Draft Racial Equity Results-Based Accountability Framework:
Commitments, Conditions, and Indicators
June 18, 2025

Operating Principle/Ballot Language	Condition of Well-being	Population-level Indicators
Shared practice of equity, justice, inclusion, and compassion Sustain strong social safety net = health and prosperity for all Fund emergency response	All residents—especially those historically excluded and/or impacted by structural racism—have access to preventative and emergency care that is affordable, culturally responsive, trauma-informed, and geographically accessible. All residents receive equitable and rapid response in crisis situations (health, fire, disaster, etc.). Attention is paid to humanizing processes and eliminating barriers.	**Equity, Justice, Inclusion, and Compassion** 1. % of County Departments with active race equity implementation plans 2. % of residents reporting positive experience with public systems (health, housing, justice) 3. % of County-funded programs contracting with BIPOC-led and BIPOC-operated CBOs **Strong Social Safety Net & Hospital Access (**Strengthen programs that serve low-income, marginalized populations across sectors - health, housing, mental health, etc. and continued outcome and staffing of CCRMC, especially for users of Medi-Cal) 4. Preventable emergency room visit rates by Zip code 5. % of Medi-Cal patients with consistent primary care 6. % of Black mothers that receive first trimester care that leads to better outcomes for those mothers and their babies. 7. Ensure hospital staffing reflects community and patient demographics and carry cultural values to promote the next outcomes 8. Track access by race/language/insurance status 9. Prioritize services that reach high-need census tracts 10. Track racial disparities in who receives services and outcomes **Prioritize Prevention** 11. Number and % of 5150 holds diverted to community care 12. Suicide ideation/hospitalization rates (youth, by race & geography) 13. % of residents connected to culturally responsive health, mental health and social services, disaggregated by race, economic status, geography, age group, housing status, education levels, and other meaningful dimensions

		Fund Community Health Centers – Equity Lens: Preventative, Community-based care in Underserved Areas 14. Fund community-based care as upstream prevention by supporting FQHCs, mobile clinics, and integrated behavioral health. 15. # of residents served at FQHCs and clinics in high-need census tracts 16. % of residents who report a health home and access to primary care provider 17. Community Health Center utilization rates, disaggregated by race and income 18. # of culturally competent providers serving identified priority populations. **Emergency Response** 19. Ensure emergency services are available and equitable in their response across communities 20. % of mental health crisis calls diverted to non-police response models. 21. % of low-income neighborhoods with fire prevention programming or community resilience plan. 22. Households in climate-vulnerable zones with access to fire mitigation and community awareness on house hardening practices.
Investments prioritize prevention and address current system gaps Name inequities and those most harmed, especially Black and Latinx. Additionally, residents with mental needs, Indigenous peoples, Asian American Pacific Islanders, seniors, people with disabilities, children and youth, immigrants, unsheltered, rural communities, LGBTQ+, and people in poverty. Economic opportunity and equity are at the heart of MXCAB purpose Seek transformative solutions, in addition to filling current service gaps Invest in early childhood services	All residents have access to educational, housing, and employment opportunities that foster positive development, redress structural inequities, and disrupt generational poverty. Public investments shift root causes, not just address symptoms, by delivering targeted support and resources to those who have been historically under-resourced and most harmed. Holistic and high-quality services and supports are provided for children's development and family well-being.	**Economic Opportunity & Equity** 1. Unemployment rates by race and census tract 2. Education levels/degree completion by race and census tract 3. Median household income increase in priority equity zones 4. % of MX-funded programs that hire from high-barrier communities 5. Eviction filings per 1,000 residents in priority census tracts 6. % of Black, Latinx, Indigenous, older adult, and other vulnerable households in stable, long-term housing 7. Youth and young adult homelessness rate in County districts 8. Reductions in school disciplinary actions for BIPOC youth

		9. % of programs designed for disability access or language justice 10. % of MX contracts awarded to BIPOC-led grassroots community organizations **Integrate Transformative Solutions** 11. % of County-funded programs investing in innovative and transformative initiatives, e.g., healing justice, community land trusts, diversion, etc. 12. % of MX funding supporting multi-sector partnerships or place-based pilots 13. % of programs demonstrating structural change (e.g. policy change, co-governance models) **Protect the Vulnerable – Support Programs for People at Risk: Unsheltered, Disabled, LGBTQIA+, Elders, Youth, Justice-involved, and Immigrants and Refugees** 14. Ensure investments reach those disproportionately harmed by systemic racism (reentry, senior services, housing navigation, LGBTQIA+ affirming programs) 15. Track safety, housing, transportation, environmental health and climate justice and stability outcomes across demographic lines 16. Require partnerships with residents and organizations from impacted communities **Invest in Early Childhood Services** 17. Availability of child care for working parents 18. Attendance in early learning settings for children ages 3+. Can be disaggregated by zip code; e.g., the indicator of interest could be "attendance in early learning settings for children ages 3+ in the most marginalized county zip codes", identified as those with low child opportunity scores 19. % of Medi-Cal enrollees (in Contra Costa Health Plan and Kaiser) who

		receive a valid developmental screening between 0-3 years of age 20. Childhood immunization rates 21. Well-child visits in first 30 months 22. Lead screening
Needs and issues are intersectional and interconnected. Take the resident point of view.	Community members are given a meaningful opportunity to voice their needs and propose solutions for how they can be met. Residents are engaged as thought partners, decision makers, and lived experience experts, as reflected in a significant percentage of MX-funded programs co-designed with community input, inclusion of residents in request for proposals processes, and evaluations conducted with success metrics defined by lived experience experts.	Residents are engaged as thought partners, decision makers, and lived experience experts, as reflected in a significant percentage of MX-funded programs co-designed with community input, inclusion of residents in request for proposals processes, and evaluations conducted with success metrics defined by lived experience experts identified by the community.
Foster a culture of inclusion, welcoming, and belonging demonstrates our commitment to equity and will improve our work progress and outcomes	All communities see themselves reflected in the County's processes, advisory bodies, and outcomes (e.g., % of programs demonstrating structural change, influencing policy change, and/or led by co-governance models)	1. % of programs demonstrating structural change, influencing policy change, and/or led by co-governance models 1. % of programmatic and funding decisions made in response to CAB recommendations 2. % of public comment participants from high-need zip codes. 3. % of MX programs with community advisory or feedback loops