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

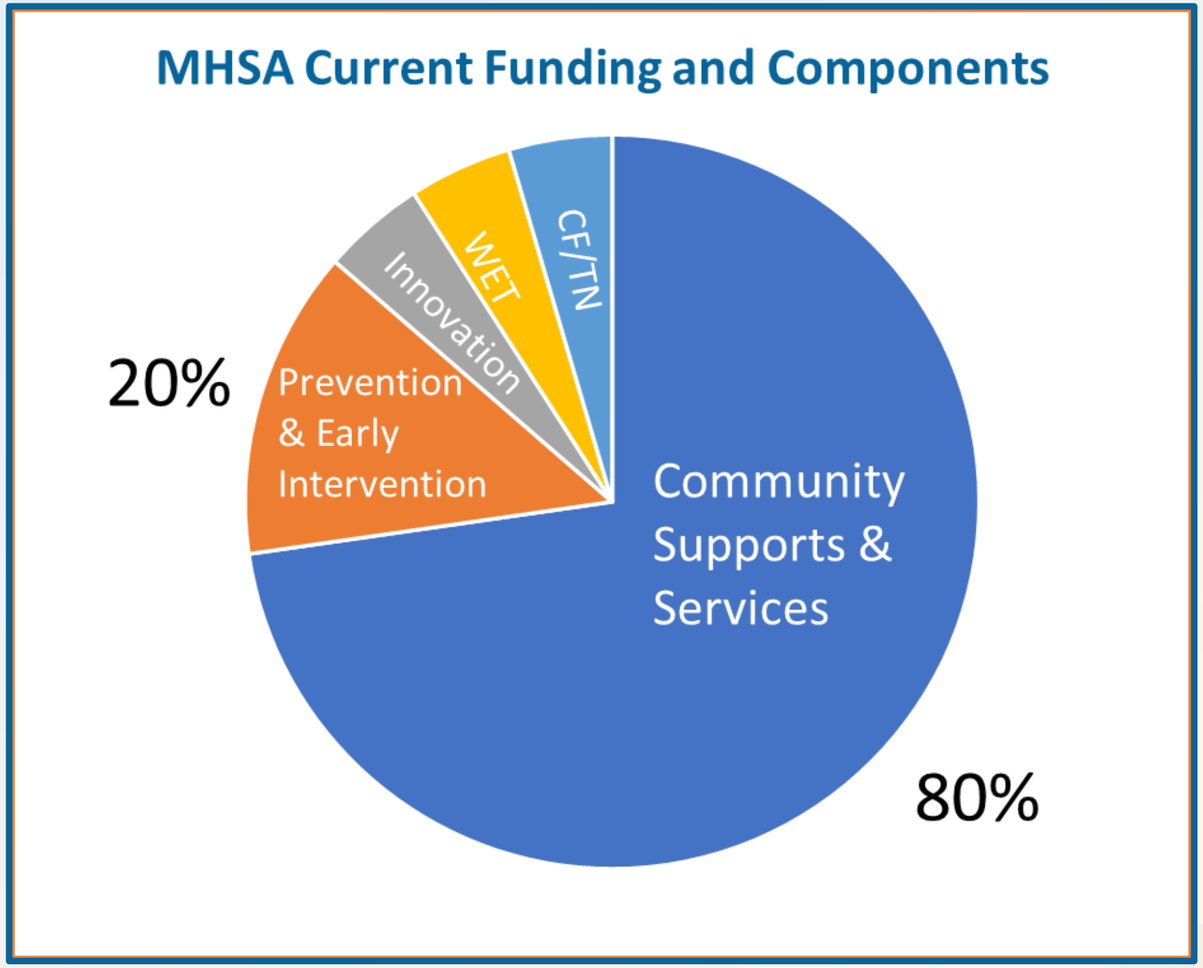
November 2004 – Proposition 63 Mental Health Services Act

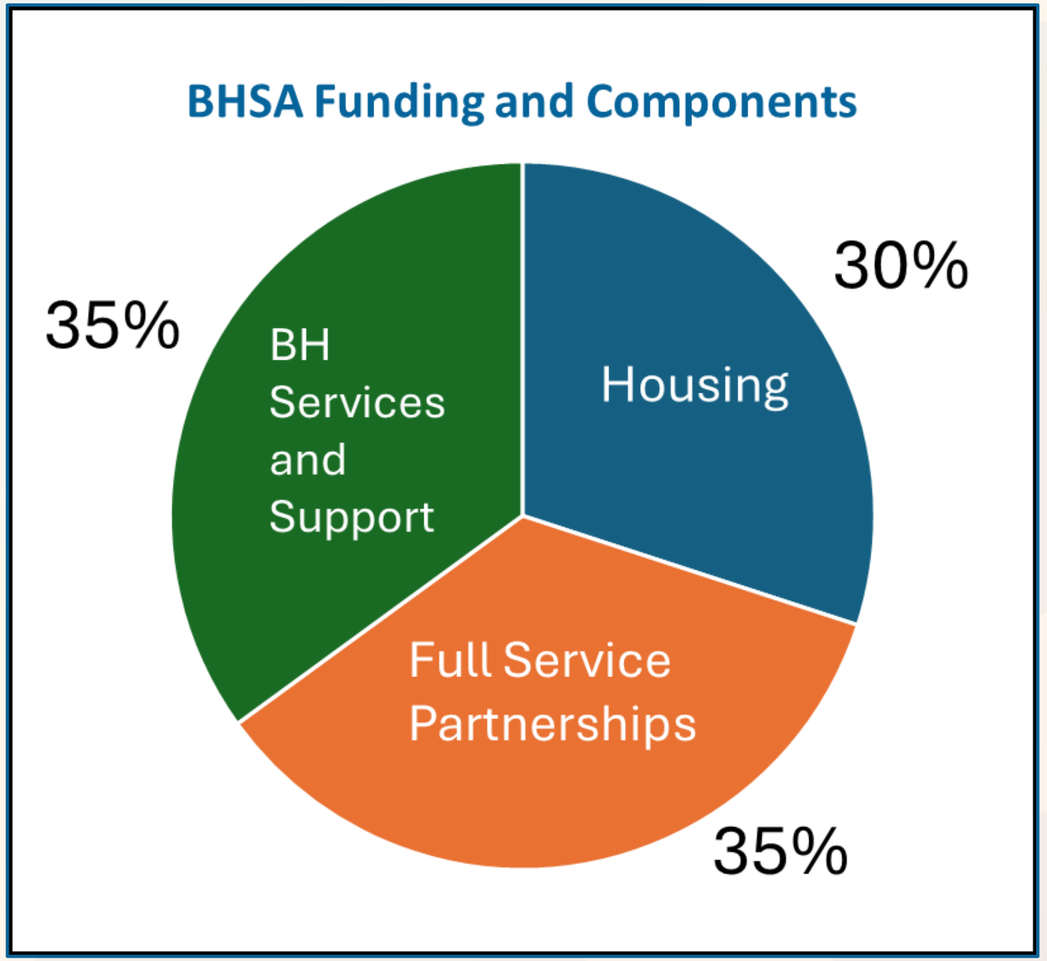
- In November 2004, California voters passed Proposition 63, or the Mental Health Services Act (MHSA). The MHSA's transformed California's public mental health system into a person-centered, prevention-oriented system with direct involvement and input from clients, parents, families and diverse communities

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





Priority Populations Under BHSA

Eligible adults and older adults who are:

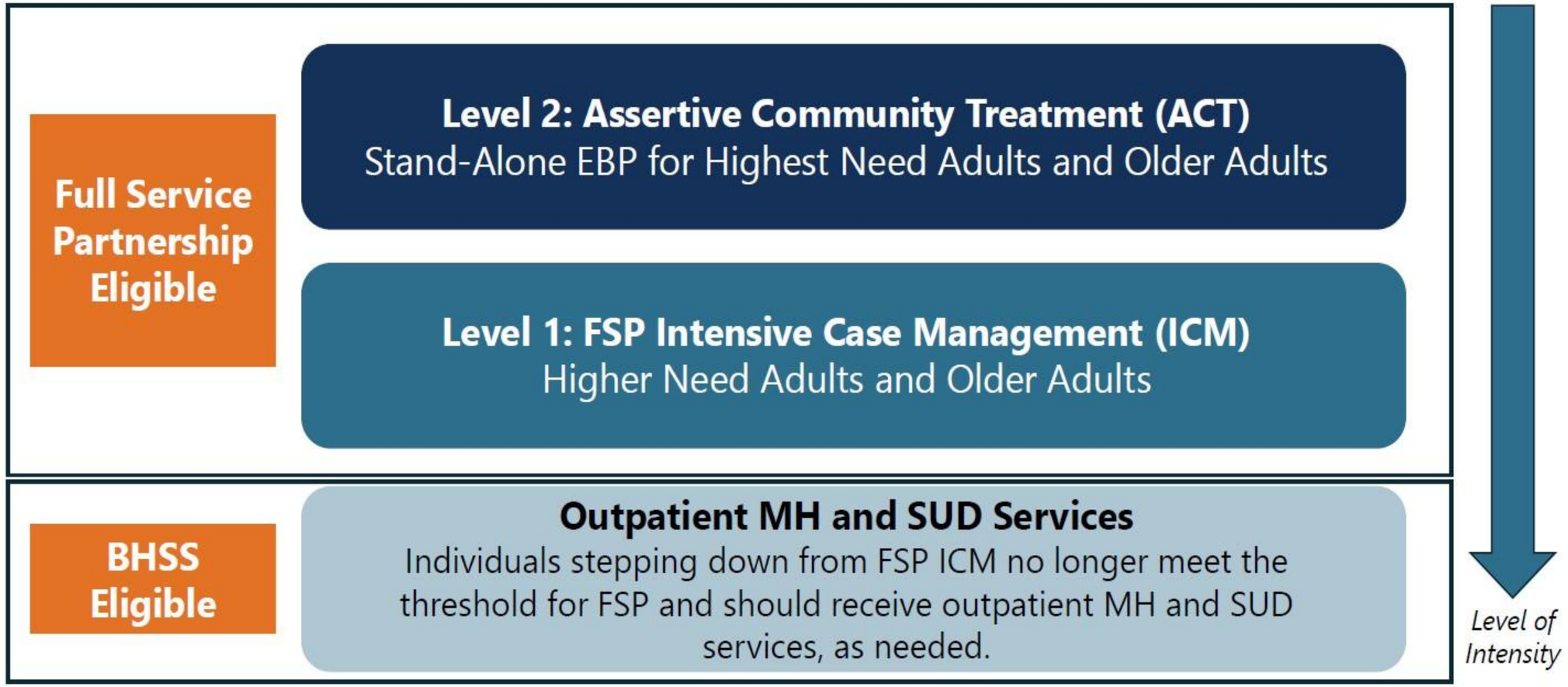
- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or are at risk of being in, the justice system
- Reentering the community form prison or jail.
- At risk of conservatorship
- At risk of institutionalization

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 form 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	1. Board and Care (non-enhanced) 2. Room and Board
1. State Hospital Beds 2. Acute Psychiatric 3. General Acute Care Hospital with Psychiatric Ward 4. Psychiatric Health Facility (PHF) 5. Crisis Stabilization Unit (CSU) 6. ASAM Medically Managed Inpatient (ASAM 4)	1. Sub-Acute State Hospital beds 2. Special Treatment Program/Skilled Nursing Facility (STP/SNF) 3. ASAM Medically Managed Residential (3.7) 4. Mental Health Rehab Center (MHRC) 5. Recuperative Care	1. Crisis Residential 2. Peer Respite (29 days-tenancy 3. ASAM 3.1-3.5 4. Transitional Adult Residential Treatment Facilities 5. Enhance Board and Care (patched)	3. Peer Supported Housing & Peer Run Recovery Residence (ASAM Type P) 4. Recovery Residences Supervised (ASAM Type S) 5. Recovery Residences Monitored (ASAM Type M) 6. Transitional /Bridge Housing 7. Permanent Supportive Housing -Individual Units 8. Permanent Supportive Housing – Shared Units 9. Permanent Supportive Housing –SRO Motel Conversion 10. Master Lease Housing 11. Affordable Senior Housing 12. Affordable rental/ Affordable Homeowner 13. Unsubsidized Rental/ Standard Homeowner

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
FINISH
01
Determine/Establish Community Planning Workgroup Members
2/18/25
02
Kickoff Meeting
3/6/25
03
Set Up Recurring Workgroup Meetings
3/6/25
04
Determine Community Planning Structure
3/6/25
05
Develop Marketing/ Communication Plan
3/21/25
06
Host Listening Sessions/Community Engagement Period
April 2025-May 2025
07
Consolidate Feedback from Community Engagement
Early June 2025
08
Incorporate Feedback from Community Engagement into Integrated Plan
09
Initial Draft of Integrated Plan Due
10
30-day Public Comment Period for Integrated Plan
11
30-day Public Hearing by New BH Board (Integrated Plan)
12
Incorporate Feedback from Public Hearings (Integrated Plan)
13
Present Integrated Plan to Board of Supervisors: Review, Consider Approval
14
County BOS Approve FY 2026-2029 County Integrated Plan

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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	National Alliance on Mental Illness (NAMI)
Connections Clubhouse	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
CoCoKids	Strengthening Families Program at Helms Middle School
CCC Youth Service Bureau	Village Community Resource Center
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."*

Quotes from the online English surveys.

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

"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…"

Quotes from the online English surveys.

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

> *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.*

Quotes from the online English surveys.

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.*

Quotes from the online English surveys.

Quality and Effectiveness of Services

Effective Approaches

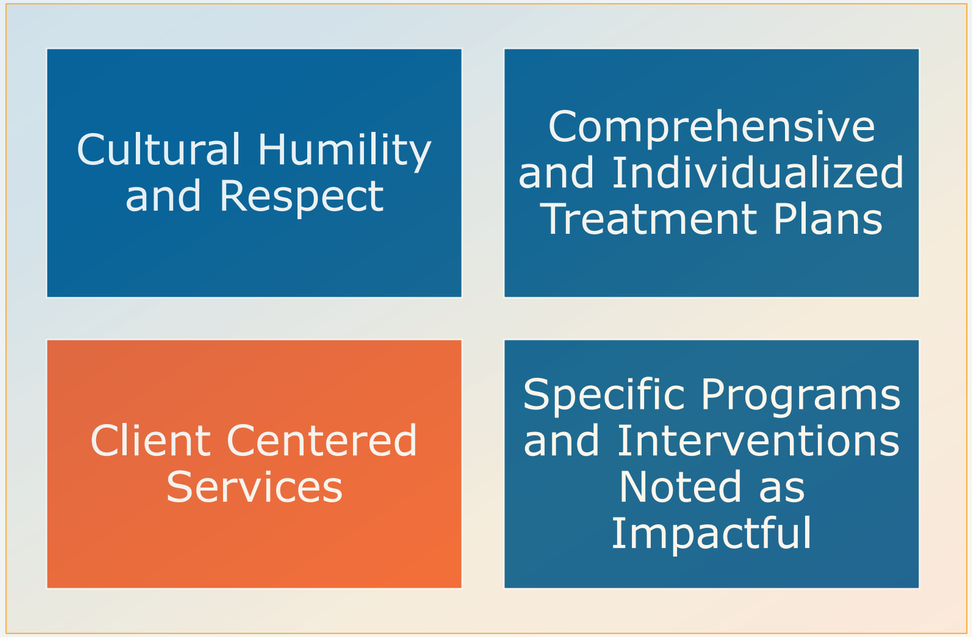
- Cultural Humility and Respect
- Comprehensive and Individualized Treatment Plans
- Client Centered Services
- Specific Programs and Interventions Noted as Impactful

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

Quotes from the online English surveys.

Quality and Effectiveness of Services

Effective Approaches

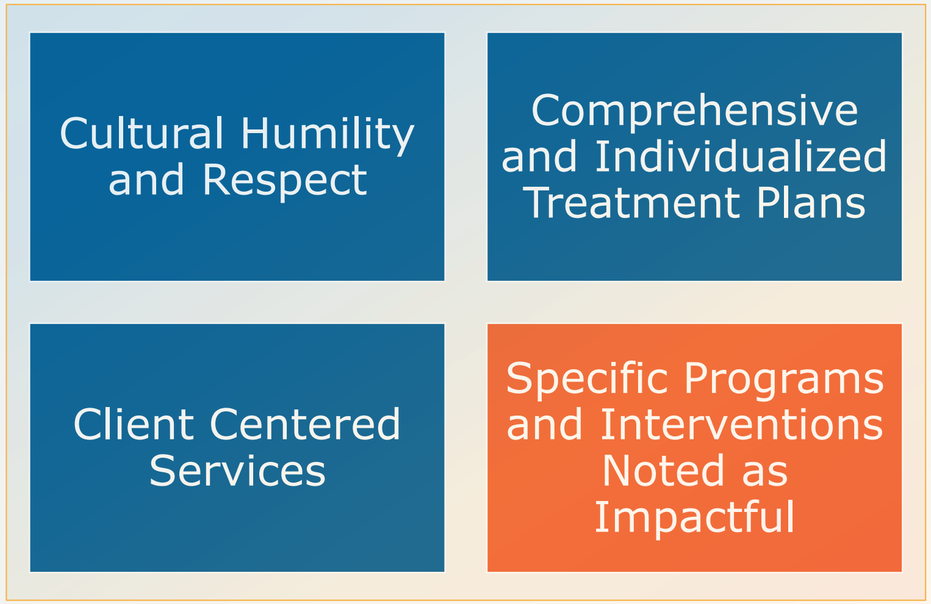


> *Having a good therapist that listens and values the insight of their clients even if they have Mental Health or Substance Abuse issues, to be able to provide the best course of action possible and to let the client know that they matter and are valued.*

Quotes from the online English surveys.

Quality and Effectiveness of Services

Effective Approaches



"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."

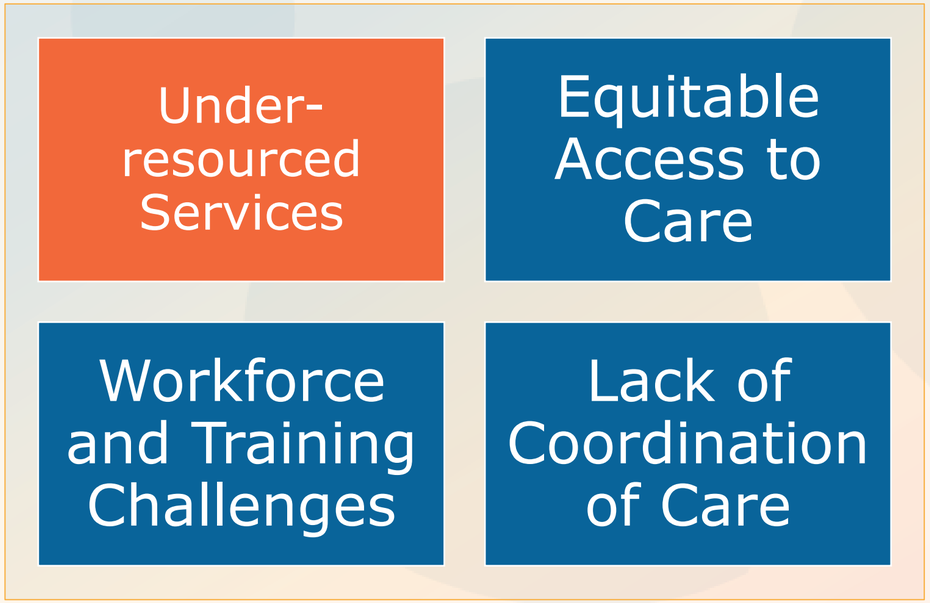
Quotes from the online English surveys.

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



Quotes from the online English surveys.

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."

Quality of Care Issues

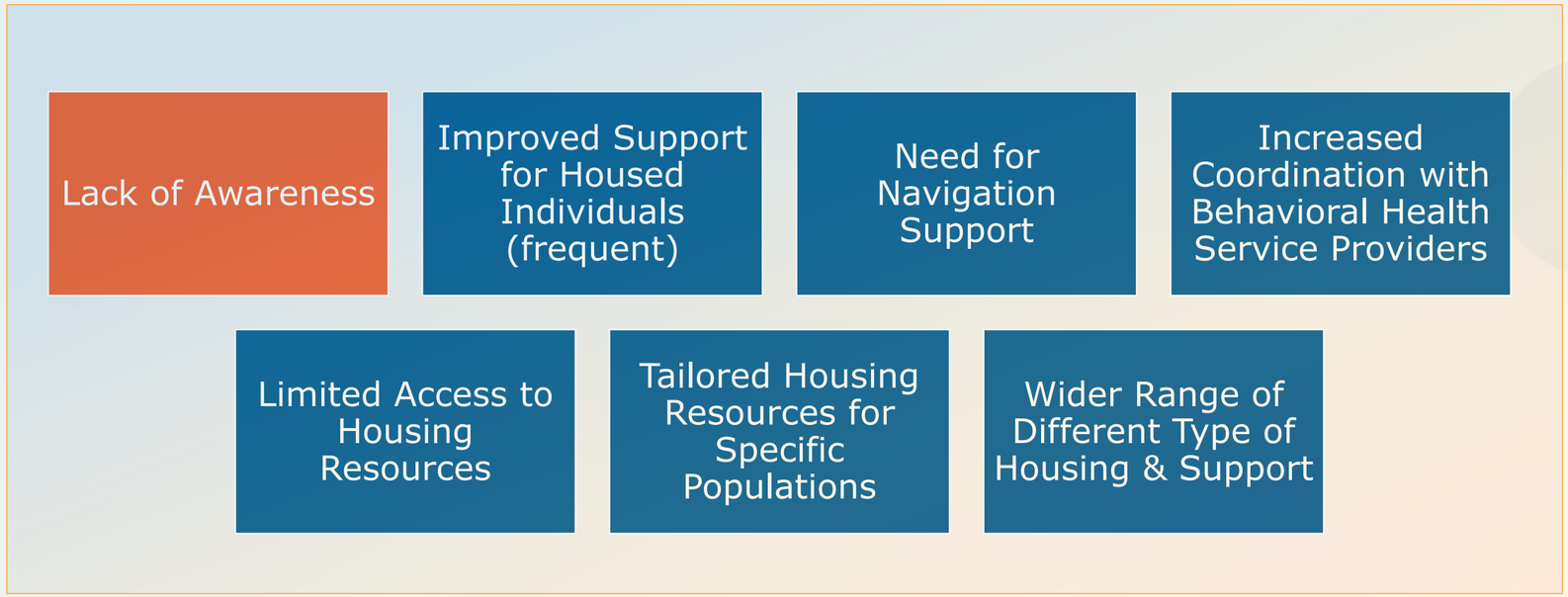
- Under-resourced Services
- Equitable Access to Care
- Workforce and Training Challenges
- Lack of Coordination of Care

Quotes from the online English surveys.

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 Populations
- Wider Range of Different Type of Housing & Support

Housing Supports and Services



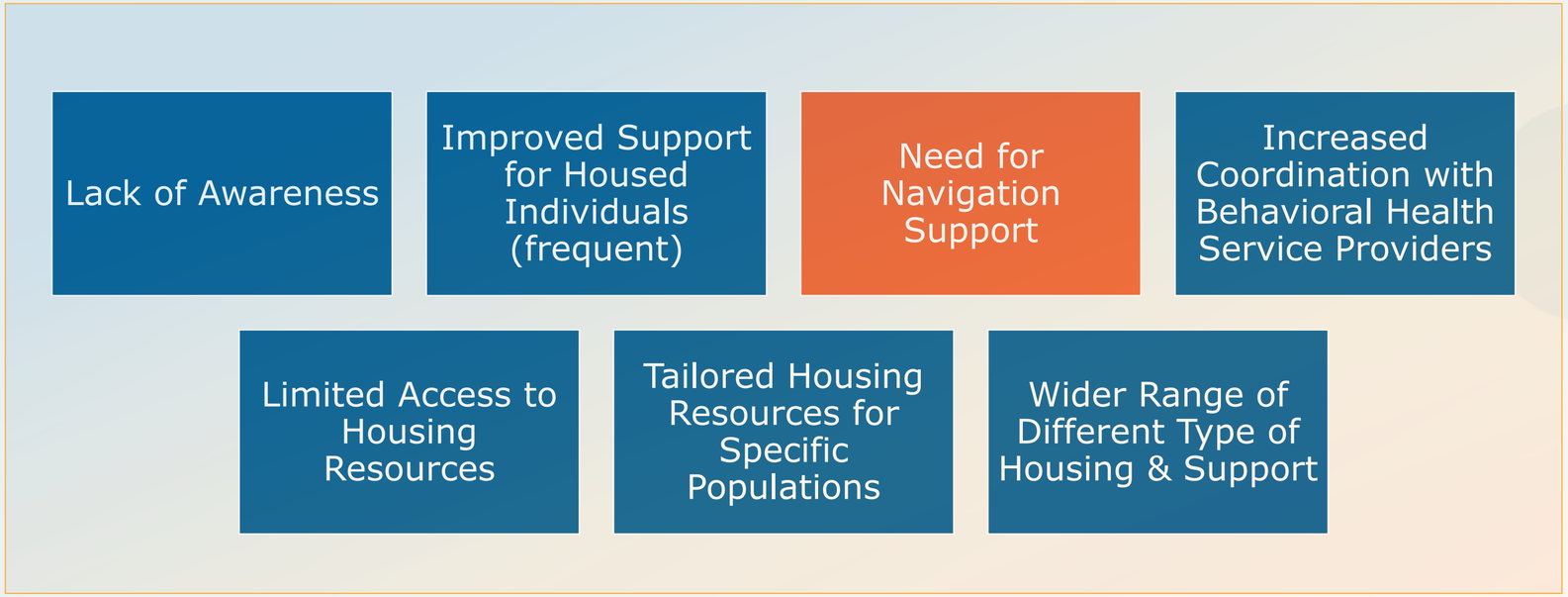
I'm homeless myself and desperately seeking housing.

When you find out, let me know.

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

Quotes from the online English surveys.

Housing Supports and Services

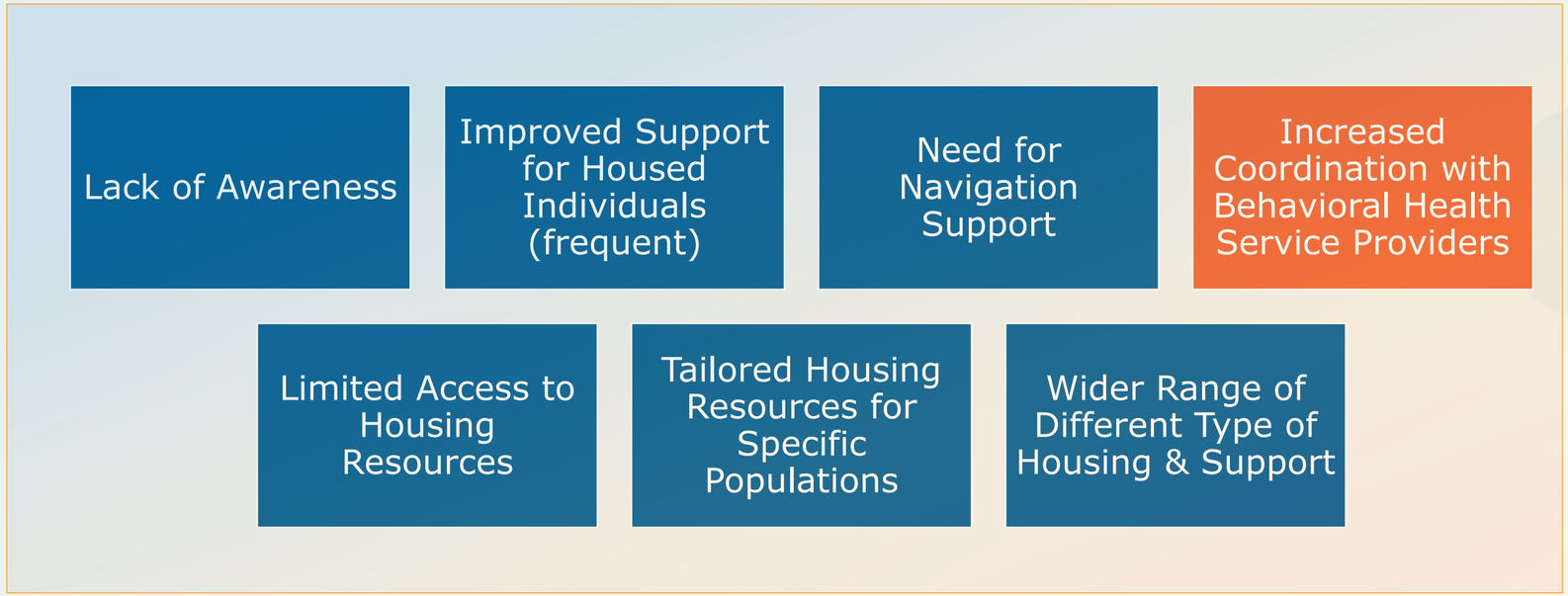


"Ideally, with direct guidance or instructions on how to access Contra Costa Housing Authority for housing vouchers and such…if there was a program similar to Bay Area Community Services (BACS) Holland House in Oakland, CA for rapid rehousing and food… this could support members who recently discharged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

Quotes from the online English surveys.

Housing Supports and Services

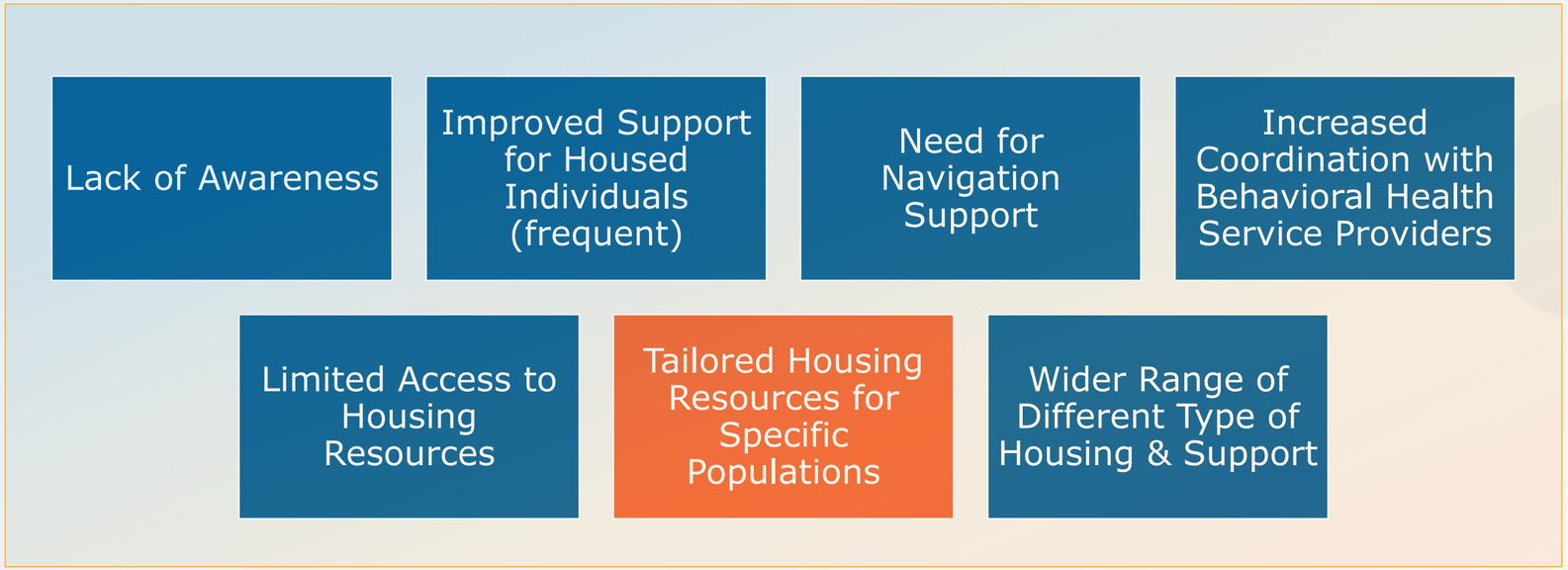


"Housing is too spread out among mental health, H3, and SUD. It should all be under one roof and managed by one team that is multidisciplinary (MH, SUD, and housing specialists). There should be an access line for housing for people to learn how to access the different kinds of housing and shelters."

"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."

Quotes provided are from the online English surveys.

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 ides 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

Additional Insights and Feedback

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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.”

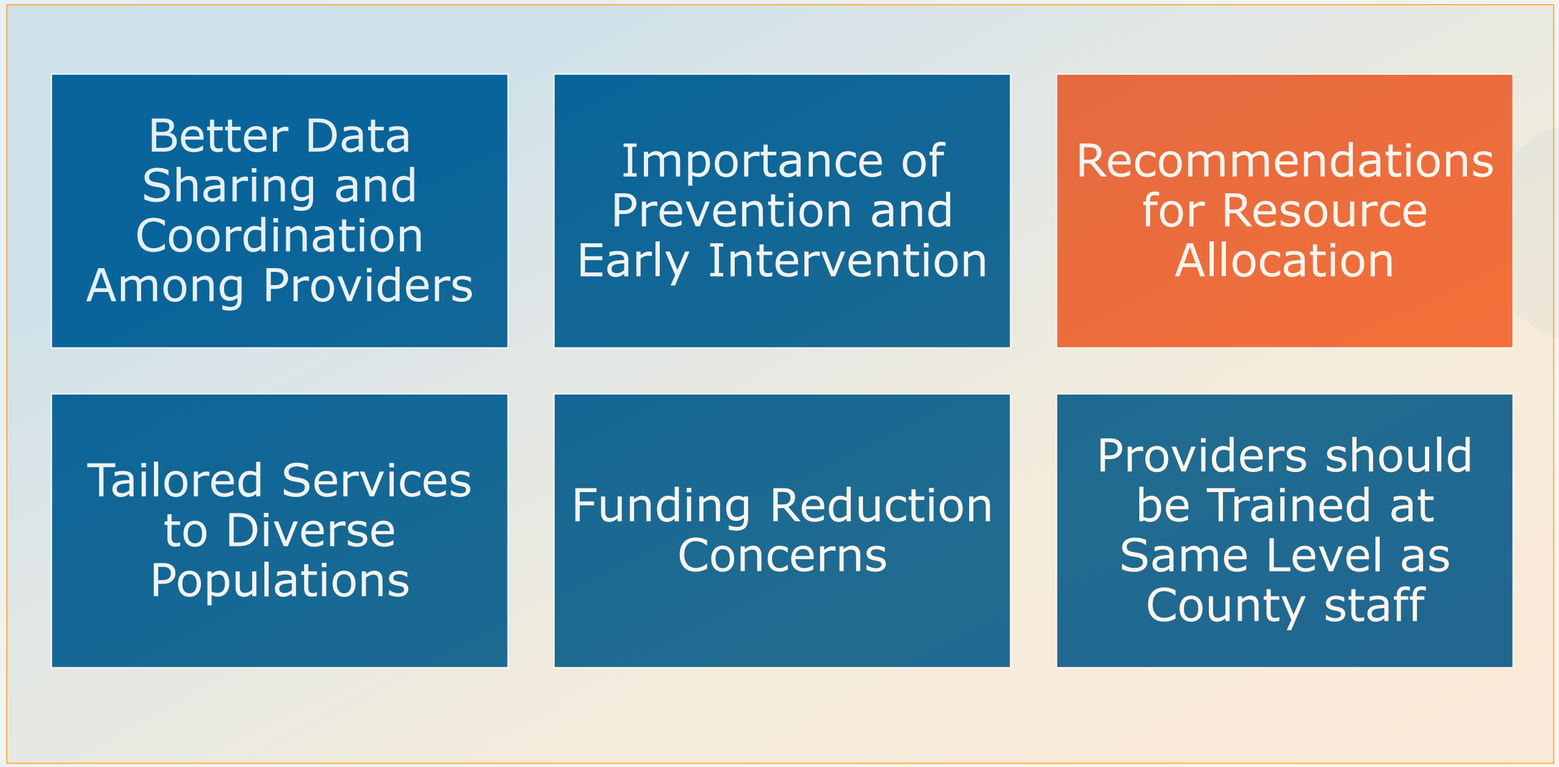
— MHET Officers

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

– Summary from H3-CORE & COH Management

Quotes from the online English surveys.

Additional Insights and Feedback



"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."

"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."

Quotes from the online English surveys.

Additional Insights and Feedback

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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."

Quotes from the online English surveys.

Thank You!

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