Cultural Competence Plan Update

CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

2019 – 2020

The pictures above are from the PhotoVoice Empowerment Project coordinated by Contra Costa Behavioral Health Services Office for Consumer Empowerment in collaboration with the Committee for Social Inclusion. Funded by the Mental Health Services Act (MHSA). The PhotoVoice Empowerment Project enables clients to produce artwork that is personal and allows for expression through poetry and narrative. The artwork speaks to the prejudice and discrimination that people with behavioral health challenges face and empowers clients to record and reflect their community's strengths and concerns. It also promotes critical dialogue about personal and community issues. Special thanks to PhotoVoice participants for sharing their knowledge and artwork.

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2019-2020 Cultural Competence Plan Update Summary

Contra Costa County Behavioral Health Services (BHS) is committed to strengthening its ongoing efforts and work to provide a system of care that works to be culturally responsive and linguistically appropriate to the communities served. The 2019-2020 Cultural Competence Plan Update details data and strategies that outline this County's response to address identified mental health disparities; inclusive of both Mental Health and newly added Alcohol and Other Drug (AOD) Services.

In addition, BHS recognizes the importance of developing programs, services, and a workforce that are receptive to the cultural and linguistic diversity of clients/consumers and families served; as well as the importance of including clients/consumers/peers and family members in the planning of services.

Focus Areas and Future Goals

BHS has identified areas of focus for the upcoming year to address the continually changing needs of the diverse communities served. Specific strategies to support the priority populations of Latino/Hispanic and Asian/Pacific Islander (API) communities, and LGBTQ+ youth. This will include further language access, as well as identifying specific language needs for the API community. Culturally responsive trainings will be reviewed to explore if further training may be offered to support these communities. In preparing the CCP, challenges in accessing data also informed BHS that the need for culturally and linguistically appropriate data needs to be strengthened. Further work will be done to continue to strengthen data capturing methods.

The Reducing Health Disparities (RHD) Committee has also identified five focus areas that will help drive efforts to support BHS in strengthening bridges to address cultural and language barriers.

The five focus areas identified by the RHD Committee are:

1. Work to strengthen dialogue between RHD Committee with BHS Leadership and its System of Care that will encourage and allow space to support and address disparities and recognize system complicity at times of causing harm or distrust in communities that are supposed to be served by system. Revisit some approaches that may allow for dialogue to encourage clients, families, community and staff to foster healing and wellness.
2. Strengthen language access in Spanish (threshold language), as well as language access support that extends to other identified language needs of clients and community.
3. Strengthening community engagement such as; bringing services, programs, and information to the community, including client/peer voices, and a method to track how and where this is happening, and how to further build healthy equitable relationships.
4. More training and promotion to BHS workforce including Community Based Organizations (CBOs), of culturally responsive practices, cultural humility, language access availability and sensitivity, and trauma informed systems.
5. Promote professional development programs that support quality staff in BHS including contracted CBOs with specific consideration of those with lived experience, systems involvement experience, or cultural and language capabilities to serve and meet the identified needs of BHS clients and community.

BHS will work to analyze efforts towards the end of 2020 to gauge outcomes and identify gaps to continue future work that will address cultural and linguistic needs for clients/consumers and families.

Criterion 1: Commitment to Cultural Competence

Health Services Mission, Commitment and Vision

The mission of Contra Costa Health Services (CCHS) 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.

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

In 2019 CCHS also launched its Envision Health planning process to understand, think about, deliver and support health in Contra Costa County to collectively address changing realities. CCHS is working with the community and partners in planning for health realities for 10, 20 and even 30 years into the future.

"Ensuring, promoting and protecting the health of everyone in Contra Costa, especially our most vulnerable, demands that we be thoughtful, proactive and bold. We cannot afford to be stuck with plans that respond to yesterday's realities. We owe it to our community to step out of our comfort zone, peer into the future and work with both existing and non-traditional partners to create a future system of health that advances the health of all Contra Costa while being responsive to our changing world.[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 (AOD) were combined into a single Behavioral Health System of Care (SOC) to create Contra Costa Behavioral Health Services (BHS); a division under CCHS.

Behavioral Health Services Mission

The BHS 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 Planning

BHS 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 2019-2020 Cultural Competence Plan Update (CCP) details data and strategies that outline BHS's response to address identified behavioral health, language, and cultural needs to build equitable care. The primary purpose of the CCP is to evaluate the service and workforce needs of the populations BHS is intended to serve and maintain and identify possible gaps or areas that need strengthening within its System of Care.

This document contains strategies and summary updates of the activities identified for reducing disparities. Much of this work is outlined in detail in the Mental Health Services Act (MHSA) Three Year Plan and annual Plan Updates as well as the Alcohol and Other Drugs (AOD) Substance Use Disorder Services Strategic Prevention Plan FY 2018-2023. These strategies were designed to identify priority populations

[1] https://cchealth.org/healthservices/envision-health.php

and meet key community needs in Contra Costa County.

BHS acknowledges the importance of developing programs and services that are receptive to the cultural and linguistic identities of the community, families and clients/peers served while also including those same communities in the planning of services. This CCP is a working document that has been compiled in collaboration with input and data from various groups including county staff, contracted Community Based Organizations (CBOs); clients/peers and families. This 2019-2020 CCP also highlights newly incorporated AOD data, targeted programming and strategies that enrich the culturally integrated approach to behavioral health treatment.

Policies & Procedures

CCHS Department and BHS Division has standing policies and procedures in place that enable a 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 Care[2]. These policies include, but are not limited to the following:

Contra Costa Health Services Administration

- 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 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 the 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
- 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

[2] https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Other Key Documents

Further examples of work that honor culturally responsive and linguistically appropriate practices within Contra Costa County's Health Services and Behavioral Health Services include the following documents:

- BHS 2019 Mental Health System of Care Needs Assessment
- Contra Costa County In 2050: Demography, Economy, Disease, Scenarios[3]
- Fiscal Year (FY) 18-19 Medi-Cal Specialty Mental Health External Quality Review[4]
- Fiscal Year (FY) 18-19 Drug Medi-Cal Organized Delivery System External Quality Review[5]
- The Three-Year PEI Evaluation Report[6]
- Substance Use Disorder Services Strategic Prevention Plan 2018-2023[7]

Community Services and Supports (CSS) Plan

Community Services and Supports (CSS) is one of the five components of the MHSA that refers to service delivery systems for mental health services and supports for children, teens, and transition age youth (ages 16-25), adults (ages 26-59), and older adults (over 60) with a serious mental health challenge. BHS utilizes MHSA funding for Full-Service Partnerships (FSPs). The programs and services described below are directly derived through the MHSA Community Program Planning Process (CPPP) in Contra Costa County and expanded by subsequent yearly CPPP. BHS both operates and contracts with partner CBOs to enter collaborative relationships with clients/peers. Personal service coordinators develop an individualized services and support plan 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 (0 to 18 years) diagnosed with a serious emotional disturbance, transition age 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 needed medical, substance abuse, housing, educational, social, vocational rehabilitation and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention.

The goal is to reduce the disparities that are evident in all age groups. Efforts to meet this goal include the CSS work plan strategies identified in the MHSA Three Year Program. 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 ethnic populations that are often not reached by county systems. Because persons identifying as Latino and Asian/Pacific Islander are the most significantly underserved populations, BHS will focus its efforts in these areas and with these language capacities.

BHS is also currently reviewing methods to better support FSP programs as this is a crucial component that assists in recovery and wellness for individuals with a serios mental illness or serios emotional disturbance. An analysis of FSP programs has identified a need to further support FSP programs to enact a fidelity to

[3] https://docs.wixstatic.com/ugd/ee8930_cb8ad455f17b4069beb067b649368a57.pdf
[4] https://cchealth.org/mentalhealth/pdf/CAEQRO-Report-2018-2019.pdf
[5] https://cchealth.org/aod/pdf/DMC-ODS-EQRO-FY18-19-Report.pdf
[6] https://cchealth.org/mentalhealth/mhsa/pdf/PEI-evaluation-report-2015-2018.pdf
[7] https://cchealth.org/aod/pdf/Prevention-Strategic-Plan-2018-2023.pdf

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, or training programs and volunteerism for individuals with serious and debilitating mental health challenges.

Housing services and support continues to be a key factor for many of the clients being served by FSP programs. BHS's strategy to address this is the continuum of housing services to support the FSPs. 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. BHS has applied to No Place Like Home[8] funding that is intended to be used to house people with serious mental illnesses to further support future housing for clients enrolled in FSP programs.

Positions Supporting Cultural Competency

BHS has an appointed Ethnic Services and Training Manager (ESM) along with a clerical support staff member to support training, including culturally responsive approaches that comprise system services. The ESM has direct access to the BHS Director as needed. The BHS Director and executive leadership have an open dialogue and are regularly involved with stakeholder and community meetings and forums. Recent strategies to strengthen the work outlined in the Cultural Competence Plan also include additional MHSA staff support to facilitate communication, as well as AOD staff to bridge strategies with the ESM and Reducing Health Disparities (RHD) Committee on identified needs.

Budget Resources Targeting Culturally Responsive Activities

Budgeting for culturally competent programming is outlined in detail throughout the *MHSA Plan Update Fiscal Years 2019-2020*[9] as well as the *AOD Substance Use Disorder Services Strategic Prevention Plan Fiscal Years 2018-2023*[10], however a summary of some of the programming and services that support equity in the areas of racial/ethnic, cultural, linguistic, and community defined practices include, but are not limited to the following:

1. For interpretation services, BHS uses the Health Care Interpreter Network (HCIN). For translation, United Language Group is utilized. These services are supported through various efforts through Health Services.
2. The following table includes some of the programs or organizations providing culturally responsive services. Data below includes the agency name, the MHSA component the program is under, a brief description of the program, and the dedicated budget. Although many programs are found in the MHSA Prevention and Early Intervention (PEI) component, there is also other programming under the MHSA components of Community Services and Supports (CSS), and Workforce Education & Training (WET).

Agency Name: Brief Description of Services	Funds FY 19 – 20
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	$146,317

[8] https://www.hcd.ca.gov/grants-funding/active-funding/nplh.shtml#background
[9] https://cchealth.org/mentalhealth/mhsa/pdf/Plan-Update-FY-2019-2020.pdf
[10] https://cchealth.org/aod/pdf/Prevention-Strategic-Plan-2018-2023.pdf

actively managing recovery process.	
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 disturbances. Targets families residing in underserved communities, delivers seminars, training and groups in English & Spanish.	$253,240
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.	$84,416
Contra Costa Interfaith Housing (CCIH): 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.	$82,750
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
Native American Health Center (NAHC): provides variety of culturally specific methods of outreach and engagement to educate Native Americans throughout County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access & navigate human service systems in County. Cultural practice includes 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.	$245,712
The Latina Center (TLC): serves Latino parents and 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.	$115,177
Building Blocks for Kids Collaborative (BBK): located in Richmond, 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.	$223,404
Vicente Continuation 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.	$191,337
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.	$600,345
RYSE Center (RYSE): provides age-appropriate activities that enable at-risk/underserved youth in Richmond 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.	$518,110

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 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.	$105,983
STAND! Against Domestic Violence: 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 that lead to serious mental health issues.	$138,136
Experiencing the Juvenile Justice System: Within County operated Children's Services mental health clinicians support families experiencing juvenile justice system due to child's involvement with the law. Three clinicians support the juvenile probation offices, and two clinicians work with the Orin Allen Youth Rehabilitation Facility (formerly known as Boy's Ranch). Clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.	$760,379
Child Abuse Prevention Council (CAPC) of Contra Costa: provides training curriculum designed to build parenting skills & provide alternative to behavioral patterns. Intended to strengthen families & support healthy development of children. Designed to meet needs of Spanish speaking families in East & Central County.	$128,862
The 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.	$150,785
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
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, & providing mental health treatment.	$782,143
Agency Name: Brief Description of Services	Funds FY 19 – 20
MHSA Component of Community Services and Supports (CSS)	
Familias Unidas: serves adults (18+) through Full-Service Partnerships (FSP) providing full range of services and utilize a modified assertive community treatment model. Model consists of a multi-disciplinary mental health team, including peer specialist, which work together to provide majority of treatment, rehabilitation, and support services to client/peer. Provide mental health FSP services for County's Latino/Hispanic population	$226,300

MHSA Component of Workforce Education & Training (WET)	
Senior Peer Counseling Program: Program within BHS 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.	$377,072
National Alliance on Mental Illness (NAMI) Contra Costa: Family Volunteer Support Network (FVSN) staff work to recruit train, & develop 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. Critical to successful treatment is need for service providers to partner with family members and significant others of people experiencing mental illness. 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) Program, offer evidence-based NAMI educational training programs throughout county to culturally diverse family members, care givers of individuals experiencing mental health challenges and faith communities. Training programs 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 on entire family. Some courses offered in Spanish and Mandarin.	$681,706
Staff Training: Various individual & group staff trainings are funded that support the values of the MHSA. BHS offers training to county and contracted staff as identified through the Training Advisory Workgroup (TAW), Reducing Health Disparities (RHD) Committee. Some examples of culturally responsive trainings are; Trauma Informed Systems, Cultural Humility, LGBTQ, Facing End of Life Issues for Older Adults, Culturally and Linguistically Appropriate Services, Working with Immigrant Communities, Self Care, Wellness Recovery Action Plan (WRAP), as well as various other trainings.	$238,203
Internship Program: BHS supports internship programs which place graduate level students in various County & CBO programs. Emphasis is on recruitment of individuals with language capacity to serve program needs, as well as be representative of communities served, and client and/or family member experience. Funding enables up to 75 graduate level students participate in paid internships leading to licensure in mental health as Marriage and Family Therapists (MFT), Licensed Clinical Social Workers (LCSW), Clinical Psychologists & Mental Health Nurse Practitioners. Also serves to develop a culturally diverse workforce that eventually enter the mental health field.	$345,000
Service Provider Individualized Recovery Intensive Training (SPIRIT): a college accredited recovery oriented, peer led classroom & experiential-based program for individuals with lived mental health experience as a consumer/client/peer or a family member of a consumer/client/peer. Classroom and internship experience lead to certification for those who successfully complete program and is accepted as minimum qualifications necessary for employment within BHS in classification of Community Support Worker (CSW). 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. SPIRIT Program was expanded in MHSA Three Year Plan 2017-2020 to provide support & assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.	$388,338
Loan Repayment Program (LRP): BHS 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. BHS 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.	$300,000

Criterion 2: Updated Assessment of Service Needs

The Needs Assessment for 2019 draws upon input received through the Community Program Planning Process, Various Stakeholder Committees and analyzing data focused on Contra Costa County. Furthermore, this information is detailed in the 2019 Needs Assessment, which includes quantitative and qualitative data studies collected by State and County sources. Priority populations that have been identified are Asian/ Pacific Islander and Latino/Hispanic communities and strengthening cultural and linguistic services, specifically language access for these population groups. Other priority populations involved LGBTQ+ youth. Communication and input from the RHD Committee has also identified focus areas that will support some of this work while building relationships and dialoguing with BHS to strengthen its services in a culturally and linguistically responsive approve. The five focus areas are:

1. Work to strengthen dialogue between RHD Committee with BHS Leadership and its System of Care that will encourage and allow space to support and address disparities and recognize system complicity at times of causing harm or distrust in communities that are supposed to be served by system. Revisit some approaches that may allow for dialogue to encourage clients, families, community and staff to foster healing and wellness.
2. Strengthen language access in Spanish (threshold language), as well as language access support that extends to other identified language needs of clients and community.
3. Strengthening community engagement such as; bringing services, programs, and information to the community, including client/peer voices, and a method to track how and where this is happening, and how to further build healthy equitable relationships.
4. More training and promotion opportunities to BHS workforce including Community Based Organizations (CBOs), of culturally responsive practices, cultural humility, language access availability and sensitivity, and trauma informed systems.
5. Promote professional development programs that support quality staff in BHS including contracted CBOs with specific consideration of those with lived experience, systems involvement experience, or cultural and language capabilities to serve and meet the identified needs of BHS clients and community.

These focus areas will help create more equitable outcomes and guide the work of the RHD Committee. An analysis will be conducted towards the end of 2020 to gauge outcomes and identify existing gaps to continue future work that will address cultural and linguistic needs for clients/consumers.

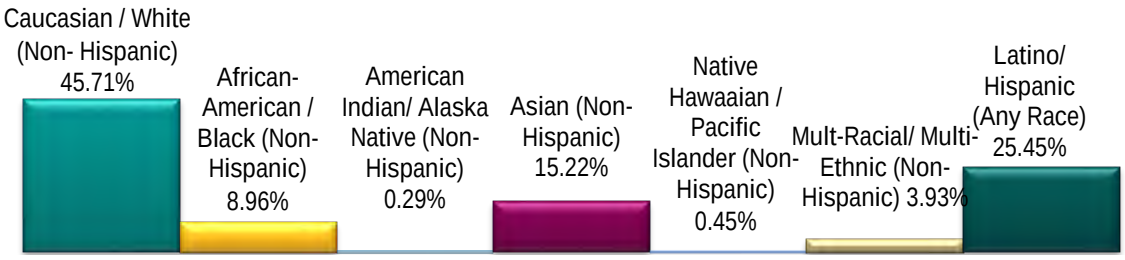
Contra Costa County Population Overview

According to the most recent 2018 U.S. Census Bureau estimates, the population size in Contra Costa County was estimated at 1,150, 215[11]. It's estimated that about 9% of people in Contra Costa County are living in poverty[12] and about 30% of the non-institutionalized residents have public health coverage[13]. 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[14]. Information released by the State of California's Department of Finance, projects that population size is expected to grow. Latino/Hispanic

[11] https://www.census.gov/quickfacts/fact/table/contracostacountycalifornia/AGE135218#AGE135218
[12] https://www.census.gov/quickfacts/fact/table/contracostacountycalifornia/RHI325218#RHI325218
[13] United States Census Bureau – 2018 American Community Survey Available at: https://data.census.gov/cedsci/table?q=contra%20costa%20county%20data&hidePreview=false&table=DP03&tid=ACSDP1Y2018.DP03&g=0500000US06013&vintage=2018&layer=county&cid=DP02_0001E&lastDisplayedRow=124
[14] https://www.coveredca.com/pdfs/fpl-chart.pdf

and Asian/ Pacific Islander communities will see larger population growth[15]. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, much of the population is 18 or older, with about 30% of the population being children.[16] About a quarter of the population is foreign born[17].

Figure 1: Contra Costa County 2019 Projected Racial/ Ethnic Populations



Contra Costa County is primarily identified by three geographically dispersed regions with each area having unique sub-populations. These three regions are West, Central and East County.

- West County: includes the cities of El Cerrito, Richmond, San Pablo, Pinole, and Hercules, and the unincorporated communities of Kensington, El Sobrante, North Richmond, Rodeo, Crockett, and Port Costa
- Central County: 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
- East County: includes the cities of Pittsburg, Antioch, Oakley, and Brentwood, and the unincorporated communities of Bay Point, Bethel Island, Knightsen, Discovery Bay, and Byron

A general county overview of population density by region is provided in Figure 2[18].

Figure 2: Population Density Data Collected during 2015-2017 Period

[15] http://www.dof.ca.gov/Forecasting/Demographics/projections/
[16] https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF
[17] https://www.census.gov/quickfacts/fact/table/contracostacountycalifornia/RHI325218#RHI325218
[18] https://www.contracosta.ca.gov/5342/Demographics

Table 1: Contra Costa County Age Demographic Estimates

Age Estimates *Compiled from 2013-2017 American Community Survey 5-Year Estimates for Age	Percentage
Children, Teens, & Young Adults (Ages 0-26)	About 30%
Adults (Ages 27-59)	About 50%
Older Adults (Ages 60+)	About 20%

* Please Note: Age estimates are shown in relation to the BHS System of Care Groups

Medi-Cal Population and Penetration Rates for Mental Health

The table in Figure 3 below provides details on penetration rates of the Medi-Cal eligible population served by race/ethnicity for calendar year 2017[19]. The following data can be found in the most recent 2018-2019 External Quality Review (EQR) administered by California Department of Health Care Services (DHCS).

Figure 3: Medi-Cal Enrollees and Beneficiaries Served in Calendar Year 2017 by Race/ Ethnicity in Contra Costa County Mental Health Plan

Table 1. Medi-Cal Enrollees and Beneficiaries Served in CY 2017 by Race/Ethnicity Contra Costa MHP

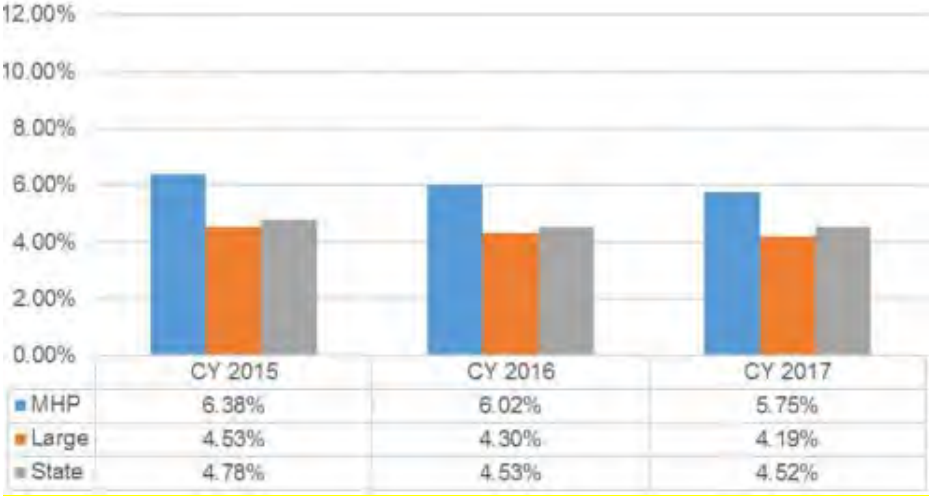
Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count Beneficiaries Served	% Served
White	52,576	19.0%	4,361	27.5%
Latino/Hispanic	98,653	35.7%	4,083	25.7%
African-American	40,123	14.5%	3,173	20.0%
Asian/Pacific Islander	32,424	11.7%	815	5.1%
Native American	775	0.3%	86	0.5%
Other	51,572	18.7%	3,365	21.2%
Total	**276,122**	**100%**	**15,883**	**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.

BHS also shows to have higher penetration rates when compared to the average penetration rates of other large counties and the state average penetration rates. In Figure 4 of the following page, the bar in blue represents the Contra Costa County Mental Health Plan penetration rates or services provided by BHS and CBO partners to the total people enrolled in Medi-Cal in Contra Costa County on any given month, about 6% or about 16,000 individuals received mental health services through a county operated/staffed clinic.

[19] FY 2018-2019 Medi-Cal Specialty Mental Health External Quality Review. Page 14. https://cchealth.org/mentalhealth/pdf/CAEQRO-Report-2018-2019.pdf

Figure 4: Overall Penetration Rates Contra Costa Mental Health Plan (MHP)

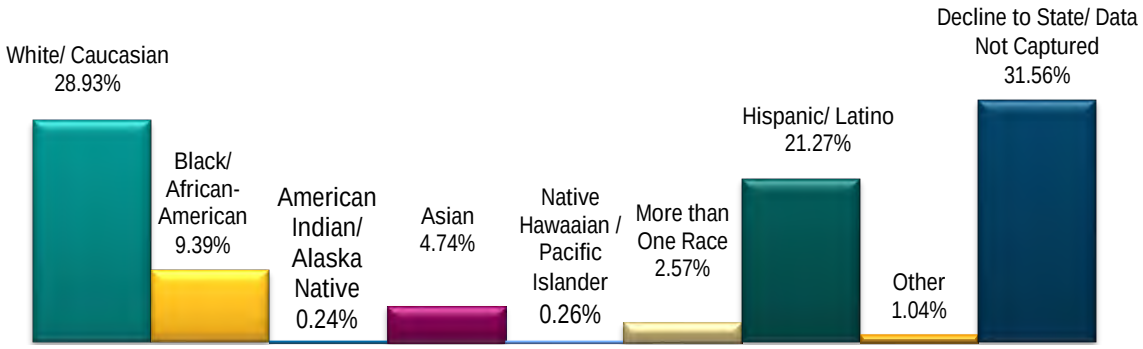


	CY 2015	CY 2016	CY 2017
MHP	6.38%	6.02%	5.75%
Large	4.53%	4.30%	4.19%
State	4.78%	4.53%	4.52%

Figure 5 represents MHSA funded CBOs which do not require Medi-Cal eligibility. Over 33,000 individuals were served through this programming in FY 2018-2019, most of which fall under the MHSA component of Prevention and Early Intervention (PEI). Some limitations that exist in this data is that all programs are not able to collect the same information. Some data collected represents input provided by clients/consumers who volunteer to participate in self-reporting personal information on standardized demographic forms collected by CBOs. Thus, the data reflected for CBOs is not a full representation of the sample size or the total number of clients/peers reported to be served by the programs. Strategies to better capture data will be to strengthen communication with CBOs, as well as creating a more standardized form with input from the RHD to facilitate capturing the same data in order to better analyze services and needed supports.

Limitations were also present in County data due to the recent switch to an Electronic Health Record (EHR), which supports BHS in having more accessible data and will eventually lead to ease of access; however due to the transition to an EHR and the need to build in reports along with the Information Technology (IT) team, there is a delay in the time anticipated to have access to these reports.

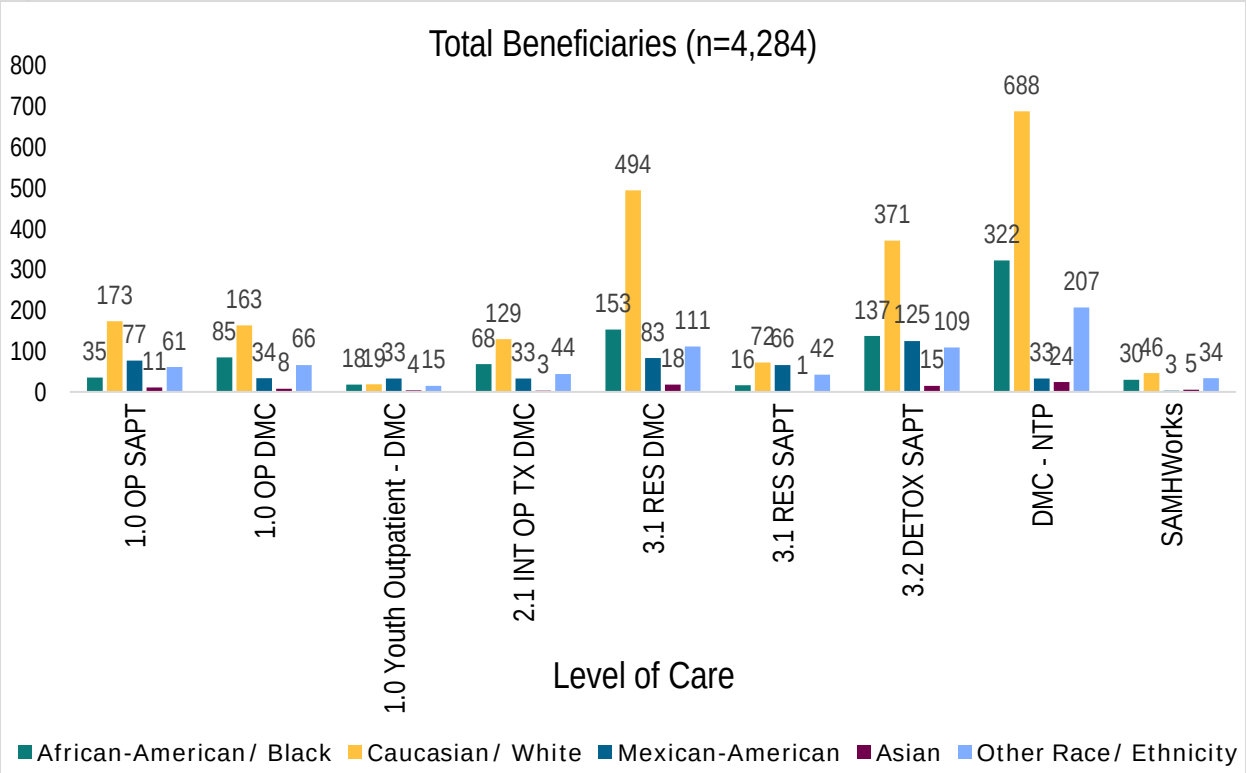
Figure 5: FY 2018-2019 Racial/ Ethnic Demographic Data for MHSA Funded CBOs Which Do Not Require Medi-Cal Eligibility



Alcohol and Other Drugs (AOD) Services Utilization Data at ASAM Level by Race and Ethnicity
Data collection and integration continues to take place within BHS to better integrate Mental Health and Substance Use Services. In 2019, AOD has worked to begin development and implementation of 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 AOD continues to collect data on staff demographics, training, and provider network language capacity.

In addition to development of data collection methodologies, AOD maintains a number of programs to target underserved and specialty populations. In 2018-2019, AOD served a total of 4,284 beneficiaries. Data for race/ethnicity as well as the level of care is outlined in Figure 6. For more detailed information, please refer to the Substance Use Disorder Services Strategic Prevention Plan 2018-2023[20].

Figure 6: Racial/ Ethnic Data for Total Beneficiaries for AOD



*Please Note: The Asian category includes Asian Indian, Chinese, Filipino, Japanese, Korean, Other Asian, Other Southeast Asian, Vietnamese

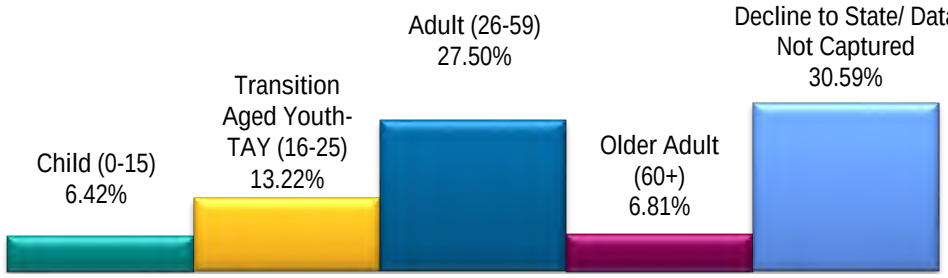
*Please Note: The Other Race category includes Alaska Native, Cambodian, Guamanian, Laotian, Latin American, Mixed Race, Native Hawaiian, Other, Other Hispanic, Other Pacific Islander, Samoan, Unknown, Not Reported

Mental Health Services Act -Community Based Organization Data
The following figures and tables represent MHSA CBO non-Medi-Cal service data. Figure 7 represents data in relation to age. A challenge faced was obtaining data to understand the children's ages, specifically

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

children under 12 years old. A recommendation would be to try to capture more specific data for those agencies that are serving children to better analyze specific needs for children and their families.

Figure 7: FY 2018-2019 Age Demographic Data for MHSA CBOs Which Do Not Require Medical Eligibility



Among the languages mentioned as Other by MHSA CBOs, Tagalog and Farsi were listed more frequently, followed by Mandarin, Arabic, and Portuguese, Russian, Mien/Lao, Nepali, Chamorro, Bengali, and American Sign Language (ASL). Furthermore, in analyzing internal County Data collected from the newly implemented EHR, the five top languages where interpreter services were accessed during the 2018-2019 year in order of utilization were Spanish, Vietnamese, Farsi, American Sign Language, and Cantonese. Capturing data to further support language needs and conducting focus groups will be a focus area of the RHD Committee. This will allow BHS to gauge more equitable access to cultural and language needs both in County operated services and CBO partnerships. This will also allow for a better understanding to support individuals that may have language barriers as well as mental health or substance challenges in accessing services.

Table 2. FY 2018-2019 Primary Language Spoken for MHSA CBO Client Data

Primary Language Spoken	Numbers Served
English	20,471
Spanish	6,181
Other	642
Decline to State or Data Not Captured	6,004

Table 3. Sexual Orientation for MHSA CBO Client Data

Sexual Orientation	Numbers Served
Heterosexual or Straight	14997
Gay or Lesbian	220
Bisexual	133
Queer	24
Questioning or Unsure of Sexual Orientation	40
Another Sexual Orientation	168
Decline to State	8104
Data Not Captured	9612

Table 4. Gender Assigned at Birth for MHSA CBO Client Data

Gender	Numbers Served
Male	10,289
Female	11,925
Decline to State	7,604
Data Not Captured	3,480

Table 5. Current Gender Identity for MHSA CBO Client Data

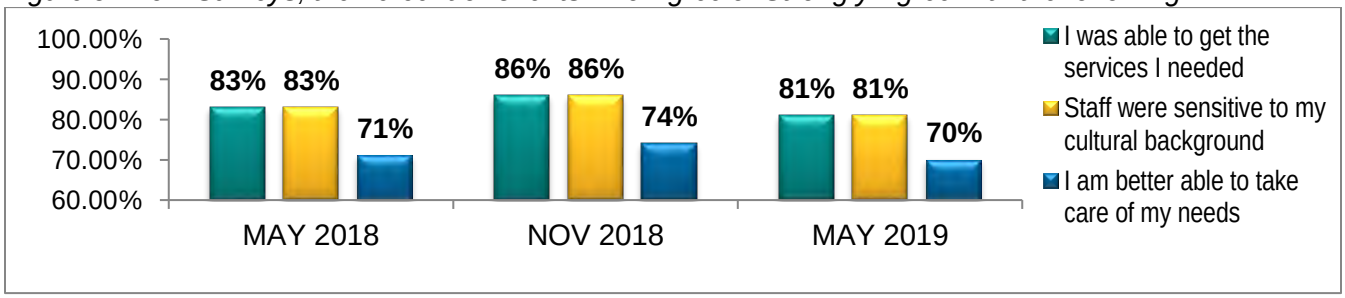
Gender	Numbers Served
Man	8,699
Woman	8,801
Transgender	149
Genderqueer	13
Questioning or Unsure of Gender Identity	14
Another Gender Identity	68
Decline to State	7,546
Data Not Captured	8,008

In reviewing data and correlation between BHS partner CBOs most people that identified as LGBTQ+ are youth and young adults. Further focus studies for these groups may serve to better understand methods for strengthening support. Although, Rainbow Community Center is a partner CBO specifically designated to serve LGBTQ+ people, other CBOs that serve youth also had higher numbers of individuals that identified as LGBTQ+ in relation to other CBOs that served predominantly adult populations. Youth and LGBTQ+ people of color are considered vulnerable populations[21]. It is recommended that continued training be offered to the workforce on how to better support this population.

Mental Health Statistics Improvement Project (MHSIP)

BHS 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 the majority of individuals agreed that staff were sensitive to their cultural background while they received services. Results in Figure 8 illustrate the surveys, the percent of clients who agree or strongly agree with the following[22]:

Figure 8: From Surveys, the Percent of Clients who Agree or Strongly Agree with the following:



[21] a https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4337813/
[22] BHS Director's Report 2018-2019, page 26.

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

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:

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

Process to Identify Priority Populations

Statewide MHSA PEI Regulations were established in October 2015. Programs in the PEI component now focus their programming on one of the following seven PEI categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Prevention
- Early Intervention
- Access and Linkage to Treatment
- Improving Timely Access to Mental Health Services for Underserved Populations
- Stigma and Discrimination Reduction
- Suicide Prevention

All programs under PEI help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved. PEI regulations also have new data reporting requirements that will enable BHS to report on Outreach to Underserved Populations. Various mechanisms are used to measure and monitor the effect of identified strategies to reduce disparities. For all strategies identified the county has developed reporting requirements that include outcome statements; measures of success; and tools to measure success. For example, the PEI component uses different measurement and evaluation tools based on the program outcomes that are being measured, such as surveys, questionnaires, patient health questionnaire (PHQ-9), parent/caregiver information forms, and program specific evaluation tools.

The strategies identified for the population served by PEI programs are structured around the initiatives of fostering resilience in, (i) underserved cultural communities; (ii) older adults; (iii) children and their families; and (iv) at risk youth and young adults. Under each of these initiatives there are a total of nine strategies that are geared towards reducing disparities in service for the selected populations.

1: Building Connections in Underserved Cultural Communities: This strategy is designed to strengthen traditionally undeserved cultural communities in ways that are specific to increase wellness and reduce stress and isolation, decrease the likelihood of needing services of many types, and to help support strong families. This is accomplished through a contracting process that allows members of underserved cultural communities, in conjunction with BHS, to strengthen communication and provide mental health education and system navigation support.

2: Coping with Trauma Related to Community Violence: This strategy includes coping with community violence by linking with community mental health first responders to trauma. Youths and families of African American and Latino/Hispanic communities that are exposed to trauma are the target groups for this strategy, and include providing immediate direct early crisis intervention, being available in the community to law enforcement, and identifying and offering linkages to other trauma-related resources.
3: Stigma and Discrimination Reduction Awareness: Development of stigma and discrimination reduction and awareness include the efforts of the Mental Health Reducing Health Disparities Workgroup, and stakeholders and BHS staff sponsoring recovery-based, culturally diverse forums for local providers, consumers and family members that address stigma reduction in the mental health system.
4: Suicide Prevention: This strategy has the elements of a Suicide Prevention Committee that collaborates and coordinates with state and regional efforts and maintains a county-wide Suicide Prevention Plan; and a Crisis Line Capacity – a local nationally certified suicide crisis line that operates on a 24/7 basis with multilingual staffing capacity.
5: Supporting Older Adults: This strategy consists of two programs: (i) the Senior Peer Counseling Program is based on the senior peer counseling model from the Center for Healthy Aging, and (ii) Community Based Social Supports for Isolated Older Adults. BHS contracts with several community providers for social supports and activities for isolated older adults. The community-based organizations demonstrate their access to the target population, along with an understanding of the methods for successful participation by seniors in their communities.
6: Parenting Education and Support: This strategy is designed to educate and support parents and caregivers in high risk families to support the strong development of their children and youth. There are three programs, (i) Partnering with Parents Experiencing Challenges (ii) Parenting Education and Support; and (iii) Multi-Family Support Groups.
7: Families Experiencing the Juvenile Justice System: This is an early intervention strategy with two programs to identify youth in the juvenile justice system and provide family supports that will help at risk youth to become healthy, law abiding members in their communities. Interacting programs for this project include: (i) Community Supports to Youth on Probation; and (ii) Screening, Early Intervention, and discharge Support at the Orin Allen Youth Rehabilitation Facility.
8: Families Experiencing Mental Illness: This strategy includes two programs with out-of-home activities for mental health consumers that would allow respite for family caregivers, to include provision of transportation to consumers from home, to include evening and weekends.
9: Youth Development: BHS funds youth service entities to implement and carry out youth development projects that are relevant to their target population. Youth development projects are defined as strength-based efforts that build at risk youths' wellness and resiliency, especially in underserved cultural communities.

Identified Priority Populations

Priority populations that have been identified are Asian/Pacific Islanders and Latino/Hispanic populations. Besides these populations, children ages 0-5 years; including supporting the families of these young children. Asian/Pacific Islanders and Latino/Hispanic populations have been identified as priority due to the penetration rates, in comparison to the enrollment rates when considering Medi-Cal eligibility for other racial/ethnic groups. Other priority populations in referencing PEI data are also LGBTQ+ youth [23].

[23] https://cchealth.org/mentalhealth/mhsa/pdf/PEI-evaluation-report-2015-2018.pdf

Criterion 3: Strategies and Effort for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health and Substance Use Disparities

Strategies to Reduce Disparities in Mental Health

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 Latino/Hispanic and Asian/Pacific Islander communities seem to be disproportionately lower when taking into consideration the number of enrollees for these two racial/ethnic groups. These two are largest ethnic/racial populations aside from Caucasians/Whites yet are showing up in fewer numbers in the system of care in comparison to other groups.

There can be several factors, linked to this such as; needing more cultural and language staffing capacity to meet the needs for these specific racial/ethnic groups. However, another possible factor that may be affecting the low penetration rates for some communities may be due to the current political climate and immigrant ousting. Contra Costa County Health Services is aware that immigrant communities may choose to not seek services due to the current events[24]. This has also been communicated through some Program Reviews of some MHSA funded programs as well as the MHSA Community Forum focused on Serving Immigrant Communities where program participants, staff and community members have voiced this groups concern for seeking County services. Although CCHS 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.

One example of how this could be addressed is by aiming to recruit staff that have the capacity to offer services and more translation of written documents in Spanish or specified Asian/Pacific Islander languages. Similarly, through conversations with the RHD Committee, the group recommends that signage be displayed in the top five languages of need for enrollees be provided in large print in County sites. Although translation services are available via a teleconference; communications provided by the RHD Committee seems to be that there is little knowledge that this is an option for those seeking services.

Another exploration is further supporting CBOs that are providing services to these specific populations that may not require collection or reporting or personal information. BHS must conduct specific study groups for the Asian/Pacific Islander population, and further language data analysis to identify target language needs under this category as Asian/Pacific Islander languages are many and there needs to be targeted signage. It is also recommended that specific data for language appropriate needs be better captured from all CBOs to have a much more inclusive set of information which represents BHS as well as partner CBOs. For these reasons, BHs has identified Asian/ Pacific Islanders and Latino/Hispanics as a priority population.

BHS continues to move towards a more integrated culturally and linguistically appropriate System of Care. The five focus areas have been identified in assistance with the RHD Committee. Input will be provided through this group on actionable items to create more equitable services; such as signage in other languages, as well as translation of materials, however some items will require further focus studies to identify how to address some of the service needs.

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

Efforts for Access to Substance Use Disorder (SUD) Services for Underserved Populations

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.

The Latino Commission – Residential Services SUD Treatment: After years struggling with providing effective treatment support to pregnant and perinatal women in residential services, AOD 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.

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.

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.

Alcohol and Other Drug Services (AOD) Primary Prevention and Treatment Strategies

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.

Workforce Staff Support
1. Provide dedicated County staff to participate in BHS's RHD Committee ongoing efforts to ensure that all aspects of Workforce Education and Training coordination further the NCLAS standards, which aim to improve health care 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 AOD 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 AOD 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 (DHCS) 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.

Strategies to Reduce Disparities in Alcohol and Other Drugs Services

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

- Initiate the development of a Strategic Plan that comprehensively address gaps and opportunities including a blueprint with goals, objectives and timelines to be completed in the middle 2020
- 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.

Criterion 4: Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health and Substance Use System

There are several longstanding committees, meetings, advisory boards, and workgroups that support the integration of mental health and substance use services within BHS. BHS also continually works to promote and involve participation from clients/consumers and family members into all meeting groups.

The Mental Health Commission

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.[25]

There are three appointed members for each of the five districts that represent the following:
1. Consumer Representative (a person who is receiving or has received mental health services);
2. Family Member (a person who has a family member who is receiving or has received mental health services);
3. Member-at-Large (a person who has an interest in and knowledge of mental health issues).[26]

Other Committees, Workgroups, and Meetings

The Reducing Health Disparities (RHD) Committee in BHS 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 monthly basis to identify, discuss and strategize on methods that can be implemented into BHS. 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. Other meetings, workgroups and committees that meet on an ongoing basis also provide avenues to communicate cultural or language needs. Examples include, but are not limited to:

- Workgroups and Committees such as; the Consolidated Planning Advisory Workgroup (CPAW) and its sub-committees of Systems of Care, Suicide Prevention, Innovation, Social Inclusion and the Membership Committee.
- 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, Training Advisory Workgroup (TAW) and the Alcohol and Other Drugs (AOD) Advisory Board.

All meeting groups are open to community members. Ongoing efforts are made to include involvement from clients/peers, family, Community Based Organizations (CBOs), and the workforce 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 BHS as a method to identify, address, and inform BHS on service needs, and how to build more equitable, and Culturally and Linguistically Appropriate Services (CLAS). These groups also serve to dialogue with BHS Leadership and the overall Health Services in evaluating service responsiveness and quality.

Ongoing effort by method of presentations, information sharing and recruitment for members that represent clients/peers, family, Community Based Organizations (CBOs), and the workforce is made to have various voices present in shaping and integrating services and programs. A challenge some committees face is having appointed members that participate on a consistent and continual basis from culturally and linguistically diverse communities' representative of BHS clients. 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 the diverse populations served.

[25] https://cchealth.org/mentalhealth/mhc/
[26] https://cchealth.org/mentalhealth/mhc/membership.php

Community Engagement

In 2018, the MHSA Community Forums started to be offered in partnership with CBOs to target specific mental health service needs identified through the CPPP. Forum topics to date have been focused on Family Support in Relation to Mental Health, Supporting Mental Health in Youth, Serving Immigrant Communities, Supportive Housing, Suicide Prevention and Early Childhood Mental Health. 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 for the community. If an individual prefers to provide input for the public comment period but does not want to speak in front of a large crowd, they can write their input on a card and a BHS staff member will read their comment. Materials are translated into the threshold language of Spanish, and an interpreter in onsite for those needing translation in this language; every attempt is made to provide translation services for other languages if notified in advance. This information is included in all marketing materials for the event. All forum attendees also can prioritize needs by placing adhesive dots on identified service needs at each forum.

On average, about 1,000 participants from various regions of the county participated over the MHSA Three-Year Plan period for FY 2017 - 2019 where nine forums were held. In 2018, the MHSA community forum also started to be live streamed as another method to address accessibility challenges, giving people the opportunity to participate remotely. People that view the forums can provide input through email.

Criterion 5: Culturally Competent Training Activities

BHS holds several ongoing and regular trainings throughout the year. Staff and interested stakeholder community members can provide input and training requests through the Training Advisory Workgroup (TAW) which meets on a monthly basis. Training also has a specified budget that supports culturally responsive training and changes ongoing as needed to respond to workforce needs. Some examples of culturally responsive training that have taken place during the last year are;

- Working Effectively with Bilingual Staff offered by Matthew Mock, Ph.D.
- Working Effectively with Immigrants and Refugees offered by Matthew Mock, Ph.D.
- Trauma Informed Systems offered by Gerold Loenicker, LMFT & Amanda Dold, LMFT
- Surviving Compassion Fatigue: Tools to Process and Integrate Traumatic Stress offered by Beverly Kyer MSW, ASW
- Creating LGBTQ-Affirming Services offered by Willy Wilkinson, MPH
- Reducing Mental Health Stigma offered by the Office of Consumer Empowerment Staff
- Asian Americans: Cultural Humility and Clinical Engagement in Therapeutic Practices offered by Matthew Mock, Ph. D.

Criterion 6: County's Commitment to Growing a Multicultural Workforce-Hiring & Retaining Culturally and Linguistically Competent Staff

Workforce Data

The BHS County workforce is culturally diverse. Roughly 73% of staff are female and 27% are male. Racial/ ethnic data is captured in the following table. BHS data language capacity is captured, however accessing this data has proved challenging to capture as not all those who may speak other languages utilize their languages or self-report.

In reviewing this information, it is recommended that reporting for language capacity of all staff and utilization of language be reviewed. This would help align language capacity resources with services, as

well as indicate the need for staffing for specific language needs. Staffing for specific language needs of Spanish, as well as API languages that will be identified through focus groups and further language analysis is recommended.

Table 6. BHS 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%

Criterion 7: Language Capacity

Specific programming for language access for mental health programs has been identified throughout the CCP, further focus studies shall be conducted during 2020 to capture data that will serve to inform the RHD Committee and drive strategies to address language needs for the API community.

Criterion 8: Adaptation of Services

Client Driven 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 BHS 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 clients/consumers/peers of BHS.

- The Service Provider Individualized Recovery Intensive Training (SPIRIT) is a recovery-oriented, peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many CSW positions in BHS. BHS staff provide facilitation and administrative support in partnership with a college professor at Contra Costa College. Ongoing support is also provided to graduates, some of who become employed by BHS. Others receive assistance with resumes for other behavioral health positions with partner CBOs as well as connections to volunteer opportunities.
- The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's Bureau develops individuals with lived mental health and co-occurring experiences to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, schools, law enforcement, and other community groups including SUD treatment settings.
- Staff lead and support the Committee for Social Inclusion. This is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee guides projects and initiatives designed to reduce stigma and discrimination and increase inclusion and acceptance in the community. Social Inclusion is also held in various locations of the County in partnership with CBOs while working to provide culturally responsive practices and discussions during meeting groups.

- Staff provides outreach and support to consumers and family members to enable them to actively participate in various committees and subcommittees throughout the system. These include the Mental Health Commission, CPAW and sub-committees, Behavioral Health Integration planning efforts with AOD Advisory Board. Staff provide mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- Staff partner with National Alliance on Mental Illness (NAMI) Contra Costa certified facilitators to offer self-help groups for people with mental health challenges who want to get support and share experiences in a safe environment.
- OCE staff also hold appointed seats and participate regularly on various committees. The OCE Manager is also part of the executive staff group compiled of BHS key leadership that meet regularly in discussion, planning, policy review and implementation, and strategizing on services.

Quality Assurance

The Quality Improvement and Quality Assurance (QI/QA) team in BHS is responsible for monitoring the Mental Health and Alcohol and Other Drugs Services Plans effectiveness by providing oversight and review of clinics, organizations, and clinicians providing services to clients/consumers. The goal of QI/QA is to perform program development and coordination work to implement and maintain a quality management program that effectively measures, assesses, and continuously improves the access to, and quality of care and services provided to the County's mental health consumers. The Quality Management Coordinator is responsible for Chairing and facilitating Quality Improvement Committee (QIC) meetings and ensuring members receive timely and relevant information.

Beneficiary Rights

To provide feedback about any experience at one of the specialty Behavioral Health clinics and, or with one of our contracted community based providers, clients/consumers may call the Quality Improvement Line or Email BHSQualityAssurance@cchealth.org. A grievance form may also be filed and can be found online[27].

To file a written complaint/grievance, anyone can download the consumer grievance review request form, or the form may be obtained at any County location providing specialty behavior health services. If people need assistance with completing the form, they may contact a Patient Rights Advocate. The phone number is provided online and in printed material.

[27] https://cchealth.org/mentalhealth/provider/pdf/MHA58-Regular-Grievance-Rev-Req.pdf