



**INNOVATION PROPOSAL:
SUPPORTING EQUITY
THROUGH COMMUNITY-
DEFINED PRACTICES**

Contra Costa Behavioral Health Services
Mental Health Services Act



INN Proposal: Supporting Equity Through Community-Defined Practices

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General Requirement:

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

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

Primary Purpose:

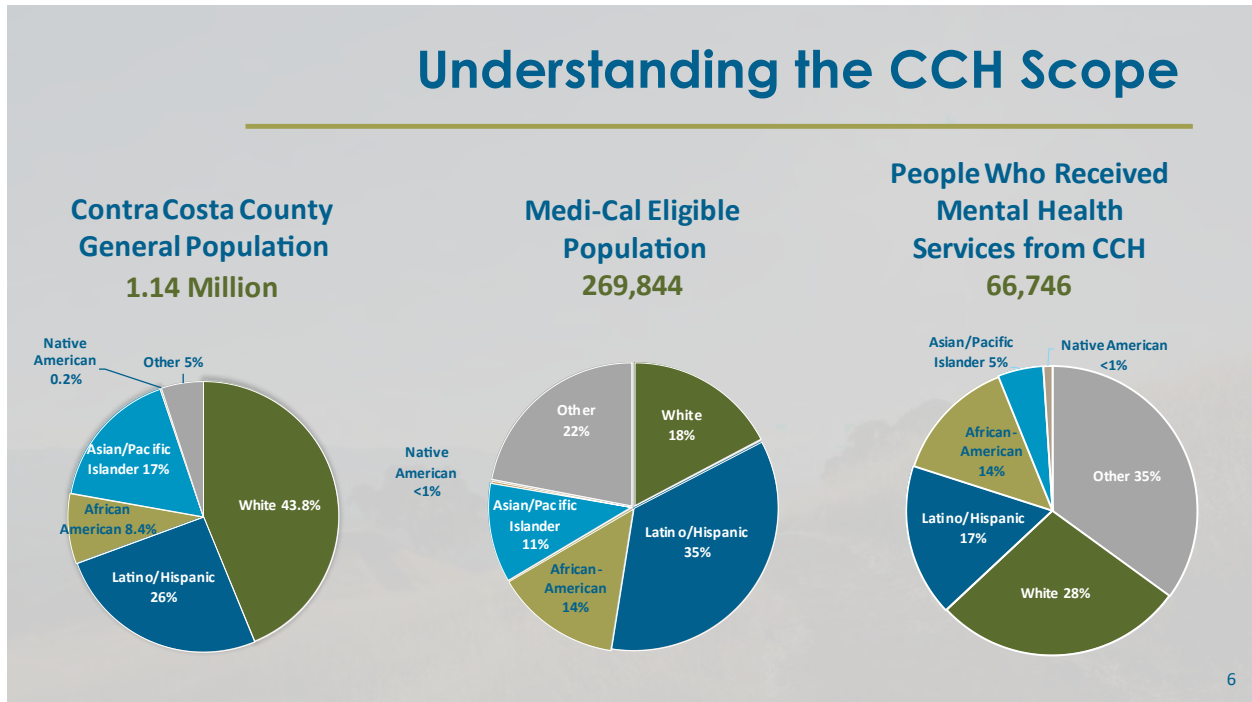
- ✓ Increases access to mental health services for underserved groups.
- Increases the quality of mental health services, including measured outcomes.
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.
- Increases access to mental health services,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

Primary Problem:

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

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



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

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

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

Research on Inn Component

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

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

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

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

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

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

Proposed Project

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

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

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

Contracting

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

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

Community and Program Planning

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

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

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

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

CPAW Main Meetings:

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

CPAW Innovation Sub-Committee Meetings:

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

MHSA Innovation Community Forum:

- March 4, 2022

Reducing Health Disparities Meetings:

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

Historically Marginalized Community Engagement (HMCE) Unit Meeting:

- January 2022

Board of Supervisors Equity Presentation:

- August 16, 2022

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

Communication and Dissemination Plan

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

Learning Goals / Project Aims

This Innovative Project's intent is to bolster equity within the behavioral health care system by increasing the number of available community-based and culturally-defined wellness initiatives

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and ultimately, increase engagement in behavioral health services by underserved groups. This will be achieved by offering grants to community organizations to deliver unique services, which are not currently offered within the system of care. Learning goals will address:

- What are the barriers for accessing mental health services? (Time, eligibility, transportation, mistrust, don't know where to go)
- Increase access, quality, range and cultural relevance of behavioral health services for underserved populations. The measurable goal will be to increase the numbers served in by 10% for the LatinX/Hispanic and AAPI population, as well as monitor increase in other populations, such as LGBTQ+, African American/Black.
- Increase sense of belonging and wellness in underserved community groups. CCBHS will conduct client satisfactory surveys and gather feedback in partnership with the CBOs and contractor at the beginning and end of each program year to gauge if client's mental health challenges improved and if they felt that the programs offered aligned with their cultural beliefs. Questions will be developed through a stakeholder process.
- Reduce stigma and discrimination in the behavioral health system by elevating culturally defined practices.
- Increasing awareness of existing behavioral health supports and services.
- Use of cultural brokers to identify effective modes of outreach and engagement to underserved community groups.
- Identify what strategies are effective in increasing service engagement and could be incorporated into the CCBHS system of care.
- Serve up to at least 50 community members per organization per year who may not otherwise engage in behavioral health services
- Opportunities for integration between existing community providers and the county system of care. Monitor engagement in AAPI and LatinX/Hispanic and other populations to measure increase in both MHSA data and County data.

Evaluation

CCBHS will contract with an independent consultant to support implementation and evaluation of the project, including analysis of individual program reports, and completion of required annual comprehensive Innovation reporting. CCBHS will work with the contractor to develop a reporting template for each program to use. The reporting template will address learning goals including: description of culturally defined practices that were implemented; target population; number served; use of outreach & engagement strategies and role of cultural brokers. CCBHS will also work with the contractor to develop a client satisfaction survey. The survey will help measure value and effectiveness from the client perspective through questions that will gauge changes in isolation, mental health stigma, connectedness, likelihood of seeking future care and overall wellness. The evaluator will help CCBHS address sustainability by determining which strategies identified during the project were most effective and should be incorporated into the CCBHS system of care.

Cultural Competence and Stakeholder Involvement in Evaluation

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

Innovation Project Sustainability and Continuity of Care

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

MHSA General Standards

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

1. Community Collaboration

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

2. Cultural Competence

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

3. Client and Family Driven

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

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4. Wellness, Recovery and Resilience-Focused

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

5. Integrated Service Experience

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

Timeline

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

0-2 Months – Identify Contractor to assist with planning and evaluation

Months 1-3 – Convene RFP Review Panel in collaboration with the Innovation Committee and Reducing Health Disparities Workgroup. Review and refine RFP document. Release to the community at the conclusion of month 3. Hold Bidder’s Conference to provide interested parties the opportunity to ask questions and receive support in their application process

Month 4 – Announce Grant recipients

Month 5-6 – Establish and execute contracts.

Annually – Program and evaluation reports shared with stakeholders.

Final Year - Hold exit summit to share final report including results and lessons learned with stakeholders.

Budget

Budget Narrative

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

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

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

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

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

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
	PERSONNEL COSTS (salaries, wages, benefits)	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY xx/xx	TOTAL
1.	Salaries	55,000	57,750	60,638	63,669		237,057
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						\$
	OPERATING COSTS*						
5.	Direct Costs		1,750,000	1,837,500	1,929,375		5,516,875
6.	Indirect Costs						
7.	Total Operating Costs						\$

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

End Notes

1 - Contra Costa Behavioral Health Services (2019). *Mental Health System of Care Needs Assessment*.

<https://cchealth.org/mentalhealth/mhsa/pdf/2019-Needs-Assessment-Report.pdf>

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

3 - Contra Costa Behavioral Health Services (2022). *Equity in Our Mental Health Delivery System*.

http://64.166.146.245/docs/2022/BOS/20220816_2032/50604_CCBHS%20Services_BOS%20Presentation_8-8-22%20sans%20speaking%20points%20wo%20video%20v2.pdf

4 - California Pan-Ethnic Health Network (CPEHN) (2021). *Concept Paper: Policy Option for Community-Defined Evidence Practices (CDEPs)*

<https://cpehn.org/assets/uploads/2021/04/CDEPs-Concept-Paper-April-2021.pdf>

5 - California Reducing Disparities Project (2015). *Strategic Plan to Reduce Mental Health Disparities*.

https://cpehn.org/assets/uploads/archive/resource_files/crdp_executive_summary_english_1.pdf

6 - Tulane University School of Public Health and Tropical Medicine (March 2021). *How to Improve Cultural Competence in Health Care*.

<https://publichealth.tulane.edu/blog/cultural-competence-in-health-care>

7 - American Psychiatric Association (2017). *Mental Health Disparities: Diverse Populations*.

<https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Diverse-Populations.pdf>

8 - Nagayama PhD, Gordon C. American Psychological Association. (March 2019). *Science Brief: Why Don't People of Color Use Mental Health Services?*

<https://www.apa.org/science/about/psa/2019/03/people-color-mental-health>