INNOVATION PROPOSAL: SUPPORTING EQUITY THROUGH COMMUNITY-DEFINED PRACTICES

Contra Costa Behavioral Health Services

Mental Health Services Act

CONTRA COSTA
HEALTH SERVICES

Contents

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HEALTH SERVICES

INN Proposal: Supporting Equity Through Community-Defined Practices

General Requirement:

This Innovation (INN) Project is defined by the following general criteria:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.
- ☐ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- ✓ Applies a promising community-driven practice or approach that has been successful in non-mental health context or setting to the mental health system.
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services on site.

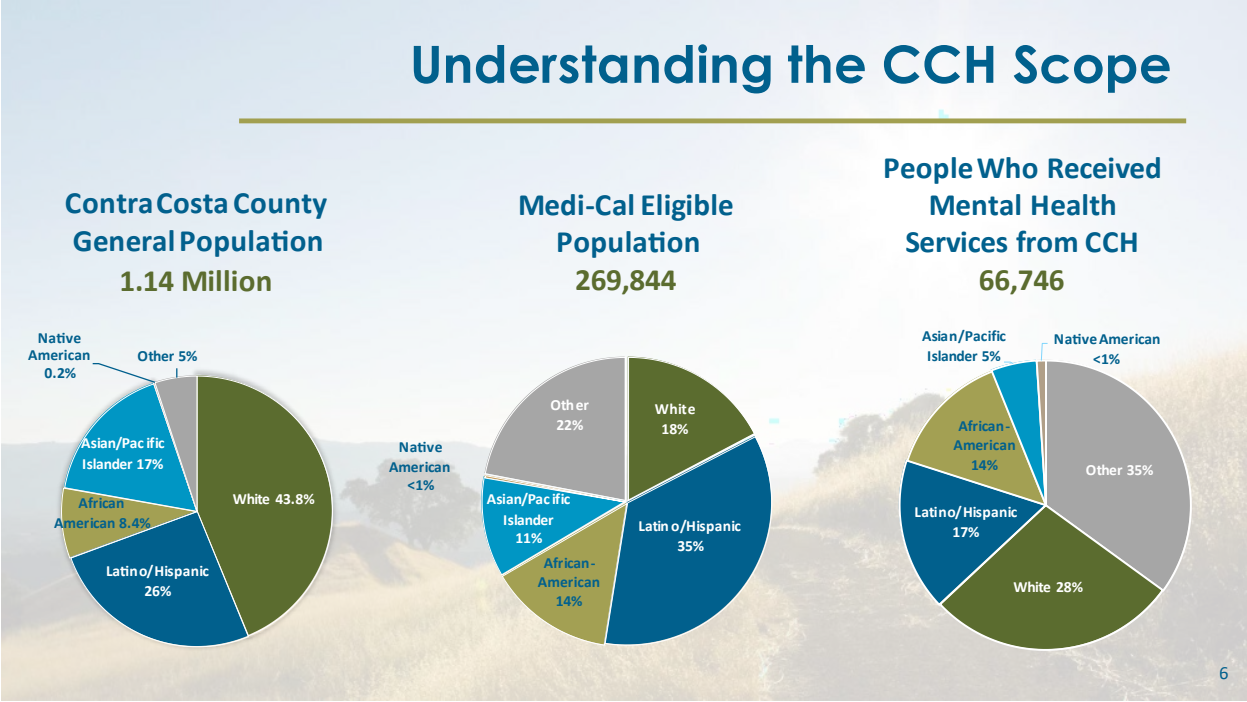
Primary Purpose:

- ✓ Increases access to mental health services for underserved groups.
- ☐ Increases the quality of mental health services, including measured outcomes.
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing.

Primary Problem:

The primary problem to be addressed through this Innovation project is addressing low access rates in Behavioral Health Services by underserved communities and/or communities of color through culturally-defined practices. In Contra Costa County an estimated 1 in 5 adults live with a mental health issue. Referrals for behavioral health services are made through the County Access Line, local hospitals, the criminal justice and courts systems, wellness centers and Community-Based Organizations, as well as Crisis Supports. In the past year, over 66,000 people received mental health services from CCBHS and its partners.[1,3]

However, based on the number of Medi-Cal eligible persons and the need for behavioral health services, our data shows that the Latino/Latinx and AAPI communities are under-utilizing behavioral health resources in Contra Costa County. [1,2,3]



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Other ethnic groups, including the Black/African American population, may be utilizing resources at higher rates but are often inadequately served or over-represented in areas like the criminal justice system, which points to broader systemic issues and structural inequities. The intent of this project is to help bridge those gaps by creating more opportunity to support culturally defined approaches to behavioral health needs, especially since the onset of COVID-19 which has exacerbated inequities in healthcare.

Grants awarded under this project will be utilized for the following: supporting and increasing the number of cultural providers in implementing community outreach and engagement around mental health; implementing culturally responsive interventions and practices; increasing consumer satisfaction and help seeking behavior in Black, Indigenous, People of Color (BIPOC) communities.

Our system needs to change the way it engages communities that are unserved, underserved or inappropriately served to meet them where they are and provide care that is accessible and culturally responsive. The goal of this project is to provide an avenue for the provision of community-defined practices, which are developed by and for unique populations whose needs are not historically met in the traditional health care setting. Culturally-based practices are rooted in customs, behaviors, values and beliefs passed downs through generations. They serve as an informal system of support which relies on intergenerational knowledge-sharing, ancestral history and heritage, traditional practices and relationship structures. They provide a safe space for people to talk and share their lived experiences without the need for explanation or justification of feelings. There is an innate shared understanding among the community.

Research on Inn Component

This project proposal supports the notion that people who don't typically access mainstream behavioral healthcare services (for various reasons) will be more likely to do so if the services are aligned with their cultural beliefs and values and offered by members of their community. These ideas are supported by research.

According to an article in the American Psychological Association's Science Brief, utilization of behavioral health care services by people of color and underserved/unserved communities is one of the most persistent health disparities. Mainstream Western treatment approaches offer little cultural relevance and may be viewed with skepticism, which could contribute to low engagement rates. Communities of color are much less likely to seek treatment than their European American counterparts due to perceived stigma, and poor ethnic and cultural matching between client and provider. [4]

Culturally based practices are defined as being rooted in customs, behaviors, values and beliefs passed downs through generations. They serve as an informal system of support which relies on intergenerational knowledge-sharing, ancestral history and heritage, traditional practices and relationship structures which provide a safe space for people to talk and share their lived experiences without the need for explanation or justification of feelings. There is an innate

shared understanding among the community. Culturally based practices have historically been erased, hidden away or utilized in secret, which can lead to the diminishment of the history, value and pride in BIPOC and QTBIPOC communities.[4] Community-based practices have existed long before the Western medical model was established and may include but are not limited to: healing or prayer circles, traditional healers / practitioners, kinship systems, storytelling / oral traditions and other forms of outreach and support. Services may be provided by qualified practitioners, including peers, promotoras, community health workers, trained facilitators and traditional healers.[5]

The California Reducing Disparities Project's (CRDP) Strategic Plan identifies community-driven and culturally-based solutions as key to transforming California's public behavioral health system and addressing disparities in racial, ethnic and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) communities. The Strategic Plan goes on to point out that laws and policies enacted in the United States over the last several centuries have resulted in intergenerational trauma and stressors. Other factors including stigma and non-acceptance, and discrimination based on language or cultural assimilation, have also led to health disparities, particularly for the African American, Asian and Pacific Islander (API), Latino, LGBTQ and Native American populations.[6]

Community Defined Practices which are offered through community-based agencies are also trusted by the community and often have developed through community need; and the staff supporting the agencies are more likely to live and have similar cultural ideology and are therefore more reflective of the communities served. The importance of recruiting and retaining staff members who accurately reflect the populations they serve gives healthcare organizations a clear advantage in their efforts to deliver culturally responsive care. It is further noted that when clients encounter providers who look like them, speak their language, and share their culture, they are more likely to feel welcomed. Diverse team members can also share their insights with their colleagues, which deepens the broader organization's ability to deliver culturally responsive care.[7]

Proposed Project

The proposed project, Grants for Supporting Equity Through Community-Defined Practices, will apply the general requirement of: applying a promising community-driven practice or approach that has been successful in a non-mental health setting. The project's goal is to reduce disparities in health care access for underrepresented populations through the provision of culturally-based initiatives and programs (e.g., traditional healing, life coaching, circles of care, mindfulness, radical inclusivity, and culturally and linguistically appropriate outreach)[4] that are not currently offered in existing behavioral health care settings.

Communities of color face barriers to care that include lack of adequate insurance, stigma around behavioral health, lack of diversity among health care providers, language barriers and distrust in government systems.[8] By providing grant funding to community groups who employ staff that are representative of the community and reflect the values and customs of the community they serve, we believe engagement will be higher. Populations that are currently underserved or inappropriately served, including API, Latino/Latinx and Black/African American, will be more likely to seek care if it is aligned with their cultural values and beliefs.

This project proposal will award grants to community groups through a Request for Proposal (RFP) process to address inequities in behavioral healthcare. More specifically, these grants will create opportunities for cultural service providers to help identify effective modes of service delivery through outreach, engagement and education. By addressing stigma and other barriers that may exist, access to behavioral health services will be increased for members of the community who are currently being underserved, unserved or inappropriately served.

Contracting

If awarded, Contra Costa Behavioral Health Services (CCBHS) will engage in an RFP process to determine which Community Based Organizations (CBO) are to receive grants to provide community-based, culturally-defined wellness practices. Applicants will be asked to provide diversity data about their organization and population served, as well as what diversity challenges they face and steps they have taken to combat those challenges.

CBO contracts may be renewed annually for up to four years, or for the duration of the project. CBO's will be asked to submit an annual report demonstrating how they are achieving the learning goals outlined in the proposal. CCBHS will work with a contractor to provide on-going technical assistance, program evaluation and annual reporting.

Community and Program Planning

The idea for this project was developed through the Mental Health Services Act (MHSA) advisory stakeholder group known as Consolidated Planning and Advisory Workgroup (CPAW) and its subcommittees, including the Innovation Committee and the Reducing Health Disparities (RHD) Workgroup during a planning process that began in 2021. Membership in these stakeholder bodies includes:

- Peers (consumers / clients and those with lived experience)
- Peer Providers
- Family Members
- Family Partners
- Mental Health Commission (Board Members)
- Community Based Organization Staff
- Behavioral Health Providers
- Underserved Populations
- Faith Based Organizations
- Criminal Justice
- Alcohol and Other Drug Services (AODS) - currently vacant
- Veteran Populations - currently vacant

All meetings are open to the public and publicized through a broad email distribution list (to over 700 recipients), and agendas are posted in public view on-site and on-line. CPAW meetings and Community Program Planning events are facilitated by an independent contractor from Homebase: The Center for Common Concerns. This Innovation project was developed and crafted through multiple stakeholder meetings during the past year. On March

4, 2022, we hosted an *Innovation Community Forum* where this project proposal was presented, and members of the community were able to provide direct input via small group discussions and a survey process. The proposal was developed in collaboration with the community during the following public meetings:

CPAW Main Meetings:

- January 6, 2022
- February 3, 2022
- April 7, 2022
- September 1, 2022

CPAW Innovation Sub-Committee Meetings:

- December 20, 2021
- February 28, 2022
- April 25, 2022
- July 25, 2022

MHSA Innovation Community Forum:

- March 4, 2022

Reducing Health Disparities Meetings:

- December 6, 2021
- February 7, 2022
- April 4, 2022

Historically Marginalized Community Engagement (HMCE) Unit Meeting:

- January 2022

Board of Supervisors Equity Presentation:

- August 16, 2022

As part of the process at these meetings, similar projects in other counties were reviewed, and the existing needs of the local community were taken into consideration in the development of this proposal. Variations on this proposal have been implemented in other counties through the MHSA Innovation component. Some examples include Marin County's *Growing Roots: The Young Adult Services Project*, which focused specifically on the Transition Age Youth (TAY) population. The project had a similar goal of reducing disparities in access by building on the informal system of care to provide culturally appropriate behavioral health services. Grants were awarded to community organizations following an RFP process, so they could implement changes to existing models including new policies and procedures, locations or modes of service, as well as types of services offered. Monterey County also offered an Innovation grants program to address access to care for the Latino/LatinX population. Their *Micro-Innovation Grant Activities for Increasing Latino Engagement Project* was geared toward addressing the persistent gap in services being provided to the Latino community. They enabled a network of micro-innovation activities designed specifically by and for the communities. Grant recipients were awarded through an RFP process, assigned to a cohort, and required to submit a Plan, Do, Study, Act (PDSA) model to describe their activity and evaluation process. A review board was established to provide oversight.

Communication and Dissemination Plan

Communication and dissemination regarding the project will continue to be addressed through the MHSA Advisory CPAW meetings, where on-going updates will be provided. The RFP process will be communicated at stakeholder meetings, and through our broad email distribution lists, as well as posting on the CCBHS - MHSA website and through social media platforms. A Bidder's Conference will be held to provide interested parties the opportunity to ask questions and receive support in their application process. Annual reports will be shared with the stakeholder community, including the Mental Health Board.

Learning Goals / Project Aims

This Innovative Project's intent is to bolster equity within the behavioral health care system by increasing the number of available community-based and culturally-defined wellness initiatives and ultimately, increase engagement in behavioral health services by underserved groups. This will be achieved by offering grants to community organizations to deliver unique services, which are not currently offered within the system of care.

Research Questions:

- Does offering grants to community organizations increase engagement in behavioral health services by underserved groups?
- Can providing culturally defined wellness initiatives through the grants program increase a sense of belonging and wellness in underserved community groups?

Project Goals:

- Serve at least 50 community members per organization per year
- Increase access, quality, and range of culturally appropriate behavioral health services for underserved populations (i.e. Latinx/Hispanic, AAPI, LGBTQ+, African American/Black)
- Determine barriers for accessing mental health services among underserved groups
- Increase awareness of existing behavioral health supports and services

Evaluation

CCBHS will contract with an independent consultant to support implementation and evaluation of the project, including analysis of individual program reports, and completion of required annual comprehensive Innovation reporting. The contractor will help guide CCBHS to determine the best methods to collect data and measure outcomes tied to the learning objectives. CCBHS will work with the contractor to develop a reporting template for each program to use. The reporting template will address learning goals including: number of clients served by each grantee program, and number and type of engagement activities. CCBHS will

also work with the contractor to develop a survey to identify demographics and measure value and effectiveness through questions that will gauge changes in isolation, mental health stigma, connectedness, likelihood of seeking future care and overall satisfaction. The evaluator will help CCBHS address sustainability by determining which strategies identified during the project were most effective and should be incorporated into the CCBHS system of care.

Cultural Competence and Stakeholder Involvement in Evaluation

The concept for this proposal was introduced by the community who voiced a need for new and different ways of providing outreach and access to behavioral health services and supports for underserved community groups. This project idea was formally discussed at over one dozen stakeholder meetings and events during the past year. Feedback was elicited from the community, including peers and family members. The project roll-out and evaluation will be conducted through an equity lens, as it moves from conceptualization through implementation and evaluation. We're working with our Reducing Health Disparities committee to make sure our RFP process includes questions and a scoring process that reflect our values around cultural humility and responsiveness. Members of the RFP Review Panel will be representative of the community and include those with lived experience.

Innovation Project Sustainability and Continuity of Care

Grant recipients will be asked to address sustainability and continuity of care at the program level, in their annual and final reporting. Data will be analyzed and shared with CPAW- the MHSA advisory body, stakeholders, as well as CCBHS executive leadership. Programs and initiatives that have been deemed to have a positive community impact, as evidenced by both quantitative and qualitative data, may be considered for on-going funding through MHSA Prevention and Early Intervention (PEI) or Community Services and Supports (CSS) or other availing funding sources, after the Innovation project concludes.

MHSA General Standards

Briefly describe how the INN project reflects, and is consistent with, all potentially applicable MHSA General Standards below:

1. **Community Collaboration**

- The project was developed through a community planning process that included discussions and presentations and multiple stakeholder meetings from December 2021 – September 2022. On-going community collaboration will be supported through updates at the monthly stakeholder meeting and sharing of annual reports. The project itself supports community collaboration because it creates opportunities for community groups to provide culturally grounded programs and services.

2. **Cultural Competence**

- The planning, implementation and evaluation of the project are/will all be informed by a cultural humility framework. The project is designed to create equity by providing culturally grounded services and improving access to culturally sensitive care to unserved and underserved groups.

3. **Client and Family Driven**

- Clients and family members will be encouraged to provide feedback on the quality and effectiveness of the project through surveys and monitoring of service reports. Evaluation reports may also be shared with the Mental Health Commission (Board).

4. **Wellness, Recovery and Resilience-Focused**

- We recognize that community-driven cultural practices are effective and help prevent mental illness from becoming severe and debilitating and that culture is prevention.

5. **Integrated Service Experience**

- Services supported by this Innovation project may be incorporated into the broader system of care. In doing so, clients would experience a seamless transition into the Behavioral Health Care System where services are indicated. They may also receive referrals to other community-based programs and support in following up.

Timeline

The proposed project timeline is as follows, with a starting date to follow project approval:

Time Frame	Task(s) / Objective(s)
Months 1-2	Identify Contractor to assist with planning and evaluation
Months 1-3	Convene RFP Review Panel in collaboration with the Innovation Committee and Reducing Health Disparities Workgroup. Review and refine RFP document. Release to the community at the conclusion of month 3. Hold Bidder's Conference to provide interested parties the opportunity to ask questions and receive support in their application process
Month 4	Select and announce Grant recipients
Month 5-6	Establish and execute contracts
Annually	Program and evaluation reports shared with stakeholders
Final Year	Hold exit summit to share final report including results and lessons learned with stakeholders

Budget

Budget Narrative

There are no Innovation funds currently subject to reversion. Below is an estimated budget narrative for the project.

Personnel Costs: $55,000 average annual cost includes salaries for MHSA Supervisor 0.25 (Full Time Employment (FTE) and MHSA Program Manager 0.25 FTE. A 5% Cost of Living Allowance (COLA) is added each subsequent year, to reflect negotiated salary increases. These positions will provide project management and coordination, including of the RFP process.

Operating Costs: $1,750,000 in Fiscal Year (FY) 2023-2024 and subsequent 5% annual increases will cover grants to community-based organizations. These will allow us to award between 10-14 grants to community organizations per year in the amount of $50,000-$125,000 annually, depending on size and scope of the projects.

Consultant Costs / Contracts: $100,000 for first full FY 23-24 and up to %5 annual increases reflect the cost of external consultants to perform the following functions which may include: fiscal agent, evaluation and reporting. This reflects an estimated cost of $200/per hour for up to 500 hours per year (approximately 10 hours per week).

This project will be funded 100% by MHSA Innovation funds. Any budget area where funding is not expensed in the anticipated amount may be redirected to increase grants awarded for community-defined practices.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY xx/xx**	**TOTAL**
1.	Salaries	**55,000**	**57,750**	**60,638**	**63,669**		**237,057**
2.	Direct Costs						
3.	Indirect Costs						
4.	**Total Personnel Costs**						**$**

	OPERATING COSTS*						
5.	Direct Costs		**1,750,000**	**1,837,500**	**1,929,375**		**5,516,875**
6.	Indirect Costs						
7.	**Total Operating Costs**						**$**
	NON-RECURRING COSTS (equipment, technology)						
8.							
9.	**Total non-recurring costs**						**$**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)						
10.	Direct Costs						
11.	Indirect Costs						
12.	**Total Consultant Costs**	**50,000**	**100,000**	**105,000**	**110,250**		**$362,250**
	OTHER EXPENDITURES (please explain in budget narrative)						
13.							
14.	**Total Other Expenditures**						**$**
	BUDGET TOTALS						
	Personnel (total of line 1)						**$**
	Direct Costs (add lines 2, 5, and 11 from above)						**$**
	Indirect Costs (add lines 3, 6, and 12 from above)						**$**
	Non-recurring costs (total of line 10)						**$**
	Other Expenditures (total of line 16)						**$**
	TOTAL INNOVATION BUDGET	**105,000**	**1,907,750**	**2,003,138**	**2,103,294**		**$6,119,182**

End Notes

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

2 - Contra Costa Behavioral Health Services (2020). *Cultural Humility Plan Update*.
2020-2023 Cultural Humility Three Year Plan (cchealth.org)

3 - Contra Costa Behavioral Health Services (2022). *Equity in Our Mental Health Delivery System.*
http://64.166.146.245/docs/2022/BOS/20220816_2032/50604_CCBHS%20Services_BOS%20Presentation_8-8-22%20sans%20speaking%20points%20wo%20video%20v2.pdf

4 - California Pan-Ethnic Health Network (CPEHN) (2021). *Concept Paper: Policy Option for Community-Defined Evidence Practices (CDEPs)*
https://cpehn.org/assets/uploads/2021/04/CDEPs-Concept-Paper-April-2021.pdf

5 - California Reducing Disparities Project (2015). *Strategic Plan to Reduce Mental Health Disparities*.
https://cpehn.org/assets/uplaods/archive/resource_files/crdp_executive_summary-english_1.pdf

6 - Tulane University School of Public Health and Tropical Medicine (March 2021). *How to Improve Cultural Competence in Health Care*.
https://publichealth.tulane.edu/blog/cultural-competence-in-health-care

7 - American Psychiatric Association (2017). *Mental Health Disparities: Diverse Populations*.
https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Diverse-Populations.pdf

8 - Nagayama PhD, Gordon C. American Psychological Association. (March 2019). *Science Brief*: *Why Don't People of Color Use Mental Health Services?*
https://www.apa.org/science/about/psa/2019/03/people-color-mental-health

Appendix

A – Presentation to Mental Health Board

B – Summary from Innovation Community Forum

C – Flyer for Innovation Community Forum

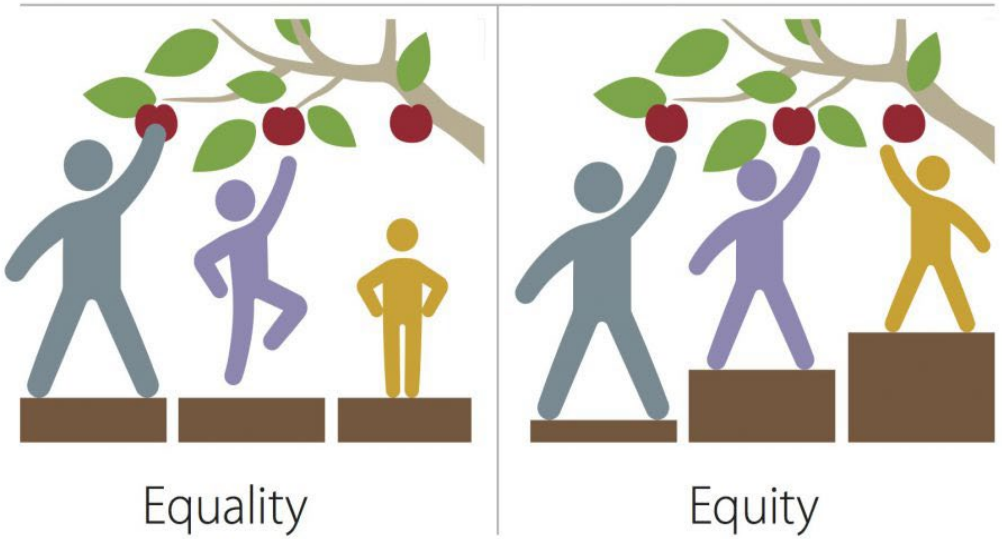
Mental Health Services Act (MHSA) Innovation Proposal:

Supporting Equity through

Community Defined Practices

Presented to the Mental Health Commission

3/1/23

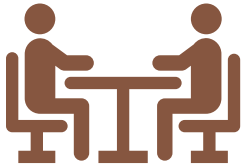


Proposal Overview

- Supporting equity through community defined practices
- Grants of up to $125K will be awarded to community groups to provide behavioral health/mental health services not currently offered in the Contra Costa Behavioral Health Services (CCBHS) System of Care
- Grants will be awarded through a local Request for Proposals (RFP) process
- Goal is to increase **access to BH services** for underserved groups who may otherwise not engage with services

How Did We Get Here?

Concept for Grants for Community Defined Practices was developed through stakeholder meetings



Community Program Planning

With the onset of the pandemic, there was increased conversation, including presentation and discussion at:

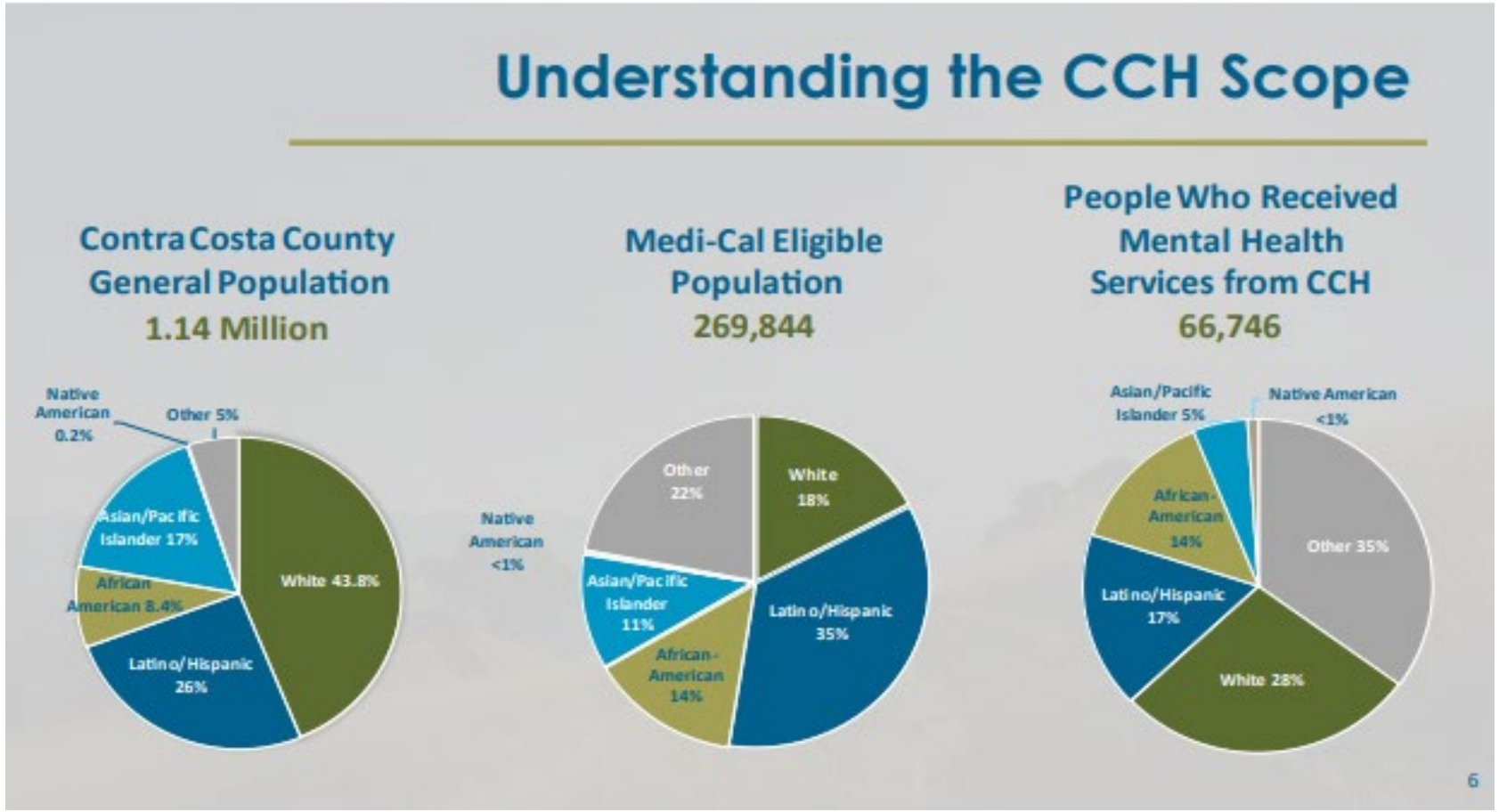
4 Consolidated Planning and Advisory Workgroups (CPAW) Meetings
4 Innovation Sub-Committee Meetings
3 CCBHS Reducing Health Disparities (RHD) Meetings
1 Historically Marginalized Community Engagement (HMCE) Meeting
1 Innovation Community Forum
1 Board of Supervisors (BOS) presentation

What are Community Defined Practices?

- Practices rooted in community, customs, behaviors, beliefs, and values and have existed long before Western medical model was established
- May or may not have been measured empirically
- Range from behavioral health treatments to community outreach or other supports
- Examples include:
  - Culturally and linguistically appropriate outreach
  - Mindfulness
  - Life coaching or mentorship
  - Circles of Care
  - Radical Inclusivity
  - Traditional Healing and Practices
  - Intergenerational knowledge-sharing; such as ancestral history and heritage

Underserved Populations

As reported to BOS on 8/16/22



Why Grants?

- California Reducing Disparities Project (CRDP) Strategic Plan identifies community-based solutions as key to transforming California's public behavioral health system and addressing disparities in racial, ethnic and LGBTQ+ communities
- Increase access and engagement by underserved and unserved communities who may not otherwise seek services
- Trust and rapport – better established with members of the community
- Identify what strategies are effective in increasing service engagement and could be incorporated into the CCBHS System of Care

Evaluation & Budget Info

- Grant recipients will complete annual program reports that address learning goals related to their project
- CCBHS will utilize an outside evaluator to analyze individual program reports, aggregate data and complete state reporting
- Innovation Project Term: 3 years
- Annual Budget: $1.9M - $2.1M

Public Comment & Next Steps

Draft proposal has been posted for 30 days on the website

INNovation Proposal: Supporting Equity Through Community-Defined Practices (cchealth.org)

Technical Assistance was received from the Mental Health Services Oversight and Accountability Commission (MHSOAC)

- Refined learning goals
- Background

Summary of public comment includes:

- Support for LGBTQ to be included

Present to MHSOAC Board on 3/23/23

Reference Documents & Further Reading

California Reducing Disparities Project

BOS presentation, August 16, 2022: Equity in our Mental Health Delivery System

2021-2022 CCBHS Cultural Humility Plan Update

2019 Mental Health System of Care Needs Assessment

Concept Paper: Policy Options for Community-Defined Evidence Practices (CDEPs), April 2021

Innovation Community Forum Summary Report

Contra Costa Behavioral Health Services

Mental Health Services Act (MHSA)

Community Forum Overview

Friday,
March 4th, 2022
2:30pm-4:30pm

Virtual Event
Interpretation provided in Spanish, Mandarin, & American Sign Language (ASL)

Registrants – 154
Attendees – 80

Polling
40% had never attended a forum before
33% not at all familiar with MHSA/INN
Region identify with: West (34%), East (30%), North/Central (27%), South (9%)
Affiliation: Peer (28%), Family (28%), Other (30%), Community Member (38%), Provider (54%)

230 responses received through Community Program Planning Process Survey.
Survey open for about 2.5 months
Advertised prior to and at forum
Responses: 204 English, 6 Spanish, 20 in Farsi
Flyers in English, Spanish, Farsi, Chinese

Survey Participant Demographic Data

230 Responses Collected, Some Questions Skipped

Race/ Ethnicity (n=227)	Affiliation (n=228)	Age Range (n=227)	Gender Identity (n=228)	Sexual Orientation (n=228)
American Indian/Native American/ Alaska Native: 1 or .44% Asian: 28 or 12.33% (20 Afghani, 1 Chinese, 5 Filipino, 1 Hawaiian, 2 Indian, 2 Iranian, 2 Japanese, 1 Jordanian, 1 Palestinian, 4 Decline to State, 4 Other) Black/African American: 21 or 9.25% Caucasian/ White: 113 or 49.77% Latino/a/X/Hispanic: 30 or 13.21% Pacific Islander: 3 or 1.32% Decline to State: 23 or 10.13%: Prefer to Self-Describe: 8 or 3.52%	Peer: 73 or 32.01% Consumer/ Client: 51 or 22.36% Family Partner: 104 or 45.61% County Behavioral Health: 26 or 11.4% Behavioral Health CBO: 53 or 10.08% Community Member: 105 or 46.05% Decline to State: 13 or 5.7% Other: 18 or 7.89%	10-13 years: 1 or .44% 14-18 years: 1 or .44% 19-25 years: 14 or 6.16% 26-35 years: 24 or 10.57% 36-45 years: 50 or 22.02% 46-55 years: 42 or 18.5% 56-65 years: 51 or 22.46% 66+ years: 38 or 16.66% Decline to State: 6 or 2.64%	Female: 163 or 71.8% Male: 52 or 22.8% Transgender: 2 or .87% Genderqueer: 2 or .87% Questioning: 0 Decline to State: 8 or 3.5% Prefer to Self-Describe: 1 or .43%	Bisexual: 13 or 5.7% Gay: 3 or 1.31% Heterosexual/Straight: 170 or 74.56% Lesbian: 7 or 3.07% Queer: 2 or .87% Questioning: 0 Decline to State: 26 or 11.4% Prefer to Self-Describe: 7 or 3.07%

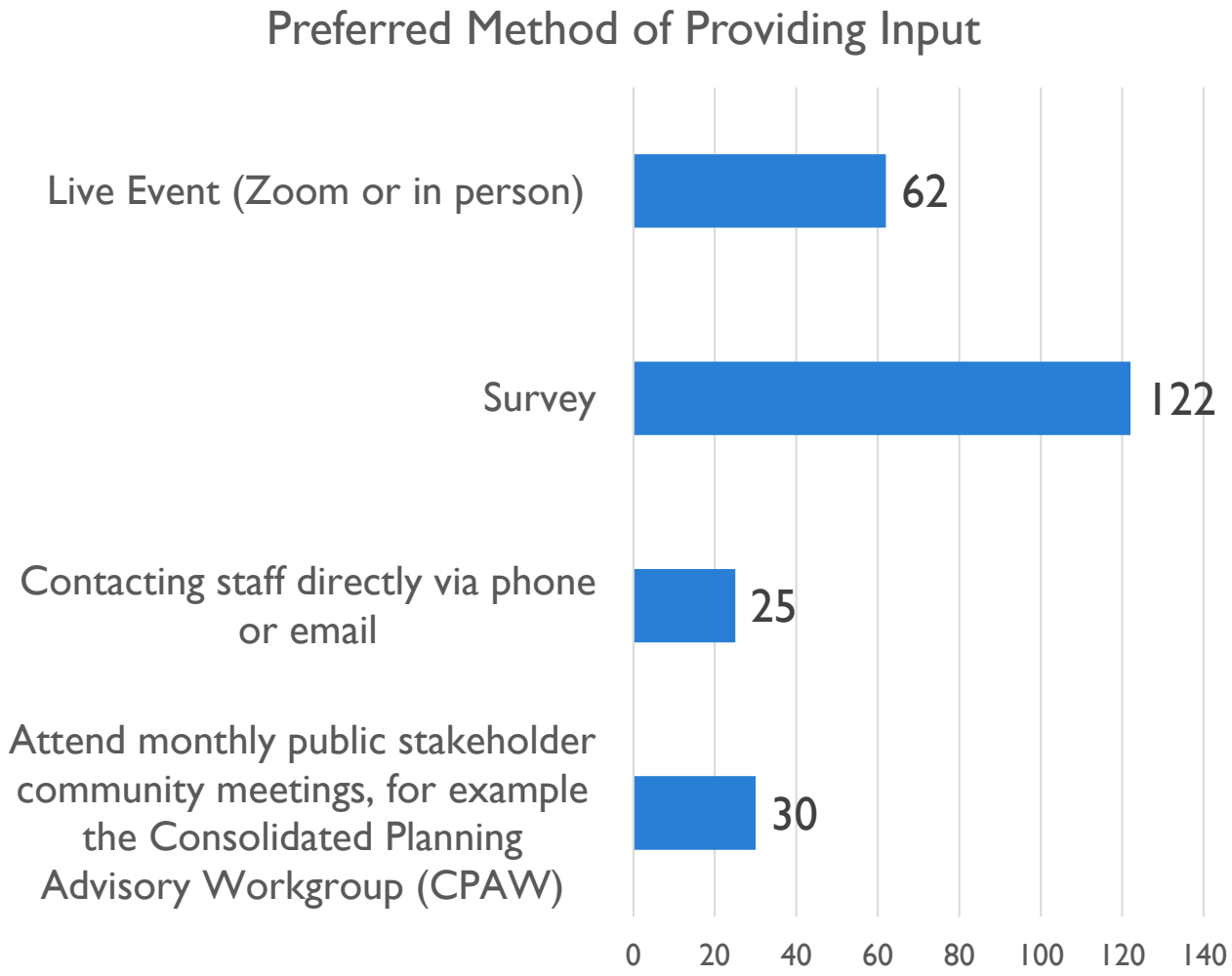
Survey Participant Demographic Data
(Continued)

Highest Level of Education (n=228)	Primary Language (n=214)	Disability (n=227)	Region of the County (n=228)	Active, Reserve or Veteran Status (n=226)
Elementary: 1 or .43% Middle School: 3 or 1.31% High School/ GED: 23 or 10.08% Community College: 39 or 17.10% Trade School: 3 or 1.31% Bachelors: 63 or 27.63% Masters: 64 or 28.07% Doctoral: 15 or 6.57% Decline to State: 16 or 7.01% Other: 1 or .43% (Did not have any schooling)	English: 197 or 92.05% Spanish: 11 or 5.14% Other: 18 or 8.41% (13 Dari, 6 Farsi, 12 Pashto) Decline to State: 1 or .46% *It should be noted that some people identified more than one language as primary language	Yes: 40 or 17.62% No: 172 or 75.77% Decline to State: 16 or 7.04%	Central: 85 or 37.285% East: 48 or % 21.05 South: 10 or 4.38% West: 31 or 13.59% Other: 14 or 6.14% (Outside of Contra Costa: Hayward, Benicia, Berkeley, Isleton, California, Oakland, Stockton) Decline to State: 27 or 11.84%	Active: 0 Reserve: 0 Veteran: 13 or 5.75% Decline to State: 14 or 6.19%

PRIORITIES ISSUES IDENTIFIED THROUGH SURVEY

1. Increase in Behavioral Health Services (AOD + MH)
2. Housing / Homeless (tied with #3)
3. Care/services for specific populations
4. Access to Care – timely, affordable, culturally & linguistically appropriate
5. Community Building and Support
6. Crisis Services
7. Prevention and Early Intervention
8. Justice Involved / Community Violence
9. School Based Supports / Services
10. Suicide Prevention
11. Transportation

What is your preferred method for providing input regarding how to prioritize spending for Contra Costa Behavioral Health care?



Innovation Project Ideas and Small Group Discussion Questions

Innovation Project Ideas

- Psychiatric Advanced Directives (PADs)
- Community Defined Practices
- Housing Services

Small Group Discussion Questions

1. What programs and services are helpful or working well? What would you like to see more of?
2. What's not working? Where are the gaps?
3. What Innovation projects interest you? Do you have questions?

Small Group Discussion Summary

Things that are Working Well:

- CBO's and Grassroots Orgs – RYSE, Putnam, Latina Center, Coalition of Health & Wellness
- Older Adult Program – multi-disciplinary team, home visits
- Collaboration – provider networks
- Organizations doing school-based mental health work

What would you like to see more of?

- Services for specific cultural groups and regions of the county
- Culturally relevant / appropriate services – providers who look like community
- Focus on impact of trauma
- Peer partners and peer-run programs
- Early Intervention for youth
- Better access
- One stop resource hubs

What's not working? Gaps?

- More support for family members – guidance, navigation
- Lack of timely & appropriate access, including staffing shortages
- Culturally responsive care – BIPOC and Immigrant communities
- Lack of housing
- More support for Youth
- Stigma
- Funding for CBO's

Innovation projects

- Strong support for:
  - PADs
  - Micro Grants to CBOs for Community Defined Practices
- Other Potential INN Project Ideas:
  - Experimental treatments for MH – psychedelics, harm reduction focused programs
  - Early intervention to youth in schools

CONTRA COSTA
HEALTH SERVICES

Join us!
3/4/22
2:30-4:30pm

Please register in advance
CLICK HERE

Under the Mental Health Services Act (MHSA), Contra Costa Behavioral Health Services (CCBHS) is conducting a ***virtual forum*** as part of the **Community Program Planning Process.** CCBHS provides mental health and substance use treatment services.

- Understand how the MHSA works
- Learn about the Innovation component and new project ideas
- Participate in small group discussions and provide input
- Help inform the MHSA Three Year Plan and future use of MHSA funding

We value your unique experience, especially as a client/consumer/peer, family member, or member of the community!

For any questions or to request translation services please contact:
MHSA@cchealth.org or call 925-313-9525

CONTRA COSTA
HEALTH SERVICES

加入我们

2022 年 3 月 4 日 下午 2:30-4:30

依据《心理健康服务法律》Mental Health Services Act (MHSA)，Contra Costa 行为健康服务 (CCBHS) 即将进行一场*虚拟论坛*，作为社区计划程序的一部分。CCBHS 提供心理健康和药物滥用治疗服务。

请单击此处提前登记

- 了解 MHSA 的工作方式
- 了解创新组件和新的项目理念
- 参与小组讨论并提供意见
- 帮助告知 MHSA 三年计划和未来 MHSA 资金的使用

我们重视您的独特体验，尤其是作为客户/消费者/同行、家庭成员或社区成员！

如有任何问题或要求翻译服务，请联系：MHSA@cchealth.org 或致电 925-313-9525

Foro Comunitario

Viernes, 4 de Marzo, 2022 de las 2:30pm a 4:30pm

¡Los Servicios de Salud del Comportamiento de Contra Costa los invita a un foro comunitario virtual!

- **Los residentes de Contra Costa son invitados a proporcionar sugerencias sobre las necesidades relacionadas a servicios de salud mental y servicios de tratamiento por el abuso de sustancias como parte del Proceso de Planificación Comunitario y parte de la Ley de Servicios de Salud Mental.**

HAGA CLIC AQUÍ PARA REGISTRARSE

¿Por qué debo participar?
- ¡Valoramos su experiencia única, especialmente como ua persona cual ha recibido servicios por los Servicios de Salud del Comportamiento de Contra Costa o como un miembro de la familia del alguien cual ha recibido estos servicios!
- La información que usted provee nos ayudara a informar el Plan de Tres Años de la Ley de Servicios de Salud Mental y el uso de los fondos.
- Cuanta más participación recibamos, mejor se representará la voz de la comunidad.

¿Qué pasa en el foro?
- ¡La información cual usted provee es completamente anónima! Su nombre no es colectado.
- Habra personal cual hablan español presente.
- Habrá encuestas y unas discusiones en grupos pequeños donde usted podrá proveer sugerencias sobre lo que usted piensa que es importante. Las respuestas se compilarán en un reporte que ayudará a informar el uso de los fondos de la Ley de Servicios de Salud Mental de Contra Costa y serán incluidos en el Plan de Tres Años.
- La información cual usted provee no afectará su capacidad para recibir servicios de salud del comportamiento ahora o en el futuro.

¿Qué es la Ley de Servicios de Salud Mental?
- La Ley de Servicios de Salud Mental, (Proposición 63) fue votada como ley en noviembre de 2004 por los votantes de California.
- La ley proporciona fondos adicionales para los servicios de salud mental y servicios de tratamiento del abuso de sustancias en el sistema del comportamiento público.
- La Ley de Servicios de Salud Mental se base en las necesidades del cliente y de la familia - que significa que aquellos con experiencia propia usando estos servicios tengan una voz. La ley también dice que debe ser culturalmente apropiada y servicios deben ser proveídos en el lenguaje apropiado.
- La planificación de los servicios debe ser en colaboración con la comunidad y los servicios deben ser integrados con otros servicios sociales, y con enfoque sobre el bienestar, la recuperación y la resiliencia del cliente.
- La Ley de Servicios de Salud Mental también manda que cada condado desarrolle un plan del uso de los fondos cada tres años con la participación de la comunidad. En el año fiscal 2021-2022, el condado de Contra Costa aparto más de 54 millones de dólares para más de 80 programas cual ofrecieron servicios de salud del comportamiento en el condado.

CONTRA COSTA BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

Todos interesados en asistir son bienvenidos.

Preguntas:
Genoveva.Zesati@CCHealth.org
(925) 500-3301