

# Behavioral Health Transformation

## Presentation to the Behavioral Health Board

**August 6, 2025**

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# Behavioral Health Transformation Goals

- **Improve** access to care
- **Increase** accountability and transparency for publicly funded, county administered behavioral health services
- **Expand** capacity of behavioral health facilities across California

# Statewide Behavioral Health Goals

## GOALS TO IMPROVE

- Care Experience
- Access to Care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

## GOALS TO REDUCE

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Justice-involvement
- Removal of children from home



# Behavioral Health Services Act (BHSA): History and Context

## November 2004 – Proposition 63 Mental Health Services Act

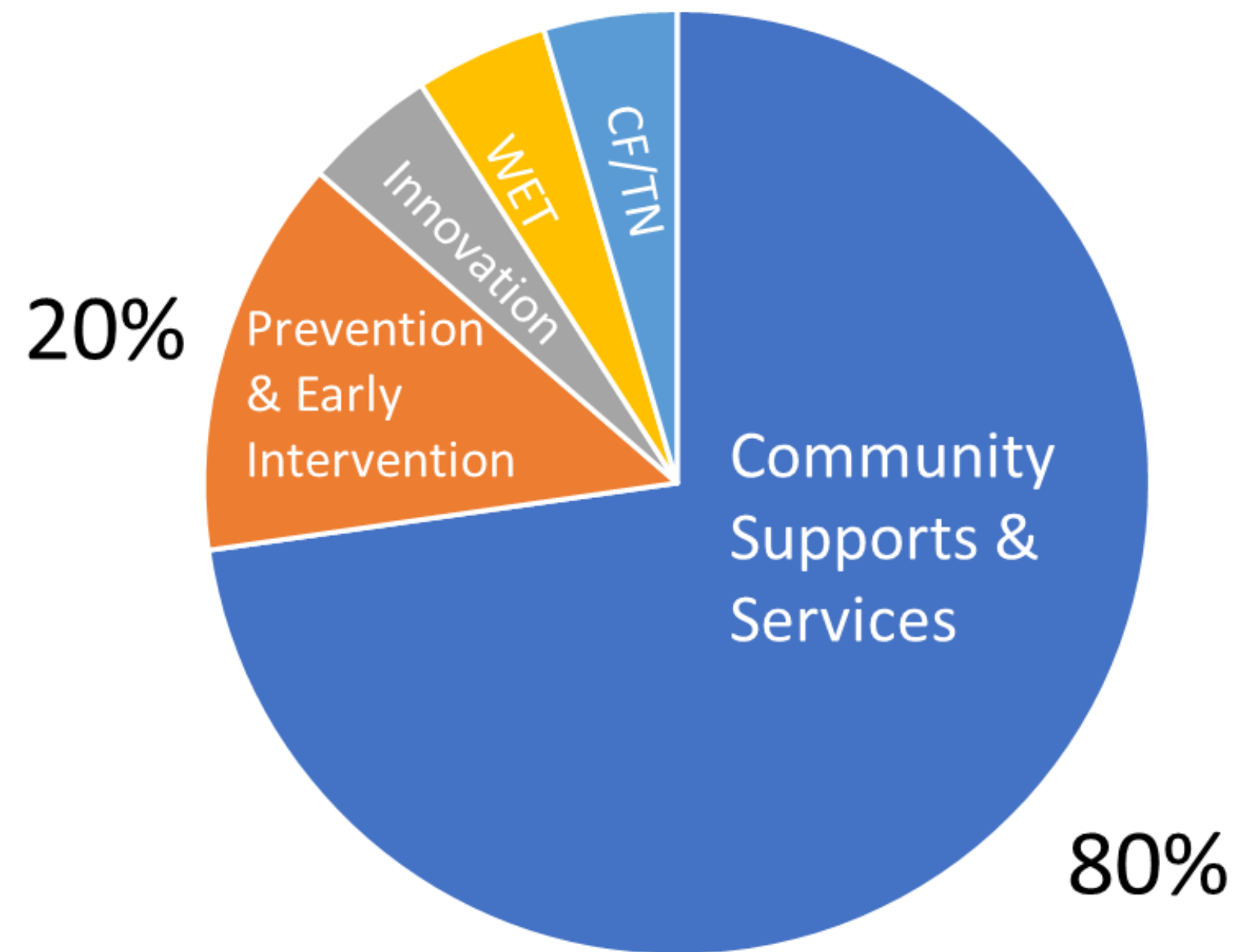
- In November 2004, California voters passed Proposition 63, or the Mental Health Services Act (MHSA). The MHSA's transformed California's public mental health system into a person-centered, prevention-oriented system with direct involvement and input from clients, parents, families and diverse communities

## March 2024 – Proposition 1 Behavioral Health Services Act

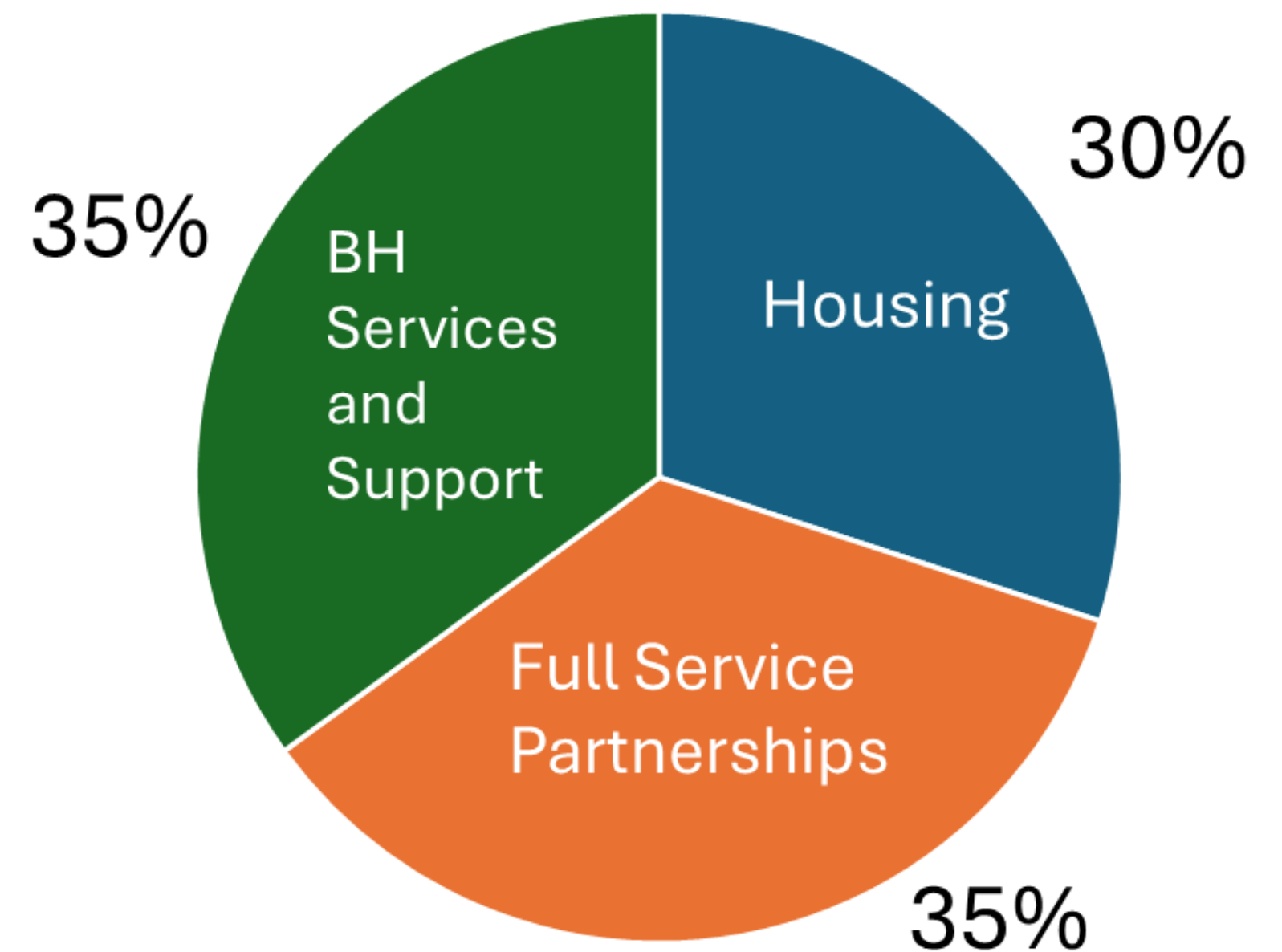
- In March 2024, **Proposition 1** was passed by California voters which transforms the MHSA into the Behavioral Health Services Act (**BHSA**). BHSA expands services for individuals which may have Mental Health and/or Substance Use Disorder (SUD) challenges.
- The BHSA is part of the Behavioral Health Transformation with most changes scheduled to go into effect 7/1/2026.

# Behavioral Health Services Act: Shift in Focus

MHSA Current Funding and Components



BHSA Funding and Components



# Priority Populations Under BHSA

## Eligible adults and older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are at risk of being in, the justice system
- Reentering the community from prison or jail.
- At risk of conservatorship
- At risk of institutionalization

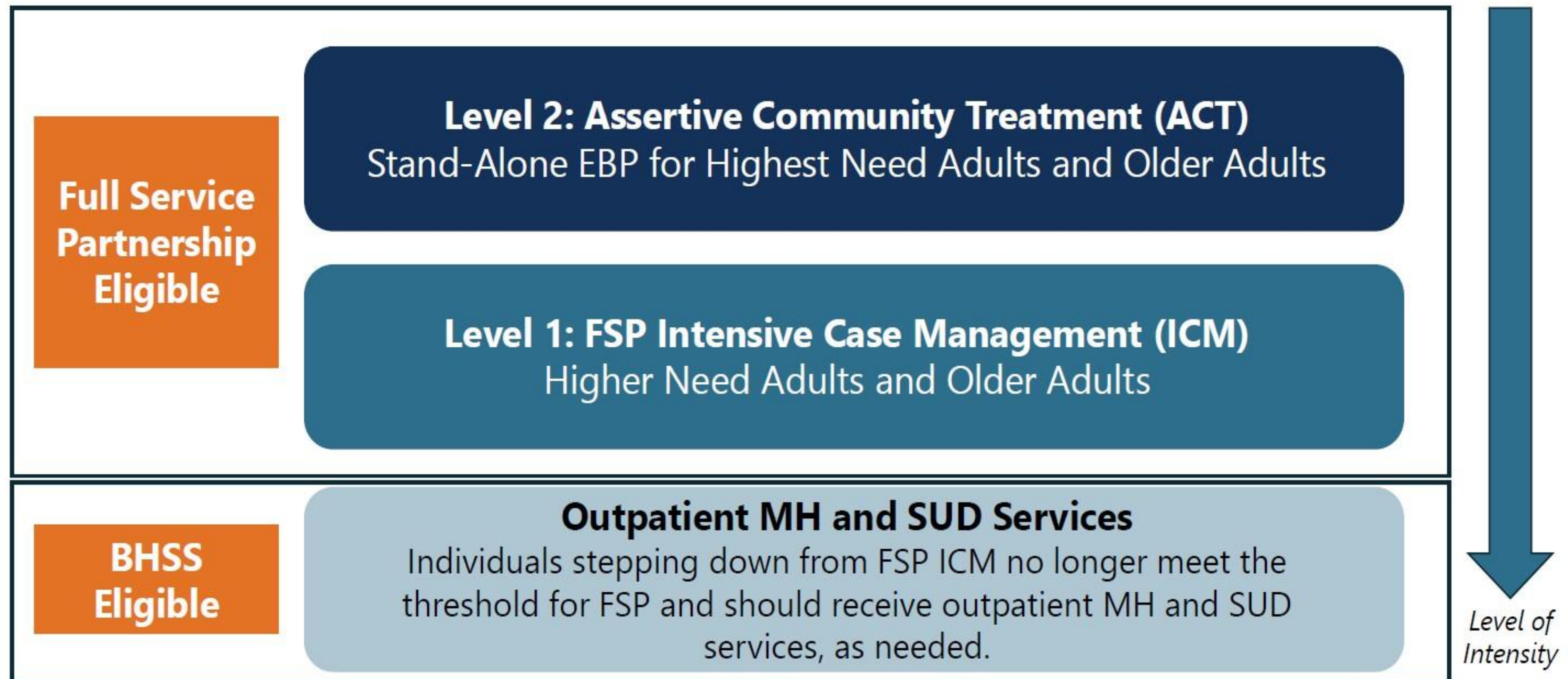
## Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are at risk of being in, the juvenile justice system
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.



# Adult FSP Levels of Care Framework

The framework includes two levels of coordinated care for adults and older adults with ACT as the highest level and a step-down level from ACT, called FSP Intensive Case Management (ICM).





# What Types of “Housing” BH Does Now

TEMPORARY BEDS	TREATMENT BEDS		INTERIM/PERMANENT HOUSING
ACUTE	SUB-ACUTE	RESIDENTIAL	<ol style="list-style-type: none"> <li>1. Board and Care (non-enhanced)</li> <li>2. Room and Board</li> </ol>
<ol style="list-style-type: none"> <li>1. State Hospital Beds</li> <li>2. Acute Psychiatric</li> <li>3. General Acute Care Hospital with Psychiatric Ward</li> <li>4. Psychiatric Health Facility (PHF)</li> <li>5. Crisis Stabilization Unit (CSU)</li> <li>6. ASAM Medically Managed Inpatient (ASAM 4)</li> </ol>	<ol style="list-style-type: none"> <li>1. Sub-Acute State Hospital beds</li> <li>2. Special Treatment Program/Skilled Nursing Facility (STP/SNF)</li> <li>3. ASAM Medically Managed Residential (3.7)</li> <li>4. Mental Health Rehab Center (MHRC)</li> <li>5. Recuperative Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Crisis Residential</li> <li>2. Peer Respite (29 days-tenancy)</li> <li>3. ASAM 3.1-3.5</li> <li>4. Transitional Adult Residential Treatment Facilities</li> <li>5. Enhance Board and Care (patched)</li> </ol>	<ol style="list-style-type: none"> <li>3. Peer Supported Housing &amp; Peer Run Recovery Residence (ASAM Type P)</li> <li>4. Recovery Residences Supervised (ASAM Type S)</li> <li>5. Recovery Residences Monitored (ASAM Type M)</li> <li>6. Transitional /Bridge Housing</li> <li>7. Permanent Supportive Housing -Individual Units</li> <li>8. Permanent Supportive Housing – Shared Units</li> <li>9. Permanent Supportive Housing –SRO Motel Conversion</li> <li>10. Master Lease Housing</li> <li>11. Affordable Senior Housing</li> <li>12. Affordable rental/ Affordable Homeowner</li> <li>13. Unsubsidized Rental/ Standard Homeowner</li> </ol>



# Children's System of Care

## Evidence-Based Practices

High  
Fidelity  
Wrap

Coordinated  
Specialty  
Care

Functional  
Family  
Therapy

Multi-  
Systemic  
Therapy

Parent Child  
Interactive  
Therapy

# Requires the Development of a Behavioral Health Integrated Plan (IP)



- The IP is submitted every three-years, starting in 2026 with annual updates
- The IP is developed through a robust community program planning process
- The IP requires counties to report planned activities and projected expenditures for all county behavioral health plan services



# Community Planning Workgroup

Behavioral Health Division







# COMMUNITY VOICES

## Thematic Analysis of Feedback from Behavioral Health Community Engagement Process





# Feedback Report

## Input Categorized Into Four Different Themes

### DRAFT Thematic Analysis of Contra Costa County Behavioral Health Services Community Feedback

Preliminary Analysis Prepared for the July 7, 2025 BHT Steering Committee Meeting

#### Executive Summary

The Community Engagement Feedback Handout provides a comprehensive thematic analysis of community feedback on Contra Costa County Behavioral Health Services (BHS) as part the Behavioral Health Transformation (BHT) initiative. The data was collected from 56 community engagement events and over 375 surveys conducted between April and June 2025. The feedback highlights several key areas of concern and opportunities for improvement in behavioral health services.

#### Key Themes and Findings:

1. **Access to Care** - Significant barriers to accessing behavioral health services include navigating a fragmented system, long wait times, and lack of clear information, compounded by cultural and language barriers, stigma, and economic obstacles. To improve outreach, multi-channel strategies such as radio, TV, flyers, social media, and peer-to-peer methods were suggested to increase visibility and accessibility of services.
2. **Quality and Effectiveness of Services** - Effective approaches emphasize cultural humility, individualized treatment plans, and client engagement, with impactful programs like peer support groups and school-based interventions. However, major challenges include workforce shortages, lack of coordination across systems, and insufficient services for specific populations.

ACCESS TO CARE

QUALITY & EFFECTIVENESS OF SERVICE

HOUSING & SUPPORT SERVICES

COMMUNITY INSIGHTS & SUGGESTIONS

# Preliminary Analysis Takeaways



Community **appreciated** the opportunity to be **engaged**



Significant system **navigation** and **awareness** about services **challenges**



**Equitable access** to care requires special considerations for **diverse populations**



# Feedback Collection Process

## Engaging the Community

**61** Events  
*April-July 2025*

- **37** Community Conversations
- **10** Stakeholder-Focused Sessions
- **7** Town Hall Forums
- **7** Key Informant Interviews

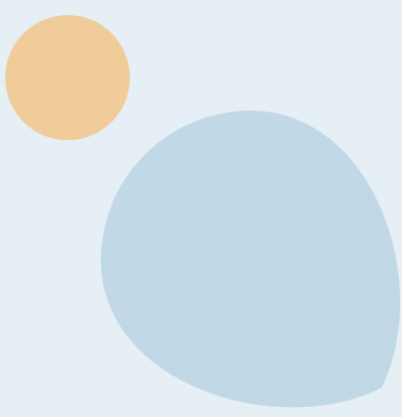
**741** Surveys  
**collected**

- **396** Online surveys (including **43** *Spanish*)
- **263** Full paper surveys (incl. **44** *Spanish*)
- **81** Demographics-only with feedback
- **14** Jail detainee surveys
- **14** BHS intern surveys



## Preliminary Analysis

- Data collection and cleaning continues
- **52 event notes** + **353 surveys** pulled into one spreadsheet
- Thematic analysis:
  - Community Engagement Planning Workgroup facilitators reported themes & shared experiences from participants
  - CPP committee combed through notes and surveys identifying key recurring themes & quotes
  - AI tools identified patterns and representative quotes



# Stakeholder Groups

## County & Local Government

Contra Costa County (CCC) Board of Supervisors	CCC In-Home Support Services Public Authority
California Department of Rehabilitation	CCC Office of Education
City of Antioch	CCC Sheriff's Office
City of Pittsburg	Juvenile Hall
City of Richmond	Office of Supervisor Candace Andersen
CCC Dept of Conservation and Development	San Pablo Police Department
CCC Employment and Human Services	West County Detention Facility

## Healthcare Systems

Alameda County Health	John Muir Health
Contra Costa Health Plan (CCHP)	Kaiser Permanente
CCC Regional Medical Center (CCRMC)	La Clinica De La Raza
Healthcare for the Homeless	Sutter Health

## Education & Specialized Services

Contra Costa Community College	Mount Diablo Unified School District
CCC Special Education Local Plan Area (SELPA)	Pittsburg High School Parents
Independent Living Services Health (ILS Health)	Regional Center of the East Bay
James Morehouse Project	VistAbility
La Cheim School	West Contra Costa Unified School District
Lynn Center	

## Housing & Homelessness

Agape's Restore & Renew Home	Focus Strategies
Brookside Shelter	Homebase
Cali House	Hope Solutions
Concord Shelter	Housing Authority of CCC
CCC Council on Homelessness	Partnership for the Bay's Future
Don Brown Shelter	Trinity Center

## Mental Health & Behavioral Services

Antioch CARES	Integrated Human Services Group
Aspiranet Therapeutic Behavioral Services (TBS)	La Concordia Wellness Center
Caminar	Mental Health Connections
Children's Mental Health Connections Clubhouse	National Alliance on Mental Illness (NAMI) Peer Connect Center
CCC Crisis Center / 211ContraCosta	Psynergy
Crestwood Healing Center	Telecare Hope House
Delta Peers	The Hume Center
Early Childhood Mental Health Program (ECMHP)	West County Adult Mental Health Clinic
East Adult Mental Health Clinic	West County Children's Mental Health Clinic
East County Children's Mental Health Clinic	



# Stakeholder Groups (cont.)

## Seniors, Veterans & Community Organizations

Choice in Aging	Rainbow Community Center
Community Health for Asian Americans (CHAA)	RCF Connects
CCC Advisory Council on Aging	Richmond Commission on Aging
CCC VA Center	Rock Harbor Christian Fellowship
Dept of Veteran Affairs	Scotts Valley Tribal TANF
Familias Unidas	Senior Mobility Action Council
Lao Family Community Development	The Latina Center
Mobility Matters	CCC Veterans Service Office
Nuevos Comienzos	White Pony Express

## Substance Use and Recovery

Bi-Bett	
Bi-Bett Administration	Recovery Residences
Community Corrections Partnership	Restore
Every Life Deserves Assistance (ELDA) House	Safe Return Project
Men and Woman of Purpose	Ujima Outpatient
Oxford House	WestCare
REACH Project	Uilkema House

## Youth, Family & Social Services

Youth Homes	FIERCE Advocates
Alternative Family Services	First 5 CCC
Bay Area Community Resources (BACR)	Fresh Lifelines for Youth (FLY)
Care Parent Network	Human Services Alliance
Center for Human Development	Lincoln Families
Child Abuse Prevention Council of CCC	Richmond Youth Services and Empowerment
Child Advocates of CCC	Seneca Family of Agencies
	Strengthening Families Program at Helms Middle School
CoCoKids	Village Community Resource Center
CCC Youth Service Bureau	
Embrace	We Care



# Theme: Access to Care

## Barriers to Access

Systemic and  
Navigational  
Challenges

Appointment  
Delays

Lack of  
Information  
and  
Accessibility

Cultural and  
Linguistic  
Barriers

Stigma and  
Trust Issues

Economic and  
Emotional  
Barriers to Care

Insufficient  
Resources

Comprehensive  
Behavioral  
Health Services  
Needed

Administrative  
and Data  
Systems  
Challenges

## Opportunities for Improved Outreach

Multi-Channel  
Outreach

Trusted  
Messengers and  
Community  
Networks

Creating a  
Welcoming and  
Inclusive  
Environment



# Access to Care

## Barriers to Access

Systemic and Navigational Challenges	Appointment Delays	Lack of Information and Accessibility
Cultural and Linguistic Barriers	Stigma and Trust Issues	Economic and Emotional Barriers to Care
Insufficient Resources	Comprehensive Behavioral Health Services Needed	Administrative and Data Systems Challenges

*“I don't know where to start.”*

*“Simplifying the mental health system and providing clear guidance — step by step — in multiple languages would also help people navigate services more easily.”*

# Access to Care

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Challenges

*"Scheduling challenges, they are usually not available on weekends or after work."*

*"There are programs/offices in all 3 regions. However, they are not always conveniently located... Creating a transportation option for people who have ongoing sessions would be helpful."*

*"It took us 10 years to get a diagnosis for our loved one. In part because they were treatment resistant..."*



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“ There are no rehabs for youth or specific to LGBTQIA+ within the CC Health or AOD umbrella.”

“ More dual diagnosis treatment Programs for all ages. Eating disorder treatment – residential, IOP, partial hospital levels. OCD treatment – residential, IOP, partial hospital levels. More autism testing readily available.”

# Access to Care

## Opportunities for Improved Outreach

“ *Trusted sources and messaging about mental health is crucial. My community sees mental health as taboo and often is dismissed as a personal behavior choice rather than a health issue.* ”

“ *Make people feel comfortable and welcome to ask for help.* ”





# Quality and Effectiveness of Services

## Effective Approaches

Cultural Humility  
and Respect

Comprehensive  
and Individualized  
Treatment Plans

Client Centered  
Services

Specific Programs  
and Interventions  
Noted as  
Impactful

“

*Compassion-led fully funded  
supportive programs where length  
of stay is tailored to the individual  
rather than a standardized  
template.*

”

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“*Having a good therapist that listens and values the insight of their clients even if they have Mental Health or Substance Abuse issues, to be able to provide the best course of action possible and to let the client know that they matter and are valued.*”



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*"A3 is doing an amazing job. We could definitely use more teams that work on prevention and doing outreach before people even call."*

*"Access Line is always available and is ready to connect our community members."*

# Quality and Effectiveness of Services



*"More support groups with online and in-person options. More safe family shelters for DV victims trying to get back on their feet... "*

*"Healthier food at hospitals and shelters and bolstering Short-Term Residential Therapeutic Programs (STRTPs) are essential to improved overall care."*



## Quality of Care Issues

Under-  
resourced  
Services

Equitable  
Access to  
Care

Workforce  
and Training  
Challenges

Lack of  
Coordination  
of Care



# Quality and Effectiveness of Services

*"Vocational services need to be more accessible along with other life skills programs..."*

*"Funding for older adult services are being cut by the federal government so we will need even more support for older adults."*

*"Youth programs. LGBTQIA+ programs."*

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# Theme: Housing Supports and Services

Lack of Awareness

Improved Support  
for Housed  
Individuals  
(frequent)

Need for  
Navigation  
Support

Increased  
Coordination with  
Behavioral Health  
Service Providers

Limited Access to  
Housing  
Resources

Tailored Housing  
Resources for  
Specific  
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Wider Range of  
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“

*I'm homeless myself and  
desperately seeking housing.  
When you find out, let me know.*

“

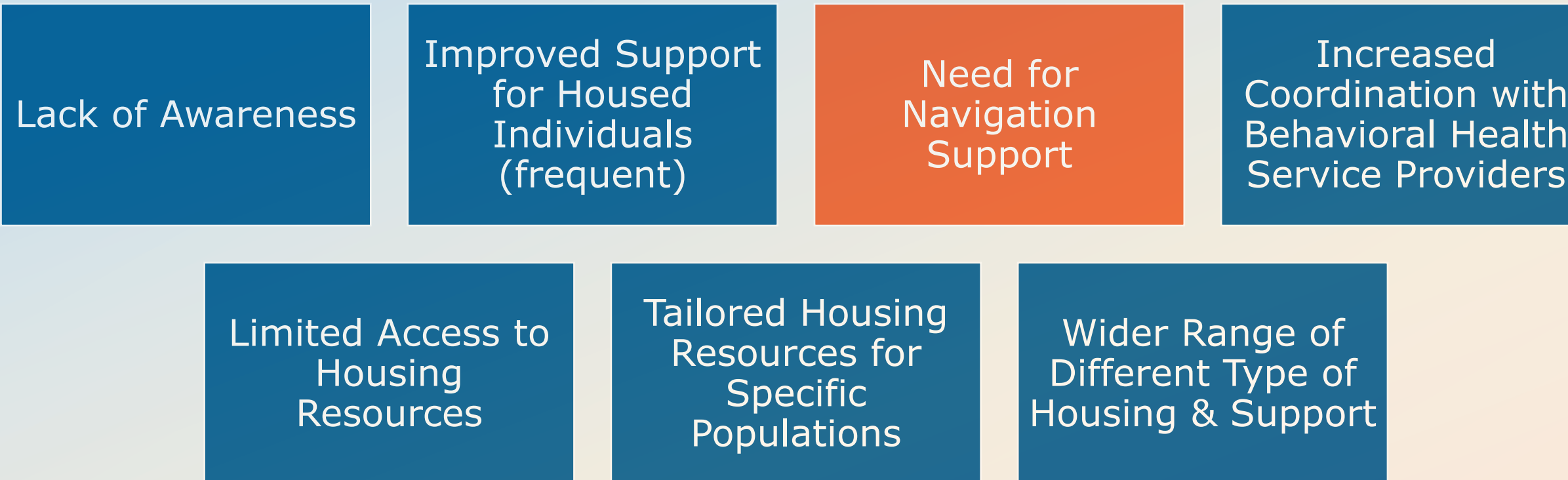
*I know there are many county resources, but I  
cannot think of the names at this moment.*

”

”



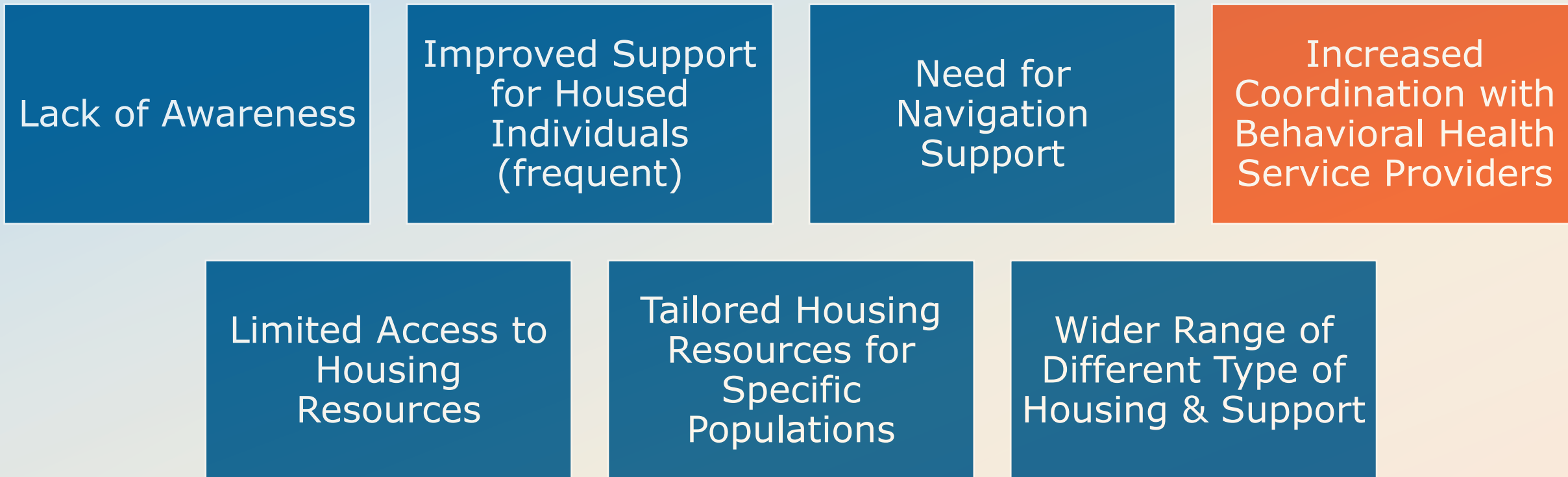
# Housing Supports and Services



*"Ideally, with direct guidance or instructions on how to access Contra Costa Housing Authority for housing vouchers and such...if there was a program similar to Bay Area Community Services (BACS) Holland House in Oakland, CA for rapid rehousing and food... this could support members who recently discharged from 4C/4D/PES."*

*"Centralized website that lists all current housing support options and eligibility criteria. It is very confusing right now about who is eligible for what, or how different waitlists work."*

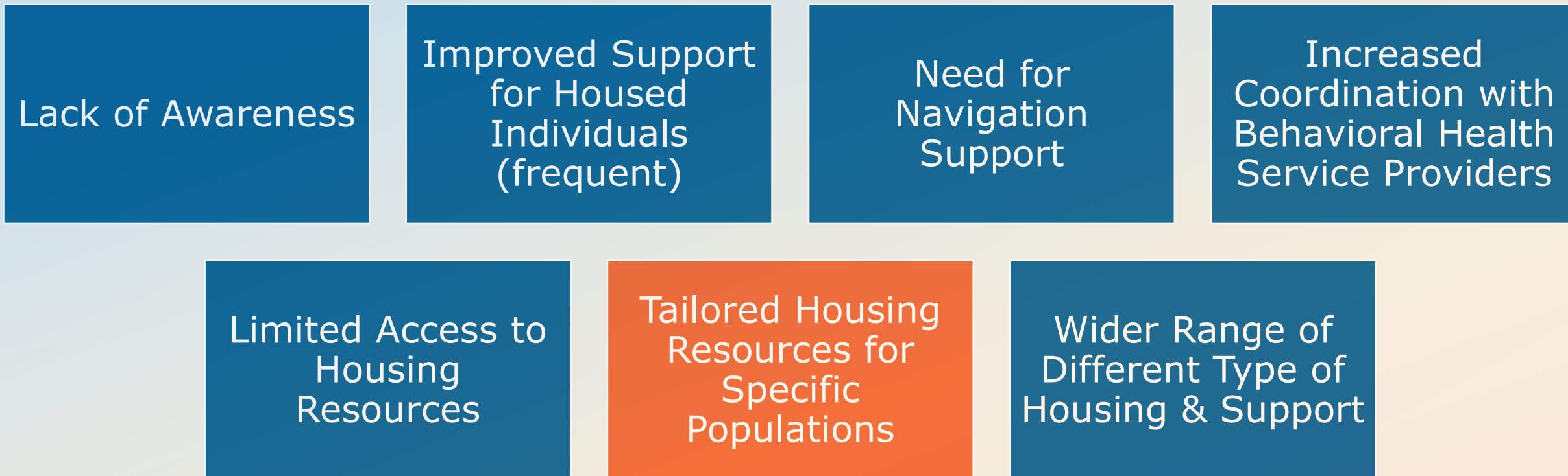
# Housing Supports and Services



*"Housing is too spread out among mental health, H3, and SUD. It should all be under one roof and managed by one team that is multidisciplinary (MH, SUD, and housing specialists). There should be an access line for housing for people to learn how to access the different kinds of housing and shelters."*

*"We need to make better use of Hope House as a step down for those who are stepping down from In Patient care and also have Hope House have the ability to take those who are in Shelter Facilities or are found homeless that could benefit from intensive treatment without hospitalization."*

# Housing Supports and Services



*"We don't have appropriate housing services for substance users."*

– Village Community Resource Center

*"Need shelters specifically for TAY. Sober Living Environments (SLE) are usually shared. Few TAY are there. These usually shared living spaces. People with children do not want to go there. One TAY described SLE as like jail with a cellmate. Do not want children to be there."*

– Transition Age Youth, Probation (providers, FLY clients)

*"We need to develop alternatives to permanent supportive housing. One idea we could consider trying: Alameda County's 'Oak Days' model, where they converted a hotel into long term supportive housing with 24/7 care using the HCBA waiver."*

– Meeting with Managed Care Plans



# Theme: Additional Insights and Feedback

Better Data Sharing  
and Coordination  
Among Providers

Importance of  
Prevention and Early  
Intervention

Recommendations  
for Resource  
Allocation

Tailored Services to  
Diverse Populations

Funding Reduction  
Concerns

Providers should be  
Trained at Same  
Level as County staff

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*"Disconnect in sharing information – hospitals, programs, county departments, MHET, clinicians in the field, doctors, nurses, first responders, etc. ... Need urgent, quick flow of information among entities."*

— MHET Officers

*"Stakeholders highlighted the lack of data integration within departments and counties, which hampers effective communication and service delivery."*

– Summary from H3-CORE & COH Management

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*"More funding for care management, housing navigators, and more supportive housing options."*

*"More treatment centers for AOD. And mental hospitals."*

*"More services for children under 18. More services for prevention/early intervention. More money for peer supporters and community support workers."*

*"More in-patient treatment facilities, more transitional housing facilities, more vocational programs for people, more resources specifically geared towards at-risk minority groups such as non-English speaking individuals, transgender people and children."*



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*"Supports for homeless and runaway LGBT minors. Mental health and substance use prevention services for all foster youth."*

*"More bilingual and bicultural health education programs where we use bilingual workers."*

*"There needs to be more outreach/psychoeducation for schools, hospitals, law enforcement, government officials, etc. There needs to be more education for the people helping those in need."*

# Thank You!



CONTRA COSTA  
HEALTH