-PEI-evaluation-report.pdf

[10] Contra Costa Behavioral Health Services. *Innovation Annual Report FY 19/20.* https://cchealth.org/mentalhealth/mhsa/pdf/2019-2020-innovation-report.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

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

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 $40.4 million for FY 2021-22 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.

Full Service Partnerships

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.

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	Community Options for Family and Youth (FSP)	Countywide	65
Children's Clinic Staff	County Operated	Countywide	Support for FSPs

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

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	West County East County	70 (Adult), 5 (Older Adult) 70 (Adult), 5 (Older Adult)
Full Service Partnership	Mental Health Systems, Inc.	Central County	47 (Adult), 3 (Older Adult)
Full Service Partnership	Familias Unidas	West County	28 (Adult), 2 (Older Adult)

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

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

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for FSP services, the Rapid Access Clinician will seek approval to refer the client to FSP services. Clinic management act as the gatekeepers for the FSP programs, authorizing referrals and discharges as well as providing clinical oversight to the regional FSP programs. FSP liaisons provide support to the FSP programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

Table 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	Mental Health Systems, Inc.	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

MHSA Housing Services. 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 685

Plan Element	*County/ Contract*	*Region Served*	*# of MHSA Beds/ Units Budgeted*
Shelter Beds	County Operated	Countywide	75 beds (est.)
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	Support to Homeless Program

*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 21-22 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.

Non-FSP Programs (General System Development)

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

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

1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County, provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers' mental health, physical health and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults in a primary care setting who are experiencing co-occurring physical health impairments. The model

involves short-term (8 to 12 visits) problem solving therapy and medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.

Table 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

Miller Wellness Center. The Miller Wellness Center, adjacent to the Contra Costa Regional Medical Center, co-locates primary care and mental health treatment for both children and adults, and is utilized to divert adults and families from the psychiatric emergency services (PES) located at the Regional Medical Center. Through a close relationship with Psychiatric Emergency Services children and adults who are evaluated at

PES can quickly step down to the services at the Miller Wellness Center if they do not need hospital level of care. The Miller Wellness Center will also allow for urgent same day appointments for individuals who either are not open to the Contra Costa Behavioral Health Services System of Care or have disconnected from care after previously been seen. The Miller Wellness Center is certified as a federally qualified health center, and as such, receives federal financial participation for provision of specialty mental health services. MHSA funding is utilized to supplement this staffing pattern with two community support workers to act as peer and family partner providers, and a program manager.

Table 11. Miller Wellness Center

Plan Element	*County/ Contract*	*Region Served*	*# to be Served Yearly*
Supporting the Miller Wellness Center	County Operated	Countywide	Supports clients served by MWC

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 12. 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 13. 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 14. 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 15. 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.

Current Involvement Efforts and Level of Inclusion with Underserved Communities

B. Each year CCBHS utilizes a Community Program Planning Process 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 of clients/peers/consumers, family members, service providers and representative community members and works to engage the community

through community forums, surveys, program visits, and ongoing dialogue. With the onset of the COVID-19 pandemic in 2020, all stakeholder meetings and events shifted to a virtual platform. A total of six community planning events were held in multiple settings and about 351 people participated in the CPPP. Stakeholders continued to provide input and forum themes were focused on topics identified by the community as timely. They included:

- Evolution of the Peer Movement in Contra Costa in partnership with the Native American Health Center – September 23, 2020
- Hope & Wellness in Our Diverse Communities in partnership with SPIRIT Alumni-Chaplain Creekmore, CCBHS Office for Consumer Empowerment, Sojourner Truth Presbyterian Church, the CCBHS Self-Care Team, and Teacher & Chef Cindy Gershen – January 28, 2021

CCBHS also garnered community input through a collaboration with the Health Services Department's COVID-19 Historically Marginalized Community Engagement (HMCE) Unit and the workgroups which were established in 2020. Various divisions under Health Services, including CCBHS, other County agencies, community-based organizations, and community members banned together in response to support Contra Costa communities disproportionally impacted by COVID-19. MHSA presentations & community discussion took place at the following HMCE meetings:

- COVID-19 Aging & Older Adult Workgroup – March 10, 2021
- COVID-19 HMCE Main Meeting (which included representatives from the following HMCE workgroups: Aging & Older Adults, LatinX, API, African American, Youth and Young Ambassadors– March 11, 2021
- COVID-19 African American Workgroup – March 11, 2021

An additional community forum was conducted in the evening entirely in Spanish and hosted in partnership with the larger Health Services Department and Visión y Compromiso. The event focused on education of the COVID-19 vaccine, as well as a presentation on the MHSA with an opportunity for community input. Mental health resources were shared with a focus on those which offer services in Spanish.

- Nuestra Comunidad, Nuestro Bienestar (Our Community, Our Wellbeing) – March 16, 2021

III. Positions Supporting Cultural Humility

CCBHS has one staff member filling the role of Ethnic Services Manager. 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 regularly with the CCBHS Director. The CCBHS Director and has open dialogue as well as being regularly involved with stakeholder meetings and the community program planning process. 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	*Funds FY 21-22*
MHSA Component of Community Services and Supports (CSS)	
Community Options for Families and Youth (COFY): provides home-based multiple therapist family sessions over a 3-5 month period. Sessions are based on nationally recognized evidence-based practices designed to decrease rates of anti-social behavior, improve school performance, interpersonal skills, & reduce out-of-home placements. The goal is to empower families to build a healthier environment through the mobilization of existing child, family and community resources.	$650,000
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.	$272,167
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.	$1,503,789
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.	$874,417
Mental Health Systems: 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 development of the treatment plan.	$3,187,028
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.	$4,147,691
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.	$1,290,630
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.	$726,662
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
MHSA Component of Prevention and Early Intervention (PEI)	
Asian Family Resource Center: provides culturally sensitive education & access to mental health services for immigrant Asian communities, especially Southeast Asian & Chinese population of County. 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.	$150,408
Building Blocks for Kids Collaborative (BBK): offers training 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. Wellness activities assist participants in making & implementing plans of action, access community services, & integrate into higher levels of mental health treatment as needed.	$224,602
Center for Human Development: Fields two programs, one is an African American wellness group that serves Bay Point community in East Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral & access to County mental health services. Second program provides mental health education and supports for LGBTQ youth in East County to work toward more inclusion and acceptance within schools and community.	$161,644
Child Abuse Prevention Council (CAPC) of Contra Costa: provides training curriculum to build parenting skills. Intended to strengthen families & support healthy development of children. Designed to meet needs of Spanish speaking families in East & Central County.	$128,862
Contra Costa Behavioral Health Services- 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.	$218,861

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.	$320,006
Counseling Options Parenting Education (COPE) Family Support Center: 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.	$253,238
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.	$381,744
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.	$84,214
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.	$2,587,108
Hope Solutions (formerly Contra Costa Interfaith Housing): provides on-site services to formerly homeless families with special needs at the Garden Park Apartments in Pleasant Hill, Bella Monte Apartments in Bay Point, & Los Medanos Village in Pittsburg. Services include pre- school & afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. Services are designed to prevent serious mental illness by addressing domestic violence, substance addiction, and life & parenting skills.	$385,477
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.	$105,987
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.	$179,720
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.	$288,975
Lao Family Community Development: provides comprehensive & culturally sensitive integrated system of care 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, and other service both within and outside agency.	$196,128

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.	$134,710
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.	$250,257
People Who Care (PWC): after school program serving communities of Pittsburg & Bay Point for at-risk 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.	$229,795
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.	$631,672
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.	$782,141
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.	$503,019
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.	$138,136
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.	$125,538
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.	$191,336
MHSA Component of Workforce Education & Training (WET)	
Internship Program: graduate level students are placed in various County & CBO 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 up to 75 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.	$352,350
Loan Repayment Program (LRP): CCBHS implemented County funded LRP to specifically address psychiatry shortages. 2016 Needs Assessment of workforce staffing shortages revealed only 43% of	

authorized County psychiatrist positions were filled. Contracts for non- county psychiatrist time have been utilized to make up the shortage, but actual utilization falls significantly short of what is authorized. CCBHS partners with the California Mental Health Services Authority (CalMHSA) to administer loan repayment program patterned after State level Mental Health Loan Assumption Program (MHLAP) but differs by providing flexibility in amount awarded & County selecting awardees based on workforce needs. Staffing to fit cultural needs is considered in amount awarded. In 2020-2021 the program planning will be expanded to include Peer and Family Partners, as well as clinicians, both within the County system, as well as in contracted community based organizations.	$300,000
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 Basics/ Faith Net/ Family to Family (De Familia a Familia), 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.	$688,596
Senior Peer Counseling Program: Program within CCBHS Older Adult 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 LatinX & Asian American seniors. Volunteers receive extensive training & consultation support.	$238,986
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.	$371,258
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.	$238,203

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

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

Language Group is utilized.

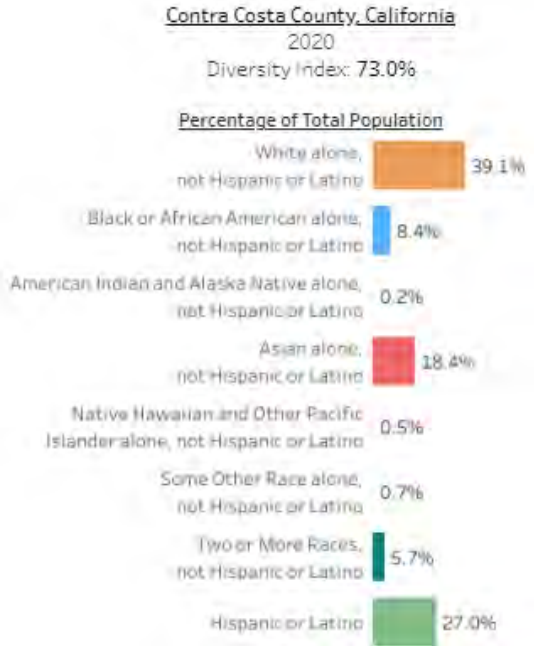
CCBHS provides differential pay, however the parameters and amount are negotiated based on the various unions. In FY 19-20, CCBHS had 90 staff members who received differential pay for language access, and there were 39 positions flagged for bilingual candidates at the time with languages that included: 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 population is 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

[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

Richmond, Rodeo, Crockett, and Port Costa); central (includes the cites of Lafayette, Moraga, Orinda, 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. 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 2019. This data can be found on page 19 of the most recent 2020-2021 Medi-Cal Special Mental Health External Quality Review administered by California Department of Health Care Services (DHCS) [20].

Table 17: County Medi-Cal Beneficiaries and Those Served by the MHP in CY 2019 by Race/ Ethnicity

Contra Costa MHP				
Race/Ethnicity	**Average Monthly Unduplicated Medi-Cal Beneficiaries**	**Percentage of Medi-Cal Beneficiaries**	**Unduplicated Annual Count of Beneficiaries Served by the MHP**	**Percentage of Beneficiaries Served by the MHP**
White	45,517	17.3%	3,790	25.7%
Latino/Hispanic	92,508	35.2%	3,973	26.9%
African-American	36,926	14.0%	2,946	20.0%
Asian/Pacific Islander	29,413	11.2%	684	4.6%
Native American	719	0.3%	67	0.5%
Other	57,876	22.0%	3,304	22.4%
Total	**262,957**	**100%**	**14,764**	**100%**
The total for Average Monthly Unduplicated Medi-Cal Enrollees is not a direct sum of the averages above it. The averages are calculated independently.				

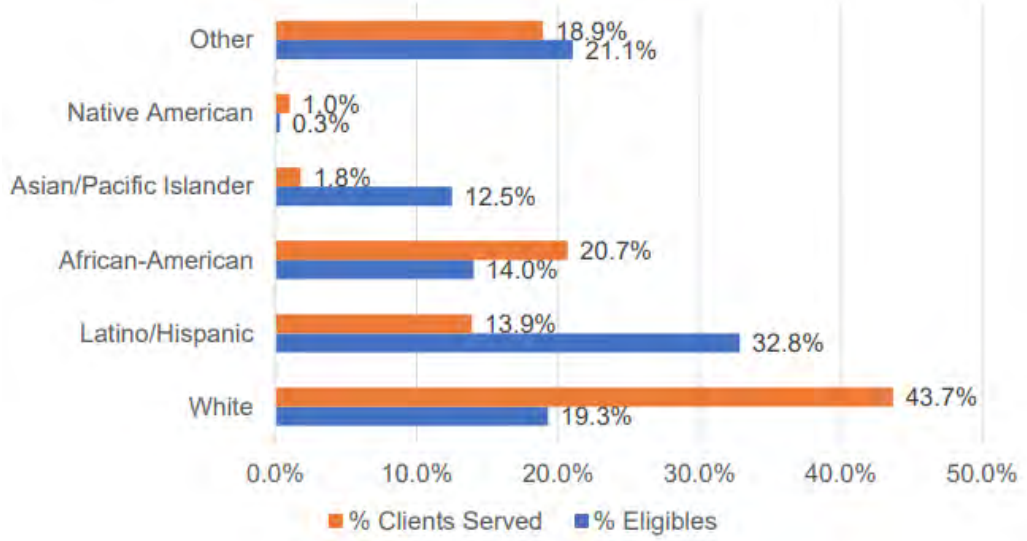
Figure 2 below provides details on penetration rates of the Drug Medi-Cal eligible population for Contra Costa County, compared to the Drug Medi-Cal eligible population served by race/ethnicity for fiscal year (FY) 2018-2019. The following data can be found in the most recent 2020- 2021 Drug Medi-Cal Organized Delivery System External Quality Review administered by California Department of Health Care Services (DHCS)[21] on page 22.

[19] Contra Costa County Community Development. (2004, December 1). *Planning Framework.* https://www.contracosta.ca.gov/DocumentCenter/View/30912/Ch2-Planning-Framework?bidId=

[20] Department of Health Care Services - Behavioral Health Concepts, Inc. (2021, February). *FY 2020-21 Medi-Cal Specialty Mental Health External Quality Review Contra Costa MHP Final Report.* https://cchealth.org/mentalhealth/pdf/CAEQRO-Report-2019-2020.pdf

[21] Department of Health Care Services - Behavioral Health Concepts, Inc. (2020, December). *2020-21 Dru g 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

Figure 2: Percentage of Eligibles and Clients Served by Race/ Ethnicity, FY 2018-19



B. 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. 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 about 263,000 Medi-Cal enrollees in any given month which are eligible for services through the County Health Services, including CCBHS based off data from FY 2019-2020.

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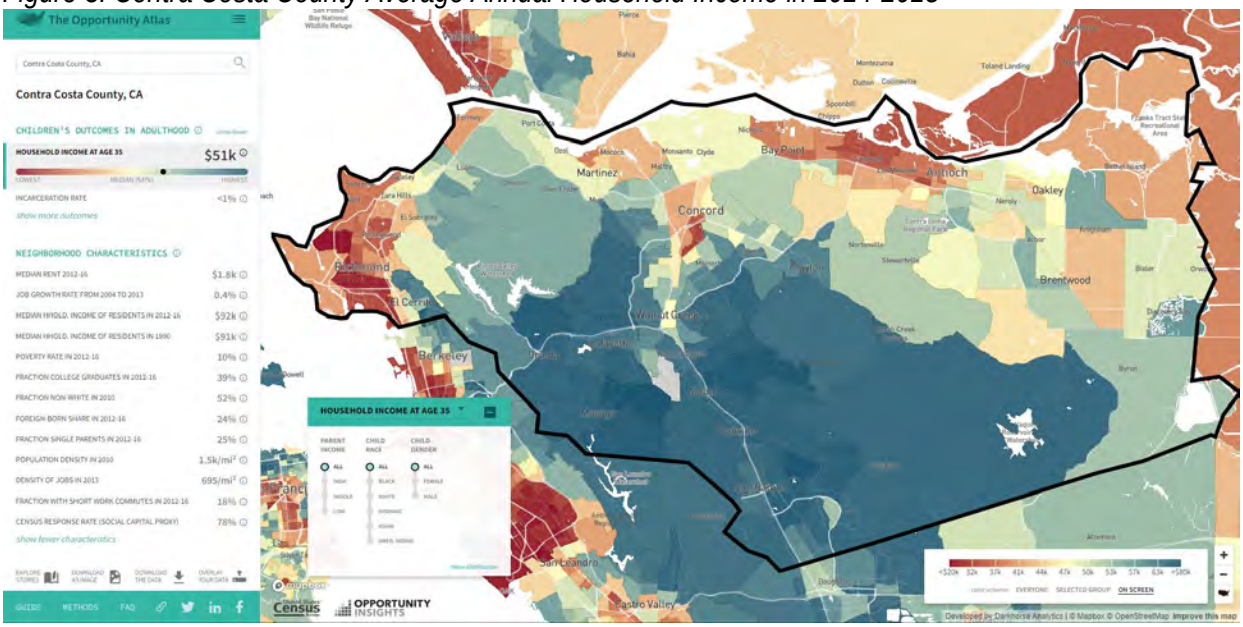
[22] United States Census Bureau. (2021, December 15). *Contra Costa County- Selected Economic Characteristics.* https://data.census.gov/cedsci/table?q=contra%20costa%20county%20data&t=Health%20Insurance&g=05US&tid=ACSDP1Y2019.DP03

[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

B. Data analysis 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 3: 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.

A. 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

[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

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
- 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.

[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

Children's FSP Programming

Table 18. Pre- and post-enrollment utilization rates for 56 Community Options for Families and Youth, Inc. (COFY) FSP participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	21	4	0.041	0.016	-59.7%
Inpatient episodes	4	0	0.008	0.000	-100.0%
Inpatient days	22	0	0.043	0.000	-100.0%
JACS Bookings	40	22	0.078	0.090	-16.3%

*Please note, demographic data was not available for this program.

Table 19. Pre- and post-enrollment utilization rates for 69 Lincoln Child Center participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	7	1	0.012	0.002	-83.2%
Inpatient episodes	3	0	0.005	0.000	-100.0%
Inpatient days	12	0	0.020	0.000	-100.0%
JACS Bookings	46	13	0.077	0.025	-66.8%

*Please note, demographic data was not available for this program.

Table 20. Pre-and post-enrollment utilization rates for 43 Seneca START FSP Participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	127	23	0.316	0.097	-69.4%
Inpatient episodes	10	3	0.025	0.013	-49.3%
Inpatient days	67	32	0.167	0.134	-19.3%

Table 20a. Race/Ethnicity Data for Seneca START Children's FSP Participants enrolled in program during FY 19-20

Asian Indian	1
Black or African American	5
Filipino	1
Latin American	5
Mexican American	15
Mixed Race	1
Native Hawaiian	2
Other	1
Other Hispanic	1
Samoan	1
Unknown / Not Reported	1
Vietnamese	1
White or Caucasian	8

Table 20b. Gender Data for Seneca START Children's FSP Participants enrolled in program during FY 19-20

F	29
M	14

Transition Aged Youth (TAY) FSP Programming

Table 21. Pre- and post-enrollment utilization rates for 50 Fred Finch (TAY) FSP participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	45	23	0.093	0.042	-55.2%
Inpatient episodes	25	5	0.051	0.009	-82.5%
Inpatient days	212	128	0.436	0.231	-47.0%
DET Bookings	0	1	0.000	0.004	+100.0%

Table 21a. Race/Ethnicity Data for Fred Finch Youth Center (TAY) FSP Participants enrolled in program during FY 19-20

American Indian	3
Asian Indian	1
Black or African American	16
Filipino	2
Laotian	1
Latin American	5
Mexican American	7
Mixed Race	2
Other	2
Other Asian	1
Other Hispanic	5
Other Pacific Islander	1
White or Caucasian	4

Table 21b. Gender Data for Fred Finch Youth Center (TAY) FSP Participants enrolled in program during FY 19-20

F	24
M	26

Table 22. Pre- and post-enrollment utilization rates for 32 Youth Homes FSP Participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	124	62	0.376	0.162	-56.8%
Inpatient episodes	34	15	0.103	0.039	-61.9%
Inpatient days	330	188	1.000	0.492	-50.8%
DET Bookings	11	5	0.033	0.013	-60.7%

Table 22a. Race/Ethnicity Data for Youth Homes (TAY) FSP Participants enrolled in program during FY 19-20	
American Indian or Alaska Native	1
Black or African American	12
Chinese	1
Latin American	3
Mexican American	2
Mixed Race	3
Other	1
Other Asian	2
Other Pacific Islander	2
White or Caucasian	6

Table 22b. Gender Data for Youth Homes (TAY) FSP Participants enrolled in program during FY 19-20	
F	15
M	18

Adult and Older Adult FSP Programming

Table 23. Pre-and post-enrollment utilization rates for 26 Familias Unidas (formerly Desarrollo Familiar, Inc.) Adult FSP Participants enrolled in the FSP program during FY 19-20

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	28	20	0.093	0.071	-24.3%
Inpatient episodes	7	6	0.023	0.001	-9.1%
Inpatient days	39	56	0.130	0.198	-52.2%
DET	6	5	0.020	0.018	-11.7%

Table 23a. Race/Ethnicity Data for Familias Unidas (formerly Desarrollo Familiar, Inc.) Adult FSP Participants enrolled in program during FY 19-20	
Asian Indian	1
Black or African American	4
Laotian	1
Latin American	5
Mexican American	11
Mixed Race	2
White or Caucasian	2

Table 23b. Gender Data for Familias Unidas (formerly Desarrollo Familiar, Inc.) Adult FSP Participants enrolled in program during FY 19-20	
F	11
M	15

Table 24. Pre-and post-enrollment utilization rates for 84 Mental Health Systems AOT/ACT Adult FSP participants enrolled in the FSP program during FY 19-20

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	259	133	0.335	0.138	-58.9%
Inpatient episodes	54	18	0.070	0.019	-73.3%
Inpatient days	556	199	0.718	0.206	-71.4%
DET Bookings	70	24	0.090	0.025	-72.6 %

Table 24a. Race/Ethnicity Data for Mental Health Systems AOT/ACT Adult FSP Participants enrolled in program during FY 19-20

Asian Indian	1
Black or African American	14
Filipino	2
Latin American	3
Mexican American	5
Native Hawaiian	1
Other	4
Other Asian	1
Unknown / Not Reported	3
Vietnamese	1
White or Caucasian	49

Table 24b. Gender Data for Mental Health Systems AOT/ACT Adult FSP Participants enrolled in program during FY 19-20

F	33
M	51

Table 25. Pre-and post-enrollment utilization rates for 39 Mental Health Systems FSP participants enrolled in the FSP program during FY 19-20

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	122	37	0.290	0.084	-71.0%
Inpatient episodes	22	6	0.052	0.014	-73.9%
Inpatient days	319	102	0.760	0.232	-69.4%
DET Bookings	18	5	0.043	0.011	-73.4

Table 25a. Race/Ethnicity Data for Mental Health Systems Adult FSP Participants enrolled in program during FY 19-20	
American Indian	1
Black or African American	3
Filipino	2
Japanese	1
Latin American	3
Mexican American	3
Mixed Race	1
Native Hawaiian	1
Other Asian	1
Other Hispanic	1
Unknown	1
White or Caucasian	21

Table 25b. Gender Data for Mental Health Systems Adult FSP Participants enrolled in program during FY 19-20	
F	16
M	23

Table 26. Pre- and post-enrollment utilization rates for 59 Portia Bell Hume Center East Adult FSP participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	271	80	0.389	0.113	-70.9%
Inpatient episodes	41	11	0.059	0.016	-0.043%
Inpatient days	308	164	0.443	0.232	-47.6%
DET Bookings	24	7	0.034	0.010	-71.3%

Table 26a. Race/Ethnicity Data for Portia Bell Hume Center East Adult FSP Participants enrolled in program during FY 19-20	
American Indian	1
Black or African American	22
Latin American	2
Mexican American	4
Mixed Race	2
Other	1
Other Hispanic	1
Samoan	1
Vietnamese	1
White or Caucasian	24

Table 26b. Gender Data for Portia Bell Hume Center East Adult FSP Participants enrolled in program during FY 19-20	
F	31
M	28

Table 27. Pre- and post-enrollment utilization rates for 60 Portia Bell Hume Center West Adult FSP participants enrolled in the FSP program during FY 19-20

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	117	71	0.174	0.104	-40.1%
Inpatient episodes	16	5	0.024	0.007	-69.2%
Inpatient days	148	173	0.220	0.254	-15.3%
DET Bookings	14	3	0.021	0.004	-78.9%

Table 27a. Race/Ethnicity Data for Portia Bell Hume Center West Adult FSP Participants enrolled in program during FY 19-20

Black or African American	30
Filipino	2
Laotian	1
Mexican American	4
Other	4
Other Hispanic	1
Samoan	1
Unknown / Not Reported	1
White or Caucasian	16

Table 27b. Gender Data for Portia Bell Hume Center West Adult FSP Participants enrolled in program during FY 19-20

F	27
M	33

B. Data analyses supports that most FSP programs are meeting the targeted amount of clients intended to be served, 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 is over representation of services offered to the Caucasian/ White population, which is estimated to be about 17% of Medi-Cal beneficiary enrollees yet make up over 31% of those receiving FSP services. Additionally, Latinos and Asian/Pacific Islander groups only made up about 8% of clients served yet make up over 11% of Medi-Cal beneficiaries in Contra Costa. The following table is a representation of the aggregate data available.

Table 28. Overall Race/Ethnicity Data Available for 2019-2020 FSP Clients

Race / Ethnicity	Percentage
White or Caucasian	31.05%
Black or African American	26.55%
Latino/Hispanic	22.27%
Other	3.21%
Unknown/Not Reported	4.50%
Mixed Race	2.14%
American Indian or Alaska Native	1.71%
Asian	6.42%
Pacific Islander	2.14%

*Please note, this table does not contain data for Community Options for Families and Youth, Inc. (COFY)

or Lincoln Child Center.

V. 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 32,442 individuals in FY 2019-2020, despite the challenges faced by COVID-19 and the shelter in place. 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 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.

Table 29 illustrates *primary populations* served related to cultural groups under MHSA-PEI funding. It should be noted that the agency as a whole 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 29. 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 receive services and provide information when receiving services due to the political climate at the time the impact of various laws such as Public Charge[28]. Many were also afraid of who would receive this information. Additionally, with the onset of COVID-19, collecting client data became even further challenging.

Table 30. Demographic Data in PEI Programs	*Numbers Served*
Asian	1,932 or About 6%
African American / Black	3,262 or About 10%
Caucasian / White	7,537 or About 23%
Latino/ Latina/ LatinX / Hispanic	3,849 or About 12%
Native American / Alaskan Native	348 or About 1%
Native Hawaiian / Other Pacific Islander	618 or About 2%
More than One Race	646 or About 2%
Other	248 or About 1%
Declined to Respond or Data Not Captured	14,104 or About 43%

It is difficult to identify disparities in PEI programs as a large number of data was either not provided or not collected. In the area of race/ethnicity, based off the data available, LatinX and Asian communities still show up as underserved.

Table 31. Age for PEI Clients	*Numbers Served*
0-15 years (Child)	1,395
16-25 years (Transition Age Youth – TAY)	4,514
26-59 years (Adult)	9,096
60+ years (Older Adult)	2,623
Decline to State/ Data Not Captured	14,814

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.

Table 32. FY 2019-2020 Primary Language Spoken for PEI Clients	*Numbers Served*
English	24,071
Spanish	1,959
Other	1,033
Decline to State or Data Not Captured	5,393

[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

It should be noted that for FY, 2019-2020 only about 6% of individuals reported receiving services in the threshold language of Spanish, versus in FY 18-19 where 23% of individuals reported receiving services in Spanish[29]. Other languages supported through PEI programming included Spanish, Russian, Dari, Farsi, Portuguese, Punjabi, Mien, Lao, Thai, Nepali, Magar, Maithill, Bhojpuri, Vietnamese, Khmer, Bhutanese, Tibetan, Tagalog, and Mandarin. One limitation with the languages reported, is that besides Spanish most programs did not provide the numbers served for other languages, making it difficult to identify language level usage in PEI programs.

Table 33. Current Gender Identity for PEI Clients	*Numbers Served*
Man	10,263
Woman	11,281
Transgender	146
Genderqueer	11
Questioning or Unsure of Gender Identity	8
Another Gender Identity	15
Decline to State/ Data Not Captured	10,718

Table 34. Sexual Orientation for PEI Clients	*Numbers Served*
Heterosexual or Straight	11,553
Gay or Lesbian	99
Bisexual	156
Queer	18
Questioning or Unsure of Sexual Orientation	25
Another Sexual Orientation	82
Decline to State/ Data Not Captured	20,509

Although some PEI programs do support LGBTQI+ and non-binary gender communities, such as the Rainbow Community Center, RYSE, and Center for Human Development, it is difficult to identify disparities, with a large number of unidentified data. However, research has shown that LGBTQI+ communities have higher risk for substance use[30].

Table 35. Military Connected Status for PEI Clients - Active Military	*Numbers Served*
Yes	31
No	2,873
Decline to State/ Data Not Captured	29,538
Veteran Status	*Numbers Served*
Yes	103
No	3,427
Decline to State/ Data Not Captured	28,912

As with all data captured is difficult to provide a detailed analysis under PEI programs for any program participants currently or formerly in the military, however it should be noted that Contra Costa County is fortunate to have a local Veterans Affair (VA) Office and VA Hospital located in central Contra Costa

[30] Substance Abuse and Mental Health Services Administration – National Survey on Drug Use and Health. (2016, October). *Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-*SexualOrientation-2015.htm

County[31]. Additionally, the Regional Veterans Affairs Office is in Oakland[32], 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.

Table 36. Disability Status for PEI Clients	*Numbers Served*
Yes	558
No	1,768
Decline to State/ Data Not Captured	30,094

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 community defined practices in relation to mental health and is a well warranted and valid claim, given serious disparities this community has faced[33].

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[34]. Further analysis of calls either through Linguistic Access Services or the Health Care Interpreter Network (HCIN) for services provided by CCBHS during FY 202-2021 also identified the following languages in order of most utilized to least utilized. Asian languages are identified with a star.

[31] Contra Costa County Veterans Service Office. (2021, December 15). https://www.contracosta.ca.gov/1557/Veterans-Service-Office
[32] United States Department of Veterans Affairs. (2021, December 15). *Oakland Reginal Office*. https://www.benefits.va.gov/oakland/
[33] https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24
[34] 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

Table 37. 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.

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.

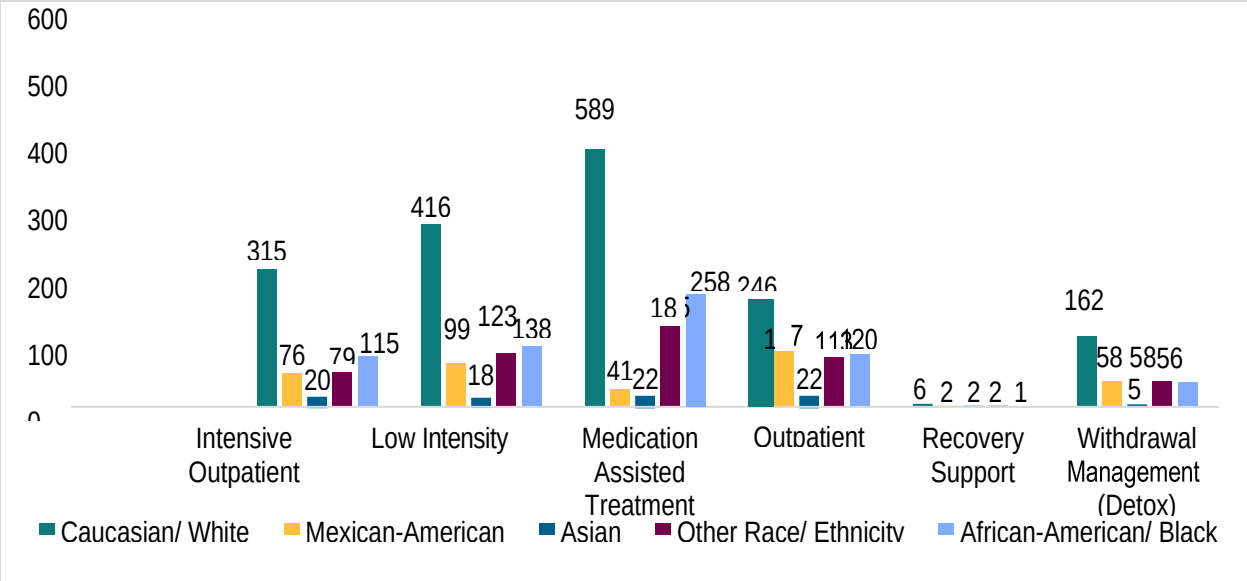
Alcohol and Other Drugs Services (AODS) Utilization Data by Race and Ethnicity

Data collection and integration continues to take place within CCBHS. In 2019, AODS began to develop and implement methodologies to capture, report and incorporate data into primary prevention and treatment program planning. Initial efforts to capture data have targeted services provided by each American Society of Addiction Medicine (ASAM) Criteria Level of Care (LOC). Beyond service level data AODS continues to collect data on staff demographics, training, and provider network language capacity.

In addition to development of data collection methods, AODS provides programs to target underserved and specialty populations. In the first ten months of 2020, AODS served an estimated 3,474 individuals. Data for race/ethnicity as well as the programming is outlined in Figure 5. For more detailed information, please refer to the Substance Use Disorder Services Strategic Prevention Plan 2018- 2023[35].

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

Figure 4: Racial/ Ethnic Data for Individuals Served by AODS
Total Individuals Served (n=3,474)
(January 1, 2020-October 1, 2020)



*Please Note: The category of Asian includes Asian Indian, Chinese, Filipino, Japanese, Korean, Other Asian, Other Southeast Asian, Vietnamese. The category of Other Race/ Ethnicity includes Alaskan Native, Cambodian, Guamanian, Laotian, Latin American, Mixed Race, Native Hawaiian, Other, Other Hispanic, Other Pacific Islander, Samoan, Unknown / Not Reported.

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.

III. Strategies to Reduce Disparities

In examining the data captured above, specifically in County administered programs, it seems there are areas where penetration rates in Medi-Cal eligible services for specific ethnic/racial groups in comparison to other groups are lower, when considering the population percentages of those enrolled. Specifically, penetration rates for the LatinX and Asian communities seem to be disproportionately lower when taking into consideration the eligible percentage of enrollees in these racial/ethnic groups. There also seems to be the same trend in AODS with even greater margins of inequity. Additionally, community input in various stakeholder meetings have voiced the need for more culturally appropriate services for the African American/ Black community. Although penetration rates show serving at minimum or above rates for this population, stakeholders have voiced a need for more culturally responsive supports for this specific group. Ongoing evaluation is warranted in CCBHS's commitment to equity. It is always necessary to have difficult conversations, assess and continue dialogue in pursuit of equity and recognize that as a system, there must always be work to dismantle systemic racism and laws or policy which may harm communities intended to be served.

Factors that may play into low penetration rates for some communities may be due fear for immigrants and refugees of political factors 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. Although HSD and Contra Costa County have committed and made multiple public statements to voice that services will be provided to these communities regardless of documentation status; the challenge in these communities is feeling safe when accessing the services[36].

For refugee and immigrant communities, CCBHS may look to supporting CBOs that are trusted by these marginalized communities to support mental health 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 intends to collaborate with the community to identify some needed community defined practices to support mental health and intends to apply and support this effort through MHSA-Innovation Funding. Additionally, CCBHS will continue to flag positions for language needs as another avenue to support internal language capacity. As SB803 has also been approved, CCBHS may consider other opportunities such as supporting clients with peer providers with linguistic capacity, alongside interpretation services. CCBHS will be 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). Priority will be given to staff with language capacity and lived experience which are providing services to clients. The plan is to administer this for both the mental health and substance use system in CCBHS.

CCBHS is also working with the larger Health Services system to focus on community crisis response. As many events have occurred within this Country and this County, CCBHS is further along in its Community Crisis Response Program, which has come to be known as the Miles Hall Hub Pilot[37]. The goal will be to develop a system where anyone in Contra Costa County can access timely and appropriate behavioral health crisis services anywhere, at any time; 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. There has been an elaborate model established and CCBHS is looking to support this through various sources such as local Measure X funds, State grants, or possibly MHSA funds and will continue to work on identifying methods to implement the A3 Model – Anywhere, Anytime, Any Place.
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.

Other strategies include:

- Work 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.
- Work to Include basic information on website about Access Line in the languages of Chinese (written and traditional), Tagalog, Punjabi, Farsi, Portuguese, Vietnamese.

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

- Work to translate 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.

AODS 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 also launched its Latino Workgroup inviting various AODS and contracted staff primarily focused on serving the Latino community to coordinate efforts to better support this community.

Women and youth services clearly represent the most underserved populations in the AODS system. AODS will continue ongoing efforts to track and monitor treatment admission data for these populations. Focus areas for AODS will include:

- Initiate the development of a Strategic Plan that comprehensively address gaps and opportunities including a blueprint with goals, objectives and timelines.
- 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.
- Implement a Request for Proposal (RFP) to increase availability of Substance Use Disorder (SUD) treatment services for youth for all required levels of care under the Drug Medi-Cal (DMC) Organized Delivery System (ODS) waiver.

Other efforts targeting identified target populations under AODS include the following:

a. Pueblos del Sol, Residential Services SUD Treatment: Operated by BiBett Corporation, Pueblos del Sol 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 and the number of Spanish speaking counselors was increased from 2 to 3FTEs. Currently, outpatient Level 1 services for Spanish speakers is provided under the Recovery Connection (Conexiones para la Recuperación) program, also located in Concord.
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 new contract supports the cultural and linguistic needs of women with Substance Use Disorder (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, 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 in order to effectively serve parents. The Center for Human Development has been a champion in supporting hiring practices that support the linguistic needs of the parents. Currently, parent education classes are delivered in Spanish. As with all other prevention programs, the classes are offered free to the community.

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. There have been great strides in the community process that has taken under through various avenues with CCBHS and larger County Systems. This is also a great time for opportunity as further revenue will be generated through Measure X funds. It is essential for all government systems to listen and implement efforts based on the needs of those most marginalized within systems.

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

I. Cultural Humility Committee

A. 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 on a regular basis to identify, discuss and strategize on methods that can be implemented. In 2020 meetings were primarily taken place every month, however in late 2020 and through 2021 meetings shifted to every other month. 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 and is co-chaired by the Ethnic Services Coordinator, who also is part of the MHSA team. The coordinator discusses input and provides updates on work within the RHD group with the MHSA Program Manager and CCBHS leadership. Input from the RHD group also feeds into other stakeholder groups throughout CCBHS. The Ethnic Services Coordinator also works with the Quality Improvement/ Quality Assurance (QI/QA) Committee. 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 will be generated through ½ cent tax to Contra Costa residents for crucial 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 community members which regularly attend, as well as peer providers and Board of Supervisor representatives. Additionally, items in relation to cultural humility and linguistic access and service delivery are discussed. Anyone may also provide a Public Comments and suggest future agenda items for the meeting. Discussions from this committee are shared to CCBHS leadership by the acting ESM.

B. 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.[38]

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.[39]

This meeting is also regularly attended by the CCBHS Director.

<u>Other Committees, Workgroups, and Meetings</u>
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) and its sub-committees of Systems of Care, Suicide Prevention, Innovation, Social Inclusion 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 Children's, Teens, and Young Adults (CTYA) Committee, Adults Committee, Aging and Older Adults Committee, Health, Housing, and Homeless (H3) Services – Council on Homelessness Meeting, Behavioral Health Care Partnership, Training Advisory Workgroup (TAW), Alcohol and Other Drug Services (AODS) Advisory

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

Board.

All meeting groups 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 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 2018, the MHSA Community Forum also started being live streamed as another method to address accessibility challenges, giving people the opportunity to participate remotely by viewing the forum live and providing input through email. In 2020, virtual forums were held via Zoom. The forum was focused on the Evolution of the Peer Movement and CCBHS partnered with the Native American Health Center (NAHC), recognizing the first form of peer support came from indigenous communities. Over 350 people have participated in a virtual Community Forum or community program planning process event since the start of the pandemic to presently between the period of March 2020 through December 2021. Virtual forums have also been offered in Spanish.

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.

The following table outlines various Cultural Humility trainings that took place during FY 2019-2020. It should be noted that training did slow down with the onset of the pandemic, as CCBHS pivoted to pandemic response.

Table 38. Training Offered through CCBHS for FY 2019-2020

Course Name	*Name of Presenter(s)*	*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 7/1/2019 through 6/30/2020	1.75hrs	537
Commercially Sexually Exploited Children (CSEC)	Islam Ayyad & Tasharele Wallace from Community Violence Solutions	Intensive training that provides in-depth understanding on the issue of CSEC. Covers the vulnerabilities of CSEC youth as well as the cultural glorification of sexual exploitation. Trainees will learn about the different types of traffickers, their tactics of coercion & manipulation, California's policies on CSEC, including welfare & institution codes. Also Includes screening of Very Young Girls, a documentary about CSEC & how youth are affected & supported. There will be discussion on the Multi-Disciplinary Team (MDT) nomination process for complex CSEC cases. Trainees will learn how to work with CSEC youth used to recruit others as well as engage in interactive activities such as case scenarios that enrich learning with opportunities to practice what has been taught.	7/12/2019	6 hrs	14
Trauma Informed Systems (TIS)	East Bay Agency for Children	The TIS Learning Community brings together agency champions & trainer to improve competency and knowledge in the following: • Neurobiology of stress and trauma, unconscious bias, and resilience • Understanding practices mitigated stress, trauma, bias and increase and enliven resiliency in individuals and organizations • Coaching on how to present information & align principles of trauma-informed care to practices in the workplace & with children, youth, & families. • De-escalation strategies for soothing self and others experiencing distress • Applications of trauma-informed care to sustain and mitigate the impact of secondary traumatic stress in	7/17/19	4hrs	12

		health care workforce			
Using the American Society of Addiction Medicine (ASAM) Criteria in Providing and Managing Care for Residential and Inpatient Treatment	David Mee-Lee, MD	As Contra Costa County expands residential services beyond Level 3.1, Clinically Managed Low Intensity Residential Treatment to include Level 3.5, Clinically Managed High Intensity Residential Treatment, the distinctions between levels of care will be clarified. This workshop will review the four Residential levels of care for adults & compare & contrast the admission criteria for each level of care. There will also be some attention on helping people with co-occurring mental & substance use problems and how to ensure that all levels of care are at least co-occurring capable – able to assess & address co-occurring needs through collaboration & consultation if not able to do so onsite.	7/30/2019	3.25hrs	65
Surviving Compassion Fatigue	Beverly Kyer, MSW, CSW, ACSW	Interactive training designed to address self-care needs of those serving children, youth & adults facing & impacted by traumatic life events. Participants are encouraged to verbalize their understanding & connectedness to multiple aspects of compassion fatigue. By taking a self-inventory, participants will see first-hand, the levels of stress they experience. Group will look at several tools & techniques to circumvent the most challenging aspects of compassion fatigue & to be able to regain a state of neuro-physiological (mind-body) regulation, recovery & resilience.	8/29/19	6hrs	35
Working Effectively with Immigrants and Refugees	Matthew Mock, PhD	Covers many topic areas including assessing trauma & stress, reactions & responses of providers, special behavioral, emotional & mental health concerns, sources of cultural strength & resilience, multi-generational culture conflicts, & effective service strategies & stances. The course will utilize videotape material, clinical work conducted by cultural family experts & personal narratives of attendees. Some of the findings of effective practices including research by the presenter will be shared. Special considerations will be gathered among attendees serving these groups.	9/18/19	6hrs	31
Suicide Prevention Among Older Adults	Patrick Arbore, EdD	Training with focus on traumatic loss, relationship among depression, substance abuse & suicide ideation (The Deadly Triangle) in on older adults.	9/24/19	6hrs	59
Working Effectively with Bi-Lingual Staff and Interpreters	Matthew Mock, PhD	The linguistic & communication needs of those who seek services are among service mandates. Research & description of clinical practices has emphasized how linguistic competence can make large or even subtle differences in effective health care practices. Beyond the spoken word, there are denotations & connotations& specific colloquial terms & phrases that can complicate understanding	10/15/19	3hrs	5

		in critical relationship building & eventual clinical outcomes. Interpreters are central to a clinical team at a time when language diversity is increasing & becoming more complex. To form effective working relationships among teams there are important facets of working with interpreters that can increase overall clinical provider competence. Consumers & family members may have increased opportunities towards reaching wellness & recovery in having confidence that their service providers are clearly communicating, attending to their own processes & returning to what is optimal for their wellbeing.			
Depression, Delirium, Dementia, and Traumatic Brain Injury	Patrick Arbore, EdD	In the United States, traumatic brain injury (TBI) is a serious public health concern that results in death & disability for thousands of people each year. The CDC defines a traumatic brain injury (TBI) as a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury. Everyone is at risk for a TBI, especially children & older adults. Rates of TBI related deaths in 2014 were highest for persons 75 years of age & older. This workshop is aimed to help individuals recognize and respond to people who have been victims of brain trauma; be alert for other serious brain injuries; and help people learn to safely manage their lives in as healthy a way as possible.	11/21/19	6hrs	77
Cultural Humility	Beverly Kyer, MSW, CSW, ACSW	Interactive learning laboratory where participants will experience the process of engaging in cross-cultural interactions with each other while learning & appreciating culturally diverse backgrounds. Activities are designed for deliberate action in becoming sensitive to the values, beliefs, lifestyles & practices of our client's cultures. Methods include PowerPoint presentation; dyad & small group sharing, group "think tanks" Self-reflection exercise, & courageous communication opportunities.	12/12/19	6hrs	23
Asian Americans: Culturally Responsive Services for Our Diverse and Complex Community	Matthew Mock, PhD	Course covers some of the history, cultural influences, diversity & experiences of Asian Americans. Attendees will review multiple issues & concepts related to the psychology of Asian individuals, families & communities. Cultural competence & responsiveness in working with Asian Americans means not only understanding others but understanding ourselves & communities around us.	6/5/2020	3hrs	80

II. Incorporation of Client Culture Training

Table 39. Training for the Incorporation of the Client Culture through CCBHS for FY 2019-2020					
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 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.	Through-out the Year	Varies	It estimated that about 514 people participate throughout various sessions
National Alliance on Mental	NAMI CC Staff and Volunteers	• Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish) help address the	Through-out the	Varies	It estimated

Illness, Contra Costa (NAMI CC)- Family to Family (Spanish, Mandarin, Cantonese), FaithNet, NAMI Basics, and Conversations with Local Law Enforcement		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 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.	Year		that about 780 people participate throughout various sessions

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. CCBHS continues to identify opportunities for training. Staff and interested stakeholders may provide input for training through the Training Advisory Workgroup (TAW). 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. From data made available in 2019, roughly 73% of staff were female and 27% were male, with racial/ ethnic data captured in the following table. CCBHS data language capacity is captured from staff, however accessing this data has proved challenging to capture as not all those who may speak other languages utilize their languages or self-report.

The following table summarizes the racial/ethnic estimates made available in 2019.

Table 40. CCBHS County Racial/Ethnic Estimates as of June 2019

Racial/Ethnic Data Estimates	*Staff Employed*
Latino/Hispanic	14%
Caucasian/ White	38%
African- American/ Black	14.5%
Asian	5%
Native American/ American Indian	0.5%
Pacific Islander	2%
2 or More Races/ Ethnicities	5%
Data Not Captured/ Data Not Reported	21%

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 41. AODS Workforce Development Strategies

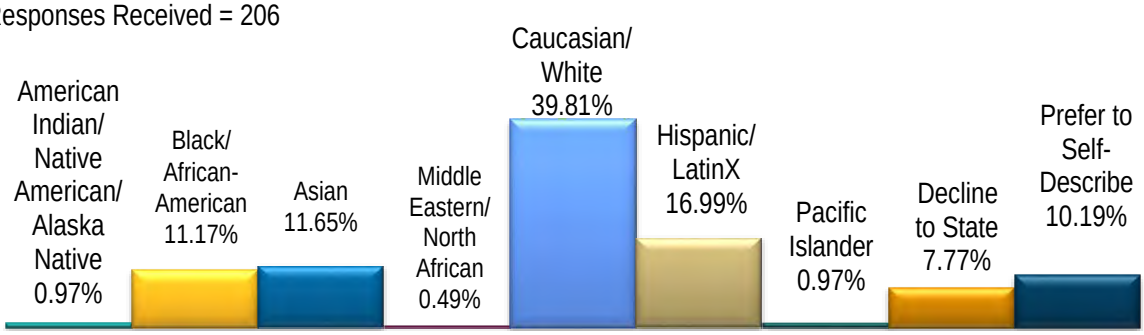
Workforce Staff Support
1. Provide dedicated County staff to participate in CCBHS's RHD Committees ongoing efforts to support all aspects of Workforce Education and Training coordination further the NCLAS standards, to aim to improve healthcare quality and advance health equity pertaining to (SUD).
2. 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 substance use disorders.
3. Increase efforts to recruit and hire substance abuse counselors who represent the cultural diversity of Contra Costa. This includes efforts to hire bilingual staff, with emphasis in the threshold language in all county operated programs.
4. Insert language in contracts with SUD subcontracted providers that requires 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.

Substance Use Disorder (SUD) Peer Support Career Pathway
8. In advancement of Behavioral Health Integration, work in collaboration with the Office of Consumer Empowerment to explore opportunities to support and enhance the Service Provider Individualized Recovery Intensive Training (SPIRIT) to include SUD components/module for persons with lived experience as a client and/or family member that leads to paid and volunteer positions in the substance use disorder field. This can be accomplished by creating a pathway of dually trained peer professionals, a pathway for internships, education and employment experiences leading to a career in the Behavioral Health field, both mental health and SUD care. Provide a SPIRIT alumni network for graduates to offer continuing support, mentorship and resource sharing.
Peer Professional Classification
9. Review and update the county Peer Substance Abuse Counselor classification to reflect changes in the field that promote a career ladder into the SUD system. 10. As appropriate consider the development of an integrated BH CCC Service Provider Individualized Recovery Intensive Training (SPIRIT) program model for submission to the Department of Health Care Services. 11. As a long term plan and once an Integrated SPIRIT program is formalized, ensure that placement and stipends for graduate level interns and trainees throughout county operated programs and community-based organizations are available. Emphasize recruitment of bilingual and bicultural individuals with client/family member experience.

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 5. 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 42. 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 43. 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*

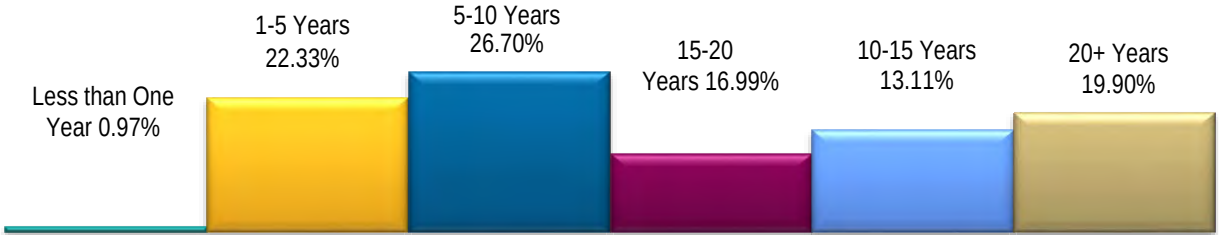
Table 44. 2020 CCBHS Workforce Survey Participant Responses- County Staff Gender Identity

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 45. 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 6. 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 46. 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 47. 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 48. 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 49. 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 50. 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 acting ESM has regular meetings 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. Additionally, the acting ESM also communicates any challenges encountered by staff when using interpretation services either through Linguistic Access Services 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 manner in which 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 2019- 2020, 2,720 interpretation encounters were facilitated by use of Linguistic Access Services and another 2,743 calls were facilitated through the 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 2019-2020 include Putnam Clubhouse under MHSA- PEI programs and Recovery Innovations International (RI International).

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.

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.

RI International also provided peer related services during FY 19-20 through 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 provide 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.

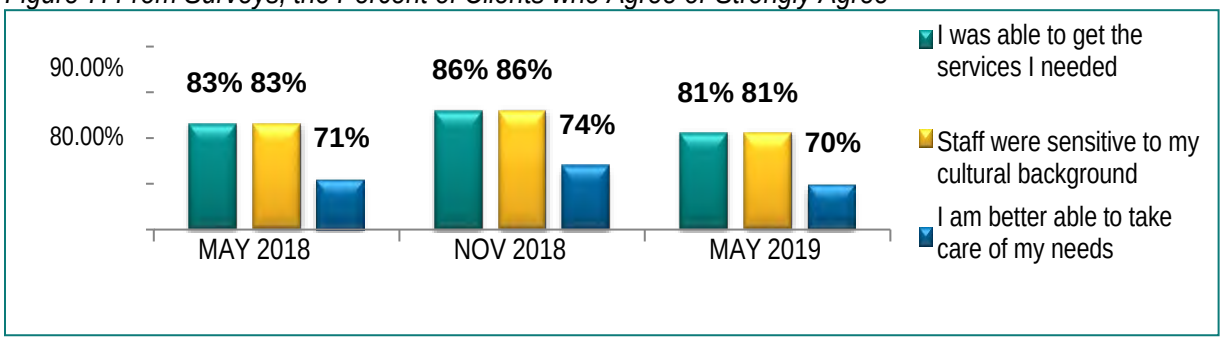
II. Responsiveness of Behavioral Health Services

Information for accessing services is provided in several ways. This information is found on the BHS Homepage, as well as the Access Services site. Additionally, a list of MHSA services can be found in the Service Directory for each of the County regions; including east, central and west.

III. Quality Assurance

CCBHS conducts semi-annual Mental Health Statistics Improvement Project (MHSIP) in the County operated mental health clinics for children and adults. One of the survey questions states, "staff were sensitive to my cultural background (race, religion, language etc.)" and "I was able to get services I need." This survey was administered to youth, families, adult, and older adults that received services in one of the clinics. Results showed most individuals agreed that staff were sensitive to their cultural background while they received services. Results in the following figures illustrate the surveys, the percent of clients who agree or strongly agree with the statements.

Figure 7: From Surveys, the Percent of Clients who Agree or Strongly Agree



From the November 2018 surveys, the percent of clients who agree or strongly agree with the following:

Table 51. Statement on MHSIP	*Youth*	*Adults*	*Total*
I was able to get the services I needed	86	82	86
Staff were sensitive to my cultural background	86	79	86
I am better able to take care of my needs	74	72	74

From the May 2019 surveys, the percent of clients who agree or strongly agree with the following:

Table 52. Statement on MHSIP	*Youth*	*Adults*	*Total*
I was able to get the services I needed	81	82	81
Staff were sensitive to my cultural background	82	80	81
I am better able to take care of my needs	70	70	70

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. The acting ESM has continued dialogue and participates in QM meetings to streamline efforts or share challenges. 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.