

WILLIAM B. WALKER, M.D.
Health Services Director
DONNA M. WIGAND, L.C.S.W.
Mental Health Director



**CONTRA COSTA
MENTAL HEALTH**

1340 Arnold Drive, Suite 200
Martinez, CA 94553-4639
Ph 925/957-5114
Fax 925/957-5156
sbradley@hds.co.contra-costa.ca.us

February 12, 2009

California Department of Mental Health
Prevention and Early Intervention Component
PEI Branch, ATTN: Nichole Davis
1600 – 9th Street, Room 350
Sacramento, Ca 95814

SUBJECT: Contra Costa County – Proposed Prevention & Early Intervention Plan

To Whom It May Concern:

As outlined in DMH Information Notice No. 07-19, enclosed you will find the Proposed Prevention and Early Intervention Plan for Contra Costa County. The proposed plan was submitted for the public comment period on November 13, 2008, and while the public comment period is usually 30 days, the public comment period for the proposed plan was extended through December 23, 2008, due to the holidays and to allow enough time for folks to review the proposed plan. The public comment period was continued through to the date of the Public Hearing.

As required, the Public Hearing was conducted by the Contra Costa Mental Health Commission on Thursday, January 22, 2008.

We are also enclosing 10 hard copies of the proposed plan, and as required, we have also submitted an electronic copy of same. One hard copy and an electronic copy of the proposed Prevention and Early Intervention component has also been submitted to the Mental Health Services Oversight and Accountability Commission.

Should you have any questions regarding the submission, please contact the MHSA Program Manager, Sherry Bradley, at (925) 957-5114.

Thank you.

Sincerely,


Donna M. Wigand, LCSW
Mental Health Director

Enclosure: Contra Costa County Proposed Prevention & Early Intervention Plan



Enclosure 3

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE
PLAN FACE SHEET**

Form No. 1

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09**

County Name: Contra Costa County

Date: 1/30/09

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
<p>Name: Donna M. Wigand, LCSW Telephone Number: (925) 957-5111 Fax Number: (925) 957-5156 E-mail: dwigand@hsd.cccounty.us</p>	<p>Name: Sherry Bradley Telephone Number: (925) 957-5114 Fax Number: (925) 957-5156 E-mail: sbradley@hsd.cccounty.us</p>
<p>Mailing Address: CCMH Admin, 1340 Arnold Dr., Suite 200, Martinez, CA 94553</p>	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature Donna M. Wigand, LCSW
County Mental Health Director

1/30/09
Date

Executed at Martinez, California



CONTRA COSTA HEALTH SERVICES

Contra Costa Mental Health Prevention and Early Intervention Plan

Executive Summary

November, 2008

I. Background

As stated by the California Department of Mental Health: *“Prevention and early intervention approaches in and of themselves are transformational in the way they restructure the mental health system to a “help-first” approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.”*

The PEI programs described in DMH guidelines align with the transformational concepts inherent in the Mental Health Services Act (MHSA – Prop 63) and the PEI policies adopted by the Mental Health Services Oversight and Accountability Commission (OAC). The concepts include:

- Community Collaboration
- Cultural Competence
- Individual/Family-driven Programs and Interventions, with Specific Attention to Individuals from Underserved Communities
- Wellness Focus, Which Includes the Concepts of Resilience and Recovery
- Integrated Service Experience for Individuals and their Families
- Outcomes-based Program Design

More about MHSA and the DMH-defined Prevention/Early Intervention (PEI) planning and allocation process can be found at: http://www.dmh.cahwnet.gov/DMHDocs/2007_Notices.asp#N0719 (Enclosure 1)

II. Planning Process

Contra Costa Mental Health (CCMH) conducted an extensive planning process that involved almost 900 individuals. Additionally, some data from the original CSS process, also collected from stakeholders, was carried into the PEI process. CCMH gained stakeholder input and representation in the following ways:

- **Community Forums** – Three community forums were held in three regions of the county to encourage anyone in the county to join in a group discussion and to contribute to our assessment of priorities for PEI. Forums were held in Bay Point, Martinez and San Pablo.
- **Focus Groups** – Thirty five group discussions – ranging from 3-27 people in size – were conducted throughout the county. The majority of discussions were among groups that already exist in the county and were willing to invite CCMH to a regularly scheduled meeting. Effort was made to achieve diversity across groups – Diversity in location, racial/ethnic groups, providers/consumers/family members/community members, and service or target population.
- **Survey** – A brief survey was developed to learn more from individuals about their priorities for community needs, target populations and types of interventions. Service providers who answered the survey were also asked about their affiliation and focus of their agency.

Additionally, 46 **Stakeholder Workgroup Members** were selected from among 59 applicants to form two diverse planning bodies. Stakeholder Workgroups included representation from:

- Underserved Communities: Asian/PI, African American, Latino, Native American, LGBTQ
- Education: Special education districts, schools, school-based health centers, students
- Consumers and families/loved ones
- Providers of mental health services
- Health care: Primary care, school-based health centers
- Social services
- Law Enforcement
- Faith Community
- Drug and Alcohol Services
- Contra Costa County Mental Health Commission

Input was gained from all geographic areas of the county. While focus groups were held in English and Spanish (the County’s threshold language), survey input also came from those whose primary languages included Spanish, Chinese, Filipino and others. Providers of services to monolingual community members speaking a language other than Spanish were encouraged to administer the survey orally to their constituents.

The Plan is being distributed in draft form county-wide and input on the Plan is being accepted in writing, by phone and at a community hearing to be held on Wednesday, December 17th at 5pm.

III. Projects and Programs

Stakeholder Planners established priorities for Target Populations and Community Needs as required by DMH. Additionally, they prioritized strategies for addressing priority population and needs. Priorities were categorized into four overlapping/interacting domains or “Initiatives.” These four Initiatives are:



Programs and Projects recommended for funding at this time include:

The Fostering Resilience in Communities Initiative

1. Building Connections in Underserved Cultural Communities
2. Coping with Trauma Related to Community Violence
3. Stigma Reduction and Mental Health Awareness
4. Suicide Prevention

The Fostering Resilience in Older Adults Initiative

5. Supporting Older Adults

The Fostering Resilience in Children and Families Initiative

6. Parenting Education and Support
7. Families Experiencing the Juvenile Justice System
8. Support for Families Experiencing Mental Illness

The Fostering Resilience in Youth/Young Adults Initiative

9. Youth Development

An intensive early psychosis program was also identified as a priority need but has been delayed for further development and is not included in this Plan. The Early Psychosis Program will be one item considered for Augmentation Funding later.

IV. Budget

A budget of \$5,553,000 is included in this Plan to cover the 9 proposed Projects. This budget meets the requirement of at least 51% of funds assigned to children and youth -- with 53% of funds allocated to these age groups, 25% to Adults, and 22% to Older Adults. A detailed breakdown of the budget by Project, Program and Administrative costs is included in the body of this Plan.

Contra Costa Mental Health Prevention and Early Intervention Plan

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Community Planning Process

County: Contra Costa

Date: November 12, 2008

1. The county shall ensure that the community Program Planning Process (CPPP) is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

- a. The overall Community Planning Process**
- b. Coordination and management of the CPPP**
- c. Ensuring that stakeholders have opportunity to participate in CPPP**

Kimberly Mayer, full-time MHSA Project Manager for Contra Costa Mental Health (CCMH), had a) full responsibility for the overall Community Planning Process. She was b) Responsible for all coordination and management of the CPPP. She was c) Responsible for ensuring that stakeholders have the opportunity to participate in the CPPP. Ms Mayer reports directly to Donna M. Wigand, LCSW, the Mental Health Director.

Kimberly was assisted in designing and carrying out the CPPP by a consultant team made up of:

- Steve Eckstrom, The Results Group
- Nancy Frank, Nancy Frank & Associates
- Will Rhett-Mariscal, California Institute for Mental Health

Administrative support was provided by Elvira Sarlis. The MHSA Steering Committee, made up of key staff throughout Mental Health and Health Services, provided additional support as needed in identifying and reaching key target communities, in distributing notices and surveys, and in reviewing tools and documents. The Steering Committee also received the recommendations of the Stakeholder Workgroup and its sub-committees and worked as a team to develop those recommendations into the programming that is presented in this proposal. A listing of the membership of the MHSA Steering Committee is included as Attachment A.

On October 1, 2008, Kimberly Mayer left her position as Contra Costa County MHSA Manager and Sherry Bradley, MPH, assumed that role. Suzanne Tavano, PhD, Deputy Director of Contra Costa Mental Health, and Sherry Bradley worked together to complete the Plan development and Stakeholder process already well-underway. Both Sherry Bradley and Suzanne Tavano had been heavily involved in PEI Planning since 2004 and both have been members of the MHSA Steering Committee since that time. Sherry Bradley has also chaired and co-chaired multiple special MHSA workgroups, including Facilities, Information Technology, and Communications Advisory Workgroups.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives:

Background

The CPPP involved almost 900 individuals in its dedicated planning process. Additionally, some data from the original CSS process, also collected from stakeholders, was carried into the CPPP. The CPPP gained stakeholder input and representation in the following ways:

- **Community Forums** – Three community forums were held in three regions of the county to encourage anyone in the county to join in a group discussion and to contribute to our assessment of priorities for PEI. Forums were held in Bay Point, Martinez and San Pablo. Translators for Spanish and Vietnamese were available at forums.

Outreach – Outreach for Community Forums was conducted via “blast fax” to over 400 non-profits and county departments using an extensive list managed by the Department of Health Services. Additionally, a press release was sent to local media including the Contra Costa Times and its affiliates. The forums were publicized on the CCMH MHSA website: www.cchealth.org. Forums were also announced at all focus groups and regular meetings of such groups as the Consumer Involvement Steering Committee, the Family Steering Committee and the Mental Health Contractor’s Alliance.

- **Focus Groups** – Thirty five group discussions – ranging in size from 3-27 people – were conducted throughout the county. The majority of discussions were among groups that already exist in the county and were willing to invite CCMH to a regularly scheduled meeting. Effort was made to achieve diversity across groups – diversity in location, racial/ethnic groups, providers/consumers/family members/community members, and service or target population focus. One focus group was conducted in Spanish. Translation was offered for Asian/PI focus groups but was not used.

Outreach – Again, outreach for focus groups was to existing groups in the county as much as possible. We learned of existing groups through a variety of avenues including past involvement in the CSS process, key informant interviews, and the assistance of our Ethnic Services and Training Coordinator and Reducing Health Disparities Workgroup. In a few instances, existing groups were not readily available to reach populations we were interested in and special focus group meetings were called. One agency heard about the focus groups, contacted us, and requested a focus group. A full listing of focus groups and their self-identified characteristics is included in Attachment B.

Participants in focus groups who were there voluntarily (not paid by their job) received \$15 Safeway gift cards as incentive/compensation for their time.

- **Survey** – A brief survey was developed to learn more from individuals about their priorities for community needs, target populations, and types of interventions. Service providers who answered the survey were also asked about their affiliation and the focus of their agency. Copies of the survey in Spanish and English are included as Attachment C.

Outreach – The survey was available on-line at www.cchealth.org and in hard copy. It was available in Spanish and English. Availability of the survey was publicized through “blast fax” to over 400 non-profits and county departments using an extensive list managed by the Department of Health Services. Additionally, a press release was sent to local media including the Contra Costa Times and its affiliates. Staff carried copies of the survey to regular meetings and focus groups. Copies of the survey were available at the front desk in Mental Health Administration. To maximize the reach of the survey, providers of services to non-English/non-Spanish language residents of the county were encouraged to orally conduct the survey in appropriate non-English languages.

Details and findings from the forums, focus groups and survey are available as Attachment I.

- **Stakeholder Workgroup Members** were selected from among 59 applicants to form two diverse planning bodies – one for the 0-25 age group and the other for ages 26+. The composition and characteristics of the sub-committees is included as Attachment D. Stakeholder Planners who were volunteer (not paid as part of their job) were given \$15 Safeway Gift Cards at each meeting as incentive/compensation for their time.

Stakeholder Workgroup sub-committees met 5 times each to establish priorities for Community Needs, Target Populations and Priority Strategies. They met again twice more together as a single group to review and advise on early drafts of the Plan before it was released for public comment.

Outreach – Outreach to recruit Stakeholder Workgroup Members was conducted and facilitated by Imo Momoh, MA, MHSA Planner/Evaluator, who coordinated the PEI Stakeholder Selection Process. An “Important Announcement” press release was issued to local media including the Contra Costa Times and its affiliates. The request for Stakeholder Planners was distributed via “blastfax” to over 400 non-profits and county departments using an extensive list managed by the Department of Health Services. The opportunity to apply was announced at all focus groups and regularly scheduled meetings. Former Stakeholder Planners from the CSS process were notified as were individuals on an ongoing list of “interested parties.” An announcement and application was available on the CCMH website.

Additionally, CCMH conducted a review of specialized target populations desired or required for Stakeholder Workgroups (e.g.: law enforcement, education) and

made special outreach calls requesting participation. Representatives of cultural/ethnic communities and/or associations also received direct contacts or emails. The MHSa Newsletter titled "Did You Know That" was distributed to all County Departments, inviting applicants to apply to participate on one of the two PEI Stakeholder Subcommittees.

Additional background data about Contra Costa County and its residents is included as Attachments F & G.

Objective a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

Consumers and their Families/Loved Ones

Specific focus groups were held in two CCMH Community Centers for consumers and with the Family Involvement Steering Committee. Additionally, some members of other focus groups self-identified as consumers or family members of consumers. We know from survey questions that 15% of respondents were consumers and about 18% were family members. Using self-reported data, there were 2 consumers and 6 family members on the 0-25 Stakeholder Workgroup, and 2 consumers and 4 family members on the 26+ Stakeholder Workgroup. Consumers and family members who were not paid by their jobs to participate were provided with \$15 Safeway Gift Cards as incentive/compensation for their time at focus groups and Stakeholder Workgroup meetings.

Underserved Cultural Communities

While we did not collect demographic data on focus group members, we can report that there were two focus groups that specifically targeted the Latino community (one for providers, one for consumers/lay facilitators – held in Spanish), there were two focus groups specifically targeting the African American community (African American Health Initiative, African American Health Conductors). An additional focus group focused on churches in the heavily African American area of West County. Two focus groups specifically targeted Asian communities (providers and immigrant community members). We had one very successful focus group targeting Native Americans. Focus groups of youth were predominantly of color. We held a focus group with the Reducing Health Disparities workgroup.

Self-reported survey data showed that approximately 18% of respondents were African American, 21% were Latino, 5% were Asian/PI, 2% were Native American, 52% were White and 3% were "Other." When compared to 2005 Census data, the survey had overrepresentation in the African American and Native American communities and underrepresentation in the Latino and Asian communities.

We held one focus group in the LGBTQ community and had LGBTQ representation in youth focus groups. One youth focus group specifically targeted homeless youth.

Stakeholder Workgroups were diverse as well. Representatives were selected from the following communities and/or groups: Underserved Cultural Communities (Native American Indian, African American, Latino, Asian/Pacific Islander, LGBTQ); Education; Health; Mental Health; Social Services; Law Enforcement; Faith Communities; Consumers of Mental Health Services; Families of Mental Health Consumers; Mental Health Commission. The two PEI Stakeholder Subcommittees totaled. Characteristics of these groups can be seen in Attachment D.

Self reported data from survey respondents shows representation from consumers, family members or partners, and guardians/foster parents as well as concerned citizens and those representing their work.

In summary, a review of Required Sectors for Planning shows that we had representation in this process from:

- ✓ Underserved Communities: Asian/PI, African American, Latino, Native American, LGBTQ
- ✓ Education: Special education districts, schools, school-based health centers, students
- ✓ Consumers and families/loved ones
- ✓ Providers of mental health services
- ✓ Health care: Primary care, school-based health centers
- ✓ Social services, County Employment & Human Services
- ✓ Law Enforcement

Additionally, we had representation from:

- ✓ Faith Community
- ✓ Drug and Alcohol Services
- ✓ Contra Costa County Mental Health Commission

Objective b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to: Geographic location, age, gender, race/ethnicity and language

Focus groups were held in West, Central, East and Far East County. They included youth and young adults from high school up. They included adults and older adults. They included family members, consumers, men, women, LGBTQ. They included mono-lingual Spanish speakers and bilingual Laotian and Vietnamese speakers. As described above, the range of race/ethnicity was diverse. Translators were available at Community Forums but not used.

Survey data showed that the primary languages of respondents included Spanish, Chinese, Filipino as well as other languages. Providers of services to monolingual community members speaking a language other than Spanish were encouraged to administer the survey orally to their constituents.

Objective c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members to ensure opportunity to participate

As described above, focus groups were held in the Mental Health Consumer Concerns Community Centers (run by mental health consumers), and with the Family Involvement Steering Committee. There were consumers and family members on both Stakeholder Planning Groups and consumer representation in survey responses.

3. Explain how the county ensured that the CPPP included the following required stakeholders and training:

- a. Participation of stakeholders as defined in Title 9....including but not limited to:**
- **Individuals with serious mental illness and/or serious emotional disturbance and/or their families**
 - **Providers of mental health and/or related services such as physical health care and/or social services**
 - **Educators and/or representatives of education**
 - **Representatives of law enforcement**
 - **Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance or their families**

Stakeholder Workgroups were diverse and included all of the stakeholder categories as defined in Title 9. This included consumers, their families, providers of mental health and/or related services including physical health care and social services, educators and representatives of education, representatives of law enforcement, and other organizations.

A full list of our Stakeholder Workgroup members is included as Attachment D.

b. Training for county staff and stakeholders participating in the CPPP

CCMH held a comprehensive training for Stakeholder Workgroup members on Wednesday, January 30, 2008. Based on lessons learned from our CSS planning process, the training was longer, more comprehensive, and was mandatory for Stakeholder Workgroup members. The training was 4 hours long and included background and history of MHSA, training on prevention and early intervention, and background about how the Stakeholder Planning process would work. County staff, especially those who would later be involved as members of the MHSA Steering Committee, were also invited to this training.

Additional training was provided again later to MHSA Steering Committee members.

Specific PEI training and support was provided by consultant Will Rhett-Mariscal from the California Institute of Mental Health.

4. Provide a summary of the effectiveness of the process by addressing the following:

a. The lessons learned from the CSS process & how these were applied in the PEI process.

At the end of the CSS Planning process, the MHSA Steering Committee and planning consultants held a meeting to identify lessons learned and how future processes might be strengthened. At the beginning of the PEI planning process, these lessons were reviewed.

Key lessons from the earlier process and key changes to the PEI planning process as a result of those lessons:

- In the CSS process, Stakeholder Planners would have liked more **training**. In PEI, we provided more training to Stakeholder Planners including ongoing support for the meaning of both prevention and early intervention.
- **Focus groups** for CSS planning were successful, but they could have been more successful if held with existing groups rather than creating new meetings requiring effort and intentional participation from group members. Catching people at existing groups for the PEI process increased the diversity of the participant population.
- The CSS Stakeholder process was very successful but could have been even more successful if **fewer, more productive meetings** were held. PEI Stakeholder Workgroup meetings were limited to 5. This helped hold full participation all the way through.
- The CSS process was data driven, but some of the data was not available at the start of the Stakeholder planning process. It was harder to incorporate findings later on. The PEI Planning Process had **data from forums, survey and focus groups available at the first meeting**. A summary of existing written data was also provided even earlier at the Stakeholder Training. That data was summarized concisely and presented in written and slide show format with opportunity for discussion. Throughout the PEI process, we were able to pull back and check ourselves to see if we were being consistent with the data.
- **Consultants** involved in the CSS process were used again for PEI. This allowed the Planning Team (MHSA Coordinator plus consultants) to hit the ground running and build from lessons of the last process. One new consultant with special expertise in PEI was also added.
- A Communication Advisory Workgroup was created in order to respond to a request heard from constituents in the CSS planning to receive more frequent and ongoing communication about MHSA planning efforts. As a result of this

effort, a new publication called “Did You Know That” was developed to be distributed electronically to many subscribers. The publication was used to keep the folks apprised of progress in PEI planning, as well as Workforce Education & Training planning.

b. Measures of success that outreach efforts produced an inclusive and effective CPPP with participation by individuals who are part of the PEI priority populations, including TAY

The diversity of participants in our CPPP is described in detail above. In summary, the focus group, survey and Stakeholder Planning processes were highly inclusive of a very diverse priority population including TAYS. We were successful this time in recruiting and holding two TAYS to sit on the 0-25 Stakeholder Workgroup as well. We were lucky to have an adult mentor who supported these TAYS throughout their involvement in the process.

Stakeholder Workgroup members were asked to evaluate the PEI Planning process at the end of their five meetings. Satisfaction and perception of the strength of the process was quite high with average scores of 3.7-4.5 on a scale of 1-5 (5 highest). See summaries below:

Stakeholder Workgroup Evaluation	0-25	26+
1. Overall Satisfaction with process: average response was	3.9	3.7
2. Appropriateness of composition of group:	4.1	3.7
3. Usefulness of data used to inform process:	4.5	4.5
4. Strength of process to prioritize/select target populations:	3.9	4.1
5. Strength of process to prioritize/select strategies:	3.7	4.1

5. Provide the following information about the required county public hearing:

a. The date of the public hearing:

A public hearing to gain input on Contra Costa County Mental Health's PEI Plan was held on January 22, 2009. The hearing was conducted by the Contra Costa County Mental Health Commission and held at its usual meeting location of 1350 Galindo Street in Concord. The session was a combined public hearing for the MHSA components of PEI, Workforce Education and Training, and Technology/Capital Facilities.

b. A description of how the PEI Component of the Three Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

Prior to releasing a draft of the PEI Plan to the public for input, CCMH shared the Draft Plan with its Stakeholder Workgroup members and had two sessions with Workgroup members about the Plan. In the first session, CCMH received extensive input on the Draft Plan. In the second meeting, CCMH shared changes it had made as a result of that input.

After the Stakeholder process, Notice of availability of Contra Costa's PEI Plan (or the Plan itself) was distributed extensively throughout the county in the following ways:

- The Plan was posted on CCMH's website with additional links on the Health Services web page. The Plan was available in English. The Executive Summary was also available in Spanish and Vietnamese;
- A hard copy of the Plan was available for a review at Mental Health Administration's front desk. The Executive Summary in both Spanish and Vietnamese was also available there;
- A media advisory was issued to all local media with reference to the website and other access to the Plan;
- An email notice of availability of the Plan for review was distributed to over 700 community agencies and individuals who receive other mental health and public health newsletters and notices. This included a link to the Plan and information on the public hearing. This included NAMI members and former CSS Stakeholder Planners;
- Current Stakeholder Planners for PEI and WET received email notifications of availability;
- All Health Services Department staff (including all of Mental Health) received notification of availability of the plan, a link to the plan, and notification about the public hearing for input;
- Notice of Plan availability was available on the CCMH internal website (intranet);
- Availability of the Plan was issued to other County departments
- Hard copies of the Plan were made available to consumers at CCMH's three community centers and at the SPIRIT consumer training program;

- Individuals who had specifically requested by phone or fax to be notified of availability of the Plan received emails or phone calls of notification

c. A summary and analysis of any substantive recommendations for revisions.

A number of comments were submitted to CCMH both during the 30-day comment period and at the public hearing. They can be seen in full in Attachment E. Two minor changes were made to the Plan based on this:

- ✓ **Project #4, Program #3: Suicide Prevention** -- Clarification was made as to the required qualifications for a contractor to expand suicide prevention crisis line availability in the county. Contractor will be required to be operating a certified suicide hotline (accredited by American Association of Suicidology).
- ✓ **Project #8, Program #1: Respite for Family Caregivers** -- Clarification was made regarding the desired hours of respite availability. Respite will be primarily (not exclusively) available during evening and weekend hours.

Additional points were made that did not require any changes to the Plan but will be addressed in RFPs for contractors for some Programs.

d. The estimated number of participants

Through the entire open comment period and public hearing, a total of 10 individuals provided input.

Introduction to Initiatives and Projects **Contra Costa County's Approach to PEI**

Background

Based on the input of our Stakeholder Planners, CCMH developed a conceptual framework that defines our "PEI Vision." This vision has guided our development of Projects and Programs for this MHSA PEI Plan. This vision goes beyond just these funds and will guide our development of other projects in the future with funds from MHSA as well as other sources.

These Initiatives are highly overlapping. They are written as separate and distinct here because of the limitations of the written page. Our overlapping "bubbles" in the summary diagram on the next page provide a better sense of the interaction between Initiatives. We have carried this notion of overlap to descriptive "bubbles" embedded in our description of each Project as well.

1. Fostering Resilience in Communities

A continuing issue that arose in the data collection and planning processes was:

"Back when communities were stronger, people took care of each other and they didn't need to become clients and consumers of services to find their strength and meet their needs."

With this in mind, we looked first at the more universal, community-focused priorities that would contribute to strengthening the whole community of Contra Costa County or clearly defined sub-communities within the county. For now, the community-based efforts we have identified include:

- ✓ Building Connections in Underserved Cultural Communities
- ✓ Coping with Trauma Related to Community Violence
- ✓ Stigma Reduction and Mental Health Awareness
- ✓ Suicide Prevention

We have identified one additional effort in this area that we are not requesting funds for at this time:

- ✓ Intensive Early Psychosis Intervention

The Early Psychosis Project was placed in the Community Initiative because one model effort could serve the entire county and would certainly be an asset to the whole county community. However, more time is needed to define and develop our vision for this intervention and at present, we intend to include it for funding in future PEI funding cycles.

2. Fostering Resilience in Children and Families

The next largest unit of service that our community focused on was families. One of the biggest deficits of the existing funding streams and service systems was identified:

“The system we have now slices up the family into non-overlapping service units that further weakens families rather than strengthening them as a unit.”

The goal in defining our PEI more selective family effort was to design supports that would strengthen families and serve them better as a unit. The projects we have identified so far for this Initiative include:

- ✓ Parenting Education and Support
- ✓ Support for Families Experiencing the Juvenile Justice System
- ✓ Support for Families Experiencing Mental Illness

Children & families will be a key focus in efforts of all of the other initiatives as well.

3. Fostering Resilience in Older Adults

Older adults face challenges that cannot always be addressed through their family unit. They are often living alone. Their families are not always aware of the issues they are facing. Their families are sometimes ill-equipped to support them. For these reasons, we have recognized Older Adults separately through our Fostering Resilience in Older Adults Initiative. However, older adults will be included in community-wide and family-focused efforts as well. The key Project for this Initiative at this time is:

- ✓ Supporting Older Adults

4. Fostering Resilience in Youth/Young Adults Initiative

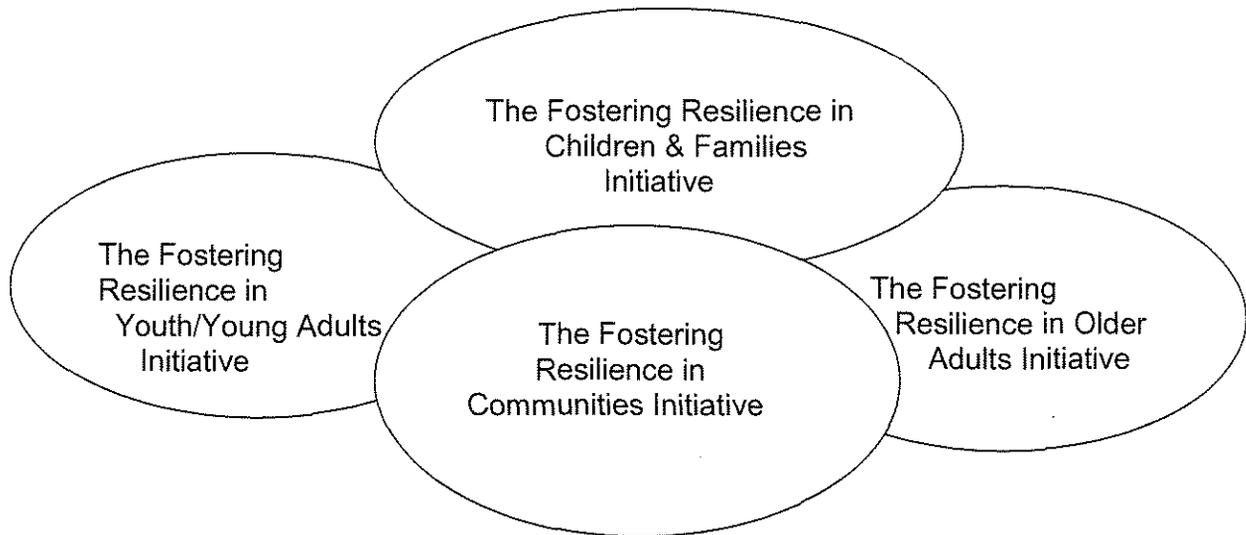
Adolescence and young adulthood are times when youth are naturally pulling away from their families of origin. During this period, they may not be living with their family. They may be experiencing the bulk of their growth and daily life away from their family. For a variety of reasons they may not be open to services & supports through their family unit.

While we have a primary commitment to serving the family first, the need for separate efforts that might have a better chance to connect with high risk youth was also needed. At present, our key Youth/Young Adult project is:

- ✓ Youth Development

In summary, the Projects that we have proposed in this Plan represent a significant first step toward our broader PEI vision that evolved through our meaningful PEI planning process.

Contra Costa County PEI SUMMARY



The Fostering Resilience in Communities Initiative

1. Building Connections in Underserved Cultural Communities
 2. Coping with Trauma Related to Community Violence
 3. Stigma Reduction and Mental Health Awareness
 4. Suicide Prevention
- Intensive Early Psychosis Intervention Project – *Delayed for development*

The Fostering Resilience in Older Adults Initiative

5. Supporting Older Adults

The Fostering Resilience in Children and Families Initiative

6. Parenting Education and Support
7. Families Experiencing the Juvenile Justice System
8. Support for Families Experiencing Mental Illness

The Fostering Resilience in Youth/Young Adults Initiative

9. Youth Development

County: Contra Costa PEI Project Name: Building Community in Underserved Cultural Communities

Date: November 12, 2008

(Fostering Resilient Communities Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* included:

- ✓ **Underserved Cultural Populations** – Within Underserved Cultural Populations, priorities were:
 - a) Isolated families and individuals in underserved cultural populations lacking connections with their communities
 - b) Immigrant families with communication and parent/child relationship challenges
 - c) Underserved cultural populations with needs that involve navigating service systems that they do not understand or do not trust, and that are predominantly provided in English. These include but are not limited to:
 - Immigrant families with early signs of MI
 - Individuals living in poverty and homelessness
 - Isolated, non-English speaking, and limited English-proficient older adults
 - Families in need of parenting knowledge and skills
 - Individuals entering the substance abuse treatment system
 - Families with foster parents and kinship caregivers
 - Individuals/families needing services from more than one public system
 - Families experiencing the justice system
 - Families experiencing domestic violence
 - Pregnant and parenting teens

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a “Quick Scan” of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this project* include:

Quickscan Data

- ✓ From 1990-2000 the foreign-born population grew by 69%.

PEI PROJECT SUMMARY

- ✓ The number of Contra Costa residents speaking a primary language other than English increased by 71% between 1990 and 2000.
- ✓ 40% of Contra Costa children live in immigrant families. Children in immigrant families are more likely to live in poverty, less likely to attend preschool, less likely to have health insurance, and less likely to be in good health than children in non-immigrant families.
- ✓ 20% of Contra Costa children live in linguistically isolated families.
- ✓ About 7 out of every 10 children ages 0-17 in out-of-home placement in Contra Costa County are children of color (who make up approximately 53% of the population).
- ✓ In 2006, African American children (who account for 11.3% of the 0-17 population), constituted 48% of all children in out-of-home care. Native American children, comprising less than 1% of the 0-17 population, total 1.76% of those in out-of-home care.
- ✓ For Southeast Asian populations, the overall prevalence of mental health disorders is much higher than the general population. Estimates for PTSD and major depression for Mien and Cambodian populations suggest rates ranging from 70% to over 90%.
- ✓ African American and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages – than White youth or other groups.

Focus Groups and Forums

Data research has shown that there is a generational culture gap within immigrant families. This leads to isolation, lack of role models for being successful in the US, lack of someone to turn to or talk to, parenting that does not support a child's positive growth in this country, and isolation and devaluing of older generations. This culture gap breaks down families.

The culture gap between non-dominant cultural communities and the dominant culture leads to poor self-esteem. The non-dominant cultural community can't see "self" in the dominant culture. The culture gap also leads to anger, isolation, and distrust of the "mainstream" services and supports. Cultural and language barriers further limit income and access to existing resources for health, mental health, and social needs.

Members of the LGBTQ Community, and those that serve them, point out the lack of supports for LGBTQ in Contra Costa County. Individuals must travel to Alameda County or San Francisco for specific supports. LGBTQ of all ages, including older adults, experience stigma, stress and depression related to their sexual orientation. Adolescents and young adults also experience stress related to their developing sexual identity.

Members of focus groups emphasized repeatedly that they want to build a "culture of wellness" rather than prevention of mental illness. This wellness includes belonging to a strong community and a strong family. It includes being able to turn to others for

PEI PROJECT SUMMARY

support in a culturally relevant manner, and learning to access resources in the broader community.

Survey

- ✓ 16% of survey respondents ranked Underserved Cultural Populations as their top or second priority for PEI efforts.
- ✓ Respondents ranked Immigrants who don't speak English, racial/ethnic groups who are traditionally underserved and isolated seniors as the hardest to reach populations for PEI.

3. PEI Project Description:

PROJECT 1: Building Community in Underserved Cultural Communities
(Fostering Resilience in Communities Initiative)

- Connects with:
- Suicide
 - Stigma
 - Trauma-Violence
 - Children & Families
 - Youth/Young Adults
 - Others as defined by communities

Summary Project Description:

Community engagement, mutual support and families that communicate well are protective factors against mental illness for all age groups. This Project is designed to strengthen underserved cultural communities¹ in ways that are relevant to specific communities to increase wellness and reduce stress and isolation, to decrease the likelihood of needing services of many types, and to help support strong youth and strong families. This will be accomplished through an RFP/contracting process that allows members of underserved cultural communities, in conjunction with CCMH, to:

- 1) **Strengthen Community** – Define how they will build strengths, wellness, and connectedness in their community and implement that vision; and
- 2) **Strengthen Communications** -- Select and implement an effective curriculum for improving intra-family communication in their community; and/or
- 3) **Provide Mental Health Education/System Navigation Support** – Develop or expand culturally appropriate methods to educate about and promote mental health and to offer system navigation educate and support to their population. Where available, these efforts should build on existing efforts.

Bidders on this Project must address numbers 1 & 2 above as a pair. They may request funds for:

- ✓ 1 & 2 together as a pair, or
- ✓ 3 alone, or
- ✓ 1, 2 and 3 together.

¹ Defined by DMH as: *Those who are unlikely to seek help from any traditional mental health service either because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.*

PEI PROJECT SUMMARY

Funded projects will be required to participate in suicide prevention efforts, which may include participation on the Suicide Prevention Task Force, Suicide Prevention Campaign Committee, or other related efforts. Contractors will be encouraged to take advantage of anti-stigma resources available through other PEI efforts.

Underserved cultural communities for the purposes of this project include: Latinos, African Americans, Asians/Pacific Islanders (A/PI), Native Americans and Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ). The LGBTQ community may be recognized in some instances as a "separate" community or may be recognized as a sub-community within or across some or all racial/ethnic communities.

It is important to note that this Project does not presume that there is one single "Latino" or "African American" community (for example) across all of Contra Costa County. Rather, funds for this project will be available to self-identified groups that cover the whole county or any part of the county that is reasonably defined as a "natural" community. Selected projects will have leadership that demonstrates the history and/or ability to gather the targeted group as a community.

For the purposes of this Project, mental health educators/system navigators are defined as members of the target community who are familiar with/willing to be trained to educate community members about mental health and help other community members access a range of supports and services in the county and community systems of care that, without assistance, would not be accessible. If the target population is non-English speaking, these helpers will be proficient in English as well as the target population's language. They will educate and enable community members to become more self-sufficient in the future.

- a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The community-building programs proposed in this Project are based on the data and input as described above and in Attachments F,G,H & I. Community-building was identified as a priority strategy for individuals and families living in poverty and for isolated families in underserved cultural populations.

The Project is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, in order to increase wellness, to reduce stress and isolation, to reduce the likelihood of needing services of many types, and to help support strong youth and strong families through improvement of communication within families. This includes family members of all ages. System navigation education and support was also a preferred strategy for underserved cultural communities.

- b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

PEI PROJECT SUMMARY

Programs 1 & 2 of this Project will be contracted to community groups in an RFP process. The act of defining and articulating what each community wants is part of the strength-building process. Groups will be required to articulate why and how the efforts they propose will move their community toward the desired results of stronger community and stronger families. We anticipate that the lead agencies for these efforts will be existing community-based agencies already of, and engaged in, the communities involved. These efforts will not take place in traditional mental health settings.

Program 3 of this Project – Mental Health Education/System Navigation Support – may be included in contracts with 1 & 2 above or they may be separate, depending upon whether there are existing resources supporting the communities involved.

c. Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.

In coordination with county efforts and its Reducing Health Disparities Workgroup, RFPs will be issued for programs or services in the Latino, African American, Asian/PI, Native American, and LGBTQ communities. Proposals may be for countywide projects, or they may be for a project specific to a geographic area. Because desire to engage in a project such as this, and capacity to apply for and carry out a project such as this are so important to the success of the project, CCMH does not want to pre-define any geographic target area.

Target community demographics of each of the communities to be engaged in this Project are provided in depth in the QuickScan Data (Attachment F), in Attachment G, and are summarized above.

d. Highlights of new or expanded programs

This Project is designed to strengthen underserved cultural communities in ways that are relevant to specific communities to increase wellness and reduce stress and isolation, to decrease the likelihood of needing services of many types, and to help support strong youth and strong families. This will be accomplished through an RFP/contracting process that allows members of underserved cultural communities, in conjunction with CCMH, to: 1) Strengthen community, 2) Strengthen communications within families, and 3) provide mental health education/system navigation support.

Criteria for selection of programs to be funded as part of this project include:

- Demonstration the applicant has a strong relationship with the community to be engaged and understands methods needed for successful engagement
- A governance structure that is clear and likely to be successful
- A well defined/justified approach and plan for building community
- A recognized or well-justified focused program for building communication within families.

(Preference given to projects utilizing recognized curricula (See State DMH resource for examples:

PEI PROJECT SUMMARY

http://www.dmh.cahwnet.gov/Prop_63/MHSA/Publications/Notices.asp#N0719 – See Notice 07-19, Enclosure 6. Projects that have shown promise of effectiveness, especially in underserved cultural communities where efforts are less likely to have been evaluated, will also be considered.)

- Commitment to participate in countywide suicide prevention efforts (See Project 1)
- A strong plan for training, support, retention and utilization of System Navigators/Educators (if applicable)
- Ability to leverage resources
- Clearly defined and assessable desired outcomes
- A method for annual program review and improvement

e. *Actions to be performed to carry out the PEI project, including frequency or duration of activities*

To be defined by applicants.

f. *Key milestones and anticipated timeline for each milestone*

1. Issue RFP, select contractors	Dec 2008-Jan, 2009
2. Program start-up	Jan. 2009
3. CCMH provides training on MH and community resources and linkages as needed	Feb, 2009
Balance of milestones to be defined by applicants	

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
1 & 2. Building Community in Underserved Cultural Communities	Individuals: Families: 500	Individuals: Families:	6 Months
2. Building Family Communication in Underserved Cultural Communities	Individuals: Families: 120	Individuals: Families:	6 Months
3. System Navigators/Mental Health Educators in Underserved Cultural Communities	Individuals: Families: 80	Individuals: Families:	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families: 700	Individuals: Families:	6 months

PEI PROJECT SUMMARY

5. Linkages to County Mental Health & Providers of Other Needed Services

- a. *Describe how the PEI project links individual participants perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

Contra Costa County's Ethnic Services and Training Manager will assure that all parties are properly trained to provide linkages to existing community resources for mental health and/or other life-needs that can diminish wellness and resiliency. The role of System Navigators is specifically to facilitate such linkages. At present, there are existing, effective navigator-type programs in place in Contra Costa County with a strong understanding of existing resources and how to access them. Depending on contract awards to expand system navigation capacity, more training on general resources and resources specifically focused on mental health may be provided. This will include training on the use of CCMH's Mental Health Access Line.

- b. *Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.*

Contra Costa County's Ethnic Services and Training Manager will assure that all providers are properly trained to provide linkages to existing community resources for mental health and/or other life-needs that can diminish wellness and resiliency. The role of System Navigators is specifically to facilitate such linkages. At present, there are existing, effective navigator-type programs in place in Contra Costa County with a strong understanding of existing resources and how to access them. Depending on contract awards to expand system navigation capacity, more training may be provided on available resources and use of the countywide 2-1-1 referral system for public and community-based health and human service supports.

- c. *Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

CCMH will contract with the most qualified applicants using the review criteria including those criteria listed in Section 3.d. above.

6. Collaboration and System Enhancements

- a. *Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be*

PEI PROJECT SUMMARY

established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.

CCMH will contract with the most qualified applicants. This will include an assessment of their existing relationships, and/or ability to develop community relationships with a broad range of community-based entities – both formal and informal.

b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.

This project is a primary prevention-oriented project. Part 1 is for Strengthening Community, and Part 2 is for Strengthening Communications. Those funded for Part 3, System Navigators/Mental Health Educators, will have the expertise or be trained to be able to educate and support wellness in the population and provide support to navigate local and community-based mental health and primary care systems including community clinics and health centers.

c. Describe how resources will be leveraged

The ability to leverage resources will be included in the selection criteria for chosen community projects.

d. Describe how the programs in this PEI Project will be sustained

The programs in this PEI Project will be sustained with future PEI funds. Communities will also be encouraged and supported to seek funds from other sources as well.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ Individuals and families in communities engaged in these projects will:
 - Be more actively engaged in their communities
 - Have stronger communication within their families
 - Have support and better skills to navigate existing public and community-based systems in the county for services and supports

b. Describe intended system and program outcomes

- ✓ Programs and systems in the county will become more familiar and more adept at serving individuals from underserved cultural communities as a result of their increased experience and relationships with system navigators/health educators from these communities.

c. Describe other proposed methods to measure success

- ✓ Participation in the activities offered through these contracts will be strong and ongoing.

PEI PROJECT SUMMARY

- ✓ Bidders for these projects will present a plan for measurement of progress toward the intended outcomes/goals (stated above) in their proposals.
- d. *What will be different as a result of the PEI project and how will you know?*
- ✓ Members of underserved cultural communities will report feeling supported in new ways. They will feel more confident in their multi-generational family communications, and they will be able to access services in the broader community.
- ✓ Contractors will gain participant feedback on a regular basis.

8. Coordination with Other MHSA Components

a. *Describe coordination with CSS, if applicable*

CCMH will ensure that contractors selected for these programs will be trained and informed of an array of resources available to their communities. This includes MHSA-funded prevention and CSS resources, 2-1-1 providers of health, mental health and social services.

b. *Describe intended use of Workforce Education and Training funds for PEI projects, if applicable*

No use of WET funds for this project is currently anticipated.

c. *Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable*

No use of Capital Facilities/Technology Funds for this PEI project is currently anticipated.

PEI PROJECT SUMMARY

County: Contra Costa **PEI Project Name:** Coping with Trauma related to Community Violence

Date: November 12, 2008

(Fostering Resilient Communities Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H).

Highest priority target population rankings *relevant to this project* include:

- ✓ **Trauma Exposed Individuals** – Within this target population, priorities were:
 - a) Residents of high violence areas of Contra Costa County traumatized by violence
 - b) Families experiencing domestic violence
 - c) Children and youth traumatized in school environments
 - d) Individuals and families experiencing intergenerational trauma

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a “Quick Scan” of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ From 2002-2004, 233 Contra Costa residents died by homicide.
- ✓ Homicide is the leading cause of death among Contra Costa residents ages 15-24 and 25-34.
- ✓ Over half of all homicide deaths in Contra Costa occur among African Americans who, in 2005, accounted for 9% of the county population.
- ✓ Richmond and Pittsburg have the highest number of homicide deaths and the highest homicide rates in the county. Residents of Richmond are 4.5 times more likely to die from homicide than county residents overall.
- ✓ In 2003, there were 4,037 domestic violence reports in Contra Costa County. Children were present in 40% of those reports.
- ✓ Data from STAND! Against Domestic Violence indicate that nearly 50% of the program’s crisis intervention cases involve children. Additionally, 50% of children who accompany their mothers to STAND! Emergency shelters have been abused.

PEI PROJECT SUMMARY

- ✓ Contra Costa Public School students responding to the 2002-2006 California Healthy Kids Survey reported that in the past 12 months on school property they had:
 - o Felt unsafe or very unsafe at school (8% across all grades)
 - o Been pushed, shoved, hit 2 or more times (13-26% across grades and non-traditional schools)
 - o Been in a physical fight 2 or more times (8%-22% across grades and non-traditional school)
 - o Been threatened or injured with a weapon one or more times (8%-13%)
 - o Experienced physical violence by a boy or girlfriend (3%-11%)

Focus Groups and Forums

Participants stressed the extraordinary amount of trauma that some populations in Contra Costa County experience/have experienced and the very heavy toll it takes on mental health. This includes domestic violence, school violence, and violence against LGBTQ youth as well as street violence. Providers of school services reported that they need to “deal with the trauma” that youth are experiencing in some areas of the county before they can help the youth to address their immediate problems. Residents of the Richmond area felt that the entire community lives under a veil of trauma.

Survey

- ✓ 22% of respondents ranked the Psycho-social impact of trauma as the top or second highest priority/community need for PEI efforts. Twenty-four percent ranked trauma-exposed individuals as their top or second highest priority target population for PEI funds. Forty percent identified trauma-exposed individuals as one of the hardest to reach populations for PEI.

3. PEI Project Description:

-
- Connects with:
- o Suicide
 - o Stigma
 - o Underserved Cultural Communities
 - o Children & Families
 - o Youth/Young Adults
 - o Others as defined by Community

PROJECT 2: Coping with Trauma Related to Community Violence

This Project contains two Programs:

1. **Coping with Community Violence** – A pilot program designed to specifically strengthen one community’s response to the trauma of violence – the West County area of Contra Costa County. Through an RFP process, organizations and residents of West County will have the opportunity to define how and where they will respond to the impact of the community violence they all experience.

PEI PROJECT SUMMARY

2. Community Mental Health Liaisons for Trauma -- Development of CCMH's "system readiness" for trauma and trauma-informed systems of care. This effort will build upon CCMH's Critical Incident Stress Debriefing trainings (CISDs), and CIT trainings with law enforcement that helps communities respond effectively to traumatic episodes.

CISD is a group model that aids individuals exposed to trauma to recount their memories of the traumatic event, hear the perceptions of others exposed to the trauma, describe personal coping strategies and "normalize" their experience. During the group process, individuals are identified who seem in need of individual interventions, and are provided crisis intervention and are referred for further assessment and treatment.²

Building upon this effort, CCMH will position three mental health liaisons – one in each region of the county – to:

- a) Provide immediate direct early intervention with individuals and families affected by trauma;
- b) Be available in the community and to law enforcement to organize CISD trainings and offer support to CISD providers including law enforcement; and
- c) Identify and offer linkages to other trauma-related resources and supports available within Contra Costa County and beyond.

a. Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.

The community-building programs proposed in this Project are based on the data and input as described above and in Attachments F,G,H & I. This includes:

- 1) Building community, developing peer supports, and reducing isolation to enhance the ability of individuals, families and an entire community to cope with the impact of trauma. The proposed West County effort allows the community to further build its strength by engaging leaders in the community to define how that healing will occur.
- 2) Building "system readiness" and trauma-informed systems of care to better recognize and cope with traumatized community members; and
- 3) Providing direct clinical supports to traumatized families.

b. Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.

² See: <http://www.aacts.org/article54.htm> for more information

PEI PROJECT SUMMARY

Through an RFP process, CCMH will identify implementation partners for Program #1, the West County program. As community members will define this program, the exact location of events or activities cannot yet be identified. However, activities will not occur in traditional mental health settings. The “system readiness” program will take place out in the community and with those who are in a position to respond to traumatic events – in the settings in which they operate.

- c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*
1. The West County effort will address some or all of the West County region defined as all areas of the county west of Martinez, including the cities of Richmond, El Cerrito, Kensington, San Pablo, Pinole, and Hercules. The specific area will be defined by bidders for this contract. As the data shown above show, the Richmond Area of West County is one of the two highest violence areas of the County.
 2. The System Readiness/Linkages/Intervention Program will address all of Contra Costa County. A full description of the County and its demographics is included in Attachments F & G.

- d. *Highlights of new or expanded programs*

This Project contains two new Programs:

1. **Coping with Community Violence** – A pilot program designed to specifically strengthen one community’s response to the trauma of violence – the West County area of Contra Costa County, and
2. **Community Mental Health Liaisons for Trauma** -- Development of CCMH’s “system readiness” for trauma and trauma-informed systems of care.

The first effort will allow a traumatized community to identify and implement its own, most relevant methods for coping with trauma. The second effort will build upon CCMH’s Critical Incident Stress Debriefing trainings (CISDs) for mental health and allied health professionals, and CIT trainings with law enforcement to 1) respond directly to traumatic episodes affecting individual and families, provide CISD training and support in the community and to law enforcement, and provide linkages to trauma-related training and resources countywide and beyond.

- e. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

PEI PROJECT SUMMARY

The community-building programs proposed in this Project are based on the data and input as described above and in Attachments F,G,H & I. This includes:

- 1) Building community, developing peer supports, and reducing isolation to enhance the ability of individuals, families and an entire community to cope with the impact of trauma. The proposed West County effort allows the community to further build its strength by engaging leaders in the community to define how that healing will occur.
- 2) Building “system readiness” and trauma-informed systems of care to better recognize and cope with traumatized community members; and
- 3) Providing direct clinical supports to traumatized families.

f. *Actions to be performed to carry out the PEI project, including frequency or duration of activities*

1. Issue RFP for Coping with Community Violence, select contractor	Dec. 2008-Jan, 2009
2. Begin Coping with Community Violence effort	January, 2009
3. Hire and place Mental Health Liaisons in community	January, 2009
4. Liaisons establish primary relationships with law enforcement and community resources and sustain communications	Jan-March 2009 and ongoing
5. Liaisons provide direct service in community	Jan, 2009, ongoing

g. *Key milestones and anticipated timeline for each milestone*

1. Coping with Community Violence effort begins	January, 2009
Additional milestones for Coping with Community Violence defined by applicants	
2. Mental Health Liaisons begin working in community	January, 2009

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
1. Coping with Community Violence	Individuals: Families:	Individuals: Families: <i>TBD by type of program</i>	6 Months
2. Community Mental Health Liaisons for Trauma <i>(This is primarily a system-building effort)</i>	Individuals: Families:	Individuals: Families: 100	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 100 Families:	6 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

Depending on the contractor selected for Coping with Community Violence, key participants may have experience with the health and mental health systems in West County. If not, Contra Costa County's Ethnic Services and Training Manager will assure that all parties are properly trained to provide linkages to existing community resources for mental health and/or other life-needs that can drain mental wellness.

Additionally, the Mental Health liaison for West County will be available to work closely with the group as a resource or for direct intervention.

PEI PROJECT SUMMARY

CCMH is already engaged with health and mental health providers throughout the county. Mental Health Liaisons will be provided with supports from CCMH to increase communication and engagement with these resources to maximize the overall ability to respond to trauma. The ability to maximize these linkages is a key part of their job.

- b. Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.*

Depending on the contractor selected for Coping with Community Violence, key participants may have experience with traditional and non-traditional community agencies. Contra Costa County's Ethnic Services and Training Manager will assure that all parties are properly trained to provide linkages to existing community resources for mental health and/or other life-needs that can drain mental wellness.

Through existing relationships in the community, the Mental Health Liaisons will expand their working relationships with other community resources in their areas. The ability to make linkages to these sources will be a key part of their job.

- c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

The ability to leverage resources will be a criterion in the selection of a contractor for the Coping with Community Violence effort. Additional criteria will include clear articulation of the methodology of the effort and the likelihood that the effort will be successful in achieving its specific desired outcomes.

6. Collaboration and System Enhancements

- a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.*

Applicants for the Coping with Community Violence will articulate the relationships, collaborations and partnerships that will be established for that program. Mental Health Liaisons will continue to expand CCMH's working relationships with law enforcement, the faith community, health providers, schools and other "first responders" to trauma to expand methods for rapid response and access to early intervention for those involved in traumatic events.

PEI PROJECT SUMMARY

- b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.*

Applicants for Coping with Community Violence will articulate the relationships, collaborations and partnerships that will be established for that effort. Mental Health Liaisons will continue to expand CCMH's working relationships with "first responders" to trauma, including community-based mental health and primary care providers, to expand methods for rapid response and access to early intervention for those involved in traumatic events.

- c. Describe how resources will be leveraged*

Ability to leverage resources will be a criterion for selection of a contractor for the Coping with Community Violence effort. The goal of the Mental Health Liaisons is to better leverage existing resources in the community through increased communication and collaboration.

- d. Describe how the programs in this PEI Project will be sustained.*

These programs will be sustained through future PEI funding.

7. Intended Outcomes

- a. Describe the intended individual outcomes*

- ✓ Individuals touched by either program will have increased supports to cope with the trauma they experience as a result of community violence.

- b. Describe intended system and program outcomes*

- ✓ Systems that serve as first responders to traumatic events will be better prepared for their role (more ready, more trauma-informed) and better linked to others in the community with resources for those who are traumatized.

- c. Describe other proposed methods to measure success*

- ✓ The activities and numbers of individuals involved in the community-wide "Coping with Trauma" effort in Richmond will be tracked.
- ✓ The number of individuals receiving successful linkages and/or care for trauma from the Liaisons Program will be tracked.
- ✓ There will be an increase in the number of agencies participating in coordinated responses to traumatic community events.

PEI PROJECT SUMMARY

d. *What will be different as a result of the PEI project and how will you know?*

- ✓ The funded community in West County will be more/differently engaged in coping with trauma through the program.
- ✓ Systems in Contra Costa County will be more "trauma informed" in their care and more collaborative in how they address individuals and communities facing trauma.
- ✓ More individuals in Contra Costa County will receive early intervention to cope with trauma due to community violence.

8. Coordination with Other MHSA Components

a. *Describe coordination with CSS, if applicable*

Providers of activities described for this Project will be trained on the resources available under CSS and how to make referrals if appropriate. This might include referrals for Full Service Partnerships or the Wellness Program.

b. *Describe intended use of Workforce Education and Training funds for PEI projects, if applicable*

No use of WET funds is expected for this Project.

c. *Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable*

There is no plan to utilize Capital Facilities & Technology Funds for this Project.

PEI PROJECT SUMMARY

County: Contra Costa
Date: November 12, 2008

PEI Project Name: Stigma Reduction and Awareness Education
(Fostering Resilient Communities Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: <i>A Community-wide Project</i>				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* included:

ALL – This is a universal, countywide effort targeting all at-risk residents including the defined populations of:

- ✓ **Trauma exposed individuals**
- ✓ **Individuals experiencing onset of serious psychiatric illness**
- ✓ **Children and youth in stressed families**
- ✓ **Children and youth at risk for school failure**
- ✓ **Children and youth at risk of or experiencing juvenile justice involvement**
- ✓ **Underserved cultural populations**

After the initial start-up period, including formation of the Wellness Recovery Task Force and conducting a first countywide campaign, efforts will become more targeted for future years.

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a “Quick Scan” of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ 52% of the youth in Contra Costa County estimated to have SED are underserved. This includes 85% of 0-5 year olds and 7% of 12-17 year olds. 54% of adults in Contra Costa estimated to have SPMI are not served, including 85% of older adults 65+, 72% of 18-20 year olds, 71% of 21-24 year olds, and 7% of adults 45-54.
- ✓ Providers who promote and educate Asian/Pacific Islander (A/PI) communities on mental health resources have encountered strong stigma that has been difficult to dispel. The stigma attached to mental health counseling or psychiatric medication

PEI PROJECT SUMMARY

prevents many A/PIs from seeking treatment, and causes many to question or judge those who do.

- ✓ The belief system of many A/PI adults and seniors does not distinguish between a mental disorder and physical ailment due to the belief that mind and body are one. Many A/PI seniors do not know what mental health means, they may have many misperceptions about it, and think it means “crazy.”
- ✓ Research suggests that a significant time period often separates the onset of psychotic symptoms and the initiation of appropriate treatment. Delays in treatment can have serious effects on medium to long-term outcomes and result in serious consequences for consumers and their families.

Focus Groups and Forums

Stigma was definitely viewed as a barrier to identification and early intervention for mental health problems. There was a loud voice for intervening earlier to mitigate the impact of mental illness with the recognition that stigma is a large barrier to that early recognition. Consumers said: “Nobody wanted to know.” Families said: “Nobody told me. Not the doctor, not the school. They didn’t want to deal with it.”

While many want to address stigma by “changing the words,” others recognize the need for strong community education about mental illness to reduce stigma and the barriers it creates. At the same time, community members and Stakeholder Workgroup members stressed that along with stigma reduction, there is a need to educate the community about what early mental illness looks like and how/when to get help.

Survey

- ✓ 8% of those who responded to the survey ranked stigma and discrimination as their top or second priority based on size of need or importance of need in Contra Costa County.
- ✓ Those who completed the survey identified immigrants, underserved racial/ethnic groups, isolated seniors, trauma-exposed, and homeless individuals as the hardest to reach populations. They may be hard to reach because of the stigma they or their families place on mental illness as well as for other reasons, including language/culture gap and low access to services.

3. PEI Project Description:

PROJECT 3: Reducing Stigma & Awareness Education

(Fostering Resilient Communities Initiative)

- Connects with:
- Suicide
 - Trauma-Violence
 - Children & Families
 - Young Adults
 - Older Adults

Summary Project Description: Contra Costa had a Wellness & Recovery Task Force in the late 1990’s that ran an Anti-Stigma Campaign. There were a number of aspects to the campaign that included a Speaker’s Bureau and a show on Contra Costa TV (cable) called *Mental Health Perspectives*. Key participants in this unfunded collaborative effort included:

PEI PROJECT SUMMARY

- Contra Costa Mental Health, and its Office for Consumer Empowerment
- Contra Costa County Mental Health Association
- Contra Costa County Mental Health Commission
- Contra Costa Public Employees Association
- Mental Health Consumer Concerns
- Mental Health Contractor's Alliance
- National Alliance for the Mentally Ill (NAMI)

The Task Force and the Speaker's Bureau eventually disbanded for a variety of reasons. The lack of funding and staffing to support these two efforts were considered to be among the greatest factors in the demise of the group.

Through its Office for Consumer Empowerment, CCMH will reconvene the Wellness & Recovery Task Force (Task Force) and will include in its renewed efforts the rebuilding of its capacity for anti-stigma education focusing at first on direct contact and education. They will also resume taping of *Mental Health Perspectives*.

There will be dedicated staffing (.5 FTE) in the county's Office for Consumer Empowerment to support the anti-stigma effort. Consumer and family member speakers will be provided with stipends for their participation. This will help to ensure stability and longevity of the program that it did not have before. More formalized outreach will help to ensure the effectiveness and continuity of outreach efforts. Outreach will include contacting schools/colleges, health/mental healthcare providers, businesses, community organizations and clubs, the faith based community, law enforcement, and others to offer Anti-Stigma Training/Information.

The Educational (Anti-Stigma) teams available through the Speakers Bureau will be made up of 3 individuals – a consumer (TAY or older), a family member and a mental health provider. The Task Force, in its earlier years, learned that this was the most effective way to make a lasting and effective impact. The Task Force will develop core content outlines and staff will work with speakers to ensure a consistent core message for its audiences while encouraging tailoring to specific groups.

Outreach will include a broad range of community groups including schools/colleges, health/mental healthcare providers, businesses, community clubs, faith-based organizations and law enforcement, as well as the media and others. Outreach will address all age groups.

The Speaker's Bureau, as the first effort of the Task Force, will be selective in nature – limited to groups that are targeted by outreach or who independently request a speaker's event. *Mental Health Perspectives* will be available to the general public that watches local cable television. Once these efforts are implemented, the Task Force will also assess the potential to engage in a broader range of anti-stigma activities including:

PEI PROJECT SUMMARY

- ✓ Additional universal community-wide efforts, or
- ✓ Highly selective efforts targeting specific cultural or other communities.

Consideration of such expansion will not be undertaken until the 2009/10 fiscal year.

The Wellness & Recovery Task Force and Speakers Bureau will also work with the Mental Health Reducing Health Disparities Workgroup to sponsor an anti-stigma educational conference in its first six months that will target mental health providers. The conference will be designed not only to educate providers themselves about stigma – in its overt and more subtle manifestations – but to gain input from those providers on the most effective ways to educate the community and media.

These efforts will include establishing communications and linkages to stigma reduction efforts that may be ongoing or underway in neighboring counties, seeking to leverage resources from beyond our local area.

- a. Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

Stigma surrounding mental illness was a major concern of the community and Stakeholder Planners. This was identified as stigma from strangers, health and mental health providers, educational and institutional media, community systems and services, families, and from within the individual experiencing the illness. Stigma was identified as a barrier to diagnosing the illness, seeking or being able to access care for mental illness, and being in recovery from mental illness. Stigma impacts children and youth as well as adults and older adults.

By reconvening the former Task Force, Anti-Stigma Speaker's Bureau and Mental Health Perspectives, and developing new efforts defined by the Task Force, this Project will effectively focus on the sources of the stigma described by stakeholders and the resultant barriers to access to care and recovery from mental illness in all age groups.

- b Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

These educational efforts will be offered out in the community where people live, work, and group for other purposes. The Anti-Stigma Education Teams will be dispatched to meet people "where they are", and this could be in school assemblies, community health/mental health fairs, community organization meetings, cultural events, etc. Traditional settings would only be used if providers or others invited an educational Speakers Bureau group to that setting.

In addition to the groups involved in the original Task Force and Anti-Sigma activities, new groups will be encouraged to join. New members may include such groups as:

PEI PROJECT SUMMARY

- Cities within the county
- Contra Costa Crisis Center
- Contra Costa County Office of Education
- Faith-based organizations
- Health/mental health/social service/community service providers, including those addressing alcohol and other drugs and domestic violence
- Law enforcement
- Local colleges and community colleges
- Mental health facility operators
- Offices of elected officials
- Others as appropriate (e.g.: County departments, Rotary Clubs, media, advisory boards such as Public Health and Alcohol/Other Drugs)

c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

At the start, there will be some general, universal community-wide/county-wide outreach along with targeted efforts focused on: primary care providers, social service providers, the justice system, schools and colleges (staff and students), and the media county-wide. Efforts will address stigma to both children/youth and adults/older adults. The demographics of the Contra Costa community are included as Attachments F & G. Within each of these first specific sub-groups, multiple underserved populations are represented and care will be taken to reach out to these underserved groups. The target population will be refined after these first efforts are implemented.

d. *Highlights of new or expanded programs*

CCMH will rebuild former capacity that was established (although not directly funded) in the 1990s. The Task Force and Anti Stigma Committee will be revitalized with former members, as well as new members, invited to join. The rebuilding of the Speakers Bureau to educate the community about stigma, discrimination, and the signs of mental illness will be the initial focus of this reconvened/expanded group. The Cable TV show *"Mental Health Perspectives"* will be re-initiated with new episodes produced.

A .50 FTE will be added to the Office of Consumer Empowerment to staff the anti-stigma effort. Additionally, volunteer speakers (consumers and family members) will receive stipends for training and presentations. This paid commitment, although modest, will stabilize the effort and ensure its success and continuation.

e. *Actions to be performed to carry out the PEI project, including frequency or duration of activities*

1. Reconvene Wellness & Recovery Task Force, add new members, establish Anti-Stigma Campaign Sub-Committee	Dec. 2008 – Jan, 2009
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PEI PROJECT SUMMARY

2. Task Force and Stigma/Awareness Campaign Sub-Committee develop and approve a) Recruitment Plan for a diverse set of trainers, b) Core Training Plan, and c) Community Outreach Plan	February, 2008
4. Recruit and train speakers, work with speakers as they develop their unique presentations	Feb-March, 2008
5. Implement Outreach Plan	Feb, 2008, ongoing
6. Begin conducting Trainings	Mar, 2008, ongoing
6. Assess and revise	June, 2008-annually

f. *Key milestones and anticipated timeline for each milestone*

1. Task Force convened, Anti-Stigma Campaign Sub-Committee established	Jan, 2009
2. Recruitment Plan, Core Training Plan and Community Outreach Plans completed	Feb, 2009
3. Outreach is begins	Feb, 2009
5. Trainings begin	March, 2009

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Stigma Reduction/Awareness Education	Individuals: 300 – Face-Face Educ. 10,000 TV Families:	Individuals: Families:	6 Months
Total Unduplicated	Individuals: 10,300 Families:	Individuals: Families:	6 Months

PEI PROJECT SUMMARY

5. Linkages to County Mental Health and Providers of Other Needed Services

- a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

Provision of linkages is not a primary focus of this project. However, it is recognized that identification of resources is essential, and will be made available at each venue. Use of the 2-1-1 Information Line, and the Mental Health Access Line in the county will be incorporated into speaker training.

- b. *Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention & intervention, and basic needs.*

Provision of linkages is not a primary focus of this project. However, it is recognized that identification of resources is essential, and will be made available at each venue. Use of the 2-1-1 Information Line, and the Mental Health Access Line in the county will be incorporated into speaker training.

- c. *Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

The literature is quite clear about the effectiveness of direct contact/education to reduce stigma at the individual as well as program/system level. A review of the literature about the key elements that boost the effectiveness of this approach will be included as part of Speakers Bureau training.

At the county level, a broad range of concerned individuals – Task Force representatives and volunteer/stipended speakers - will be working collaboratively, leveraging their organizational resources, knowledge and contact networks, and adding their voices to an organized, focused, and ongoing effort to change attitudes and increase knowledge about mental illness in the community.

6. Collaboration and System Enhancements

- a. *Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be*

PEI PROJECT SUMMARY

established in this PEI project and roles and activities of other organizations that will be collaborating on this project.

The revitalized Wellness and Recovery Task Force and its Anti-Stigma Sub-Committee will be highly collaborative in nature and will include community-based organizations, schools, primary care, and others (as listed earlier). Other organizations, yet to be defined, will be actively engaged in that they will invite speakers to share with their constituencies.

b. Describe how the PEI component will strengthen/build upon the local and community-based mental health and primary care system including community clinics and health centers.

This is an educational effort. It will strengthen systems by increasing the sensitivity of those systems to their messages and the way they work with/interact with consumers and their families.

c. Describe how resources will be leveraged

It is expected that much of the publicity and outreach for the Speaker's Bureau will be donated. Free Anti-Stigma materials are available for distribution to the community, and these will be utilized. Community Clubs & Organizations can advertise the availability of Educational MH Anti-Stigma Teams in their regularly published Newsletters. Businesses will allow posters and other written materials to be posted on their premises. Word of mouth is another strategy that works particularly well in smaller cultural communities

Space for Task Force and Anti-Stigma Committee meetings will be donated. Organizations requesting/hosting Speaker's Bureau events will assemble their own groups for the events and will provide space.

d. Describe how the programs in this PEI Project will be sustained.

This project will be sustained in the future with PEI funds.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ Individuals that interact with people with psychiatric conditions will do so in a more sensitive and helping manner.
- ✓ Individuals experiencing psychiatric conditions will experience less stigma and discrimination and will receive earlier and more effective interventions. Recovery will be stronger.

PEI PROJECT SUMMARY

b. Describe intended system and program outcomes

- ✓ Systems and programs that interact with people with psychiatric conditions will learn how they can interact more effectively and sensitively with consumers and their families.

c. Describe other proposed methods to measure success

- ✓ A tracking log documenting an increase in the demand for Speaker's Bureau presentations will be an indicator of its success.
- ✓ Written or oral feedback from audience members as well as the primary contacts from organizations requesting the groups will be collected for program improvement as well as to measure changes in both provider behaviors and consumer experiences as a result of our efforts.

d. What will be different as a result of the PEI project and how will you know?

- ✓ At the micro level, the Task Force will begin to see the difference through feedback from those receiving Speaker's Bureau presentations and those participating in other activities designed and carried out by the Task Force.
- ✓ In the big picture, this effort will have a cumulative effect with regional, statewide and national efforts. We will see an impact in the media and we will see an impact in the way that communities, families and individuals identify and cope with psychiatric disorders and gain support to recover from them.

8. Coordination with Other MHSa Components

a. Describe coordination with CSS, if applicable

Providers of services under CSS may become involved in the Task Force. Speakers and families may be recruited from Full Service Partnerships. All MHSa programs will be offered sessions with the Speaker's Bureau.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

No use of WET fund is anticipated for this Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities and Technology Funds is anticipated for this Project.

PEI PROJECT SUMMARY

County: Contra Costa
Date: November 12, 2008

PEI Project Name: Suicide Prevention
(Fostering Resilient Communities Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s)	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* include:

ALL – This is a universal, county-wide effort targeting all at-risk populations including:

- ✓ **Trauma exposed individuals**
- ✓ **Individuals experiencing onset of serious psychiatric illness**
- ✓ **Children and youth in stressed families**
- ✓ **Children and youth at risk for school failure**
- ✓ **Children and youth at risk of or experiencing juvenile justice involvement**
- ✓ **Underserved cultural populations**

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a “Quick Scan” of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ Between 2002 and 2004, 298 Contra Costa County residents committed suicide. Eighty one percent of suicide deaths in Contra Costa County occur among White residents, of which three-fourths are men.
- ✓ The rates of suicide among 45-64 year olds (13.8/100,000) and residents 65 years and older (16.9/100,000) are significantly higher compared to the county overall (9.9/100,000).
- ✓ Suicide rates are the highest in Walnut Creek, Concord, and Antioch.
- ✓ Asian American women over 65 have the highest suicide rate among women in the U.S. 89% of the Asian American women who committed suicide were immigrants. Among all the ethnic groups, Chinese American women have the highest suicide death rate.
- ✓ Suicide is the third leading cause of death among residents 15-34 years old.
- ✓ Between 2002 and 2004, there were 1,161 hospitalizations due to non-fatal self-inflicted injury among Contra Costa County residents. The highest rates of hospitalizations for self-inflicted injuries were in Walnut Creek, Martinez and San Pablo.

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- ✓ The rate of hospitalizations for self-inflicted injuries was significantly higher than the county overall (38.6/100,000) among:
 - o 15-24 year-olds (75.9/100,000)
 - o 25-34 (49.5)
 - o 35-44 years of age (52.2).
- ✓ From 2002-04, there were 251 Contra Costa youth and young adults ages 10-24 hospitalized with non-fatal self-inflicted injuries; 68% were female, 32% were male.

Focus Groups and Forums

Suicide was not heavily discussed in the group settings. It is unclear whether there were not enough explicit questions about it in the group settings, or whether there is “stigma” around talking about it. However, it was acknowledged as a high risk in the county – especially for older adults and young adults. It was an “assumed” factor in extensive discussion of the need for early intervention and crisis prevention efforts.

Survey

- ✓ Suicide risk was ranked as the top or second priority community need for 16% of survey respondents.
- ✓ Suicide risk was lumped into discussion of the need for early intervention and crisis prevention in the open-ended comments areas of the survey. Types of interventions needed include: brief crisis stabilization, crisis hotlines, mental health hotlines, youth intervention for suicide, early diagnosis and preventative treatment, and mobile crisis units.

3. PEI Project Description:

PROJECT 4: Suicide Prevention
(Fostering Resilient Communities Initiative)

- Connects with:
- o Stigma
 - o Trauma-Violence
 - o Children & Families
 - o Young Adults
 - o Older Adults

Summary Project Description: The Suicide Prevention Project has three key Programs:

1. **Plan** -- Development of a Suicide Prevention Task Force that will collaborate and coordinate with the State Department of Mental Health and regional efforts, and will develop a county-wide Suicide Prevention Plan. As part of this planning process, a Suicide Prevention Forum will be held to identify and help create linkages between key leaders and key agencies for suicide prevention efforts.
2. **Campaign** – Appointment of a Suicide Prevention Campaign Committee that will host a first annual Suicide Prevention Campaign countywide in 2009-2010. This first campaign will be universal in nature.
3. **Crisis Line Capacity Expansion** -- Through an RFP process, strengthening the language and cultural capacity of an existing, nationally certified suicide crisis line serving the county through expansion of multilingual staffing of those services.

The Task Force and Campaign Committee will review their progress after the first campaign and annually thereafter, will make revisions to integrate elements defined in the plan as well

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as those at the state and regional levels, and will learn from the experience of the first campaign.

- a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The Programs proposed for this Project are based on the data and input as described above and in Attachments F, G, H & I. Stakeholder Workgroup and Steering Committee members recognized as a top priority the need for a suicide prevention effort in Contra Costa County that is universal at one level, and targeted toward particularly high risk and/or hard-to-reach populations at another. Our suicide prevention activities will address this duality by developing specific objectives and methods to reach targeted communities during the Strategic Planning Process, while at the same time, conducting a first Annual Suicide Prevention Campaign that will focus on universal educational messages delivered in multiple languages and in culturally-specific ways as a starting point. After the first campaign is complete, the Campaign Committee and Task Force will conduct a full review of the Strategic Plan, statewide and regionally developments, and how the first Campaign went. This will provide a more informed comprehensive and targeted approach for Year 2.

Expansion of the multicultural capacity of an existing crisis phone line serving the county -- through expansion of staff and/or development of working relationships with appropriate culture-specific service agencies -- directly addresses the need to better serve underserved cultural communities. This will include expansion of specific language capacity in Spanish (a threshold language for the county), Vietnamese (a concentration language) and up to one other language.

- b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

Task Force, Strategic Plan, Prevention Campaign

CCMH will co-facilitate the Task Force and Campaign with the contractor hired to expand suicide prevention services. The Task Force can build on the leadership of those in the community that have been meeting to develop a suicide threat assessment system for the county. In addition to CCMH, examples of participants who may join the Task Force include:

- Cities within the county
- Contra Costa County Mental Health Commission
- Contra Costa Crisis Center
- Contra Costa County Office of Education and school districts
- Faith-based organizations
- Health/mental health/social service/community service providers including those addressing alcohol and other drugs and domestic violence
- Law enforcement

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- Local colleges and community colleges
- Mental Health Consumer Concerns
- NAMI
- Offices of elected officials
- Others as appropriate (e.g.: County departments, Rotary Clubs, media, advisory boards such as Public Health and Alcohol/Other Drugs)

The Older Adult, Family, and Youth/Young Adult PEI Projects will provide representation to the Suicide Prevention Task Force or Campaign Committee (TBD on a case-by-case basis) and will implement targeted efforts in their populations. Opportunities will be sought to coordinate suicide prevention efforts with: the CSS Project IMPACT for Older Adults, all Full Service Partnerships, and Workforce Education and Training activities.

The more action-oriented Campaign Committee will include at least 25% of the Task Force members plus additional community members with compatible activities and skill sets to implement the campaign.

The Suicide Prevention Plan and the Campaign proposed here must both be planned in more detail by the committees that are formed – Suicide Prevention Task Force and Annual Suicide Prevention Campaign Committee.

It is not expected that any of the activities of the first Annual Campaign to be implemented during the 2009/2010 fiscal year will be carried out in traditional mental health treatment service sites. Rather whatever is planned (e.g. posters, flyers, bus ads, billboards, cultural publications and public service announcements) will be distributed throughout the community with a focus on non-traditional methods/settings. Some of these materials will migrate into traditional settings however.

Increased Language/Cultural Capacity for Crisis Lines

CCMH will issue an RFP to the community seeking to expand 24-hour suicide/crisis response in Spanish (a threshold language), Vietnamese (a concentration language), and up to one other language. CCMH will fund an agency that currently operates a nationally certified suicide hotline³ in the SF Bay Area and, ideally, currently serves Contra Costa County. The contractor must provide a clearly articulated plan for broadly defined, culturally competent services – inclusive of but not limited to language diversity. This will include linkages to culturally appropriate supports. Collaboration between established crisis lines and community-based service providers in the targeted communities will be considered.

- c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

The first six months will focus primarily on planning the Suicide Prevention Plan and development of the first Annual Campaign. The demographics of the community to be served

³ Accredited by the American Association of Suicidology

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with these two major efforts match the demographics of Contra Costa County with additional targeting that is yet to be defined. Extensive data on the County is included in Attachments F & G.

The First Annual Suicide Prevention Campaign, to be held in the 2009-2010 year (in a future funding period), needs to be planned and the methods for best reaching underserved racial/ethnic or cultural populations will be defined and reported in future periods.

The languages for crisis line expansion will be: Spanish (the county's one threshold language), Vietnamese (the county's one concentration language, i.e., approaching threshold), and up to one additional language with the rationale for that language demonstrated in proposals for funding.

d. Highlights of new or expanded programs

The Suicide Prevention Project has three key Programs: 1) Development of a Suicide Prevention Task Force that will collaborate and coordinate with the State Department of Mental Health and regional efforts, and will develop a county-wide Suicide Prevention Plan; 2) Appointment of a Suicide Prevention Campaign Committee that will host a first annual Suicide Prevention Campaign countywide in 2009-2010; and 3) Strengthening the language and cultural capacity of an existing, nationally certified suicide crisis line serving the county through expansion of multilingual staffing and development of culturally appropriate resources and linkages.

e. Actions to be performed to carry out the PEI project, including frequency or duration of activities

1. Issue RFP and select one or more contractors to increase language/cultural capacity of crisis lines and co-facilitate Task Force and Planning Process	Dec, 2008- Jan, 2009
2. Form a Suicide Prevention Task Force	Dec, 2008
3. Task Force meets monthly or as needed to initiate strategic planning process and outreach for engagement in that process.	Jan, 2009, ongoing
4. Task Force appoints a Campaign Committee	Feb, 2009
5. Begin increased language/cultural capacity on crisis line(s)	Feb, 2009
6. Task Force holds a Suicide Prevention Forum to support development of relationships and linkages for all efforts.	March, 2009
7. Campaign Committee designs first Annual Campaign with approval from Task Force	March, 2009
8. First Annual Campaign begins	May, 2009

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f. *Key milestones and anticipated timeline for each milestone*

2.	Form a Suicide Prevention Task Force	Dec, 2008
1.	Begin increased language/cultural capacity w/ crisis lines	Feb, 2009
4.	Form Suicide Prevention Campaign Committee	Feb, 2009
5.	First annual campaign begins	May, 2009

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Suicide Prevention Task Force, Strategic Planning and Forum <i>Note: There will be consumers and families involved in Task Force and Forum but this is not a "service" program.</i>	Individuals: 0 Families:	Individuals: 0 Families:	6 Months
Suicide Prevention Campaign Committee and First Annual Campaign <i>Note: There will be consumers and families involved in Task Force and Forum but this is not a "service" program. Implementation of a universal campaign will begin in the next funding period.</i>	Individuals: 0 Families:	Individuals: 0 Families:	6 Months
Multilingual crisis line response provided	Individuals: Families:	Individuals: 100 Families:	5 months
First Annual Suicide Campaign begins	Individuals: Families:	Individuals: 10,000 <i>Estim.</i> Families:	2 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: <i>Estim.</i> 10,100 Families:	2-5 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

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This is primarily a planning project. These complex issues will be addressed carefully before the first Annual Campaign is conducted.

The County has a 2-1-1- provider – The Contra Costa Crisis Center – which provides referral information to providers and consumers county-wide. Contra Costa County's Ethnic Services and Training Manager will assure training of any new contractors on the use of the County's 2-1-1 service information and referral system and how to appropriately access county and community services, as well as the Contra Costa Mental Health Access Line.

b. Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.

This is primarily a planning project. These complex issues will be addressed carefully before the first Annual Campaign is conducted.

The County's 2-1-1- provider, The Contra Costa Crisis Center, provides referral information to providers and consumers county-wide. Contra Costa County's Ethnic Services and Training Manager will assure training of any new contractors on the use of the County's 2-1-1 service information and referral system and how to appropriately access county and community services.

As the County-wide Suicide Prevention Plan develops, new contacts and resources identified in specific cultural communities will be integrated into referral systems and will actually strengthen the existing 2-1-1 system.

c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

Broad community-wide participation in the planning process and first annual campaign will strengthen communications and the relationships necessary to enhance the effectiveness of prevention efforts at the program and community-wide levels. The Suicide Prevention Plan will increase the effectiveness of suicide prevention programs/activities/messages and reduce individual suicides.

6. Collaboration and System Enhancements

a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and roles and activities of other organizations that will be collaborating on this project.

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The success of this project is dependent on engaging community-based organizations, schools, primary care providers, mental health providers, consumers, etc (those listed above in desired Task Force composition). CCMH and its co-facilitating community-based agency will engage these sectors and draw them into one or more of the following: 1) strategic planning; 2) campaign design and implementation; 3) participation in Campaign; and 4) participation in linkages and implementation of the Strategic Plan.

Contractors receiving funds for PEI efforts for Older Adults, Children & Families and Youth/Young Adults will be required to participate at an appropriate level.

Increasing the language/cultural capacity of suicide/crisis lines in the County represents a substantial system enhancement.

b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.

The Suicide Prevention Strategic Plan MUST engage the local community – including community-based mental health and primary care providers if it is to be successful. This engagement will begin through participation in the Strategic Planning process and/or first Annual Campaign and will build from there. One key element important to define for the Annual Campaign is how/where referrals for help can be made. This is yet to be determined.

c. Describe how resources will be leveraged

We anticipate leveraging resources for this project by networking with regional, state, and nationwide suicide prevention efforts to maximize and share resources. We expect that the annual awareness/prevention campaign will utilize resource materials from other similar campaigns and, ultimately, will be linked with/timed to correspond with other efforts.

d. Describe how the programs in this PEI Project will be sustained.

The Suicide Prevention Plan that will be developed as part of this Project will be updated as needed through the Task Force structure. All coordination of communications with regional and state partners, as well as implementation of the Annual Campaign and increased language/cultural capacities of the Crisis Line will be supported in an ongoing manner using MHSA PEI funding.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ As a result of the Suicide Prevention planning and Annual Campaign, more Contra Costa residents will be informed about suicide risk and where to turn/how to help and ultimately, the suicide rate in the county will decline.
- ✓ As a result of the increased language/cultural capacity of existing crisis phone lines in the county, more individuals from underserved cultural communities will receive

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support/intervention/linkages and referrals from crisis lines and, ultimately, suicide rates will decline.

b. Describe intended system and program outcomes

- ✓ Networking, linkages, and communication across the health/mental health/social service/educator/justice providers based in the County will become formalized and stronger as an outcome of this planning process.
- ✓ More resources and referrals for culturally specific supports will become available through the expanded capacity of the contracted suicide crisis line.
- ✓ Providers will be more aware of suicide risks, ways in which suicide can be prevented, and their roles in suicide prevention.

c. Describe other proposed methods to measure success

- ✓ The number of callers served in non-English languages by participating crisis lines and their partners will increase as documented by call logs.
- ✓ Service/education providers in the county will communicate about suicide prevention and linkages to resources as documented by participation in the planning process.

d. What will be different as a result of the PEI project and how will you know?

- ✓ Eventually, suicide rates in non-English speaking populations and in all populations countywide will decline as evidenced by countywide data.
- ✓ The number of callers served in non-English languages at the participating crisis lines will increase as documented by call logs.
- ✓ Service/education providers in the county will communicate about suicide prevention and linkages to resources as documented by participation in the planning process.

8. Coordination with Other MHSA Components

a. Describe coordination with CSS, if applicable

CSS contractors will be invited/expected to join these efforts in appropriate ways.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

No use of WET funds is anticipated for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities and Technology Funds is anticipated for this PEI Project.

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County: Contra Costa

PEI Project Name: Supporting Older Adults

Date: November 12, 2008

(Fostering Resilience in Older Adults Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All Older Adults PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County. Highest priority target population rankings *relevant to this project* included:

- ✓ **Trauma Exposed Individuals**
 - Older Adults
- ✓ **Individuals Experiencing Onset of Serious Psychiatric Illness**
 - Older Adults
 - Isolated Older Adults
- ✓ **Underserved Cultural Populations**
 - Older Adults

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a “Quick Scan” of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ An estimated 10,782 low-income adults age 18 and over, including 1,337 older adults age 65 and over are estimated to have SMI in contra Costa County.
- ✓ The rates of suicide among residents 65 years and older (16.9/100,000) are significantly higher compared to the county overall (9.9/100,000).

Focus Groups and Forums

Factors that contribute to mental illness among older adults include: isolation, grief over the loss of loved ones, grief over declining health, declining income, physical brain changes, brain changes due to medications and cumulative lifetime trauma.

It is very difficult to diagnose and treat mental illness and especially depression in older adults because of the separation of physical and mental health services and the easily confused diagnosis between the two for older adults.

Peer models are preferred for prevention and early intervention. An existing program in the County – the Senior Peer Counseling Program – is able to maintain contact with isolated older

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adults, provide supports that can help prevent stress and mental illness, and provide referrals for services early. That program is limited in scope however. Isolation is another significant factor in depression for older adults and more social opportunities are needed.

Survey

- ✓ 25% of respondents ranked “Individuals Experiencing Onset of Serious Psychiatric Illness” as their top or second highest priority target population for PEI efforts.
 - 8% of respondents further specified Isolated Older Adults as their priority. Other Older Adult sub-categories included: Alzheimer’s or dementia, unaddressed mental issues, abuse, trauma, non-English speaking, dependent, homeless, Pacific Islanders, substance abusing and with physical disabilities.
- ✓ With those specifying Older Adults as their priority population, numerous respondents specifically suggested expansion of the Senior Peer Counseling program, including the addition of bilingual staff.

3. PEI Project Description:

PROJECT 5: Supporting Older Adults

Summary Project Description:



There are two programs to meet the objectives of this project:

1. **Expanding Senior Peer Counseling** – There is an existing Senior Peer Counseling Program funded by CCMH and operated by the Employment and Human Service Department. The program is based on the well known senior peer counseling model from the Center for Healthy Aging in Santa Monica, CA. Senior Peer Counselors are volunteer seniors who are trained to assess the wellness and mental wellness of isolated older adults to support them, talk with them, and link them with services -- including mental health services – as appropriate. The current program has 58 volunteer senior counselors and serves approximately 200 older adults a year.

Community members, Stakeholder Planners, and staff of the Senior Peer Counseling Program themselves are all seeking to expand this program to serve more seniors overall, including more seniors from underserved cultural populations in a linguistically and culturally competent manner. This will help to prevent mental illness and suicide in older adults, and provide early intervention when warning signs appear.

With PEI funding, this Program will expand its cultural competency and language-specific capacity for communities speaking Spanish (the County’s threshold language), Vietnamese (the County’s concentration language), and at least one other Asian language. Up to three new Senior Peer Counselor Supervisors (totaling 2.0 FTEs) -- who speak Spanish, Vietnamese and one additional Asian language – will recruit, train and support up to 40 volunteers at a time (20 volunteers per FTE paid supervisor). Once trained, each volunteer will serve 3-7 clients per year.

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Participants for this program are currently identified by and referred through Adult Protective Services, Senior Centers, case workers, information and referral services, primary care and mental health services. It is expected that the new linguistically and culturally competent Senior Peer Counselor Supervisors will be able to reach out to their own communities to recruit, train and support senior peer counselors from those communities. They will also be able to effectively publicize the availability of the service and establish referral mechanisms.

2. **Community Based Social Supports for Isolated Older Adults** – Through an RFP process, CCMH will contract with one or more community providers for social supports and activities for isolated older adults. Applicants will demonstrate their access to the target population, and an understanding of the methods for successful recruitment, transportation, and return participation by seniors in their communities.

- a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The programs proposed in this Project are based on the data and input as described above and in F,G,H & I. The data, the community, and the Stakeholder Planners all clearly identify seniors as a high-risk population for mental illness and suicide. Stakeholder Planners prioritized use of peer counselors as a successful way to reduce isolation and offer support that will prevent onset of depression and other serious mental illness. Peer counselors are also excellent “first responders” to assess changing conditions and to provide early intervention for mental illness as well as other stressors that can destabilize an older adult. The expansion of language/cultural capacity is a natural expansion of this program.

Community based social supports and opportunities are also badly needed to not only support the mental health of older adults, but to get them out of their homes and to a place where they can connect for other possible support opportunities.

- b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

The existing Senior Peer Counseling Program is a key partner for this effort. Peer counselors meet with clients in their homes and in the community. Peer counselors also facilitate linkages to a range of services and supports in the community. The partners and settings for community based social support and activities will be defined by contractors through a community RFP process. It is not expected that any of the activities for this project will take place in traditional mental health settings.

- c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

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Expansion of the Senior Peer Counseling Program is a county-wide effort. Data on all of Contra Costa County is included as Attachments F and G. This includes demographic data on sub-populations including seniors. Smaller, more defined communities may be targeted for social supports for transportation reasons. The target sub-populations and geographic areas to be reached for social opportunities will be defined by the selected contractors.

d. Highlights of new or expanded programs

There are two programs within this Project. They are: 1) Expansion of the current Senior Peer Counseling to serve more seniors overall, particularly those from underserved cultural populations, in a linguistically and culturally competent manner. This is a natural step to better prevent mental illness and suicide in older adults, and provide early intervention when warning signs appear. With PEI funding, this Program will expand its cultural competency and language-specific capacity for communities speaking Spanish (the County's threshold language), Vietnamese (the County's concentration language), and at least one other Asian language; 2) Community contractors will be hired to offer social supports to isolated Older Adults in culturally appropriate ways. Transportation to these social supports will be provided as needed.

e. Actions to be performed to carry out the PEI project, including frequency or duration of activities

1. Hire and train new Senior Peer Counseling Supervisors	Jan, 2009
2. Recruit and train new Senior Peer Counselors	Jan-Mar, 2009
3. Select Social Supports contractor(s)	Jan, 2009
4. New Supervisors develop culture-specific community resources	Jan-Mar, 2009, ongoing
5. Begin serving non-English speaking clients	Mar, 2009 ongoing
6. Begin social supports	Mar, 2009

f. Key milestones and anticipated timeline for each milestone

1. New Peer Counselors begin serving older adults	Mar, 2009
2. Social supports program(s) begin	Mar, 2009

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4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Expansion of the Senior Peer Counseling Program	Individuals: Families:	Individuals: 200 Families:	5 Months
Social Supports for Isolated Older Adults	Individuals: Families:	Individuals: 200 Families:	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: 400 (some - not all may be duplicate)	6 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

Senior Peer Counselors are trained to know what resources are available, how to make referrals and how to assist seniors in accessing those referrals. Senior Peer Counselor Supervisors will reinforce this on an ongoing basis.

Job descriptions for Senior Peer Counseling Supervisors will be flagged for the desired languages and every effort will be made to recruit bilingual and culturally diverse staff. Supervisors and the Senior Peer Counselors will also be supported to identify and develop new linkages within their respective cultural communities.

Senior Peer Counselors will specifically be trained to know how and when to refer participants to the existing MHSA Older Adult Program and Wellness Program.

The assessment and linkage capacity of the Community Based Social Supports Program will be articulated by applicants and verified in the contracting process. CCMH's Ethic Services and Training Manager will assure that social support providers are trained to make linkages and referrals to existing resources for health and mental health as needed.

b. *Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as*

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mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.

Senior Peer counselors are trained to know what resources are available, to make referrals, and to assist seniors in accessing those referrals. Supervisors will reinforce this in an ongoing manner. New resources that are specific to the Latino or Asian/PI communities being served will also help to develop appropriate linkages within their own communities.

CCMH's Ethic Services and Training Manager will assure that social support providers are trained to make linkages and referrals to existing resources for health and mental health and social services as needed.

- c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

This effort represents a logical expansion to an existing Senior Peer Counseling Program. It is modeled after the highly recognized program designed by the Center for Healthy Aging in Santa Monica and uses the Center's training materials. While the program has not been formally evaluated in Contra Costa County, community members, professionals, and stakeholders spoke strongly about building on this program. The expansion proposed here will further strengthen the existing program by allowing it to reach into traditionally underserved communities in a linguistically and culturally appropriate manner.

The addition of social support opportunities will most likely augment existing age-specific or culture-specific programs in the community. Criterion for selection of contractor(s) will include the experience of the provider and the likelihood of success of the approach/program.

6. Collaboration and System Enhancements

- a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.*

There are general and culturally specific primary care, mental health, and social service agencies that are already well recognized within the county and utilized for referrals by the existing Senior Peer Counseling Program. This includes utilization of the County's 2-1-1 system. These referral relationships will continue to be important as the program expands to become more culturally diverse.

Additionally, new supervisors and peer counselors who join this expansion into underserved cultural communities will be supported and encouraged to identify new resources (formal and

PEI PROJECT SUMMARY

informal), relationships and linkages to serve their specific populations. This requires an understanding of the culture, healing beliefs and practices, family structures/dynamics, etc. within each specific community.

Relationships, collaborations and arrangements with community-based organizations for the proposed social support effort will be defined by applicants/contractors for this effort.

b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.

An important role of Senior Peer Counselors is to assess the needs of older adults and to facilitate their successful access to supports and services that will maximize their health, mental health, and overall well being. County and community-based primary care and mental health services are prominent providers in the existing referral system used by the Senior Peer Counseling Program.

With added/increased multi-lingual capacity, Supervisors and Senior Peer Counselors will work with existing primary care and mental health providers to reduce barriers to successful referrals from members of underserved cultural populations to better maximize the availability of those resources. Seniors will also learn how to access and appropriately use these services themselves.

The relationship of the social support effort to existing mental health and primary care in the county will be defined by applicants/contractors for this effort.

c. Describe how resources will be leveraged

The Senior Peer Counseling Program will absorb the new staff into their existing space and provide general organizational support to them. The ability to leverage resources will be a criterion for selection of the contractor(s) for the Community Based Social Support Program.

d. Describe how the programs in this PEI Project will be sustained.

The programs in this project will be sustained using PEI funds.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ Older adults who receive supports through peer counseling will be better able to manage the stressors that contribute to declining mental health in their age group. They will have better access to community supports needed to manage these stressors.
- ✓ Older adults who participate in the community based social support activities through this Project will be less isolated and therefore will have better mental health.

PEI PROJECT SUMMARY

b. Describe intended system and program outcomes

- ✓ Through Senior Peer Counselors as a bridge, systems of support will become more accessible to older adults.
- ✓ With Senior Peer Counselors able to facilitate referrals and relationships, these systems will improve and increase their supports and service capacities to traditionally underserved older adults.
- ✓ The Senior Peer Counseling program has experienced that its interventions actually decrease seniors' needs for more acute and expensive services and hospitalizations. This should lead to a shifting of resources to less acute care in the long run.

c. Describe other proposed methods to measure success

- ✓ This program has been selected as our evaluated program. See Form 7 for more detail.

d. What will be different as a result of the PEI project and how will you know?

- ✓ More older adults from underserved cultural communities will be served in their own languages and in a culturally competent manner as evidenced by service statistics. These individuals will access services and supports that they had not previously accessed and will report satisfaction with the program.
- ✓ Fewer older adults will be socially isolated as evidenced by participation in social activities and as learned through the satisfaction assessment process.

8. Coordination with Other MHSa Components

a. Describe coordination with CSS, if applicable

The Senior Peer Counseling Program will become better engaged with the newly emerging Older Adults Program under CSS. Older Adults in the CSS Program will make use of Senior Peer Counselors, and Senior Peer Counselors will be trained to make referrals to the CSS Program as appropriate.

A representative from the Senior Peer Counseling Program will serve on the Suicide Prevention Task Force and will be invited to participate in stigma-reduction planning and activities.

Community-based programs receiving contracts for community building in underserved cultural communities and building communications within immigrant families will work with the Senior Peer Counseling Program where appropriate.

PEI PROJECT SUMMARY

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

No use of WET funds is anticipated for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities and Technology Funds is anticipated for this PEI Project.

PEI PROJECT SUMMARY

County: Contra Costa

PEI Project Name: Parenting Education and Support
(Fostering Resilience in Children and Families Initiative)

Date: November 12, 2008

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Disparities in Access to Mental Health Services 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement 6. Underserved Cultural Populations	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* include:

- ✓ **Trauma exposed individuals**
 - Parents whose trauma affects parenting
- ✓ **Children and Youth in Stressed Families**
- ✓ **Children and Youth at Risk for School Failure**
- ✓ **Children and Youth at Risk of or Experiencing Juvenile Justice Involvement**
- ✓ **Underserved Cultural Populations**

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a "Quick Scan" of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ From 1990 to 2000, the fastest growing group in the county was 5-20 year olds, which grew at a rate of almost 27%.
- ✓ From 1990 to 2000, the fastest growing ethnic groups in Contra Costa have been Latinos and Asian/Pacific Islanders.
- ✓ The percentage of children ages 0-17 in households earning less than the federal poverty level has increased from 9.1% in 2000 to 10.6% in 2004, but has remained considerably lower than the statewide average.
- ✓ 40% of Contra Costa children live in immigrant families. Children in immigrant families are more likely to live in poverty, less likely to attend preschool, less likely to have health insurance, and less likely to be in good health than children in non-immigrant families.
- ✓ 15-17 year old Contra Costa youth in immigrant families are slightly less likely to be in school (4%) than those in non-immigrant families (2%).
- ✓ In 2005, 2,178 reports of child abuse in Contra Costa County were substantiated.
- ✓ Historically, African American children 0-17 in Contra Costa (as well as statewide) enter into out-of-home care at about three times the rate of all new out-of-home entries.

PEI PROJECT SUMMARY

- ✓ With the overall number of Native Americans in Contra Costa County quite low, Native Americans make up only 1% of all out-of-home placements but this results in a 12.2 rate per 100,000 population for this group.
- ✓ In 2003, there were 4,037 domestic violence reports in Contra Costa County. Children were present in 40% of those reports.
- ✓ In 2006-2007, 42% of adults in publicly funded alcohol and drug treatment programs in Contra Costa County had one or more children under 18.
- ✓ Between 30% and 70% of children with mentally ill parents suffer from mental disorders themselves.
- ✓ In 2007, 55% of Contra Costa public school 3rd grade students scored at or above the 50th national percentile in reading on the CAT/6 test. Significant disparities are found by language and socioeconomic status.
- ✓ In 2006, 9.3% of Contra Costa county public high school students dropped out of school. The highest dropout rates are among African Americans, Latinos and Pacific Islanders. The lowest were among Asians, Whites and Filipinos.
- ✓ The truancy rate for Contra Costa County schools was 27.7%, just below the statewide average of 28.3%.
- ✓ 15.7% of Contra Costa students were suspended in 2006, higher than the statewide average of 13.9%.
- ✓ Between 2002 and 2004, there were 2,510 births to teen girls 15-19 years living in Contra Costa County, an annual average of 837 births.
- ✓ Contra Costa public school students in the 7th, 9th, 11th grade and in non-traditional high schools reported that they:

• Used alcohol in the past 30 days	48%
• Used marijuana in the past 30 days	38%
• Engaged in binge drinking in past 30 days – 3 or more days	20%
• Told themselves that they were not going to use but did anyway	13%
• Seen someone with a weapon one or more times	44%
• Carried a weapon other than a gun one or more times	27%
• Current gang involvement	12%
- ✓ In 2005, the felony arrest rate among African American youth (50.3/1,000) was 5-10 times higher than for every other group (9.3/1,000 Latino, 6.2 White, and 4.7 Other).
- ✓ At any given time, there are 165 youth at Juvenile Hall and about 100 youth at Byron Ranch.
- ✓ African and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages – than White youth or other groups. For example, African American youth make up 42.3% of the population in Richmond, but account for 70% of arrests and 69% of referrals to Probation.
- ✓ An estimated 5,589 low-income children and youth 0-17 or 8.8% of the youth population have SED in Contra Costa County.
- ✓ 52% of the youth in Contra Costa County estimated to have SED are underserved. This includes 85% of 0-5 year-olds and 7% of 12-17 year-olds.
- ✓ Approximately 15% of all women will experience postpartum depression or a related mood disorder following the birth of a child.
- ✓ Children with SED are more likely to enter the juvenile justice system.
- ✓ In 2002-2004, 16 youth aged 0-20 committed suicide.

PEI PROJECT SUMMARY

- ✓ From 2002 – 2004, there were 251 Contra Costa youth and young adults ages 10-24 hospitalized with non-fatal self-inflicted injuries; 68% were female, 32% were male.

Focus Groups and Forums

- ✓ Family stress was recognized as a major contributor to mental illness and includes many of the factors articulated elsewhere in the data summary that come together and cause the greatest havoc in the family setting. Many discussions about stressed families began as discussion of stressed children but ended up, again and again, with the recognition that families must be supported and served as a whole, because it is rare for a single member of a family – a single child, adult or older adult – to get stronger without bringing the others along. Issues tied to stressed families included:
 - Poverty/working poor
 - Culture gap
 - Intergenerational conflict
 - Isolation
 - Parents who need help parenting
 - Grandparent caregivers who need supports
 - Lack of positive role models
 - Exposure to domestic violence
 - Exposure to substance abuse
 - Youth or parents involved in the juvenile justice system
 - Mental illness in the family
 - Kinship caregivers
 - Out of home placements

Overarching Values for Individuals and Families:

- Serve whole families
- Build on strengths
- Get there earlier before the crisis!
- Increase parent involvement in children's lives

Most Commonly Identified Strategies:

- Early screening in a variety of settings tied to MUCH earlier intervention
- Treat trauma as early intervention for MI
- Parenting education and support
- More counselors, mentors, advocates – someone to talk to, someone to trust.
 Needed for adults, parents as well as youth and families. *Must be culturally competent or trust will not happen.*
- Support groups and help-lines, all kinds
- More supports for LGBTQ individuals with emphasis on youth/young adults
- Youth development – support for building on strengths – at all ages and stages

Survey

- ✓ 25% of respondents ranked at-risk children, youth and young adult populations as their highest or second highest priority for PEI efforts.

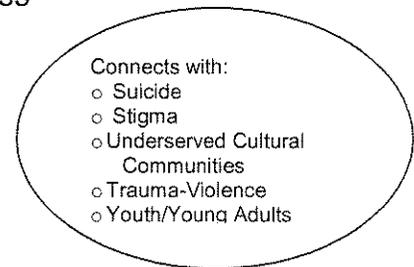
PEI PROJECT SUMMARY

- ✓ 17% of respondents ranked Children and Youth in Stressed Families as their highest or second highest priority population for PEI efforts. 36% ranked one of the three youth populations as their top or second priority for PEI efforts.

Stakeholder Priorities

Preferred Stakeholder Target Populations included:

- Families in need of parenting knowledge and skills
- Immigrant families with communication and parent/child relationship challenges
- Residents of high violence areas of Contra Costa County traumatized by that violence
- Families experiencing domestic violence
- Infants and young children of trauma-exposed parents
- Children, youth, and young adults with early signs of mental illness
- Children, youth, and young adults entering or in the justice system
- Children, youth, and young adults at risk for suicide
- Children and families living in poverty and homelessness
- Adolescents experiencing chronic or extreme stress
- Adolescents aging out of public systems



3. PEI Project Description:

PROJECT 6: Parenting Education and Support
(Fostering Resilient Families Initiative)

Summary Project Description: This is a selective prevention and early intervention project designed to educate and support parents and caregivers in high risk families to support the strong development of their children and youth. It requires a variety of interventions to do this. Each intervention, as described below, addresses a different target group or need. Each has a prevention component and/or facilitates early intervention for not only signs of mental illness, but signs of other stressors/factors which diminish mental wellness and resiliency such as domestic violence in the home, parents under stress, and other child developmental issues.

There are three programs as a part of this Project:

1. Partnering with Parents Experiencing Challenges -- Children of parents with serious and persistent mental illness are at increased risk for mental illness themselves. And children showing signs of serious emotional disturbance often have a parent or caregiver who is also at risk for mental illness. CCMH will break down traditional age-defined silos by adding one staff person to each of Children’s and Adult Mental Health Services. These new staff will assess families for their overall mental wellness and, where indicated, will provide early intervention supports, services and linkages to existing resources to help to build resiliency in the family. Assessment will be conducted with families in the Adult and Children’s Systems of Care and for families of children in Emergency Foster Care. Within the adult population,

PEI PROJECT SUMMARY

priority will be given to pregnant women and families struggling to regain or retain custody of their children.

2. Parenting Education and Support – Using an RFP process, CCMH will use PEI funds to support up to five community-based efforts to educate and support parents of youth 0-18 to maximize children’s social/emotional and educational development. Delivery sites may be schools and school-based programs or clinics, community clinics, and community and youth-service organizations. Preference will be given to projects that utilize recognized curricula (See State DMH resource for examples:

http://www.dmh.cahwnet.gov/Prop_63/MHSA/Publications/Notices.asp#N0719 – See Notice 07-19, Enclosure

6). Projects that have shown promise of effectiveness, especially in underserved cultural communities where efforts are less likely to have been evaluated, will also be considered.

Contractors will demonstrate their access to the targeted parent population and will have experience that supports strong implementation of their effort with an emphasis on fidelity to the original model.

3. Multi-Family Support Groups -- Through an RFP process, one or more community-based organizations or schools will be selected to develop and implement facilitated multi-family, multi-session psycho-educational support groups for parents of middle and high school age adolescents. Groups will cover a range of issues facing adolescents and their parents (e.g.: drugs and alcohol, mental health, violence, staying in school, sexual identity, parent-child relationship) and will provide education, peer support and referrals to other health, mental health and social service supports in the community. Preference will be given to projects that utilize recognized curricula (See State DMH resource for examples: http://www.dmh.cahwnet.gov/Prop_63/MHSA/Publications/Notices.asp#N0719 – See Notice 07-19, Enclosure 6). Projects that have shown promise of effectiveness, especially in underserved cultural communities where efforts are less likely to have been evaluated, will also be considered.

Selected contractors will demonstrate a solid understanding of the topics of interest needed by parents and will demonstrate their ability to recruit and retain those parents in groups. Efforts designed to “spin off” groups into continuing support groups with peer facilitation after the start-up period are encouraged.

a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The Programs proposed for this Project are based on the data and input as described above and in Attachments F,G,H & I. Community input as well as Stakeholders identified families needing parenting education and support as a very high priority for PEI funding. They also repeatedly identified traditional “silos” of care as responsible for cutting apart families and serving only some members while other members of the family system are overlooked. This project focuses on parenting education and support, development of peer support systems, and short-term clinical interventions for parents who need help for themselves in order to help their children grow healthy and strong.

PEI PROJECT SUMMARY

b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

There are three programs in this project. Project 1 adds staffing within County Mental Health but will expand linkages with Child Protective Services for referrals and with a range of community-based resources for linkages/referrals for parents. Partners involved with Projects 2 and 3 will be defined through the RFP process.

c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

All of Contra Costa County will be served by this project. A description of the county and its residents is included as Attachments F and G. Higher risk parents in the county are more likely to be the lowest income residents and are more likely to be from underserved racial/ethnic and/or cultural populations. The exact target populations will be defined through the RFP process.

d. *Highlights of new or expanded programs*

This project offers a variety of ways to support high risk families and support parents in these families to be stronger advocates for their children, resulting in increased mental wellness and resilience for family members. This project addresses a range of sub-populations: families experiencing mental illness, stressed families with children ages 0-18, and families of adolescents specifically. Strategies include clinical interventions, education and support, and facilitated peer support.

The three programs as a part of this Project are: 1) Partnering with Parents Experiencing Challenges – in which CCMH will break down traditional age-defined silos by adding staff that will assess and, where indicated, will provide early intervention and support for mental wellness and help to build resiliency for whole families of existing consumers in the Adult and Children’s Systems of Care and for families of children in Emergency Foster Care; 2) Parenting Education and Support for parents of youth 0-18 to maximize children’s social/emotional and educational development; and 3) Multi-Family Support Groups for facilitated multi-family, multi-session psycho-educational support groups for parents of middle and high school age adolescents to cover a range of issues facing adolescents and their parents such as drugs and alcohol, mental health, violence, staying in school, sexual identity, parent-child relationships.

e. *Actions to be performed to carry out the PEI project, including frequency/ duration of activities*

1. Staff for CCMH for Parents Experiencing Challenges Program hired	Jan, 2009
2. RFPs for Parenting Education & Support and Multi-Family Support Groups issued and contractors selected	Dec-Jan, 2009
3. Outreach for all three programs begins	Jan, 2009

PEI PROJECT SUMMARY

4. Programs support parents	Jan-June, 2009
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f. *Key milestones and anticipated timeline for each milestone*

1. Outreach for programs begins	Jan, 2009
2. Programs support parents	Jan-June, 2009

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
1. Partnering with Parents Experiencing Challenges	Individuals: Families: 100	Individuals: Families:	6 Months
2. Parenting Education and Support	Individuals: Families: 300	Individuals: Families:	6 Months
3. Multi-Family Support Groups	Individuals: Families: 125	Individuals: Families:	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:525	Individuals: Families:	6 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

Program 1: Partnering with Parents Experiencing Challenges focuses on families already engaged in the public mental health system. The goal of this program is to assess and provide early intervention services to family members of identified consumers who may be experiencing early onset of mental illness themselves – as a result of their loved one’s mental illness or parallel to that illness. This program allows an integrated approach to fostering wellness and resilience in families where clusters of mental illness may occur. Family members requiring ongoing mental health treatment will be referred to existing resources as available.

PEI PROJECT SUMMARY

Bidders for Programs 2 and 3 will define in their proposals how they plan to link families in need of assessment or extended treatment to appropriate resources in their proposals. CCMH's Ethnic Services and Training Manager will assure that contractors receive appropriate training and support to make linkages and referrals as needed.

- b. Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.*

Program 1: Partnering with Parents Experiencing Challenges is designed to provide education and linkages to needed resources in the county and in the community as needed to support the maximum health and recovery of the family. This will include the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.

Bidders for Programs 2 and 3 will define how they link families in need of linkages and referrals to other needed services including non-traditional services in their proposals. CCMH's Ethnic Services and Training Manager will assure that contractors receive appropriate training and support to make linkages and referrals as needed.

- c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

Program 1: CCMH will put resources in its Children's and Adult systems of care around this program including supervision and linkages to resources as available to achieve desired outcomes at the family level.

Bidders for Programs 2 and 3 will demonstrate their experience and capacity to delivery effective programming and will define the resources they will leverage for the proposed efforts. They will also define the desired outcomes as a result of those resources.

6. Collaboration and System Enhancements

- a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.*

Program 1: CCMH will utilize its full network of relationships within the county system and in the community to assess and meet the needs of consumers engaged in the program.

PEI PROJECT SUMMARY

Bidders for Programs 2 and 3 will define the relationships, collaborations, or arrangements with community-based organizations such as schools and primary care that will be utilized for these programs.

b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.

Program 1: This effort will focus on consumers already in the county system of mental health and health care. In instances where participants are engaged with community-based providers, these relationships will be supported. In instances where appropriate services are not available within the county system, community-based resources will be utilized.

Bidders for Programs 2 and 3 will define the mental health and primary care systems that they will interact with for their proposed programs.

c. Describe how resources will be leveraged

Program 1: Resources will be leveraged by using resources available within the county system as well as in the community to support the family members of the primary CCMH consumers in a manner that will support their own mental health and the recovery their loved one(s).

Leveraging of resources will be a criterion for selection of contractors for Programs 2 and 3.

d. Describe how the programs in this PEI Project will be sustained.

The programs described as part of this Project will be sustained using ongoing MHSA PEI funds.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ More family members (parents and children) of CCMH consumers will be assessed for mental health and general needs and will receive early intervention, supports and linkages to county and community resources to support mental wellness in the whole family as well as the recovery of the initial consumer.
- ✓ More family members of youth in emergency foster care will receive assessment, early intervention and linkages to community supports and services to support mental wellness in the whole family and support reunification.
- ✓ More parents of youth 0-18 will receive education and supports to be strong parents and to raise healthy and mentally healthy children.

PEI PROJECT SUMMARY*b. Describe intended system and program outcomes*

- ✓ Traditional “silos” of care in the public mental health system will be bridged to allow family members (parents and children) of consumers to be assessed and receive supports and linkages to community resources to strengthen the whole family and the recovery of their loved one.

c. Describe other proposed methods to measure success

- ✓ The number of families served through the existing mental health system of care and emergency foster care as well of types of services will be tracked.
- ✓ Parents involved in parenting education and support efforts will report increased competence and confidence in their parenting.
- ✓ Bidders on programs for parenting education and support will provide additional measurable objectives in their proposals.

d. What will be different as a result of the PEI project and how will you know?

- ✓ Parents involved in parenting education and support efforts will report increased competence and confidence in their parenting.
- ✓ Families served through system of care and emergency foster care will report increased family strength as evidenced by periodic satisfaction interviews and/or provider interviews.

8. Coordination with Other MHSa Components*a. Describe coordination with CSS, if applicable*

Providers of education and services in any of the programs related to this project will be knowledgeable and able to refer families to full service partnerships as appropriate.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

No use of WET funds is anticipated for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities Funds is anticipated for this PEI Project.

PEI PROJECT SUMMARY

County: Contra Costa **PEI Project Name:** Supporting Families Experiencing the Juvenile Justice System

(Fostering Resilient Children and Families Initiative)

Date: November 12, 2008

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Disparities in Access to Mental Health Services 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement 6. Underserved Cultural Populations	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* included:

- ✓ **Trauma exposed individuals**
 - Parents whose trauma affects their parenting abilities
- ✓ **Children and Youth in Stressed Families**
- ✓ **Children and Youth at Risk for School Failure**
- ✓ **Children and Youth at Risk of or Experiencing Juvenile Justice Involvement**
- ✓ **Underserved Cultural Populations**

Adults who are trauma exposed, in underserved cultural populations are identified in for this project focusing primarily on youth because these risk factors affect their parenting in a manner that affects their children. Our intervention includes the types of supports to these parents that will enhance their ability to support their child. Key feedback from the community and Stakeholder Planners included the need to support whole families, and not just segments of families.

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a "Quick Scan" of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ From 1990 to 2000, the fastest growing group in the county was 5-20 year olds, which grew at a rate of almost 27%.
- ✓ From 1990 to 2000, the fastest growing ethnic groups in Contra Costa have been Latinos and Asian/Pacific Islanders.
- ✓ The percentage of children ages 0-17 in households earning less than the federal poverty level has increased from 9.1% in 2000 to 10.6% in 2004, but has remained considerably lower than the statewide average.

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- ✓ 40% of Contra Costa children live in immigrant families. Children in immigrant families are more likely to live in poverty, less likely to attend preschool, less likely to have health insurance, and less likely to be in good health than children in non-immigrant families.
- ✓ 15-17 year old Contra Costa youth in immigrant families are slightly less likely to be in school (4%) than those in non-immigrant families (2%).
- ✓ In 2005 2,178 reports of child abuse in Contra Costa County were substantiated.
- ✓ Historically, African American children 0-17 in Contra Costa (as well as statewide) enter into out-of-home care at about three times the rate of all new out-of-home entries.
- ✓ With the overall number of Native Americans in Contra Costa County quite low, Native Americans make up only 1% of all out-of-home placements but this results in a 12.2 rate per 100,000 population for this group.
- ✓ In 2003, there were 4,037 domestic violence reports in Contra Costa County. Children were present in 40% of those reports.
- ✓ In 2006-2007, 42% of adults in publicly funded alcohol and drug treatment programs in Contra Costa County had one or more children under 18.
- ✓ Between 30% and 70% of children with mentally ill parents suffer from mental disorders themselves.
- ✓ Contra Costa County is one of the nation's 50 largest local jail jurisdictions. The average daily population of inmates rose from 1,723 in 2001 to 2107 in 2003.
- ✓ In 2007, 55% of Contra Costa public school 3rd grade students scored at or above the 50th national percentile in reading on the CAT/6 test. Significant disparities are found by language and socioeconomic status.
- ✓ In 2006, 9.3% of Contra Costa county public high school students dropped out of school. The highest dropout rates are among African Americans, Latinos and Pacific Islanders. The lowest were among Asians, Whites and Filipinos.
- ✓ The truancy rate for Contra Costa County schools was 27.7%, just below the statewide average of 28.3%.
- ✓ 15.7% of Contra Costa students were suspended in 2006, higher than the statewide average of 13.9%.
- ✓ Between 2002 and 2004, there were 2,510 births to teen girls 15-19 years living in Contra Costa County, an annual average of 837 births.
- ✓ Contra Costa public school students in the 7th, 9th, 11th grade and in non-traditional high schools reported that they:
 - Used alcohol in the past 30 days 48%
 - Used marijuana in the past 30 days 38%
 - Engaged in binge drinking in past 30 days – 3 or more days 20%
 - Told themselves that they were not going to use but did anyway 13%
 - Seen someone with a weapon one or more times 44%
 - Carried a weapon other than a gun one or more times 27%
 - Current gang involvement 12%
- ✓ In 2005, the felony arrest rate among African American youth (50.3/1,000) was 5-10 times higher than for every other group (9.3/1,000 Latino, 6.2 White, and 4.7 Other).
- ✓ At any given time, there are 165 youth at Juvenile Hall and 100 youth at Byron Ranch.
- ✓ African and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages – than White youth or other groups. For example,

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African American youth make up 42.3% of the population in Richmond, but account for 70% of arrests and 69% of referrals to Probation.

- ✓ An estimated 5,589 low-income children and youth 0-17 or 8.8% of the youth population have SED in Contra Costa County.
- ✓ 52% of the youth in Contra Costa County estimated to have SED are underserved. This includes 85% of 0-5 year-olds and 7% of 12-17 year-olds.
- ✓ Approximately 15% of all women will experience postpartum depression or a related mood disorder following the birth of a child.
- ✓ Children with SED are more likely to enter the juvenile justice system.
- ✓ In 2002-2004, 16 youth aged 0-20 committed suicide.
- ✓ From 2002 – 2004 there were 251 contra Costa youth and young adults ages 10-24 hospitalized with non-fatal self-inflicted injuries; 68% were female, 32% were male.

Focus Groups and Forums

- ✓ Family stress was recognized as a major contributor to mental illness and includes many of the factors articulated elsewhere in the data summary but that come together and cause greatest havoc in the family setting. Many discussions about stressed families began as discussion of stressed children but ended up, again and again, with the recognition that families must be supported and served as a whole, because it is rare for a single member of a family – a single child, adult or older adult – to get stronger without bringing the others along. Issues tied to stressed families included:
 - Poverty/working poor.
 - Culture gap.
 - Intergenerational conflict.
 - Isolation.
 - Parents who need help parenting.
 - Lack of positive role models.
 - Exposure to domestic violence.
 - Exposure to substance abuse.
 - Youth or parents involved in the juvenile justice system.
 - Mental illness in the family.
 - Kinship caregivers.
 - Out of home placements.

Overarching Values for Individuals and Families:

- Serve whole families
- Build on strengths
- Get there earlier. Before the crisis!
- Increase parent involvement in children's lives

Most Commonly Identified Strategies:

- Early screening in a variety of settings tied to MUCH earlier intervention
- Treat trauma as early intervention for MI
- Parenting education and support
- More counselors, mentors, advocates – someone to talk to, someone to trust.
Needed for adults, parents as well as youth and families. *Must be culturally competent or trust will not happen.*

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- Support groups and help-lines, all kinds
- More supports for LGBTQ individuals with emphasis on youth/young adults
- Youth development – support for building on strengths – at all ages and stages

Survey

- ✓ 25% of respondents ranked At-risk children, youth and young adult populations as their highest or second highest priority for PEI efforts.
- ✓ 17% of respondents ranked Children and Youth in Stressed Families as their highest or second highest priority population for PEI efforts. 36% ranked one of the three youth populations as their top or second priority for PEI efforts.

Stakeholder Priorities

Preferred Stakeholder Target Populations included:

- Families in need of parenting knowledge and skills
- Immigrant families with communication and parent/child relationship challenges
- Residents of high violence areas of Contra Costa County traumatized by that violence
- Families experiencing domestic violence
- Infants and young children of trauma-exposed parents
- Children, youth and young adults with early signs of mental illness
- Children, youth, young adults entering or in the justice system
- Children, youth, young adults at risk for suicide
- Children and families living in poverty and homelessness
- Adolescents experiencing chronic or extreme stress
- Adolescents aging out of public systems

- Connects with:
- Suicide
 - Stigma
 - Trauma-Violence
 - Underserved Cultural Communities
 - Parenting Education and Support
 - Youth/Young Adults

3. PEI Project Description:

PROJECT 7: Supporting Families Experiencing the Juvenile Justice System

Summary Project Description: This is an early intervention project with two programs to identify youth in the juvenile justice system and provide individual and family supports that will help the youth to become strong, healthy, law abiding members of their communities.

Interacting Programs of this Project include:

1. Community Supports to Youth on Probation -- This program will place two mental health liaisons in the community to link youth on probation and their families to existing county and community-based resources. Liaisons will have three roles:

- a) To work intensively with youth coming out of Juvenile Hall, the Orin Allen Youth Rehabilitation Facility (OAYRF, Boys Ranch) and the Chris Adams Girls Center, as well as their families, to assess youth and provide linkages to early intervention mental health services and other supports as needed as youth transition back to their communities
- b) To provide direct short term, early intervention mental health services to some of these youth in transition as needed

PEI PROJECT SUMMARY

- c) To work with probation officers and others to facilitate referrals and linkages to mental health and other supports for youth on probation already living in the community and their families as needed.

Additionally, this program adds \$400,000 for new and existing community-based contractors in the county's mental health children's system of care to offer an array of established evidenced-based clinical practices – known to have high effectiveness -- including Wraparound and in-home family services for youth with signs of early onset of mental illness who are not Medi-Cal eligible and therefore not currently receiving those supports.

2. Screening, early intervention and discharge support at the Boys Ranch – This program adds a new mental health clinician at OAYRF (Boys Ranch). The clinician will assess/screen youth at the ranch for early signs of mental illness that are identifiable during detention, provide direct early intervention services as indicated, and coordinate with Mental Health Liaisons for youth coming out of the Boys Ranch and back to the community. They will refer youth to the MHSA CSS Transition Age Youth program as appropriate.

- a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The Programs proposed for this Project are based on the data and input as described above and in Attachments F,G,H & I. This expansion of resources for families experiencing the juvenile justice system addresses the high priority populations of children and youth entering or in the justice system, families in need of parenting knowledge and support, families experiencing domestic violence, adolescents experiencing chronic or extreme stress and youth showing early signs of mental illness. Strategies employed here include system navigation, screening and referral for early signs of mental illness, clinical interventions for early signs of mental illness, and parenting education and support.

- b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

Services for this project will be provided in juvenile justice settings – Juvenile Hall, the Boys Ranch, and in community settings where service linkages will be made and new services will be purchased. The settings for new services are not yet known. Partners will include Juvenile Justice and community-based agencies.

- c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

This effort will target youth experiencing the juvenile justice system throughout Contra Costa County. Demographic data on this population is provided as Attachments F and G and at the top of this Section.

PEI PROJECT SUMMARY

d. Highlights of new or expanded programs

This effort provides the opportunity to expand the continuum of assessment to supports available to youth and their families once they touch the juvenile justice system. By increasing screening and early intervention in-system, youth will better cope with the trauma and issues they bring with them to the system, or those that arise while in the system. With system navigation and a strong focus on linkages between the residential part of the system and return to the community, youth and their families will be better equipped to thrive in the community. Key programs are:

1. Community Supports to Youth on Probation -- Placing two mental health liaisons in the community to assess and link youth on probation and their families as needed to existing county and community-based mental health and other resources which will strengthen the family and support the youth as they transition to and live in the community. Additionally, this program adds support for new and existing community-based contractors in the county's mental health children's system of care to offer an array of established evidenced-based clinical practices – known to have high effectiveness -- including Wraparound and in-home family services for youth with signs of early onset of mental illness who are not Medi-Cal eligible and therefore not currently receiving those supports.

2. Screening, early intervention and discharge support at the Boys Ranch – This program adds a new mental health clinician at OAYRF (Boys Ranch) who will assess/screen youth at the ranch for early signs of mental illness, provide direct early intervention services as indicated, and coordinate with Mental Health Liaisons for youth coming out of the Boys Ranch and back to the community. They will refer youth to the MHSA CSS Transition Age Youth program as appropriate.

e. Actions to be performed to carry out the PEI project, including frequency or duration of activities

1.	Hire and train Mental Health Liaisons	Dec-Jan, 2009
2.	Mental Health Liaisons begin working with youth	Jan, 2009
3.	Services for youth on probation begin to be purchased from County contractors	Jan, 2009
4.	Hire and place mental health clinician at the Boys Ranch	Jan, 2009
5.	Mental health clinician at the Ranch begin serving youth	Jan, 2009

f. Key milestones and anticipated timeline for each milestone

1.	Mental Health Liaisons begin working with youth and their families	Jan, 2009
2.	Mental health clinicians at The Ranch begins serving youth	Jan, 2009

PEI PROJECT SUMMARY

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Community Supports to Youth on Probation	Individuals: Families:	Individuals: Families: 200	6 Months
Screening & Early Intervention at the Boys Ranch	Individuals: Families:	Individuals: Families: 50	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: Families:250	6 months

Note: Families will be involved wherever possible. Numbers to be served are listed here as all family to avoid duplication of counting between individuals and families.

5. Linkages to County Mental Health & Providers of Other Needed Services

a. Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.

The new programs discussed in this section are designed to increase knowledge and understanding of the needs of families and their youths who are involved in the justice system. Appropriate assessments and early interventions can begin while they are in residence in the justice system as needed, and/or back in their home communities with community-based resources that are culturally appropriate and accessible.

The Mental Health Liaisons will be trained and supported to make effective referrals and linkages to county and community health, mental health and other resources as needed. By providing funding for expanded contracting with community-based mental health providers for non-Medi-Cal youth, this effort will expand access to short-term early intervention mental health services for underserved juvenile justice youth.

b. Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.

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The new programs discussed in this section are designed to increase knowledge and understanding of the needs of families and their youths who are involved in the justice system. Appropriate assessments, services and early interventions can begin while they are in residence in the justice system, and/or back in their home communities with community-based resources that are culturally appropriate and accessible – whether they are public or private.

Mental health liaisons will be trained and supported to make effective referrals and linkages to county and community-based resources such as substance abuse treatment, community, domestic or sexual violence prevention and intervention as well as for basic needs.

- c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

The juvenile justice system is a tightly run system with clear policies and activities to serve its adjudicated population. Their history of working with CCMH to improve their system demonstrates CCMH's access to all aspects of the JJ system to implement the programs listed above. Providers in this project involved in making linkages to community-based resources will be simultaneously working with the community to identify and access these resources effectively.

6. Collaboration and System Enhancements

- a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.*

The services provided as part of this project focus on youth who are in residence at the Boys Ranch who will receive new mental health screening and early intervention that has not previously been available through increased collaboration and coordination with the justice system.

Youth who are in the justice system but in the community (on probation) will receive a new level of assessment and service collaboration through the Mental Health Liaisons. These Liaisons will work with Probation, the youth, and their families – both in the community and before release to the community – to identify their health, mental health, social service, educational and vocational needs. They will offer linkages and support to follow up on those linkages.

Some of those community relationships currently exist between Probation and the community, or between Mental Health and the community. Contra Costa contracts with many non-profit community based organizations to provide an array of services. This new effort will expand and coordinate those relationships and facilitate access to needed services. CCMH will assure that staff hired for this project are properly trained on the County's 2-1-1 resource and

PEI PROJECT SUMMARY

referral system and on community services that the County works with on a regular basis. Parent partners and other staff hired from the communities being served will be supported and encouraged to develop new resources in culturally specific communities as well.

b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.

Youth who are in the justice system but in the community (on probation) will receive a new level of assessment and service collaboration through the Mental Health Liaisons. These Liaisons will work with Probation, the youth and their families – both in the community and before release to the community – to identify their health and mental health needs and offer linkages and support to follow up on those linkages.

Some of those community relationships currently exist between Probation and the community, or between Mental Health and the community. Contra Costa contracts with many non-profit community based organizations to provide an array of services. This new effort will expand and coordinate those relationships and facilitate access to needed services. CCMH will assure that staff hired for this project are properly trained on the county's 2-1-1 resource and referral system as well as on community services that the County works with on a regular basis and new services that may be identified. Efforts will be made to expand the range of language and cultural competency of services through the community contracting process.

c. Describe how resources will be leveraged

The existing partners in this project will provide space for new staff to be hired. Additionally, with a high focus on accessing existing resources available in the community to support families and youth in the juvenile justice system, the County's 2-1-1 system and CCMH's provider networks and existing relationships will allow families to access existing resources in the community to support their well-being and the development of strengths for healthy community life.

d. Describe how the programs in this PEI Project will be sustained.

The programs describe here will be sustained with MHSA PEI funds.

7. Intended Outcomes

a. Describe the intended individual outcomes

✓ Individuals served by any combination of the programs described for this Project will be less likely to become chronically involved in the adult justice and/or mental health systems.

b. Describe intended system and program outcomes

✓ The justice, mental health and community-based provider systems will expand their engagement with each other to offer a more effective and seamless continuum of

PEI PROJECT SUMMARY

assessment, supports and short-term services to youth in the JJ system and their families to foster their well being and resiliency and move them away from the justice system.

c. Describe other proposed methods to measure success

- ✓ The number of youth assessed and provided with assessment and early intervention at the Boys Ranch will be tracked.
- ✓ The number and types of assessments and linkages to services achieved by Liaisons will be tracked.

d. What will be different as a result of the PEI project and how will you know?

- ✓ More mental health prevention and early intervention resources will be available to youth in the justice system as evidenced by service data. Eventually, this will reduce the chronicity of youth involvement in that system and reduce likelihood of youth's long term involvement in the adult mental health system later in their lives.

8. Coordination with Other MHSA Components

a. Describe coordination with CSS, if applicable

Youth with serious and persistent mental illness who are identified through the mechanisms described for this Project will be referred to Children's or Transition Age Youth Full Service Partnerships as appropriate. As youth return to their communities, they may be referred to MHSA Wellness Services as well.

If appropriate, parents of youth engaged through the activities described for this Project will be referred for the Adult FSP or Wellness Services.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

No use of WET funds is anticipated for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities and Technology Funds is anticipated for this PEI Project.

PEI PROJECT SUMMARY

County: Contra Costa
Date: November 12, 2008

PEI Project Name: Supporting Families Experiencing Mental Illness
(Fostering Resilient Children and Families Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Disparities in Access to Mental Health Services 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
Children and Youth	Transition-Age Youth	Adult	Older Adult	
Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement 6. Underserved Cultural Populations	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* included:

- ✓ **Trauma Exposed Individuals**
 - Families traumatized by mental illness
- ✓ **Individuals Experiencing Onset of Serious Psychiatric Illness**
 - Families traumatized by mental illness

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a "Quick Scan" of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ An estimated 15,474 low-income Contra Costa residents need mental health services for serious mental illness (SMI). While 5.82% of county residents are estimated to be in need of services for SMI, this rises to 8.87% in households with incomes less than 200% of the US Poverty Level.
- ✓ An estimated 10,782 low-income adults 18 and over, including 1,337 older adults age 65 and over, are estimated to have SED or SMI in Contra Costa County.
- ✓ Of 7,236 children, youth, and young adults diagnosed by the Contra Costa Mental Health Department in 2003-2004, 45% were teens (12-17), 23% were children (6-11), 24% were young adults (18-24), and 8% were very young children (0-5).
- ✓ Of 7,399 adults diagnosed in 2003-2004, 34% were 36-45 years of age, 31% were 46-55, 27% were 26-35, and 4% each were 56-64 and 65 and older.

Focus Groups and Forums

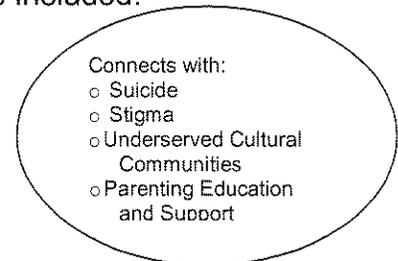
There was much discussion in focus groups and forums about how overwhelmed and traumatized families caring for someone with mental illness feel. This included parents and grandparent caregivers. They point out that families are a critical link in the system of care in that if they did not care for their family member, that person would likely be a bigger burden to

PEI PROJECT SUMMARY

the system as they would be hospitalized, in residential care or homeless. In order to be able to sustain their support, families expressed an urgent need for respite care – time out to take care of themselves, their mental health, and the mental health of their families.

Survey

- ✓ Risk groups of special importance within top-ranked target populations included:
 - Caregivers of individuals with dementia or MI



3. PEI Project Description:

PROJECT 8: Supporting Families Experiencing Mental Illness
(Fostering Resilient Families Initiative)

Summary Project Description: Through an RFP process, one or more community-based providers will be selected to develop and provide respite for family care-givers. Support of care-givers contributes to prevention of mental illness in the caregiver and increases their capacity to support their loved one with mental illness. This project includes one Program with three components:

- 1) Development of out-of-home activities for mental health consumers that allow respite for family caregivers. Such activities will provide meaningful activities for consumers provided primarily on evenings and weekends.
- 2) Provision of transportation to consumers from home to respite activities in the community, particularly on evenings and weekends
- 3) Management of flex funds to provide in-home respite when out-of-home consumer activities are not indicated.

Activities will be consistent with wellness and recovery principles and might be provided at a variety of service delivery sites, including consumer-run wellness centers and clubhouses. Emphasis will be on evening and weekend hours as those are recognized as most valuable to caregivers.

a. Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.

The Programs proposed for this Project are based on the data and input as described above and in F,G,H & I. Families traumatized by mental illness were a priority target population for both the community and Stakeholder Planners who had direct family experience with mental illness. The most commonly identified strategy to support these families was respite care as a means to reduce stress and prevent onset of mental illness in the caregivers. Consumers, whose caregivers are the target population for this Program, will be provided with meaningful activities in the community whenever possible with a strong socialization component. An

PEI PROJECT SUMMARY

important benefit from this type of respite care will be increased independence and social skills among consumers that can lead to ongoing/future independence. This increased independence will form a more naturally occurring, self-sustaining “respite” for caregivers.

b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

Implementation partners and the type of organization/setting that will deliver this program will be defined through an RFP process. While the majority of respite offered will be through out-of-home group activities, it is not anticipated that out-of-home respite care will be provided in any traditional mental health setting.

c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

Demographics of the target population are included in Attachments 5 and 6. This is envisioned as a countywide effort but will be further defined by the types of proposals received. The effort will focus on lower income families struggling with mental illness who cannot afford respite care, in addition to those who cannot find appropriate respite care. This will certainly include families from underserved cultural populations in similar proportions to the prevalence of lower income families struggling with mental illness.

d. *Highlights of new or expanded programs*

One program with three components is planned to prevent onset of mental illness in family member caregivers to individuals with mental illness. The three components are: 1) Development of evening and weekend out-of-home activities for mental health consumers that allow respite for family caregivers, 2) Provision of transportation for consumers to respite activities, and 3) Management of flex funds to provide in-home respite when out-of-home consumer activities are not indicated.

Support of caregivers contributes to reduction of stress and prevention of mental illness in those caregivers. Consumers, whose caregivers are the target population for this Program, will be provided with meaningful activities in the community whenever possible with a strong socialization component. An important benefit from this type of respite care will be increased independence and social skills among consumers that can expand ongoing/future independence. This increased independence will form a more naturally occurring, self-sustaining “respite” for caregivers.

e. *Actions to be performed to carry out the PEI project, including frequency or duration of activities*

6.	Issue RFP and select contractor(s)	Dec, 2008-Jan, 2009
7.	Establish new programs	Jan, 2009

PEI PROJECT SUMMARY

8. Begin supporting families	Jan, 2009
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f. *Key milestones and anticipated timeline for each milestone*

1. Programs begin supporting families	Jan, 2009

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Respite for Families with Adults Experiencing MI	Individuals: Families:	Individuals: Families: 125	6 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: Families: 125	6 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

This project focuses on supporting & building resiliency and wellness for families caring for individuals who are already in the mental health system of care. However, CCMH will assure that contractors are trained to identify and refer for mental health assessment or treatment in the event that they becomes aware of a family member needing assessment or care during the course of a respite relationship.

b. *Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk*

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populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.

This project focuses on respite care to families caring for individuals who are already in the mental health system of care. However, Contra Costa County's Ethnic Services and Training Manager will assure that contractors are properly trained to provide linkages to existing community resources for health and human service needs including substance abuse treatment, community, domestic or sexual violence intervention and basic needs in the event they become aware of such needs in a family during the course of a respite relationship.

- c. Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

The ability to leverage resources and the experience of applicants to run a high quality program that assures the desired outcomes will be criteria for selection of contractors.

6. Collaboration and System Enhancements

- a. Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.*

Relationships, collaborations and arrangements with community-based organizations for this project will be defined by applicants. Collaborations that allow for the offering of enriching out-of-home activities for consumers will be encouraged.

- b. Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.*

Relationships that may build upon the local and community-based mental health and primary care system would be identified as a part of the bidding process for this program. They will be encouraged where appropriate.

- c. Describe how resources will be leveraged*

The ability to leverage resources for this effort will be a criterion for selection of contractors.

- d. Describe how the programs in this PEI Project will be sustained.*

The programs in this PEI project will be sustained using ongoing PEI funds.

PEI PROJECT SUMMARY**7. Intended Outcomes**

a. Describe the intended individual outcomes

- ✓ Families served by this project will report reduced stress and increased wellness.

b. Describe intended system and program outcomes

- ✓ The system of care for families experiencing mental illness will become more robust with respite options available.

c. Describe other proposed methods to measure success

- ✓ Numbers and types of respite activities will be tracked.

d. What will be different as a result of the PEI project and how will you know?

- ✓ Families caring for loved ones with mental illness will be stronger. This will help their mental health and the mental health of their loved one experiencing MI. An understanding of this will be gained through input from participating families. In the long run, fewer hospitalizations and out-of-home placements should occur.

8. Coordination with Other MHSA Components

a. Describe coordination with CSS, if applicable

Funded respite providers will be trained on the available services under CSS, including how to make referrals if appropriate. This may include referral to Full Service Partnerships, Wellness Services or Benefits Counseling.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

No use of WET funds is anticipated for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

No use of Capital Facilities and Technology Funds is anticipated for this PEI Project.

PEI PROJECT SUMMARY

Form No. 3

County: Contra Costa

PEI Project Name: Youth Development

Date: November 12, 2008

(Fostering Resilient Youth & Young Adults Initiative)

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Disparities in Access to Mental Health Services 2. Psycho-Social Impact of Trauma 3. At-Risk Children, Youth and Young Adult Populations 4. Stigma and Discrimination 5. Suicide Risk	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project: 1. Trauma Exposed Individuals 2. Individuals Experiencing Onset of Serious Psychiatric Illness 3. Children and Youth in Stressed Families 4. Children and Youth at Risk for School Failure 5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement 6. Underserved Cultural Populations	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

Selected Priority Populations

The Stakeholder Workgroup, broken down into two sub-groups focusing on 0-25 and 26+ years of age, used all of the data collected (and summarized below) as well as their own knowledge and experience to rank priority populations and priority strategies for PEI efforts in Contra Costa County (Attachment H). Highest priority target population rankings *relevant to this project* include:

- ✓ **Trauma exposed individuals**
 - Residents of high trauma areas of Contra Costa County traumatized by violence
- ✓ **Children and youth in stressed families**
- ✓ **Children and youth at risk of school failure**
- ✓ **Children and youth at risk of or experiencing the juvenile justice system**
- ✓ **Underserved cultural populations**

DATA

Data Sources: As described earlier in this Plan, data for stakeholder decision-making came from a range of sources including: 1) a "Quick Scan" of existing written data available in the county; 2) focus groups in the community; 3) community forums; and 4) a survey. The QuickScan Data is included here as Attachment F. Findings from the remaining sources are included as Attachment I. Additional descriptive data about Contra Costa County as a whole is included as Attachment G.

Key data from these sources *relevant to this proposed project* include:

Quickscan Data

- ✓ From 1990 to 2000, the fastest growing group in the county was 5-20 year olds, which grew at a rate of almost 27%.
- ✓ From 1990 to 2000, the fastest growing ethnic groups in Contra Costa have been Latinos and Asian/Pacific Islanders.
- ✓ The percentage of children ages 0-17 in households earning less than the federal poverty level has increased from 9.1% in 2000 to 10.6% in 2004, but has remained considerably lower than the statewide average.
- ✓ 40% of Contra Costa children live in immigrant families. Children in immigrant families are more likely to live in poverty, less likely to attend preschool, less likely to have health insurance, and less likely to be in good health than children in non-immigrant families.
- ✓ 15-17 year old Contra Costa youth in immigrant families are slightly less likely to be in school (4%) than those in non-immigrant families (2%).
- ✓ In 2005 2,178 reports of child abuse in Contra Costa County were substantiated.
- ✓ Historically, African American children 0-17 in Contra Costa (as well as statewide) enter into out-of-home care at about three times the rate of all new out-of-home entries.

PEI PROJECT SUMMARY

- ✓ With the overall number of Native Americans in Contra Costa County quite low, Native Americans make up only 1% of all out-of-home placements but this results in a 12.2 rate per 100,000 population for this group.
- ✓ In 2003, there were 4,037 domestic violence reports in Contra Costa County. Children were present in 40% of those reports.
- ✓ In 2006-2007, 42% of adults in publicly funded alcohol and drug treatment programs in Contra Costa County had one or more children under 18.
- ✓ Between 30% and 70% of children with mentally ill parents suffer from mental disorders themselves.
- ✓ Contra Costa County is one of the nation's 50 largest local jail jurisdictions. The average daily population of inmates rose from 1,723 in 2001 to 2107 in 2003.
- ✓ In 2006, 9.3% of Contra Costa county public high school students dropped out of school. The highest dropout rates are among African Americans, Latinos and Pacific Islanders. The lowest were among Asians, Whites and Filipinos.
- ✓ The truancy rate for Contra Costa County schools was 27.7%, just below the statewide average of 28.3%.
- ✓ 15.7% of Contra Costa students were suspended in 2006, higher than the statewide average of 13.9%.
- ✓ Between 2002 and 2004, there were 2,510 births to teen girls 15-19 years living in Contra Costa County, an annual average of 837 births.
- ✓ Contra Costa public school students in the 7th, 9th, 11th grade and in non-traditional high schools reported that they:
 - Used alcohol in the past 30 days 48%
 - Used marijuana in the past 30 days 38%
 - Engaged in binge drinking in past 30 days – 3 or more days 20%
 - Told themselves that they were not going to use but did anyway 13%
 - Seen someone with a weapon one or more times 44%
 - Carried a weapon other than a gun one or more times 27%
 - Current gang involvement 12%
- ✓ In 2005, the felony arrest rate among African American youth (50.3/1,000) was 5-10 times higher than for every other group (9.3/1,000 Latino, 6.2 White, and 4.7 Other).
- ✓ At any given time, there are 165 youth at Juvenile Hall and about 100 youth at Byron Ranch.
- ✓ African and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages – than White youth or other groups. For example, African American youth make up 42.3% of the population in Richmond, but account for 70% of arrests and 69% of referrals to Probation.
- ✓ An estimated 5,589 low-income children and youth 0-17 or 8.8% of the youth population have SED in Contra Costa County.
- ✓ 52% of the youth in Contra Costa County estimated to have SED are underserved. This includes 85% of 0-5 year-olds and 7% of 12-17 year-olds.
- ✓ Approximately 15% of all women will experience postpartum depression or a related mood disorder following the birth of a child.
- ✓ Children with SED are more likely to enter the juvenile justice system.
- ✓ In 2002-2004, 16 youth aged 0-20 committed suicide.
- ✓ From 2002 – 2004 there were 251 contra Costa youth and young adults ages 10-24 hospitalized with non-fatal self-inflicted injuries; 68% were female, 32% were male.

PEI PROJECT SUMMARY

Focus Groups and Forums

Youth and young adults, especially in immigrant families, need simultaneously stronger relationships with their families and stronger ability to communicate and form relationships outside of their families – with friends, teachers and in the community. Youth need role models, someone to talk to, and a vision of what being a healthy adult in the US culture looks like.

Prevention and early intervention is best provided by families, schools, churches and communities. Trauma needs to be recognized and treated. Substance abuse prevention, teen pregnancy prevention, violence and gang prevention and anger management are needed. Those experiencing trauma were identified as a top priority.

Schools are critical for prevention and early intervention. They are an important environment for community-wide education about risky behaviors, about early signs of mental illness, and about suicide risk and how friends can support friends. However, it is also increasingly recognized that non-traditional practices emerging within cultural communities serve to support youth in forming positive peer relationships and building adaptive coping strategies.

Survey

- ✓ 25% of those surveyed ranked Youth and Young Adults as their top or second priority community need for PEI efforts. Collectively, 36% ranked youth (in stressed families, at risk for school failure, at risk for or experiencing the JJ system) as their priority target population.
- ✓ LGBTQ youth were a highly recognized sub-group within the youth population.

3. PEI Project Description:

PROJECT 9: Youth Development

-
- Connects with:
- Suicide
 - Stigma
 - Underserved Cultural Communities
 - Children and Families
 - Possibly Others

CCMH will select and fund, through an RFP process, up to 5 youth-serving entities to implement and carry out youth development projects that are relevant to their target population.

Youth Development projects are defined here as strength-based efforts that build on youths' assets and foster resiliency. They also help youth to build knowledge and concrete life skills for a successful transition to adulthood. Our primary focus is on at-risk youth. The intent is for new and innovative approaches, which support youths' development of a positive identity, self-esteem and positive community involvement, and are not simply recreational.

Eligible applicants may include but are not limited to: schools, school-based health and wellness centers, mobile health centers, community clinics, community-based agencies, faith-based organizations, and programs supporting the arts and other forms of creative self-expression. Applicants must demonstrate a strong history in working with youth and access to the youth they seek to serve.

Preference will be given to projects that utilize recognized curricula (See State DMH resource for examples: http://www.dmh.cahwnet.gov/Prop_63/MHSA/Publications/Notices.asp#N0719 – See Notice 07-19, Enclosure 6). Projects that have shown promise of effectiveness, especially in underserved

PEI PROJECT SUMMARY

cultural communities where efforts are less likely to have been evaluated, will also be considered.

Applicants will clearly state how they will achieve the stated desired outcomes and how they will measure their progress toward those outcomes.

- a. *Why the proposed PEI project, including key community need(s), priority population(s) desired outcomes and selected programs address needs identified during the community planning process.*

The Programs proposed for this Project are based on the data and input as described above and in Attachments F,G,H & I. Community members identified the need for positive strength-building activities for youth and young adults. Stakeholder Planners further identified pro-social peer activities/youth development as a priority strategy for youth at risk of or experiencing the juvenile justice system.

- b. *Describe implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment services site, explain why this site was selected.*

An RFP process will be conducted to contract these activities to community-based entities. Bidders will have the opportunity to identify their implementation partners and organizational settings in their proposals. None of these activities will take place in traditional mental health settings.

- c. *Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and or cultural populations to be served.*

Target population demographics are highlighted above and provided in detail in Attachments F and G. As demonstrated by the data, youth from underserved cultural communities are overrepresented in the at-risk youth population and will certainly be well represented in the populations served by this project. This project is open for all of Contra Costa County but the applications received and approved will define the specific geographic areas to be served.

- d. *Highlights of new or expanded programs*

CCMH will select and fund, through an RFP process, up to 5 youth-serving entities to implement and carry out youth development projects that are relevant to their target population.

Youth Development projects are defined here as strength-based efforts that build on youths' assets and foster resiliency. They also help youth to build knowledge and concrete life skills for a successful transition to adulthood. Our primary focus is on at-risk youth. The intent is for new and innovative approaches, which support youths' development of a positive identity, self-esteem and positive community involvement, and are not simply recreational.

PEI PROJECT SUMMARY

e. *Actions to be performed to carry out the PEI project, including frequency or duration of activities*

1. Issue RFPs and select contractors	Dec, 2008- Jan, 2009
2. Programs begin	Feb, 2009
3. Programs assess their effectiveness according to pre-defined criteria	Feb, 2009 and ongoing

f. *Key milestones and anticipated timeline for each milestone*

1. Programs begin	Feb, 2009
2. Programs assess their effectiveness according to pre-defined criteria	Feb, 2009 and ongoing

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Youth Development	Individuals: TBD Families:	Individuals: Families:	5 Months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: TBD Families:	Individuals: Families:	5 months

5. Linkages to County Mental Health & Providers of Other Needed Services

a. *Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.*

The programs proposed here are primarily early prevention efforts, therefore linkage to assessment or extended treatment for mental illness or emotional disturbance will not a significant focus. However, The CCMH Ethnic Services and Training Manager will assure that all contractors are educated about available 2-1-1 resources in general, mental health resources specifically, and also regarding the Contra Costa Mental Health Access Line. They will know how to make referrals or gain consultation about referral needs.

PEI PROJECT SUMMARY

- b. *Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment, community, domestic or sexual violence prevention and intervention, and basic needs.*

The CCMH Ethnic Services and Training Manager will assure that all contractors are educated about available 2-1-1 resources in general, mental health resources specifically, and also regarding the Contra Costa Mental Health Access Line. They will know how to make referrals or gain consultation about referral needs.

- c. *Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.*

Applicants for these programs will be expected to demonstrate their ability to leverage resources and their capacity to deliver effective programs. They will also articulate the outcomes that they desire – whether at the individual/family, program/system, or community level. They will be expected to describe how they will know if they are meeting those outcomes.

6. Collaboration and System Enhancements

- a. *Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc. the partnerships that will be established in this PEI project and the roles/activities of other organizations that will be collaborating on this project.*

It is the intent of CCMH to recruit contractors that are ready, motivated and have the capacity to deliver effective programming. Because of these priorities, we are not pre-defining the target populations beyond at-risk youth. We are not defining the types of partners to be involved. However, we will be assessing proposals for applicants' abilities to appropriately collaborate and use the resources available to them in their communities.

- b. *Describe how the PEI component will strengthen and build upon the local and community-based mental health and primary care system including community clinics and health centers.*

It is the intent of CCMH to recruit contractors that are ready, motivated and have the capacity to deliver effective programming. Because of these priorities, we are not pre-defining the target populations beyond at-risk youth. We are not defining the types of partners to be involved. However, we will be assessing proposals for applicants' abilities to appropriately collaborate and use the resources available to them in their communities.

- c. *Describe how resources will be leveraged*

One criterion for evaluating proposals for the programs described here will be the applicant's ability to leverage resources for their program.

PEI PROJECT SUMMARY

d. Describe how the programs in this PEI Project will be sustained.

Ideally, the most creative youth development projects will have the ability to become self-sustaining in the long run. However, CCMH intends to fund these programs using PEI funds in future years.

7. Intended Outcomes

a. Describe the intended individual outcomes

- ✓ Youth engaged in the proposed programs will develop their strengths/assets, feel supported and connected in their communities and will be less likely to develop mental illness or SED.

b. Describe intended system and program outcomes

- ✓ The programs will demonstrate that intensive youth development activities can reduce “system involvement” by youth, thereby reducing the demand on service systems such as juvenile justice, mental health and truancy management.

c. Describe other proposed methods to measure success

- ✓ Contractors will identify short-term measures of success of their projects as well as indicators of progress toward the CCMH-defined long term outcomes.

d. What will be different as a result of the PEI project and how will you know?

- ✓ Youth engaged in the proposed programs will develop their strengths/assets; and will feel supported and connected in their communities. In the long run, the youth will be less likely to develop serious mental illness or serious emotional disturbance.

8. Coordination with Other MHSA Components

a. Describe coordination with CSS, if applicable

Contractors for these programs will be knowledgeable about resources available to their youth and to parents of the youth. This will include an understanding of CSS resources available and how to access them.

b. Describe intended use of Workforce Education and Training funds for PEI projects, if applicable

There is no anticipated use of WET funds for this PEI Project.

c. Describe intended use of Capital Facilities and Technology Funds for PEI projects, if applicable

There is no anticipated use of Capital Facilities and Technology Funds for this PEI Project.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

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County Name: Contra Costa County Date: 12/28/08
 PEI Project Name: Project #1: Building Community in Underserved Cultural Communities Prog #1: Building Connections
 Provider Name (if known): Unknown Prog. #2: Building Communication
 Intended Provider Category: Other
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 500 Families
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 None
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 _____
 Months of Operation: FY 07-08 _____ FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontra			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$1,050,000	\$1,050,000
4. Total Proposed PEI Project Budget	\$0	\$1,050,000	\$1,050,000
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$1,050,000	\$1,050,000
6. Total In-Kind Contributions	\$0	Unknown	Unknown

Contra Costa County Mental Health

PEI Budget Narrative

Project #1: Building Connections in Underserved Communities

FY 08-09



Introduction: This budget reflects one-half of an operational year. All dollars are contracted to community agencies. No County FTEs created.

Intended Provider Category: All non-County providers will be eligible to apply for funds for this Program.

A. Expenditures

- | | | |
|----|------------------------|-------------|
| 1. | Personnel | <i>None</i> |
| 2. | Operating Expenditures | <i>None</i> |
| 3. | Subcontracts | \$1,050,000 |

Contractors will be selected through an RFP process. Ideally, contracts will be awarded for programs in the: African American, Latino, Asian/PI, Native American and LGBTQ communities for self-defined efforts to build community and to build communication within families.

- | | | |
|----|------------------------------------------|--------------------|
| 4. | Total Proposed PEI Project Budget | \$1,050,000 |
|----|------------------------------------------|--------------------|

B. Revenue

- | | | |
|----|-----------------------------|-------------|
| 1. | Total Revenue | <i>None</i> |
| 2. | Total In-Kind Contributions | Unknown |
- Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Contra Costa County Date: 12/28/08
 PEI Project Name: Project 2: Coping with Trauma Rel. to Commt. Violence Prog #1: Coping w/ Trauma
 Provider Name (if known): Unknown
 Intended Provider Category: Other
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 _____ TBD
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____ None
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ 0 FY 08-09 _____
 Months of Operation: FY 07-08 _____ FY 08-09 _____ 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$200,000	\$200,000
4. Total Proposed PEI Project Budget	\$0	\$200,000	\$200,000
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$200,000	\$200,000
6. Total In-Kind Contributions	\$0	Unknown	Unknown

**Contra Costa County Mental Health
PEI Budget Narrative
Project #2: Coping with Trauma Related to Community Violence
Program #1: Coping with Trauma Related to Community Violence
FY 08-09**

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**Introduction:** This budget reflects one-half of an operational year. All dollars are contracted to one or more community agencies. No County FTEs created.

**Intended Provider Category:** All categories of providers except County will be eligible to apply for funds for this Program.

**A. Expenditures**

- |    |                        |             |
|----|------------------------|-------------|
| 1. | Personnel              | <i>None</i> |
| 2. | Operating Expenditures | <i>None</i> |
| 3. | Subcontracts           | \$200,000   |

One or more contractors will be selected through an RFP process for self-defined projects. Numbers to be served will be defined through bidding and contracting processes.

- |    |                                          |                  |
|----|------------------------------------------|------------------|
| 4. | <b>Total Proposed PEI Project Budget</b> | <b>\$200,000</b> |
|----|------------------------------------------|------------------|

**B. Revenue**

- |    |                             |             |
|----|-----------------------------|-------------|
| 1. | Total Revenue               | <i>None</i> |
| 2. | Total In-Kind Contributions | Unknown     |

Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

|                                                                 |                            |                                 |              |
|-----------------------------------------------------------------|----------------------------|---------------------------------|--------------|
| County Name:                                                    | Contra Costa County        | Date:                           | 12/28/08     |
| PEI Project Name:                                               |                            | Proj #2-Coping with Trauma      |              |
| Provider Name (if known):                                       | Contra Costa Mental Health | Progr #2: Community MH Liaisons |              |
| Intended Provider Category:                                     | County Agency              |                                 |              |
| Proposed Total Number of Individuals to be served:              | FY 07-08 _____             | FY 08-09 _____                  | 100 Families |
| Total Number of Individuals currently being served:             | FY 07-08 _____             | FY 08-09 _____                  | 0            |
| Total Number of Individuals to be served through PEI Expansion: | FY 07-08 _____             | FY 08-09 _____                  | 0            |
| Months of Operation:                                            | FY 07-08 _____             | FY 08-09 _____                  | 6            |

| Proposed Expenses and Revenues                                        | Total Program/PEI Project Budget |                  |                  |
|-----------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                       | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                 |                                  |                  |                  |
| <b>1. Personnel (list classifications and FTEs)</b>                   |                                  |                  |                  |
| a. Salaries, Wages                                                    |                                  |                  |                  |
| 3.00 FTE Mental Health Clinical Specialist                            | \$0                              | \$115,797        | \$115,797        |
| .5 FTE Program Supervisor                                             | \$0                              | \$44,031         | \$44,031         |
|                                                                       | \$0                              | \$0              | \$0              |
| b. Benefits and Taxes @ 60.45%                                        | \$0                              | \$96,618         | \$96,618         |
| <b>c. Total Personnel Expenditures</b>                                | <b>\$0</b>                       | <b>\$256,446</b> | <b>\$256,446</b> |
| <b>2. Operating Expenditures</b>                                      |                                  |                  |                  |
| a. Facility Cost                                                      | \$0                              | \$18,976         | \$18,976         |
| b. Other Operating Expenses                                           | \$0                              | \$74,578         | \$74,578         |
| <b>c. Total Operating Expenses</b>                                    | <b>\$0</b>                       | <b>\$93,554</b>  | <b>\$93,554</b>  |
| <b>3. Subcontracts/Professional Services (list/itemize all subcon</b> |                                  |                  |                  |
| _____                                                                 | \$0                              | \$0              | \$0              |
| _____                                                                 | \$0                              | \$0              | \$0              |
| _____                                                                 | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                          | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>4. Total Proposed PEI Project Budget</b>                           | <b>\$0</b>                       | <b>\$350,000</b> | <b>\$350,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                      |                                  |                  | 0                |
| _____                                                                 | \$0                              | \$0              | \$0              |
| _____                                                                 | \$0                              | \$0              | \$0              |
| _____                                                                 |                                  | \$0              | \$0              |
| 1. Total Revenue                                                      | \$0                              | \$0              | \$0              |
| <b>5. Total Funding Requested for PEI Project</b>                     | <b>\$0</b>                       | <b>\$350,000</b> | <b>\$350,000</b> |
| <b>6. Total In-Kind Contributions</b>                                 | <b>\$0</b>                       | <b>\$6,000</b>   | <b>\$6,000</b>   |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project #2: Coping with Trauma Related to Community Violence  
Program #2: Community Mental Health Liaisons  
FY 08-09**

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Introduction: This budget reflects one-half of an operational year. All dollars are internal to Contra Costa County Mental Health. Services will be provided out in the community.

Intended Provider Category: County Mental Health

A. Expenditures

1.	Personnel	\$256,446
	<ul style="list-style-type: none"> ✓ 3.0 FTE Mental Health Clinical Specialists, one for each region of the county, at full time. 5% Safety Pay. ✓ .5 FTE Program Supervisor 	
2.	Operating Expenditures	\$ 93,554
	a. Facility Cost \$6325 x 3	\$ 18,976
	Staff will be housed at adult mental health clinics in each region of the county. This will be their home base/office but most contacts will occur in the community.	
	b. Other Operating Expenses	\$ 74,578
	Start-up:	
	<ul style="list-style-type: none"> ✓ Cel phone/PDA acquisition x 3 ✓ Laptop computer and docking eqpt. X3 ✓ Work station furniture ✓ Development of outreach and communications materials ✓ Translation of outreach and communications materials 	
	Ongoing:	
	<ul style="list-style-type: none"> ✓ Reimbursement for travel at \$.55/mile ✓ Communications usage ✓ Translation services for community contacts as needed ✓ Interpreters in each region 	
3.	Subcontracts	<i>None</i>
4.	Total Proposed PEI Project Budget	\$350,000
B. Revenue		
1.	Total Revenue	<i>None</i>
2.	Total In-Kind Contributions Space/office costs for Program Supervisor	\$ 6,000

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

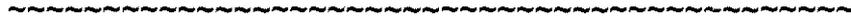
Form No. 4

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County Name: Contra Costa County Date: 12/28/09
 PEI Project Name: Project 3: Stigma Reduction and MH Awareness Proj #3: Stigma Reduction
 Provider Name (if known): Contra Costa Mental Health & MH Awareness
 Intended Provider Category: County Agency
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 10,300
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 10300
 Months of Operation: FY 07-08 _____ FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
0.50 FTE Community Support Worker II	\$0	\$10,160	\$10,160
0.50 FTE Clerk-Exp Level	\$0	\$9,984	\$9,984
	\$0	\$0	\$0
b. Benefits and Taxes @ % 60.45%	\$0	\$12,177	\$12,177
c. Total Personnel Expenditures	\$0	\$32,321	\$32,321
2. Operating Expenditures			
a. Facility Cost			
	\$0	\$12,650	\$12,650
b. Other Operating Expenses			
	\$0	\$65,029	\$65,029
c. Total Operating Expenses	\$0	\$77,679	\$77,679
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$110,000	\$110,000
B. Revenues (list/itemize by fund source)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$110,000	\$110,000
6. Total In-Kind Contributions	\$0	\$50,000	\$50,000

**Contra Costa County Mental Health
PEI Budget Narrative
Project #3: Stigma Reduction
FY 08-09**



Introduction: This budget reflects one-half of an operational year. All dollars are contracted to community agencies.

Intended Provider Category:

A. Expenditures

1.	Personnel	\$32,321
	<ul style="list-style-type: none"> ✓ .5 FTE Community Support Worker Staff support to Task Force and Speaker's Bureau ✓ .5 FTE Clerk – Exp. Level Staff support to Task Force and Speaker's Bureau 	
2.	Operating Expenditures	\$77,679
	a. Facility Costs	\$ 12,650
	b. Other Operating Expenditures	\$ 65,029
	Start-UP	
	<ul style="list-style-type: none"> ✓ Computers and work stations 	
	Ongoing	
	<ul style="list-style-type: none"> ✓ Stipends For volunteer consumers/family members participating as members of Speaker's Bureau ✓ Anti-Stigma Conference ✓ Office Expense ✓ Publicity, Educational Materials, Media and Translation for Anti-Stigma Campaign and Speaker's Bureau ✓ Task Force/Speakers communications and training materials ✓ Production costs for one cable TV show 	
3.	Subcontracts	<i>None</i>
4.	Total Proposed PEI Project Budget	\$110,000

B. Revenue

1.	Total Revenue	<i>None</i>
2.	Total In-Kind Contributions	\$50,000
	Professional time of key staff from County MH and Community Agencies on Task Force	

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Contra Costa County Date: 12/28/09
 PEI Project Name: Project #4: Suicide Prevention Progs: 1 & 2 - Plan, Campaign
 Provider Name (if known): Contra Costa Mental Health
 Intended Provider Category: _____ County Agency _____
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 10,000
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 _____
 Months of Operation: FY 07-08 _____ FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
0.50 FTE Clerk-Exp.Level	\$0	\$9,984	\$9,984
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ 60.45%	\$0	\$6,035	\$6,035
c. Total Personnel Expenditures	\$0	\$16,019	\$16,019
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$5,981	\$5,981
c. Total Operating Expenses	\$0	\$5,981	\$5,981
3. Subcontracts/Professional Services (list/itemize all subcontr			
Co-Leadership of Task Force	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$22,000	\$22,000
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$22,000	\$22,000
6. Total In-Kind Contributions	\$0	\$50,000	\$50,000

**Contra Costa County Mental Health
PEI Budget Narrative
Project #4: Suicide Prevention
Programs 1 & 2: Planning and Campaign
FY 08-09**

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**Introduction:** This budget reflects one-half of an operational year.

**Intended Provider Category:** County Mental Health will provide leadership for this broad-based Task Force/Participatory planning process and will support kick-off to suicide campaign.

**A. Expenditures**

|    |                                                                                                                              |                 |
|----|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 1. | Personnel<br>.5 FTE Clerk will support volunteer Task Force and<br>Conference/Campaign efforts                               | \$ 16,019       |
| 2. | Operating Expenditures                                                                                                       | \$ 56,981       |
|    | a. Facility Costs                                                                                                            | \$ 6,325        |
|    | b. Other                                                                                                                     | \$50,556        |
|    | Start-Up                                                                                                                     |                 |
|    | ✓ Work station & computer                                                                                                    |                 |
|    | Ongoing                                                                                                                      |                 |
|    | ✓ Planning group costs                                                                                                       |                 |
|    | ✓ Planning conference                                                                                                        |                 |
|    | ✓ Start-up media and materials<br>production for Campaign                                                                    |                 |
|    | ✓ Translation costs                                                                                                          |                 |
|    | ✓ Resource Website Design and start-up                                                                                       |                 |
| 3. | Subcontracts<br>To Crisis Line contractor for staff time<br>committed to co-leadership of Task Force<br>and Planning Process | \$10,000        |
| 4. | <b>Total Proposed PEI Project Budget</b>                                                                                     | <b>\$83,000</b> |

**B. Revenue**

|    |                                                                                                                                                            |             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. | Total Revenue                                                                                                                                              | <i>None</i> |
| 2. | Total In-Kind Contributions<br>Professional participation in planning process by high level<br>staff in County Mental Health and community-based agencies. | \$50,000    |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Contra Costa County Date: 12/28/09  
 PEI Project Name: Project #4: Suicide Prevention Proj 4-Prgm 3: Crisis Line  
 Provider Name (if known): Unknown Capacity Expansion  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 100  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 100  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 5

| Proposed Expenses and Revenues                                               | Total Program/PEI Project Budget |                  |                  |
|------------------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                              | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                        |                                  |                  |                  |
| <b>1. Personnel (list classifications and FTEs)</b>                          |                                  |                  |                  |
| a. Salaries, Wages                                                           | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| b. Benefits and Taxes @ % 60.45%                                             | \$0                              | \$0              | \$0              |
| <b>c. Total Personnel Expenditures</b>                                       | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>2. Operating Expenditures</b>                                             |                                  |                  |                  |
| a. Facility Cost                                                             | \$0                              | \$0              | \$0              |
| b. Other Operating Expenses                                                  | \$0                              | \$0              | \$0              |
| <b>c. Total Operating Expenses</b>                                           | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b> |                                  |                  |                  |
| _____                                                                        | \$0                              | \$283,000        | \$283,000        |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                                 | <b>\$0</b>                       | <b>\$283,000</b> | <b>\$283,000</b> |
| <b>4. Total Proposed PEI Project Budget</b>                                  | <b>\$0</b>                       | <b>\$283,000</b> | <b>\$283,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                             |                                  |                  | 0                |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        |                                  | \$0              | \$0              |
| <b>1. Total Revenue</b>                                                      | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>5. Total Funding Requested for PEI Project</b>                            | <b>\$0</b>                       | <b>\$283,000</b> | <b>\$283,000</b> |
| <b>6. Total In-Kind Contributions</b>                                        | <b>\$0</b>                       | <b>TBD</b>       | <b>TBD</b>       |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project #4: Suicide Prevention  
Program #3: Expansion of Crisis Line Capacity  
FY 08-09**

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Introduction: This budget reflects five months of operation preceded by one month of training for new staff. All dollars are contracted to community agency. No County FTEs created.

Intended Provider Category: To be determined through RFP process.

A. Expenditures

1.	Personnel	<i>None</i>
2.	Operating Expenditures	<i>None</i>
3.	Subcontracts	\$283,000
	To be fully defined by bidders for contract. Estimate based on: 6.3 FTE for:	
	2.1 FTE = 50% of 24/7 coverage of Crisis Line in Spanish (expansion)	
	4.2 FTE individuals speaking one or two Asian languages (new capacity)	
	with \$35,000 salaries plus .25 for benefits and \$31,000 operating and training costs.	
4.	Total Proposed PEI Project Budget	\$283,000

B. Revenue

1.	Total Revenue	<i>None</i>
2.	Total In-Kind Contributions	Unknown
	Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals.	

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

County Name: Contra Costa County Date: 12/28/09
 PEI Project Name: Project 5: Supporting Older Adults Program 1: Expanding
 Provider Name (if known): Contra Costa Mental Health Senior Peer Counseling
 Intended Provider Category: County Agency
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 200
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 200
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 400
 Months of Operation: FY 07-08 _____ FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
2.00 FTE Mental Health Clinical Specialists	\$0	\$81,057	\$81,057
.5 FTE Program Supervisor	\$0	\$44,031	\$44,031
	\$0	\$0	\$0
b. Benefits and Taxes @ % 60.45%	\$0	\$75,617	\$75,617
c. Total Personnel Expenditures	\$0	\$200,705	\$200,705
2. Operating Expenditures			
a. Facility Cost	\$0	\$12,650	\$12,650
b. Other Operating Expenses	\$0	\$36,645	\$36,645
c. Total Operating Expenses	\$0	\$49,295	\$49,295
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0		\$250,000
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$250,000	\$250,000
6. Total In-Kind Contributions	\$12,000	\$0	\$12,000

**Contra Costa County Mental Health
PEI Budget Narrative
Project #5: Supporting Older Adults
Program 1: Senior Peer Counseling Expansion
FY 08-09**

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**Introduction:** This budget reflects one-half of an operational year. All staff positions are within Contra Costa Mental Health.

**Intended Provider Category:**

**A. Expenditures**

1. Personnel \$ 200,705  
 2.0 FTE Senior Peer Counselor Supervisors will recruit, train and supervise 40 volunteer Peer Counselors at a time. They will also develop culturally appropriate outreach mechanisms and referral resources in their communities. Positions flagged as bi-lingual with 5% salary increase.

.5 FTE Program Supervisor responsible for training and supervision of these new positions. Intensive supervision needed as Supervisors will be new to system. This may be reduced in later years.

2. Operating Expenditures \$ 49,295

a. Facility Cost \$ 12,650

b. Other Operating Expenditures \$ 36,645

Start-Up

- ✓ Computers and work stations
- ✓ Written materials outreach (2 langs.)

Ongoing

- ✓ Stipends for volunteer counselors
- ✓ Mileage Peer Couns. Supervisors
- ✓ Flex funds \$10k
- ✓ Interpreters

3. Subcontracts *None*

**4. Total Proposed PEI Project Budget \$250,000**

**B. Revenue**

1. Total Revenue *None*

2. Total In-Kind Contributions \$12,000  
 Office space, office usage costs and travel for Program Supervisor

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

|  |
|--|
|  |
|--|

County Name: Contra Costa County Date: 12/28/09  
 PEI Project Name: Project #5: Supporting Older Adults Program #2: Social Supports for  
 Provider Name (if known): Unknown Isolated Older Adults  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 200  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 0  
 Total Number of Individuals to be served through PEI  
 Expansion: FY 07-08 0 FY 08-09 200  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 6

| Proposed Expenses and Revenues                                           | Total Program/PEI Project Budget |                  |                  |
|--------------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                          | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                    |                                  |                  |                  |
| <b>1. Personnel (list classifications and FTEs)</b>                      |                                  |                  |                  |
| a. Salaries, Wages                                                       | \$0                              | \$0              | \$0              |
| _____                                                                    | \$0                              | \$0              | \$0              |
| _____                                                                    | \$0                              | \$0              | \$0              |
| _____                                                                    | \$0                              | \$0              | \$0              |
| b. Benefits and Taxes @ _____ %                                          | \$0                              | \$0              | \$0              |
| <b>c. Total Personnel Expenditures</b>                                   | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>2. Operating Expenditures</b>                                         |                                  |                  |                  |
| a. Facility Cost                                                         | \$0                              | \$0              | \$0              |
| b. Other Operating Expenses                                              | \$0                              | \$0              | \$0              |
| <b>c. Total Operating Expenses</b>                                       | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>3. Subcontracts/Professional Services (list/itemize all subcontra</b> |                                  |                  |                  |
| 1 or more contracts                                                      | \$0                              | \$0              | \$175,000        |
| _____                                                                    | \$0                              | \$0              | \$0              |
| _____                                                                    | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                             | <b>\$0</b>                       | <b>\$0</b>       | <b>\$175,000</b> |
| <b>4. Total Proposed PEI Project Budget</b>                              | <b>\$0</b>                       | <b>\$0</b>       | <b>\$175,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                         |                                  |                  |                  |
| _____                                                                    | \$0                              | \$0              | \$0              |
| _____                                                                    | \$0                              | \$0              | \$0              |
| _____                                                                    |                                  | \$0              | \$0              |
| <b>1. Total Revenue</b>                                                  | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>5. Total Funding Requested for PEI Project</b>                        | <b>\$0</b>                       | <b>\$175,000</b> | <b>\$175,000</b> |
| <b>6. Total In-Kind Contributions</b>                                    | <b>\$0</b>                       | <b>\$0</b>       | <b>TBD</b>       |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project #5 : Supporting Older Adults  
Program #2: Social Supports for Isolated Older Adults  
FY 08-09**

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Introduction: This budget reflects one-half of an operational year. All dollars are contracted to community agencies. No County FTEs created.

Intended Provider Category: All non-County providers are eligible to apply for funds. Priority will be given to agencies already providing services to Older Adults and/or underserved cultural populations.

A. Expenditures

- | | | |
|----|------------------------|-------------|
| 1. | Personnel | <i>None</i> |
| 2. | Operating Expenditures | <i>None</i> |
| 3. | Subcontracts | \$175,000 |

Through an RFP process, one or more community-based contractors will be hired to provide new/expand capacity to for social activities for isolated older adults. Transportation will be provided as needed.

- | | | |
|----|------------------------------------------|------------------|
| 4. | Total Proposed PEI Project Budget | \$175,000 |
|----|------------------------------------------|------------------|

B. Revenue

- | | | |
|----|-----------------------------|-------------|
| 1. | Total Revenue | <i>None</i> |
| 2. | Total In-Kind Contributions | TBD |
- Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

County Name: Contra Costa County Date: 12/28/09
 PEI Project Name: Project #6: Parenting Education & Support Program 1: Partnering with Parents
 Provider Name (if known): Contra Costa Mental Health Experiencing Challenges
 Intended Provider Category: County Agency Challenges
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 _____ 100
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____ 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ 0 FY 08-09 _____ 100
 Months of Operation: FY 07-08 _____ FY 08-09 _____ 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
2.00 FTE Mental Health Clinical Specialist	\$0	\$77,197	\$77,197
.33 FTE Program Supervisor	\$0	\$29,060	\$29,060
	\$0	\$0	\$0
b. Benefits and Taxes @ 60.45%	\$0	\$64,234	\$64,234
c. Total Personnel Expenditures	\$0	\$170,491	\$170,491
2. Operating Expenditures			
a. Facility Cost	\$0	\$12,650	\$12,650
b. Other Operating Expenses	\$0	\$104,859	\$104,859
c. Total Operating Expenses	\$0	\$117,509	\$117,509
3. Subcontracts/Professional Services (list/itemize all s			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$288,000	\$288,000
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$288,000	\$288,000
6. Total In-Kind Contributions	\$0	\$12,000	\$12,000

**Contra Costa County Mental Health
PEI Budget Narrative
Project #6: Parenting Education and Support
Program 1: Partnering with Parents Experiencing Challenges
FY 08-09**

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**Introduction:** This budget reflects one-half of an operational year.

**Intended Provider Category:** This is a County-operated program.

**A. Expenditures**

|    |                                                               |            |
|----|---------------------------------------------------------------|------------|
| 1. | Personnel                                                     | \$ 170,491 |
|    | 2.0 Mental Health Clinical Specialists (1 Adults, 1 Children) |            |
|    | .33 Program Supervisor                                        |            |

|    |                        |            |
|----|------------------------|------------|
| 2. | Operating Expenditures | \$ 117,509 |
|----|------------------------|------------|

|               |                                                      |           |
|---------------|------------------------------------------------------|-----------|
| Facility Cost |                                                      | \$ 12,650 |
|               | Staff will be placed in County mental health clinics |           |

|       |  |           |
|-------|--|-----------|
| Other |  | \$104,850 |
|-------|--|-----------|

Start-Up

- ✓ Computers, Work Stations, Cel phones
- ✓ Training
- ✓ Translation of materials

Ongoing

- ✓ Mileage
- ✓ Flex Fund
- ✓ Communications and office costs
- ✓ Interpreters

|    |              |             |
|----|--------------|-------------|
| 3. | Subcontracts | <i>None</i> |
|----|--------------|-------------|

|           |                                          |                  |
|-----------|------------------------------------------|------------------|
| <b>4.</b> | <b>Total Proposed PEI Project Budget</b> | <b>\$288,000</b> |
|-----------|------------------------------------------|------------------|

**B. Revenue**

|    |               |             |
|----|---------------|-------------|
| 1. | Total Revenue | <i>None</i> |
|----|---------------|-------------|

|    |                                                      |          |
|----|------------------------------------------------------|----------|
| 2. | Total In-Kind Contributions                          | \$12,000 |
|    | Office space and office costs for Program Supervisor |          |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Contra Costa County Date: 12/28/09  
 PEI Project Name: Project #6: Parenting Education and Support Program #2: Parenting Education & Support  
 Provider Name (if known): Unknown  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 300  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 300  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 6

| Proposed Expenses and Revenues                                               | Total Program/PEI Project Budget |                  |                  |
|------------------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                              | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                        |                                  |                  |                  |
| <b>1. Personnel (list classifications and FTEs)</b>                          |                                  |                  |                  |
| a. Salaries, Wages                                                           | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| b. Benefits and Taxes @ %                                                    | \$0                              | \$0              | \$0              |
| <b>c. Total Personnel Expenditures</b>                                       | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>2. Operating Expenditures</b>                                             |                                  |                  |                  |
| a. Facility Cost                                                             | \$0                              | \$0              | \$0              |
| b. Other Operating Expenses                                                  | \$0                              | \$0              | \$0              |
| <b>c. Total Operating Expenses</b>                                           | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| <b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b> |                                  |                  |                  |
| Community Contractors                                                        | \$0                              | \$500,000        | \$500,000        |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                                 | <b>\$0</b>                       | <b>\$500,000</b> | <b>\$500,000</b> |
| <b>4. Total Proposed PEI Project Budget</b>                                  | <b>\$0</b>                       | <b>\$500,000</b> | <b>\$500,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                             |                                  |                  | 0                |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        | \$0                              | \$0              | \$0              |
| _____                                                                        |                                  | \$0              | \$0              |
| 1. Total Revenue                                                             | \$0                              | \$0              | \$0              |
| <b>5. Total Funding Requested for PEI Project</b>                            | <b>\$0</b>                       | <b>\$500,000</b> | <b>\$500,000</b> |
| <b>6. Total In-Kind Contributions</b>                                        | <b>\$0</b>                       | <b>TBD</b>       | <b>TBD</b>       |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project #6 : Parenting Education and Support  
Program #2: Parenting Education and Support  
FY 08-09**

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Introduction: This budget reflects one-half of an operational year. All dollars are contracted to community agencies. No County FTEs created.

Intended Provider Category: All non-County agencies are eligible to apply for funds. Priority will be given to those experienced agencies utilizing recognized best or promising practices.

A. Expenditures

- | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. | Personnel | <i>None</i> |
| 2. | Operating Expenditures | <i>None</i> |
| 3. | Subcontracts
Through an RFP process, up to 5 community agencies
Will be contracted to provide parenting education &
Support. | <i>\$500,000</i> |
| 4. | Total Proposed PEI Project Budget | \$500,00 |

B. Revenue

- | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. | Total Revenue | <i>None</i> |
| 2. | Total In-Kind Contributions
Leveraging resources is a priority. Bidders for contracts for this Program will be
encouraged to include in-kind resources in their proposals. | TBD |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

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County Name:	Contra Costa County	Date:	12/28/09
PEI Project Name:	Project #6: Parenting Educ. & Support	Program 3:	Multi-Family Support Groups
Provider Name (if known):	Unknown		
Intended Provider Category:	Other		
Proposed Total Number of Individuals to be served:	FY 07-08 _____	FY 08-09 _____	125
Total Number of Individuals currently being served:	FY 07-08 _____	FY 08-09 _____	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08 _____	FY 08-09 _____	125
Months of Operation:	FY 07-08 _____	FY 08-09 _____	6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Community Contractors	\$0	\$75,000	\$75,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$75,000	\$75,000
4. Total Proposed PEI Project Budget	\$0	\$75,000	\$75,000
B. Revenues (list/itemize by fund source)			0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$75,000	\$75,000
6. Total In-Kind Contributions	\$0	TBD	TBD

**Contra Costa County Mental Health
PEI Budget Narrative
Project # 6: Parenting Education and Support
Program 3: Multi-Family Support Groups
FY 08-09**

~~~~~

**Introduction:** This budget reflects one-half of an operational year. All dollars are contracted to community agencies. No County FTEs created.

**Intended Provider Category:** Any non-County providers are eligible to apply for funds. Priority will be given to those experienced agencies utilizing recognized best or promising practices.

**A. Expenditures**

- |    |                                                                                                                                             |                  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. | Personnel                                                                                                                                   | <i>None</i>      |
| 2. | Operating Expenditures                                                                                                                      | <i>None</i>      |
| 3. | Subcontracts<br>Through an RFP process, CCMH will contract with one or more community-based providers. Priority will be given to those with | \$ 75,000        |
| 4. | <b>Total Proposed PEI Project Budget</b>                                                                                                    | <b>\$ 75,000</b> |

**B. Revenue**

- |    |                                                                                                                                                                               |             |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. | Total Revenue                                                                                                                                                                 | <i>None</i> |
| 2. | Total In-Kind Contributions<br>Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals. | TBD         |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

County Name: Contra Costa County Date: 12/28/09  
 PEI Project Name: Project #7: Suppting Families Experi. Juvenile Justice System Prg #1: Commtty Supports to  
 Provider Name (if known): Contra Costa Mental Health & Community Contractors Youth on Probation  
 Intended Provider Category: County Agency  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 200  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 0  
 Total Number of Individuals to be served through PEI  
 Expansion: FY 07-08 \_\_\_\_\_ 0 FY 08-09 \_\_\_\_\_ 200  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_ 2

| Proposed Expenses and Revenues                                               | Total Program/PEI Project Budget |                  |                  |
|------------------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                              | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                        |                                  |                  |                  |
| <b>1. Personnel (list classifications and FTEs)</b>                          |                                  |                  |                  |
| a. Salaries, Wages                                                           |                                  |                  |                  |
| 2.00 FTE Mental Health Clinical Specialist                                   | \$0                              | \$81,056         | \$81,056         |
| includes 5% Safety Pay                                                       | \$0                              | \$0              | \$0              |
| .33 FTE Program Supervisor                                                   |                                  | \$29,060         | \$29,060         |
| b. Benefits and Taxes @ % 60.45%                                             | \$0                              | \$66,566         | \$66,566         |
| <b>c. Total Personnel Expenditures</b>                                       | <b>\$0</b>                       | <b>\$176,682</b> | <b>\$176,682</b> |
| <b>2. Operating Expenditures</b>                                             |                                  |                  |                  |
| a. Facility Cost                                                             | \$0                              | \$12,650         | \$12,650         |
| b. Other Operating Expenses                                                  | \$0                              | \$100,668        | \$100,668        |
| <b>c. Total Operating Expenses</b>                                           | <b>\$0</b>                       | <b>\$113,318</b> | <b>\$113,318</b> |
| <b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b> |                                  |                  |                  |
|                                                                              | \$0                              | \$500,000        | \$500,000        |
|                                                                              | \$0                              | \$0              | \$0              |
|                                                                              | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                                 | <b>\$0</b>                       | <b>\$500,000</b> | <b>\$500,000</b> |
| <b>4. Total Proposed PEI Project Budget</b>                                  | <b>\$0</b>                       | <b>\$790,000</b> | <b>\$790,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                             |                                  |                  | 0                |
| MediCal Reimbursement some EI                                                | \$0                              | \$100,000        | \$100,000        |
|                                                                              | \$0                              | \$0              | \$0              |
|                                                                              |                                  | \$0              | \$0              |
| a. Total Revenue                                                             | \$0                              | \$100,000        | \$100,000        |
| <b>5. Total Funding Requested for PEI Project</b>                            | <b>\$0</b>                       | <b>\$690,000</b> | <b>\$690,000</b> |
| <b>6. Total In-Kind Contributions</b>                                        | <b>\$0</b>                       | <b>\$12,000</b>  | <b>\$12,000</b>  |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project # 7: Supporting Families Experiencing the Juvenile Justice System  
Program #1: Community Supports to Youth on Probation  
FY 08-09**

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Introduction: This budget reflects one-half of an operational year.

Intended Provider Category: County Mental Health

A. Expenditures

1.	Personnel 2.0 Mental Health Clinical Specialists plus benefits 5% safety pay added for Justice System focus .33 Program Supervisor	\$176,682
2.	Operating Expenditures	\$113,318
	Facility Costs	\$ 12,650
	Offices located in probation facilities. However, most work done out in the community.	
	Other	\$100,668
	Start-Up	
	✓ Work stations and computers	
	✓ Cellular phones	
	✓ Training of new staff (e.g.: trauma-focused	
	✓ EBT and other workshops	
	Ongoing	
	✓ Use of personal cars at \$.55/mile	
	✓ Office supplies & monthly fees	
	✓ Written translation (for parents)	
	✓ Interpretation (parents)	
3.	Subcontracts	\$500,000
	Through an RFP process, community contractors will be hired to provide community-based early intervention services for non-MediCal youth on probation.	
4.	Total Proposed PEI Project Budget	\$790,000

B. Revenue

1.	Total Revenue	\$100,000
	Although the effort targets non-MediCal eligible youth on probation, experience shows that, with support, some will be able to get onto MediCal during their contact with us. Their intervention will continue and MediCal will be billed.	
2.	Total In-Kind Contributions	
	Program Supervisor space and costs	\$ 12,000

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

County Name: _____ County _____ Date: 12/28/09
 PEI Project Name: Project #7: Families Experiencing Juvenile Justice System Program #2: Screen, EI, Disch. Suppt
 Provider Name (if known): Contra Costa Mental Health for youth leaving Boys Ranch
 Intended Provider Category: Other
 served: FY 07-08 _____ FY 08-09 _____ 50
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____ 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 _____ 0 FY 08-09 _____ 50
 Months of Operation: FY 07-08 _____ FY 08-09 _____ 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
1.00 FTE Mental Health Clinical Specialist/Safety	\$0	\$40,528	\$40,528
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ 60.45%	\$0	\$24,500	\$24,500
c. Total Personnel Expenditures	\$0	\$65,028	\$65,028
2. Operating Expenditures			
a. Facility Cost	\$0	In-Kind	In-Kind
b. Other Operating Expenses	\$0	\$19,972	\$19,972
c. Total Operating Expenses	\$0	\$19,972	\$19,972
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$85,000	\$85,000
B. Revenues (list/itemize by fund source)			0
	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$85,000	\$85,000
6. Total In-Kind Contributions	\$0	\$35,863	\$35,863

**Contra Costa County Mental Health
PEI Budget Narrative
Project # 7: Supporting Families Experiencing the Juvenile Justice System
Program #2: Screening, Early Intervention and Discharge Support for Youth Leaving
the Boys Ranch
FY 08-09**

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**Introduction:** This budget reflects one-half of an operational year.

**Intended Provider Category:** Contra Costa Mental Health

**A. Expenditures**

|                   |                                                                        |                  |
|-------------------|------------------------------------------------------------------------|------------------|
| 1.                | Personnel                                                              | \$61,931         |
|                   | 1.0 FTE Mental Health Clinical Specialist                              |                  |
|                   | 5% safety pay                                                          |                  |
| 2.                | Operating Expenditures                                                 | \$19,927         |
|                   | Facility Cost                                                          | <i>In-Kind</i>   |
|                   | Other                                                                  | \$19,927         |
|                   | Start-Up                                                               |                  |
|                   | ✓ Training (e.g: trauma focused EBT<br>and other for new staff person) |                  |
|                   | Cel Phone                                                              |                  |
|                   | Ongoing                                                                |                  |
|                   | ✓ Mileage (for supervision, meetings @ \$.55/mile)                     |                  |
|                   | ✓ Communications costs                                                 |                  |
|                   | ✓ Written translation (for parents)                                    |                  |
|                   | ✓ Interpretation (parents)                                             |                  |
| 3.                | Subcontracts                                                           | <i>None</i>      |
| 4.                | <b>Total Proposed PEI Project Budget</b>                               | <b>\$ 85,000</b> |
| <b>B. Revenue</b> |                                                                        |                  |
| 1.                | Total Revenue                                                          | <i>None</i>      |
| 2.                | Total In-Kind Contributions                                            | \$35,863         |
|                   | Office at Boys Ranch and Expenses                                      |                  |
|                   | Supervision                                                            |                  |

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

County Name: Contra Costa County Date: 12/28/09  
 PEI Project Name: Project #8: Supporting Families Exper. Mental Illness Program #1: Respite  
 Provider Name (if known): Unknown  
 Intended Provider Category: Other  
 Proposed Total Number of Individuals to be served: FY 07-08 \_\_\_\_\_ FY 08-09 125  
 Total Number of Individuals currently being served: FY 07-08 \_\_\_\_\_ FY 08-09 0  
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 125  
 Months of Operation: FY 07-08 \_\_\_\_\_ FY 08-09 6

| Proposed Expenses and Revenues                                        | Total Program/PEI Project Budget |                  |                  |
|-----------------------------------------------------------------------|----------------------------------|------------------|------------------|
|                                                                       | FY 07-08                         | FY 08-09         | Total            |
| <b>A. Expenditure</b>                                                 |                                  |                  |                  |
| 1. Personnel (list classifications and FTEs)                          |                                  |                  |                  |
| a. Salaries, Wages                                                    | \$0                              | \$0              | \$0              |
|                                                                       | \$0                              | \$0              | \$0              |
|                                                                       | \$0                              | \$0              | \$0              |
|                                                                       | \$0                              | \$0              | \$0              |
| b. Benefits and Taxes @ % 60.45%                                      | \$0                              | \$0              | \$0              |
| <b>c. Total Personnel Expenditures</b>                                | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| 2. Operating Expenditures                                             |                                  |                  |                  |
| a. Facility Cost                                                      | \$0                              | \$0              | \$0              |
| b. Other Operating Expenses                                           | \$0                              | \$0              | \$0              |
| <b>c. Total Operating Expenses</b>                                    | <b>\$0</b>                       | <b>\$0</b>       | <b>\$0</b>       |
| 3. Subcontracts/Professional Services (list/itemize all subcontracts) |                                  |                  |                  |
| One or more community contracts                                       | \$0                              | \$0              | \$475,000        |
|                                                                       | \$0                              | \$0              | \$0              |
|                                                                       | \$0                              | \$0              | \$0              |
| <b>a. Total Subcontracts</b>                                          | <b>\$0</b>                       | <b>\$0</b>       | <b>\$475,000</b> |
| <b>4. Total Proposed PEI Project Budget</b>                           | <b>\$0</b>                       | <b>\$0</b>       | <b>\$475,000</b> |
| <b>B. Revenues (list/itemize by fund source)</b>                      |                                  |                  | 0                |
|                                                                       | \$0                              | \$0              | \$0              |
|                                                                       | \$0                              | \$0              | \$0              |
|                                                                       |                                  | \$0              | \$0              |
| 1. Total Revenue                                                      | \$0                              | \$0              | \$0              |
| <b>5. Total Funding Requested for PEI Project</b>                     | <b>\$0</b>                       | <b>\$475,000</b> | <b>\$475,000</b> |
| <b>6. Total In-Kind Contributions</b>                                 | <b>\$0</b>                       | <b>TBD</b>       | <b>TBD</b>       |

**Contra Costa County Mental Health  
PEI Budget Narrative  
Project # 8: Support for Families Experiencing Mental Illness  
Program #1: Respite for Families of Adults Experiencing MI  
FY 08-09**

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Introduction: This budget reflects one-half of an operational year. All services are through contract. No new County FTEs created.

Intended Provider Category: All non-county agencies are eligible to apply.

A. Expenditures

1.	Personnel	<i>None</i>
2.	Operating Expenditures	<i>None</i>
3.	Subcontracts	\$ 475,000
4.	Total Proposed PEI Project Budget	\$ 475,000

B. Revenue

1.	Total Revenue	<i>None</i>
2.	Total In-Kind Contributions	TBD

Leveraging resources is a priority. Bidders for contracts for this Program will be encouraged to include in-kind resources in their proposals.

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 4

		Youth	Development
County Name:	Contra Costa County	Date:	12/28/09
PEI Project Name:	Project #9: Youth Development	Program #1:	Youth Development
Provider Name (if known):	Unknown		
Intended Provider Category:	Other		
Proposed Total Number of Individuals to be served:	FY 07-08 _____	FY 08-09 _____	TBD
Total Number of Individuals currently being served:	FY 07-08 _____	FY 08-09 _____	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08 _____	0	FY 08-09 _____
Months of Operation:	FY 07-08 _____	FY 08-09 _____	5

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Un to 5 youth-serving agencies	\$0	\$0	\$500,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$500,000
4. Total Proposed PEI Project Budget	\$0	\$0	\$500,000
B. Revenues (list/itemize by fund source)			0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$500,000	\$500,000
6. Total In-Kind Contributions	\$0	TBD	TBD

**Contra Costa County Mental Health
PEI Budget Narrative
Project # 9: Youth Development
Program #1: Youth Development
FY 08-09**

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**Introduction:** This budget reflects five operational months after allowing for start-up of these large efforts. However, contractors will be free to start earlier for a total of six operational months.

**Intended Provider Category**

**A. Expenditures**

|    |                                                                                        |                   |
|----|----------------------------------------------------------------------------------------|-------------------|
| 1. | Personnel                                                                              | <i>None</i>       |
| 2. | Operating Expenditures                                                                 | <i>None</i>       |
| 3. | Subcontracts<br>Up to 5 youth-serving entities will be selected through an RFP process | \$ 500,000        |
| 4. | <b>Total Proposed PEI Project Budget</b>                                               | <b>\$ 500,000</b> |

**B. Revenue**

|    |                             |             |
|----|-----------------------------|-------------|
| 1. | Total Revenue               | <i>None</i> |
| 2. | Total In-Kind Contributions | TBD         |

**PEI Administration Budget Worksheet**

County: Contra Costa County

Date: 1/28/2009

|                                                                      | Client and Family Member, FTEs | Total FTEs | Budgeted Expenditure FY 2007-08 | Budgeted Expenditure FY 2008-09 | Total     |
|----------------------------------------------------------------------|--------------------------------|------------|---------------------------------|---------------------------------|-----------|
| <b>A. Expenditures</b>                                               |                                |            |                                 |                                 |           |
| <b>1. Personnel Expenditures</b>                                     |                                |            |                                 |                                 |           |
| a. Project Manager (PEI C)                                           |                                | 1          | \$0                             | \$46,266                        | \$46,266  |
| b. Clerk-Senior Level                                                |                                | 1          | \$0                             | \$22,709                        | \$22,709  |
| c. Other Personnel (list all classifications)                        |                                |            |                                 |                                 | \$0       |
| HS Planner/Evaluator B                                               |                                | 1          | \$0                             | \$40,108                        | \$40,108  |
|                                                                      |                                |            |                                 |                                 | \$0       |
|                                                                      |                                |            |                                 |                                 | \$0       |
|                                                                      |                                |            |                                 |                                 | \$0       |
| d. Employee Benefits                                                 |                                |            | \$0                             | \$73,359                        | \$73,359  |
| e. Total Personnel Expenditures                                      |                                |            | \$0                             | \$182,442                       | \$182,442 |
| <b>2. Operating Expenditures</b>                                     |                                |            |                                 |                                 |           |
| a. Facility Costs                                                    |                                |            | \$0                             | \$4,050                         | \$4,050   |
| b. Other Operating Expenditures                                      |                                |            |                                 | \$268,508                       | \$268,508 |
| c. Total Operating Expenditures                                      |                                |            | \$0                             | \$272,558                       | \$272,558 |
| <b>3. County Allocated Administration</b>                            |                                |            |                                 |                                 |           |
| a. Total County Administration Cost                                  |                                |            | \$0                             | \$45,000                        | \$45,000  |
| <b>4. Total PEI Funding Request for County Administration Budget</b> |                                |            | \$0                             | \$500,000                       | \$500,000 |
| <b>B. Revenue</b>                                                    |                                |            |                                 |                                 |           |
| 1 Total Revenue                                                      |                                |            | \$0                             | \$0                             | \$0       |
| <b>C. Total Funding Requirements</b>                                 |                                |            | \$0                             | \$500,000                       | \$500,000 |
| <b>D. Total In-Kind Contributions</b>                                |                                |            | \$0                             | \$5,000                         | \$5,000   |

**PEI Budget Narrative**  
**PEI Administration Budget**  
**FY 08-09**

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Introduction: This budget reflects one-half of an operational year.

A. Expenditures

1. Personnel Expenditures

- a. Project Manager (PEI Coordinator) – *the total requested is \$46,266 . The PEI Coordinator will be responsible for all coordination of any/all approved PEI projects, coordination/management of contracts with any community based organization(s), management of the RFP process and awards, direction to the dedicated PEI planner/evaluator. This individual will also facilitate/coordinate meetings of the various task forces and campaigns as per the approved PEI Plan.*
- b. Clerk-Senior Level - *the total requested is \$22,709, The clerk will report to the PEI Coordinator, and provide all administrative and clerical support as required for the PEI projects.*
- c. Health Services Planner/Evaluator B – *the total requested is \$40,108, The PEI Planner/Evaluator will be responsible for development of all PEI project related forms, project outcomes measures, and will be responsible for the set up and development of the PEI designated project selected for evaluation.*
- d. Employee Benefits - *a total of \$73,359 is requested for employee benefits for the three positions, which includes medical, dental, vision, accruals, and all required county/employer paid taxes.*

2. Operating Expenditures

- a. Facility Costs – *a total of \$4,050 is requested to cover the cost of the occupancy for the three staff in a leased facility, for 6 months.*
- b. Other Operating Expenditures – *a total of \$268,508 is requested, for the following needs:*
 - i. *Office Expenses to include, purchase of furniture and workstation(s) for staff, installation of same, any books, periodicals, journals, subscriptions, postage, production of printed materials (RFP's, copies of projects/plans, etc)*
 - ii. *Communications, telephones, data (landline, Blackberry or cell phone, and maintenance thereof);*
 - iii. *Purchase of PC's & related peripherals, laptop and support for same, related computer software, photocopier, fax unit;*
 - iv. *Maintenance for above-noted equipment (covers installation of PC's, technical consultation from Information Systems, lease/purchase of photocopier and/or fax unit, and monthly maintenance fee of same);*

- v. *Translation of all PEI related documents and plans into threshold language(s) and/or concentration languages for County;*
- vi. *Interpretation services as needed for any PEI related campaign and/or task force meeting;*
- vii. *Transportation, travel, mileage reimbursement, or use of any county owned vehicle*
- viii. *Professional/specialized services, which includes the use of consultant for ongoing PEI planning and plan updates;*
- ix. *Educational Supplies and/or courses required to stay abreast of prevention & early intervention practice;*
- x. *Miscellaneous expenses*
- xi.

3. County Allocated Administration

- a. *Total County Administration Cost – a total of \$45,000 is requested for total County Admin costs.*

4. Total PEI Funding Request for County Administration Budget - *A total of \$500,000 is requested for the total PEI funding for PEI Administration.*

B. Revenue

- 1. *Total Revenue - the total revenue is not calculated, as evaluation of the MAA plan will be required to see if the PEI Coordinator position will meet any of the MAA criteria, but that is possible.*

C. Total Funding Requirements – *A total of \$500,000 is requested for PEI Administration costs.*

D. Total in-kind Contributions - *\$5,000 for consultation with other mental health clinical or administrative staff regarding interface with any/all PEI projects in each region of the County and their relationship to integrated services in the public mental health system; the use of Training Manager time to train staff to Policies/Procedures, personnel system, payroll, etc., and consult of Training Manager for training to CBO staff as needed to train to behavioral health system.*

Prevention and Early Intervention Budget Summary

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Contra Costa County
Date:	November 12, 2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	Youth and their Families	Transition Age Youth	Adult	Older Adult
1	Building Connections in Underserved Cultural Communities	\$0	\$1,050,000	\$1,050,000	\$262,500	\$262,500	\$262,500	\$262,500
2	Coping with Trauma Related to Community Violence	\$0	\$550,000	\$550,000	\$137,500	\$137,500	\$137,500	\$137,500
3	Stigma Reduction and Awareness Education	\$0	\$110,000	\$110,000	\$27,500	\$27,500	\$27,500	\$27,500
4	Suicide Prevention	\$0	\$305,000	\$305,000	\$30,500	\$91,500	\$91,500	\$91,500
5	Supporting Older Adults	\$0	\$425,000	\$425,000	\$0	\$0	\$0	\$425,000
6	Parenting Education and Support	\$0	\$863,000	\$863,000	\$288,242	\$288,242	\$244,229	\$42,287
7	Supporting Families Experiencing the Juvenile Justice System	\$0	\$775,000	\$775,000	\$193,750	\$387,500	\$155,000	\$38,750
8	Support for Families Experiencing Mental Illness	\$0	\$475,000	\$475,000	\$47,500	\$47,500	\$332,500	\$47,500
9	Youth Development	\$0	\$500,000	\$500,000	\$250,000	\$250,000	\$0	\$0
	Administration	\$0	\$500,000	\$500,000	\$125,000	\$125,000	\$125,000	\$125,000
	Total PEI Funds Requested:	\$0	\$5,553,000	\$5,553,000	\$1,362,492	\$1,617,242	\$1,375,729	\$1,197,537

53.7%

County: Contra Costa County

Date: 11/2008

Local Evaluation of a PEI Project
PEI Project #5: Supporting Older Adults

1.a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

The following programs will be evaluated and reported to the State:

- Expansion of the Senior Peer Counseling Program
- Social activities for Isolated Older Adults

1. b. Explain how this PEI project and its programs were selected for local evaluation.

After reviewing all data collected, the PEI Stakeholder Workgroup used their knowledge and experience to rank the highest priority populations. Among the populations selected to target were:

- Isolated Older Adults
- Older Adults in Underserved Cultural Populations
- Trauma Exposed Older Adults
- Older Adults Experiencing Onset of Serious Psychiatric Illness

Contra Costa Mental Health (CCMH) is currently funding a Senior Peer Counseling Program that is operated by the Employment and Human Service Department. This program is based on the internationally-known senior peer counseling model developed by the Center for Healthy Aging in Santa Monica, CA. Community members, Stakeholder planners, and staff from the Senior Peer Counseling Program are now seeking to expand this program by including more seniors from **underserved cultural populations** and providing them with services in a linguistically and culturally competent manner.

This PEI project was selected for the local evaluation by the Stakeholder Workgroup for its potential contribution toward improving the mental and social well-being of older adults from underserved cultural populations, and for the program's known capacity to collect outcomes data for analysis. (The Senior Peer Counseling Program is currently collecting data on its older adult population.)

2. What are the expected person/family-level and program/system-level outcomes for each program?

Person/Family-Level Outcomes:

- Older adults who receive supports through **peer counseling** will be better able to manage the stressors that contribute to declining mental health in their age group. They will have better access to community supports needed to manage these stressors.
- Older adults who participate in the **community based social support activities** through this Project will be less isolated and therefore will have better mental health.
- More older adults from underserved cultural communities will be served in their own languages and in a culturally competent manner as evidenced by service statistics. These individuals will access services and supports that they had not previously accessed and will report satisfaction with the program.

Program/System-Level Outcomes:

- Through Senior Peer Counselors as a bridge, systems of support will become more accessible to older adults.
- With Senior Peer Counselors able to facilitate referrals and relationships, these systems will improve and increase their supports and service capacities to traditionally underserved older adults.
- The Senior Peer Counseling program will decrease seniors' needs for more acute and expensive services and hospitalizations.

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For "other", provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total unduplicated count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American							
Asian Pacific Islander	120 - 280	120 - 280				120 - 280	120 - 280
Latino	60 - 140	60 - 140				60 - 140	60 - 140
Native American							
Caucasian							
Other (Indicate if possible)							
<u>AGE GROUPS</u>							
Children & Youth							
Transition Age Youth							
Adult							
Older Adult (55 and over)	180 - 420	180 - 420				180 - 420	180 - 420
TOTAL	180 - 420	180 - 420				180 - 420	180 - 420
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: up to 420 Latino/Asian older adults/per year (maximum capacity).							

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

Outcomes will be measured by using the specified tools at frequencies indicated in the tables below:

Person/Family-Level Outcomes

- Older adults who receive supports through peer counseling will be better able to manage the stressors that contribute to declining mental health in their age group. They will have better access to community supports needed to manage these stressors.

MEASURE	TOOL	FREQUENCY
No. of older adults who receive peer counseling support services.	Tracking log used by senior peer counselors to collect data; PSP/InSyst data system quarterly report on program services provided to older adults (by Reporting Unit)	Summary data reported on a quarterly basis.
Functional status change	Clinical assessment of ADL's & IADL's	Assessed at intake and periodically as recommended. Mean scores and changes in scores will be summarized and reported quarterly.

- Older adults who participate in the community based social support activities through this Project will be less isolated and therefore will have better mental health.

MEASURE	TOOL	FREQUENCY
Social isolation	Using Santa Monica's Peer Counseling Program tools & training materials	Assessed at intake and periodically as recommended. Mean scores and changes in scores will be summarized and reporting quarterly.
Symptoms of depression	Using Santa Monica's Peer Counseling Program tools & training materials	Assessed at intake and periodically as recommended. Mean scores and changes in scores will be summarized and reporting quarterly.
No./frequency of participation in community-based social support activities	Tracking log used by contracted agency staff to collect data	Summary data reported on a quarterly basis.

- More older adults from underserved cultural communities will be served in their own languages and in a culturally competent manner as evidenced by service statistics. These individuals will access services and supports that they had not previously accessed and will report satisfaction with the program.

MEASURE	TOOL	FREQUENCY
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No. of older adults from underserved cultural communities served in their own languages.	Tracking log maintained by linguistically/culturally competent senior peer counselors	Reported on a quarterly basis.
Percent of older adults from underserved cultural communities who express satisfaction with culturally competent services.	Satisfaction survey translated into Spanish, Vietnamese, or other Asian language	Older adults will be surveyed at 3, 6, and 12 months. Data will be reported for quality improvement purposes and summarized annually.
No. & percent of older adults from underserved cultural communities who access new services/supports.	Tracking log maintained by linguistically/culturally competent senior peer counselors for collecting data	Reported on a quarterly basis.

Program/System-Level Outcomes

- Through Senior Peer Counselors as a bridge, systems of support will become more accessible to older adults.

MEASURE	TOOL	FREQUENCY
Access barriers to systems of support	Measured by client satisfaction survey translated into Spanish, Vietnamese, or other Asian language	Older adults will be surveyed at 3, 6, and 12 months. Data will be summarized and reported annually/more frequently for quality improvement purposes.
No. of older adults who access support services.	Tracking log used by contracted agency staff to collect data	Reported on a quarterly basis.

- With Senior Peer Counselors able to facilitate referrals and relationships, these systems will improve and increase their supports and service capacities to traditionally underserved older adults.

MEASURE	TOOL	FREQUENCY
No./type of referrals/recommendations	Tracking log maintained by senior peer counselors for capturing data	Summary data reported on a quarterly basis.
Percent of	Tracking log maintained	Summary data reported

referrals/recommendations adhered to	by senior peer counselors for capturing data	on a quarterly basis.
No./type of supports/services older adults received	Tracking log maintained by senior peer counselors for capturing data	Summary data reported on a quarterly basis.

5. How will data be collected and analyzed?

- Senior peer counselors and contracted agency staff will interview older adults (i.e., survey) on a weekly basis and log the services and activities they receive or participate in each quarter. The requirements for the tracking logs and use of assessment tools and survey instruments will be specified as part of the responsibilities of program and agency staff.
- CCMH will hire a PEI Evaluator early in the planning process to convene the agency and program staff and work with them to develop a detailed evaluation work plan with timelines. The Evaluation Team will be responsible for the final selection of tools to be used, the key elements of the tracking logs, and the timetable for submission of documentation to the PEI Evaluator.
- The PEI Evaluator will be responsible for analyzing the information collected and then developing reports each quarter for presentation to CCMH executive and program staff. S/he will also draft a 6-month interim report and a final project status report on implementation at 12 months in compliance with State requirements.

6. How will cultural competency be incorporated into the programs and the evaluation?

- With PEI funding, this Project will expand the program’s cultural competency and language-specific capacity for communities speaking Spanish, Vietnamese, and at least one other Asian language. Up to three new Senior Peer Counselor Supervisors – who speak Spanish, Vietnamese, and one additional Asian language – will be recruited and then trained to support up to 20 volunteers at a time.
- It is expected that the new linguistically and culturally competent Senior Peer Counselor Supervisors will be able to reach out to their own communities to recruit, train, and support senior peer counselors from those communities. They will also be able to effectively publicize the availability of the service and establish referral mechanisms.
- Through the RFP process, CCMH will contract with one or more community providers for social supports and activities for isolated older adults. Applicants will demonstrate their access to the targeted cultural populations, and an understanding

of the methods for successful recruitment, transportation, and return participation by seniors in their communities.

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

- Senior Peer Counselor Supervisors are required to complete the extensive 8-week training course based on the internationally-recognized Peer Counseling Program that was developed in 1977 by Santa Monica's Center for Healthy Aging. Included in the training materials are the manual developed by Evelyn Freeman and training videotapes.
- After their participation in the training program, senior peer counselors provide support counseling under the close supervision of licensed mental health professionals.
- Specific details regarding fidelity to the model will be spelled out for the new and contracted agency staff; counselors will be evaluated on their adherence to the Santa Monica program model.

8. How will the report on the evaluation be disseminated to interested local constituencies?

- CCMH staff will invite the members of the PEI Stakeholder Workgroup, the MHSA Steering Committee, and other MHSA Stakeholders to review and comment on the evaluation and its implications, and to elicit their suggestions/recommendations for next steps.
- The evaluation will be posted on the CCMH website under PEI, and later summarized in an article for publication in the CCMH newsletter.

**MHSA Steering Committee
Membership
2008**

Sherry Bradley	CCMH Administrator/MHSA Coordinator
Cesar Court	Families Forward Program Manager (FSP)
Jana Drazich	Health Services Finance
John Gragnani	Public Employees Union, Local #1
Steve Hahn-Smith	Manager, Research and Evaluation
Gloria Hill	Adult Services Family Partner Coordinator
Vidya Iyengar	Ethnic Services and Training Coordinator
Debra Jones	CCMH Planner/Evaluator
Anna Lubarov	Office for Consumer Empowerment
Lavonna Martin	Public Health Homeless Program
Kimberly Mayer	MHSA Coordinator
Victor Montoya	Adult/Older Adult Program Chief
Michaela Mougenskoff	Adult and TAY Program Manager
Karen Shuler	Staff to Mental Health Commission
Suzanne Tavano	Deputy Director of Mental Health
Kathryn Wade	Office for Consumer Empowerment
Vern Wallace	Children/Adolescent Program Chief
Donna Wigand	Mental Health Director

PEI Focus Groups – In Alphabetical Order

African American Health Conductors	FG · 1
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Calli House – Homeless Youth.....	FG · 11
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Children’s Managers – Contra Costa Mental Health.....	FG · 15
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Community Clinic Consortium.....	FG · 19
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Contra Costa MH Access Line	FG · 25
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Contra Costa Probation Department.....	FG · 29
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CONTRA COSTA HEALTH SERVICES

We Want Your Input!

Contra Costa Health Services, Mental Health Division, is currently conducting a strategic planning process to decide how to use new funding from Prop 63, also known as the Mental Health Services Act—MHSA—that was passed by California voters in 2004. The MHSA defines how these funds are to be used. The State Department of Mental Health distributes and oversees the use of the funds to counties.

Contra Costa Mental Health is eligible for up to \$7.1 million dollars for the first two years to develop new programs and strategies to help prevent serious mental illness and serious emotional disturbance, known as Prevention & Early Intervention.

The overarching goal for Prevention and Early Intervention services is: Prevention of serious mental illness and serious emotional disturbance AND reducing disparities.

The State Department of Mental Health has defined prevention and early intervention as: Programs at the early end of the spectrum. They have also provided some menus of Key Community Needs and Priority Populations to be targeted for prevention/early intervention efforts with these funds. We will be asking you about your priorities within these categories in this survey.

We will be accepting new survey responses until February 23, 2008.

Hard copy surveys can also be mailed or delivered to:

PEI Planning
Contra Costa Mental Health
1340 Arnold Drive, #200
Martinez, CA 94553

1. Please rank the following five Key Community Prevention/Early Intervention Needs in order of priority based on size of need or importance of need in Contra Costa County.

	Top Priority	Second Priority	Third Priority	Fourth Priority	Fifth Priority
Disparities in access to mental health services	<input type="checkbox"/>				
Psycho-social impact of trauma	<input type="checkbox"/>				
At-risk children, youth and young adult populations	<input type="checkbox"/>				
Stigma and discrimination about mental illness	<input type="checkbox"/>				
Suicide risk	<input type="checkbox"/>				

2. Please rank the following Key Priority Populations in order of priority based on the size of need or importance of need in Contra Costa County.

	Top Priority	Second Priority	Third Priority	Fourth Priority	Fifth Priority	Sixth Priority
Underserved cultural populations	<input type="checkbox"/>					
Individuals experiencing onset of serious psychiatric illness	<input type="checkbox"/>					
Trauma exposed individuals of any age	<input type="checkbox"/>					
Children and youth in stressed families	<input type="checkbox"/>					
Children and youth at risk for school failure	<input type="checkbox"/>					
Children and youth at risk of or experiencing juvenile justice involvement	<input type="checkbox"/>					

3. Looking at the top Priority Populations you have selected, are there smaller risk groups within these populations that are of specific importance to you?

4. Which of the following populations are hardest to reach for mental health prevention/early intervention efforts? (Pick up to 3)

- Immigrants who do not speak English
- Trauma exposed individuals
- Racial/ethnic groups who are traditionally underserved in the health care and mental health care systems
- Homeless individuals and families
- Isolated seniors
- Lesbians, gays, bisexuals, transgenders, questioning (LGBTQ)
- Individuals and families experiencing domestic violence
- Youth showing signs of a first psychotic break

5. What are the BEST ways to make contact with the hard-to-reach populations you have selected above? (Pick up to 3)

- Medical clinics
- Social service agencies
- Grocery stores
- Churches
- Community centers/Family service centers
- Cultural centers
- Schools
- Infant and toddler programs
- Justice system locations
- In homes
- Through radio, television, newspaper or internet
- Other (Please specify): _____

6. Are there specific prevention/intervention PROGRAMS or TYPES OF INTERVENTIONS that you would like to see supported with these funds?

Now we would like to ask you a few questions about yourself. If you are representing an organization, we would like to ask about your organization as well.

7. What is your home zip code? _____

8. How do you describe your race/ethnicity? (Check up to three that you most identify with)

- Black/African American
- Latino/Hispanic
- Native American/Alaskan Native
- White/Caucasian
- Asian/Pacific Islander (Please specify): _____
- Other (Please specify): _____

9. What is your primary language?

- English
- Spanish
- Other (Please specify): _____

10. Which of the following groups do you PRIMARILY represent? (Check all that apply)

- Mental health consumer
- Family member or partner of a MH consumer
- Guardian/foster parent
- Concerned community resident – I am an adult over 25
- Concerned community resident – I am under 26 years of age
- Representing my profession, organization or my volunteer workplace
- Other (Please specify): _____

Do you have any additional comments to share with us?

(Please use the space below to share your comments)

If you are an individual and not representing an organization, you have now completed this survey. Thank you for your time! Your response is very important to us. To learn more about Contra Costa County's MHSAs activities, go to www.cchealth.org. Click on "Mental Health" and then select MHSAs for more information.

If you are representing a profession or organization, we will now ask you a few questions about your organization. **Please continue to next page.....**

11. If you are responding to this survey in a work/volunteer-related capacity, what is your service focus?

- Mental Health
- Alcohol and/or drug recovery
- Social services
- Homeless services
- Youth services
- Primary medical care
- Education
- LGBTQ Community
- Housing
- Law Enforcement
- Faith Communities
- Employment
- Media
- Other (Please specify): _____

12. What is the name of the organization you represent?

13. What is the service area of your organization? (More than one answer allowed)

- Contra Costa County-wide, or
- West County
- Central County
- East County
- Far East County
- Contra Costa and other counties
- Serve clients in specific city/cities (please specify): _____

14. Does your organization currently do mental health prevention or early intervention work?

- No
- Yes (Please describe briefly): _____

15. Does your organization currently do work that would easily lend itself to PEI?

- No
- Yes *(Please describe briefly):*

16. Does your organization have access to especially hard-to-reach populations?

- No
- Yes *(Please describe briefly):*

17. May we follow up with you if we have more questions?

- No
 - Yes *(Please provide name and email address):*
-

Thank you for taking our survey.

Again, your response is very important to us. To learn more about Contra Costa County's MHSA activities, go to www.cchealth.org. Click on "Mental Health" and then select MHSA for more information.



CONTRA COSTA HEALTH SERVICES

¡Queremos Su Opinión!

La Sección de Salud Mental del Departamento de Servicios de Salud de Contra Costa actualmente está realizando un proceso de planificación estratégica para decidir cómo usar nuevos fondos de la Propuesta de ley número 63, también conocido como la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA) que fue aprobada por los votantes de California en 2004. La MHSA define cómo se deben usar estos fondos. El Departamento Estatal de Salud Mental distribuye y supervisa el uso de los fondos por los condados.

La Sección de Salud Mental de Contra Costa podrá recibir hasta \$7.1 millones de dólares durante los primeros dos años del programa con el fin de desarrollar nuevos programas y estrategias para ayudar a prevenir las enfermedades mentales serias y trastornos emocionales serios, programas conocidos como programas de Prevención e Intervención Temprana.

La meta principal de los servicios de Prevención e Intervención Temprana es: La prevención de enfermedades mentales serias y de trastornos emocionales serios Y también reducir las disparidades que se encuentran en gente que padece de estas enfermedades.

El Departamento Estatal de Salud Mental ha definido prevención y la intervención temprana como: Programas dirigidos a individuos antes de que padezcan de una enfermedad mental o muy temprano en la manifestación de una enfermedad. También han proporcionado algunos menús de lo que llaman “Necesidades Claves de la Comunidad” y “Poblaciones con Prioridad” de los que debemos escoger para dirigir los esfuerzos en nuestro condado de prevención e intervención temprana utilizando estos fondos. Estaremos preguntándole acerca de sus prioridades dentro de estas categorías en la presente encuesta.

Estaremos aceptando nuevas respuestas a la encuesta hasta el 23 de febrero de 2008.

También se pueden entregar o enviar por correo las encuestas impresas a:

PEI Planning
 Contra Costa Mental Health
 1340 Arnold Drive, #200
 Martinez, CA 94553

1. Por favor califique las siguientes “Necesidades Claves de la Comunidad” en el área de Prevención/Intervención Temprana en orden de prioridad, tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)

	Primera Prioridad	Segunda Prioridad	Tercera Prioridad	Cuarta Prioridad	Quinta Prioridad
Disparidades en el acceso a servicios de salud mental	<input type="checkbox"/>				
Impacto psico-social del trauma	<input type="checkbox"/>				
Poblaciones de niños, jóvenes y adultos jóvenes en riesgo	<input type="checkbox"/>				
Estigma y discriminación con respecto a la salud mental	<input type="checkbox"/>				
Riesgo de suicidio	<input type="checkbox"/>				

2. Por favor califique las siguientes “Poblaciones de Prioridad” Claves en orden de prioridad tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)

	Primera Prioridad	Segunda Prioridad	Tercera Prioridad	Cuarta Prioridad	Quinta Prioridad	Sexta Prioridad
Poblaciones culturales desatendidas	<input type="checkbox"/>					
Individuos que experimentan comienzos de enfermedades mentales serias	<input type="checkbox"/>					
Individuos de cualquier edad expuestos a traumas	<input type="checkbox"/>					
Niños y jóvenes en familias estresadas	<input type="checkbox"/>					
Niños y jóvenes en riesgo de fracaso escolar	<input type="checkbox"/>					
Niños y jóvenes involucrados o en riesgo de verse involucrados con la justicia juvenil	<input type="checkbox"/>					

3. Tomando en consideración las Poblaciones con mayor Prioridad que usted haya seleccionado, ¿hay otros subgrupos que forman parte de esas poblaciones que estén especialmente en riesgo para desarrollar enfermedades mentales y que tengan una particular importancia para usted? Especifique.

4. ¿Cuáles de las siguientes poblaciones son las más difíciles de alcanzar para los esfuerzos de prevención/intervención temprana en el campo de salud mental? (Elija hasta 3)

- Inmigrantes que no hablan inglés
- Individuos expuestos a traumas
- Grupos raciales/étnicos que tradicionalmente no son atendidos en los sistemas de cuidados de la salud y de cuidado de salud mental
- Familias e individuos sin hogar
- Personas mayores aisladas
- Lesbianas, homosexuales, bisexuales, transexuales y personas que cuestionan su sexualidad
- Individuos y familias que experimentan violencia doméstica
- Jóvenes que muestran signos de un primer episodio sicótico

5. ¿Cuáles son las MEJORES formas de hacer contacto con las poblaciones difíciles de alcanzar que usted haya seleccionado anteriormente? (Elija hasta 3)

- Clínicas médicas
- Agencias de servicio social
- Tiendas de abarrotes
- Iglesias
- Centros comunitarios/centros de servicios a las familias
- Centros culturales
- Escuelas
- Programas para bebés y niños pequeños
- Ubicaciones del sistema de justicia
- En residencias
- A través de la radio, televisión, periódicos o Internet
- Otro (Por favor especifique):

6. ¿Hay algunos PROGRAMAS o TIPOS DE INTERVENCIÓN en específico que le gustaría que sean promovidos con estos fondos?

Ahora nos gustaría hacerle algunas preguntas acerca de usted. Si representa a una organización, también nos gustaría preguntarle acerca de la organización.

7. **¿Cuál es el código postal de su domicilio?** _____

8. **¿Cómo describiría su raza/grupo étnico?** (Marque hasta 3 con los que más se identifique)

- Negro/Afro americano
- Latino/Hispanico
- Nativo americano/Nativo de Alaska
- Blanco/Caucásico
- Asiático/de las Islas del Pacífico (Por favor especifique): _____
- Otro (Por favor especifique): _____

9. **¿Cuál es su lengua principal?**

- Español
- Inglés
- Otro (Por favor especifique): _____

10. **¿A cuáles de los siguientes grupos representa PRINCIPALMENTE?**

(Marque todos los que apliquen)

- Consumidor de salud mental
- Miembro de la familia o pareja de un consumidor de salud mental
- Padre de cuidado temporal/tutor
- Residente de la comunidad interesado – Soy un adulto mayor de 25 años
- Residente de la comunidad interesado – Soy menor de 26 años
- Represento a mi profesión, organización o centro de trabajo voluntario
- Otro (Por favor especifique): _____

¿Tiene comentarios adicionales para compartir con nosotros?

Si usted se representa a si mismo y no a ninguna organización, acaba de terminar esta encuesta. Gracias por su tiempo. Su respuesta es muy importante para nosotros. Para conocer más acerca de las actividades del MHSA del Condado de

Contra Costa, visite www.cchealth.org. Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.

Si representa a una organización, también nos gustaría preguntarle acerca de la organización. **Por favor, continúe en la página siguiente.**

11. Si responde a esta encuesta en su capacidad de trabajo o de voluntario, ¿cuál es el enfoque de su trabajo?

- Salud mental
 - Recuperación del abuso de alcohol y/o drogas
 - Servicios sociales
 - Servicios para las personas sin hogar
 - Servicios para jóvenes
 - Cuidados médicos primarios
 - Educación
 - Comunidad de lesbianas, homosexuales, bisexuales, transexuales y personas que se cuestionan su sexualidad (LGBTQ)
 - Vivienda
 - Cumplimiento de la ley
 - Comunidades de fe
 - Empleo
 - Medios
 - Otro (Por favor especifique):
-

12. ¿Cuál es el nombre de la organización que representa?

13. ¿Cuál es el área de servicio de su organización? (Se permite más de una respuesta)

- Por todo el Condado de Contra Costa, o
- Condado Oeste
- Condado Central
- Condado Este
- Condado del Lejano Este
- Condado de Contra Costa y otros condados
- Servimos clientes en ciudad(es) específica(s) (Por favor especifique): _____

14. ¿Su organización actualmente realiza trabajos de prevención o de intervención temprana en el campo de salud mental?

- No
- Sí (Por favor especifique):

15. ¿Su organización actualmente realiza trabajos que fácilmente se prestarían para los fondos designados para la prevención o intervención temprana en el campo de salud mental?

- No
- Sí *(Por favor especifique):*

16. ¿Su organización tiene acceso a poblaciones que son especialmente fuera de alcance?

- No
- Sí *(Por favor especifique):*

17. ¿Podemos ponernos en contacto con usted si tenemos más preguntas?

- No
- Sí *(Por favor, proporcione su nombre y dirección de correo electrónico):*

Otra vez, gracias por completar esta encuesta.

Para conocer más acerca de las actividades del MHSA del Condado de Contra Costa, visite www.cchealth.org. Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.

Contra Costa MHSA Stakeholder Workgroup 0-25

	Name	SubGroup (Ages 0-25 or 26+)	Mental Health Consumer	Family Member/ Partner	Education	Public Health/Healthcare	Mental Health	Law Enforcement	Social services	Faith Community	Mental Health Commission	ORGANIZATION
1	Andelman, Ross	0-25					X					Central County Children's Mental Health
2	Caldwell, Pete	0-25		X			X					We Care Services for Children
3	Casey, Sean	0-25			X	X	X		X			First 5 - CC Children's & Families Commission
4	Dasar, Yuriy	0-25										Mt Diablo Health Academy - Student
5	Greer, Wendell	0-25			X							West Contra Costa Unified School District
6	Hernandez, Paula	0-25										Probation Department
7	Kutter, Kristina	0-25				X						Contra Costa Health Services Department
8	Lee, Beatrice	0-25				X			X			Asian Pacific Psychological Services
9	McElroy, Neely	0-25							X			EHSD - CFS
	Mclaughlin, Kathi	0-25			X							Martinez Unified School District
10	Menjou, Patti	0-25	X	X	X							Adolescent Parent Program - Richmond HS
11	Moss, Deborah	0-25										Contra Costa County Administrator's Office
12	Parra, Martha	0-25										Mt Diablo Health Academy - Student
13	Rader, Jennifer	0-25			X	X	X		X			El Cerrito High School Community Project
14	Ross, Lee	0-25		X	X							Oakley Union School District
15	Sandoval, Gloria	0-25		X					X			STAND
16	Sol, Fatima	0-25				X						Alcohol and Other Drugs Services
17	Sullivan, Maeve	0-25				X						Community Clinic Consortium of CC
18	Sumii, Aron	0-25				X			X			CC Homeless Programs
19	Taylor, LaShonda	0-25			X	X	X	X	X			CC Crisis Center
20	Tinsley, Charles	0-25								X		CC Juvenile Detention
21	Tolleson, Connie	0-25									X	Mental Health Commission
22	Valencia, Nancy	0-25						X				Probation Department
23	Wade, Katherine	0-25	X	X			X			X		Office of Consumer Empowerment - CCMH
24	Wallace, Carol	0-25		X	X					X		YWCA - CCC
25	Wyborny, Grant	0-25					X					Central County Children's Mental Health
26	Zimmerman, Jerry	0-25			X							Mt Diablo Unified School District

Contra Costa MHSA Stakeholder Workgroup 26+

	Name	SubGroup (Ages 0-25 or 26+)	Mental Health Consumer	Family Member/ Partner	Education	Public Health/Healthcare	Mental Health	Law Enforcement	Social Services	Faith Community	Mental Health Commission	ORGANIZATION
1	Allen, John	26+					X					Contra Costa Adult Mental Health
2	Ami, Tanir	26+				X						Community Clinic Consortium of Contra Costa
3	Bateson, John	26+							X			CC Crisis Center
4	Blum, Patty	26+		X			X					Crestwood Behavioral Health
5	Ferman, Johanna	26+					X					Contra Costa Mental Health
6	Grolnic-McClurg, Steven	26+					X		X			Rubicon Programs
7	Hamaker, Molly	26+		X								CC Clubhouses, Inc.
8	Hatchett, Arthur	26+							X	X		Greater Richmond Interfaith Program
9	Kelly, Fran	26+							X			County Supervisor's Office
10	Lemay, Mitchell	26+						X				CC Sheriffs Department
11	Neilson, Barbara	26+				X			X	X		Jewish Family & Children Services
12	Parsley, Harold	26+				X						Alcohol & Other Drugs Advisory Board
13	Pasquini Teresa	26+		X								Family Member
14	Peck, Julie	26+							X			EHSD, Aging & Adult Services
15	Pursell, Helen	26+			X							Brentwood School District
16	Randle, Bettye	26+	X	X		X					X	Mental Health Commission
17	Torres, Carlos	26+			X				X			ILR-JFCS
18	Vasquez-Jones, Ruth	26+				X						Brookside Community Health Center
19	Williams, Loretta	26+	X	X			X					MH Consumer Concerns
20	Wong, Esther	26+					X					Asian Community Mental Health Services

County of Contra Costa
Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI) Component
DRAFT PLAN

**Public Comments Received during 30 Day Public Comment Period, November 13, 2008 – December 18, 2008
and at Public Hearing on January 22, 2009**

Project Number:	Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Comments and/or Changes to PLAN
1	Project: Building Connections in Underserved Cultural Communities Programs: 1. Strengthening Community 2. Strengthening Communications 3. Providing Mental Health Education & System Navigation Support	Veronica Vale, 12/15/08 Julie Lienert, Ally Action, 12/16/08 Barbara Nelson, 11/20/08	<p>“After having attended the four stakeholder meetings for the 0-25 group, I came away believing a good program would be chosen.I also do not understand why communication was chosen for only 400 families as a component of prevention when resiliency was given by the stakeholders as more important for at-risk children.”</p> <p>“Does not include ‘LGBTQ’ populations, except on pp F3-6 under focus groups, but this is not embedded in the definition of ‘underserved cultural communities’”.</p> <p>“Focus group data re: LGBTQ community only highlights stigma, stress & depression related to sexual orientation (or sexual identity) but does not identify and/or address community needs in regard to gender identify/expression issues.”</p> <p>“I am concerned in the PEI project summary about the line ‘underserved cultural communities for the purposes of this project include: Latinos, African-Americans, Asian/Pacific Islanders, Native Americans, and LGBTQ. We see so many people from smaller cultural populations, i.e., Afghan, Bosnian, Iranian, Russian, who have very limited or no culturally accessible resources in the County and a high incidence of mental health issues, especially post traumatic stress in groups that are refugees from war-torn countries. I know that with these smaller populations that we can’t have whole programs aimed at just them, but why can we not include smaller populations in multi-cultural, multi-lingual accessible PEI services instead of excluding them but saying that only</p>	<p>No change made to Plan.</p> <p>No change made to Plan.</p> <p>Will be clear in the RFP’s issued.</p> <p>County does not want to exclude those mentioned. Plan not changed, but RFP will be clearly inclusive of a broader range of cultural populations.</p>

2	Project: Coping with Trauma Related to Community Violence Programs: 1. Coping with Community Violence 2. Community Mental Health Liaisons for Trauma		the above populations will be served?" No Comments	No Change to Plan
Project Number:	Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Comments and/or Changes to PLAN:
3	Project: Stigma Reduction and Awareness Education Programs: 1. Reconvene Wellness & Recovery Task Force & Resume Taping of Mental Health Perspectives 2. Establish Educational (Anti-Stigma) Teams (Speaker's Bureau) 3. Anti-Stigma Educational Conference	Veronica Vale, 12/15/08	"Why the speakers group was chosen instead of RFP's. No other options were given a chance."	No change to Plan. Speakers group selection was based upon previous success of the speaker model.

Project Number:	Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Comments and/or Changes to PLAN
5	Project: Supporting Older Adults Programs: 1. Expanding Senior Peer Counseling 2. Community Based Social Supports for Isolated Older Adults	Julie Lienert, 12/16/08	"Again, no mention at all of the specific needs of LGBTQ elders in Contra Costa County".	No change to Plan.
6	Project: Parenting Education and Support Programs: 1. Partnering with Parents Experiencing Challenges 2. Parenting Education and Support 3. Multi-Family Support Groups		No Comments	No Change to Plan.
7	Project: Supporting Families Experiencing the Juvenile Justice System Programs: 1. Community Supports to Youth on Probation 2. Screening, Early Intervention and Discharge Support at the Boys Ranch		No Comments	No Change to Plan.
8	Project: Support for Families Experiencing Mental Illness	Molly Hamaker, 11/14/08	"I asked a question concerning the current language of the project summary....."What about the possibility of broadening the language in Item 2 in the Summary	Language in Plan was broadened around weekday daytime activities.

	<p>Program: One Program with Three Components:</p> <ol style="list-style-type: none"> 1. Meaningful Evening/ Weekend Activities for Consumers 2. Transportation for consumers to activities 3. Management of flex funds for in-home care when out-of-home not feasible. 		<p>Project Description (<i>development of meaningful evening and weekend activities for consumer involvement</i>), such that it doesn't preclude weekday daytime activities. Your response that there are already daytime activities available, thus the focus on evening and weekends. I am curious as to what daytime activities/program you were referring to."</p>	
Project Number:	Section of Plan Referenced:	Submitted by:	Public Comment:	Response to Comments and/or Changes to PLAN
9	Project: Youth Development Program: Youth Development Projects	Julie Lienert, 12/16/08	"Within 1.25 pages of data, there is no inclusion of specific LGBTQ youth risk data, aside from the county planning survey. It is our hope that this lack of specificity will not negatively impact prioritization of meeting the needs of LGBTQ youth in Contra Costa County. There is California data available on this subpopulation through the Safe Place to Learn Report at http://www.casafeschools.org/SafePlacetoLearnLow.pdf	Good feedback. While Plan not changed, the RFP will more clearly reflect need to provide for the needs of the LGBTQ youth.
Administration	General Comment	Veronica Vale, 12/15/08	"After having attended the four stakeholder meetings for the 025 year group, I came away believing a good program would be chosen. The way the plan is written, and I don't believe the prevention portion is going to reach the majority of young people. That it thus is a sufficient reach for a population in this county of a million people. I also do not understand why communication was chosen for only 400 families as a component of prevention when resiliency was given by the stakeholders as more important for at-risk children. And why the speakers group was chosen instead of RFP's? No other options were given a chance."	No change made to the Plan.
	General Comment	Julie Lienert, Ally Action, 12/16/08	"Overall, in reviewing the planning report and draft plan, it appears that there has been an effort to acknowledge that mental health needs specific to LGBTQ people. However, we are concerned that LGBTQ specific needs/issues have not been as seamlessly and quantifiably integrated into the document as other	No change made to Plan, however, issuance of RFP's will also include LGBTQ needs specified.

			community-specific needs/issues have been. Throughout the report, neither the "Selected Priority Populations" or the Quicksan Data sections for each of the projects include LGBTQ specific data. Unfortunately, LGBTQ-specific data is only included in the "Focus Groups and Forums" and "Survey" sections. Again, as previously mentioned, it is our hope that this lack of specificity will not negatively impact prioritization of meeting the needs of LGBTQ youth in Contra Costa County. Thank you for this opportunity to help provide input and feedback."	
	General Comment	11/17/08, Harold Parsley	"First of all, I want to say how much I appreciated being a part of the PEI planning process. I was able to gain knowledge that I hope to use in the addressing the issues related to AOD. We continue to look at AOD and mental health issues as being parallel but more and more I realize that there are times when there is a convergence of the two."	No change made to Plan.
	General Comment	Hearing 1/22/09 Lisa Assoni	Written Statement (attached)	No change made to Plan.
	General Comment	Hearing 1/22/09 Brenda Crawford	Stated that voices of consumers were limited in this process...we need to ensure the voices of consumers are always heard. Some people at the table are not consumer-driven. Anyone who applies for MHSA funds must be trained in cultural competency about consumers.	No change made to Plan.
	General Comment	Hearing 1/22/09 Connie Tolleson	Concerned about children who witness domestic violence – that they can become traumatized and develop mental illness because of this and need intervention for themselves and their families.	No change made to Plan.
	General Comment	Dale Brodsky	Asked about availability of funds for Behavioral Health Court and mentioned that although the BHC serves an adult population, a number of their clients are 18 years old and our goal is to keep them out of the criminal justice system.	No change made to Plan.

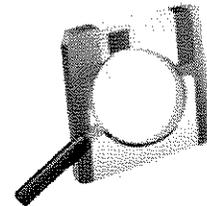
Extended Comments provided by Lisa Assoni

Teresa Pasquini presented an e-mail request to give Public Comment from Lisa who was unable to attend. She read it for the record: "My name is Lisa Assoni. I am a adult education teacher with the Mt. Diablo School District. For 20 years of my career I taught mentally ill teens and adults life skills. The year was 1974 and was one of the first teaching positions. I want to tell you about the program. It was called Phoenix Programs and located on Willow Pass Rd. Each day about 70 students would come to this Day Treatment Center. On staff, at all times, had a physician, nurse and 3 counselors. I was one part of the counseling team. This facility was established to help the chronically mentally ill mainstream into a chaotic society. Each client was monitored daily for medication, health and other needs. Each day began with a group check in. After our gathering, I would teach different classes such as memory enhancement, current events, and health/safety issues. My favorite class began as a more than necessary task. My students were hungry! They would come to the morning program filled only by a small bowl of cereal and rationed milk. There lunch was 2 slices of bread and one slice of a cheap meat or tomato, and kool aid. Since all the students had \$25.00 spending money for the whole month, it left little after purchasing meds, for food. There dinner again was loaded with cheap meats and potatoes. Filler foods were filling them up and OUT. I began teaching a cooking class which developed into a whopping 63 people being feed in under 1 1/2 hours. Students designed healthy menu's, shopped for ingredients and helped prepare the meal. We celebrated holiday's as well with fancy feasts that everyone loved. The program was diminished about 1995 and moved to a different location. I occasionally see a few of my students. Many have died and the rest roam the streets-diseveled, living in parks and under freeways. They have no resources left and are now **more than hungry**.

Please, please help people who have a brain disease. They are victims and need to be taken care of. When I see a dog loose on the street, someone immediately pulls over or calls animal control who take the dog in. Some places have rooms for dogs with a tv in every room. This is not a pretty picture when animals have priority over human's. I am asking the board to take this matter very seriously, as many lives are depending on our assistance. "People to People Who Care". May you be considered ONE OF THOSE PEOPLE. Thank you in advance, Lisa Assoni Walnut Creek, Ca."

Contra Costa Mental Health
MHSA
Prevention & Early Intervention Planning

DATA QUICKSCAN



Introduction

In order to support the MHSA Prevention/Early Intervention planning process, Contra Costa Mental Health (CCMH) has gathered readily available written data to educate and support Stakeholder Workgroup members. The bullets and charts in this "Scan" select and summarize key elements of these data.

A broad outreach effort to collect existing written data and reports was conducted for this purpose. Stakeholder planners may wish to bring additional data to their Workgroup to support the planning process and this is encouraged.

Data QuickScan Contents

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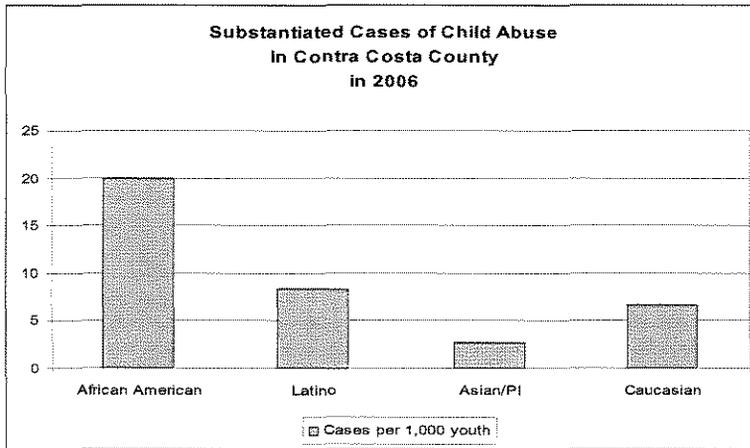
At-Risk Children, Youth, and Young Adults In Stressed Families, and/or At Risk of School Failure, and/or Juvenile Justice System Involvement

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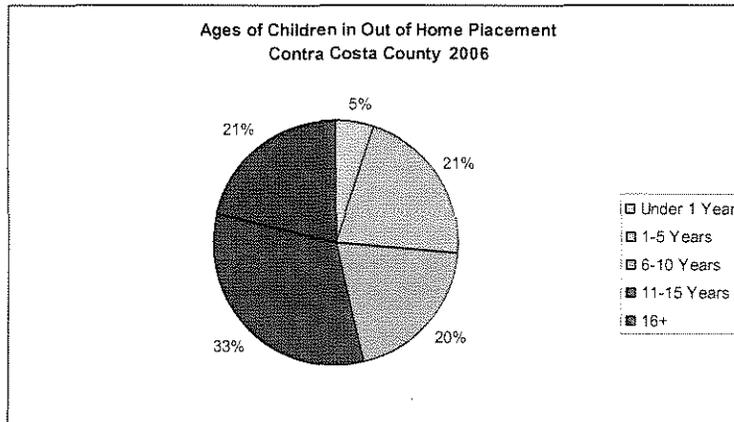
Note: Data for the three child-specific target populations for PEI planning are highly overlapping. Rather than duplicating data in separate presentations, data on the three groups are being provided together in a single group. For clarification, effort has been made to identify which sub-groups of children are addressed by different data. F = Stressed Families, S = At risk for School Failure, and JJ = At risk or having Juvenile Justice Involvement.

Out-of-Home Placement (F, S, JJ)

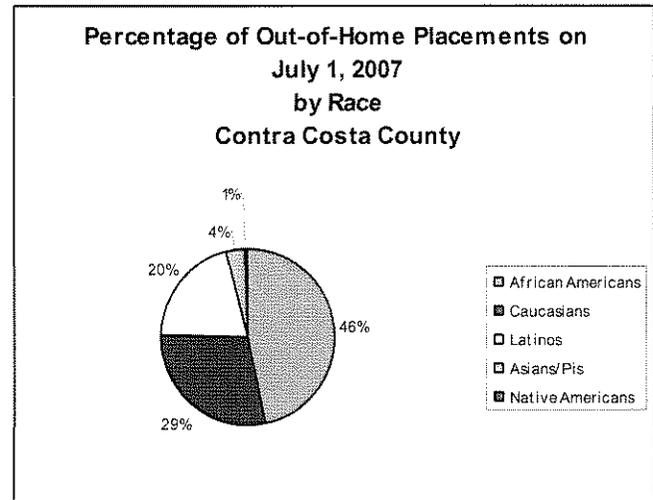
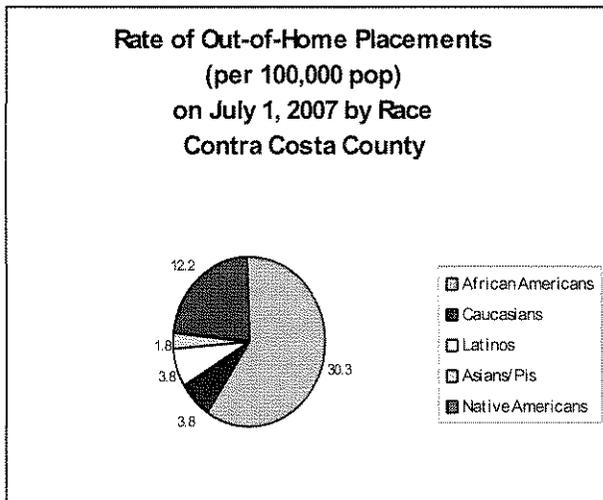
- In 2006, out of 10,491 reports of child abuse in Contra Costa, 21% or 2,178 were substantiated.¹
- The rate of substantiated cases of child abuse among African American children is from two to six times higher than in other groups.¹



- As of July 1, 2007, 1,492 children 0-17 in Contra Costa were in out-of-home care.¹

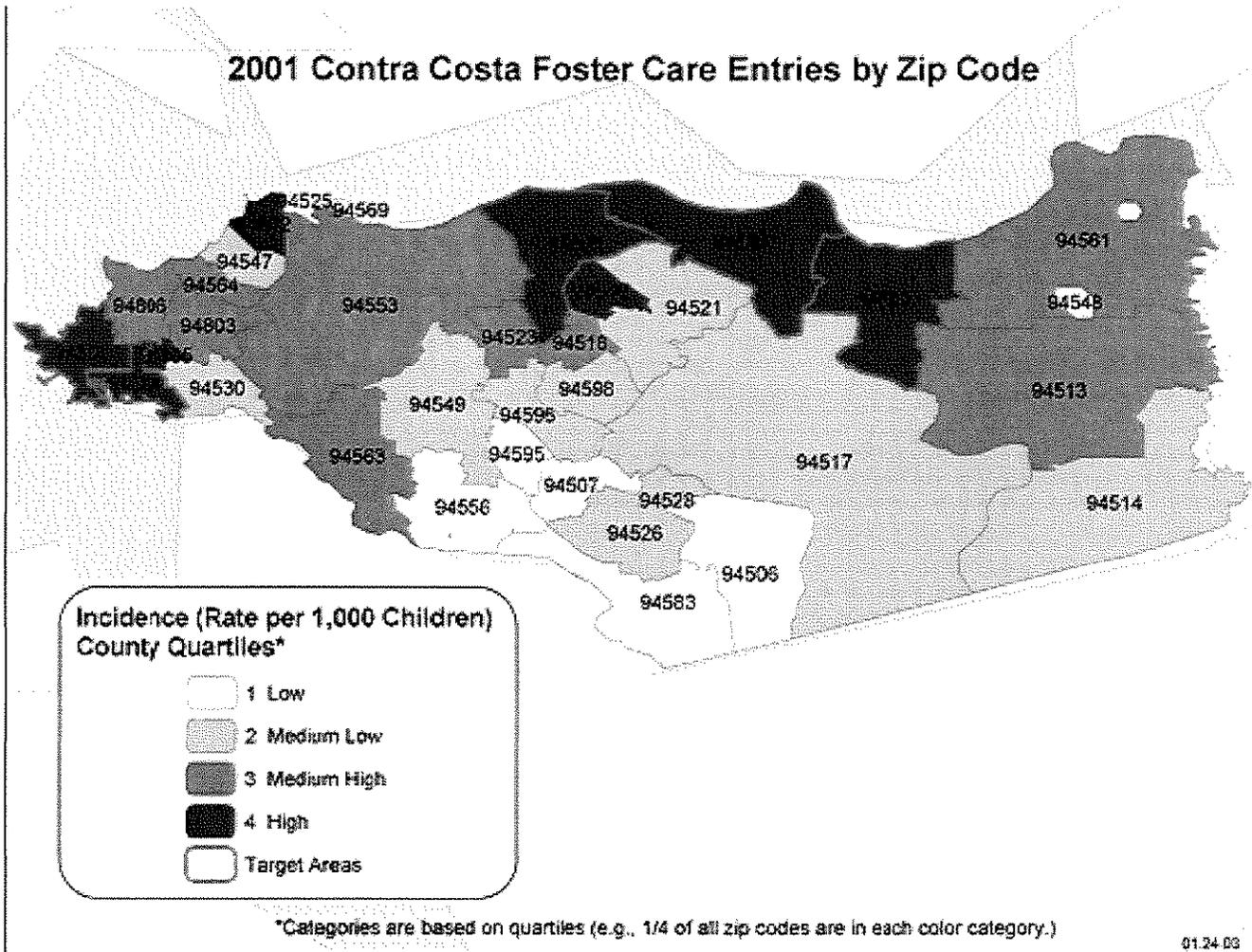


- From 2002-2006, the majority of children in out-of-home placement (about 35%) were with relatives, 18% were in foster care, 11%-14% were in group homes, 14%-17% were in foster family agencies, 6%-8% were placed with a guardian, and the rest were in other forms of placement (e.g., court specified home, trial home visit, pre-adopt).¹
- About 7 of every 10 children, ages 0-17, in out-of-home placement in Contra Costa County are children of color (who collectively make up approximately 53% of the county population).¹



- Historically, African American children 0-17 in Contra Costa (as well as statewide) enter into out-of-home care at about three times the rate of all new out-of-home entries.¹
- With the overall number of Native Americans in Contra Costa County quite low, Native Americans make up only 1% of all out-of-home placements but this results in a 12.2 rate per 100,000 population for this group.¹
- From April 1, 2006 to March 31, 2007, the median length of stay for Contra Costa children in foster care who were reunified with their families was 6 months, less than the statewide median of 7.9 months.¹
- A large body of evidence links multiple placements with behavioral and mental health problems, educational difficulties, and juvenile delinquency. In 2006, 89% of Contra Costa children in out-of-home placement less than 12 months had two or fewer placements during that time; 11% had three or more placements.¹
- Children whose parent(s) are assigned to drug/alcohol services are more than twice as likely to *re-enter* foster care as other children. Children from census tracts with high numbers of female-headed households are also more likely to *re-enter* foster care.²
- Coming from a primarily non-English speaking home is protective. Children from primarily non-English speaking home are one third less likely to *re-enter* foster care.²
- Children in long-term kinship care have more stable placements, fewer placement moves, and are relatively unlikely to *re-enter* foster care than children placed with non-relatives.³

- Children in kinship care who are subsequently reunified with their parents are less likely to re-enter foster care than children who have been in non-relative placements.⁴



Contra Costa County Cultural Competence Plan, 2003-2004

Children Exposed to Domestic Violence (F)

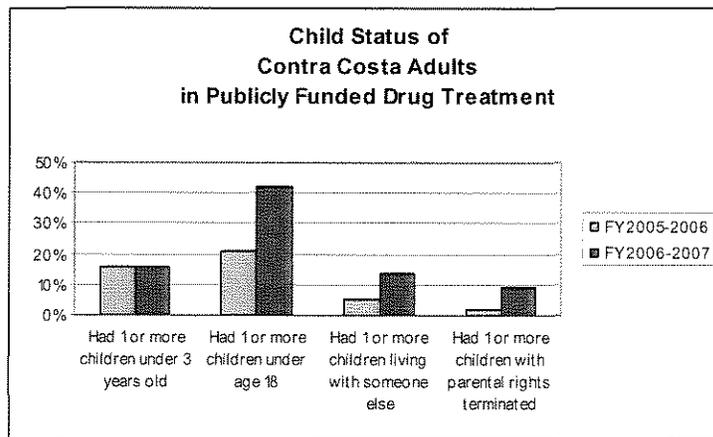
- In 2003, there were 4,037 domestic violence reports in contra Costa County. Children were present in 40% of those reports (1,609 children).⁵
- Data from STAND! Against Domestic Violence indicate that nearly 50% of the program's crisis intervention cases involve children. Additionally, 50% of the children who accompany their mothers to STAND!'s emergency shelters have been abused.⁵
- In 2001, an estimated 233 homeless individuals and 394 children were victims of domestic violence.⁶
- Of 58 deaths that occurred in 1997, 1998, 1999, and 2000 reviewed by the Contra Costa County Domestic Violent Death Review Team, 53% (or 31) were determined to be domestic violence related deaths. Three of the 31 were children.⁷

Food Insecurity (F)

- About 33% percent of the people receiving emergency food in Contra Costa and Solano Counties are children.⁸
- Of California teens ages 12-17 responding to the 2004 California Teen Eating, Exercise and Nutrition Survey⁹:
 - 17% of teens are estimated to be at income-related food risk.
 - 7% reported *ever* having been hungry because there wasn't enough money to buy food for their house or home, including 10% each African American and Asian, 9% Latino, and 4% White (p < .01).
 - 4% reported *ever* having been hungry *in the last 12 months* but didn't eat because there wasn't enough money to buy food for their house or home, including 8% African American, 6% Asian, 4% Latino, and 2% White (p < .01).
 - 16% reported living in a household that received food stamps, including 31% African American, 18% Latino, 17% Asian, and 10% White (p < .001).
 - 12% reporting receiving food assistance from WIC, including 19% Latino, 17% African American, 13% Asian, and 3% White (p < .001).

Children Exposed to Parental Substance Abuse (F)

- In 2006-2007, 42% of adults in publicly funded alcohol and drug treatment programs in Contra Costa County had one or more children under 18.¹⁰



- In April 2001, an estimated 637 individuals and 475 members of families, or 23% of the total homeless population, were chronically abusing substances.⁶

Children Exposed to Mental Illness or Depression in the Home (F)

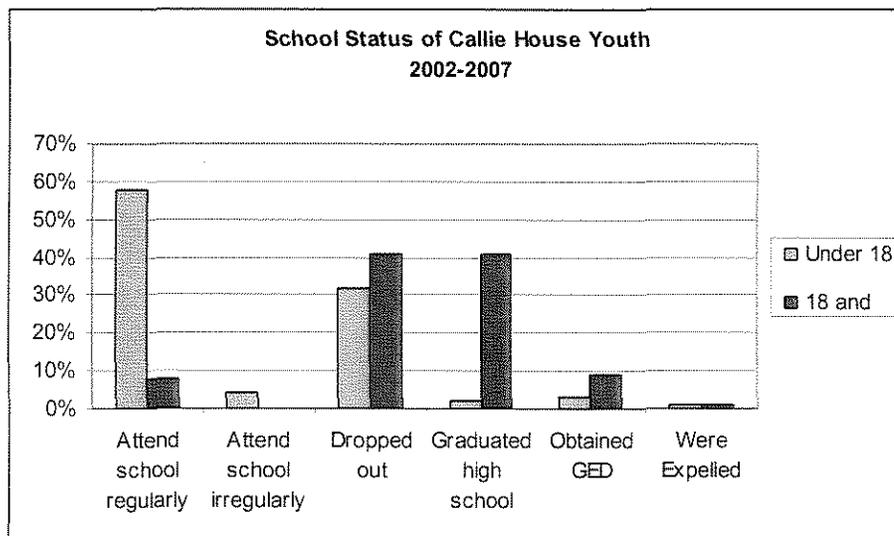
- Between 30% and 70% of children with mentally ill parents suffer from mental disorders themselves.¹¹

Children with Criminal Justice System-Involved Parents (F, S, JJ)

- Contra Costa County is one of the Nation's 50 largest local jail jurisdictions. The average daily population of inmates rose from 1,723 in 2001 to 2,107 in 2003.¹²
- Nearly 9%, or an estimated 856,000 children in California have a parent currently involved in California's adult criminal justice system - about 23% have a parent in state prison, 11% have a parent in jail (11%), and 66% have a parent(s) on parole or probation (no local or state agency collects data about these children).¹³
- The Contra Costa adult probation caseload has fluctuated from a high of 4271 in 1995 to a low of 2638 in 1999. In 2003, the caseload average was 2954.¹²

Homeless Children (F, S, JJ)

- Of the nearly 15,000 people in Contra Costa who experience homelessness each year, more than two-thirds are members of a family, including nearly 7,000 children.⁶
- Over 67% of homeless individuals and nearly 10% of homeless people in families, including children, need mental health care. The need for mental health care for children may be much higher.⁶
- Callie House provides emergency shelter and support services to runaway, homeless, throwaway, and emancipating foster care youth ages 14-21 in Contra Costa County. Data on the 492 youth served from April 2002 through November 2007 include:¹⁴



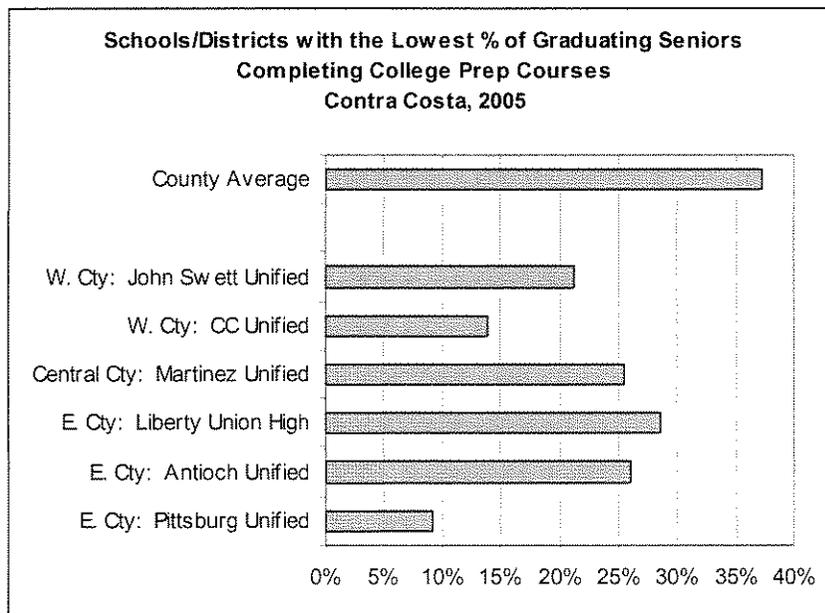
- Just prior to entering Calli House:¹⁴
 - 32% of youth lived with a relative/other adult's or youth's home
 - 25% lived with a parent or guardian
 - 20% lived on the streets
 - 9% lived in a shelter
 - 3% each lived in a group or foster home, or were living independently
 - 2% each were in a mental health/drug treatment center or in college/Job Corp
 - 1% lived in a correctional facility

- 1% each of Contra Costa 9th graders (n=66) and 11th graders (n=50) responding to the California Healthy Kids Survey reported living in a car or van. Another 1% (n=10) of non-traditional students reported living in a shelter or on the street.¹⁵

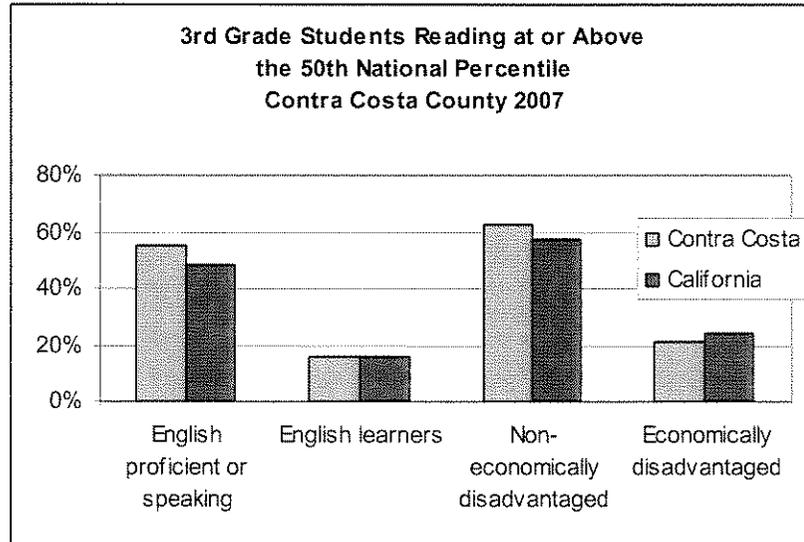
- Former foster care children are 22 times more likely to become homeless than their peers.¹⁶

Low Performing Schools (S,JJ)

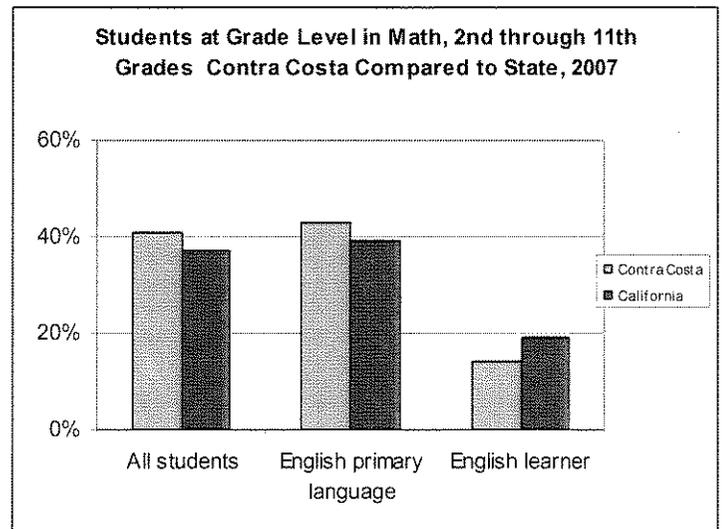
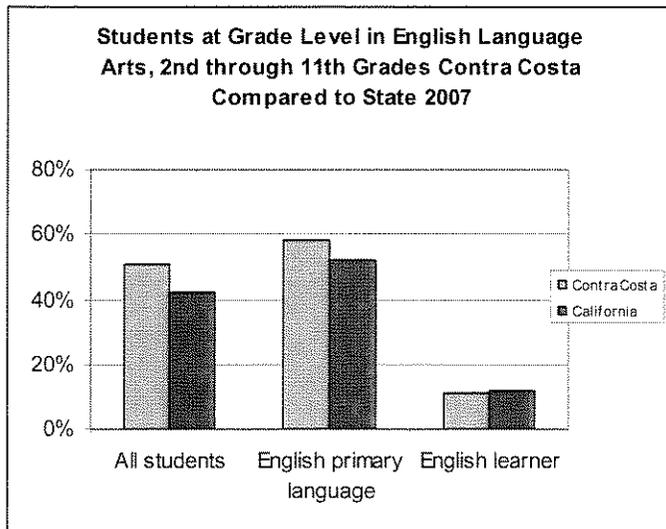
- Since 1997, college readiness among Contra Costa high school graduates completing college preparatory courses has declined from 42.9% in 1997 to 37.3% in 2005.¹⁷



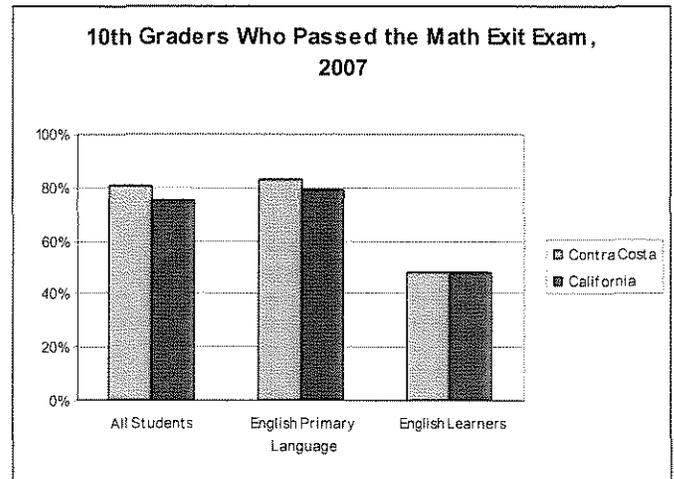
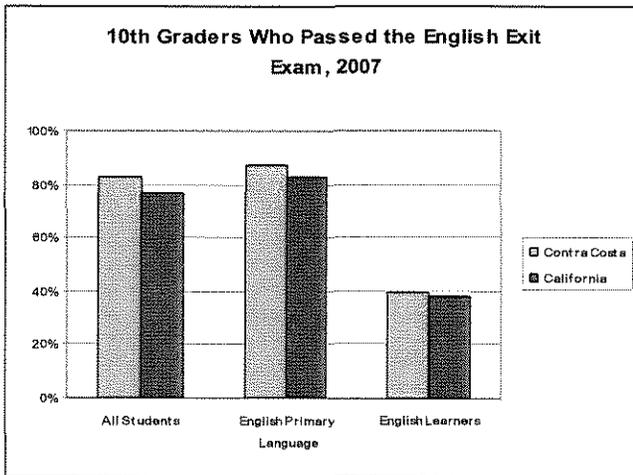
- In 2007, 55% of Contra Costa public school 3rd grade students scored at or above the 50th national percentile in reading on the CAT/6 test.¹⁸ Significant disparities are found by language and socioeconomic status.



- English learners in 2nd through 11th grades are less likely to meet California's academic achievement standards than their peers.¹⁹



- English learners are also less likely to pass the California High School Exit Examination in English and math.²⁰

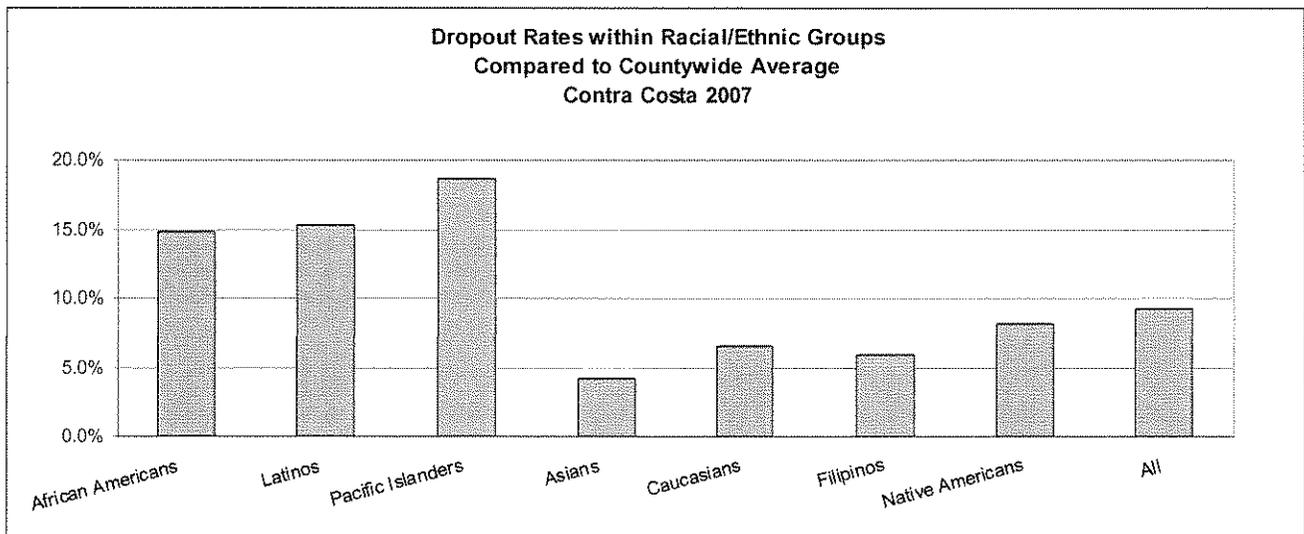


Dropouts, Truancy, Suspensions (S, JJ)

- In 2006, 9.3% of Contra Costa County public high school students dropped out of school.²⁰ This is below the statewide average. Pittsburg Unified and Mt. Diablo were above the statewide average. Martinez, West County Unified and Antioch Unified were above the countywide average but below the statewide average.

High School Drop-Out Rates, 2005-06	
West County	4-year derived rate (9-12)
West County Unified	10.8%
Central County	
Acalanes (Lafayette)	0.8%
Martinez	12.4%
Mt. Diablo	14.4%
East County	
Liberty Union (Brentwood)	8.3%
Antioch Unified	10.1%
Pittsburg Unified	17.3%
South County	
San Ramon Valley Unified	2.8%
County	9.3
California	14.1
Source: CDOE, http://dq.cde.ca.gov/dataquest/	

- The highest dropout rates are among African Americans, Latinos, and Pacific Islanders. The lowest were among Asians, Whites, and Filipinos.¹⁷



- The truancy rate for Contra Costa County schools was 27.7%, just below the statewide average of 28.3%.¹⁷
- 15.7% of Contra Costa students were suspended, higher than the statewide average of 13.9%.¹⁷

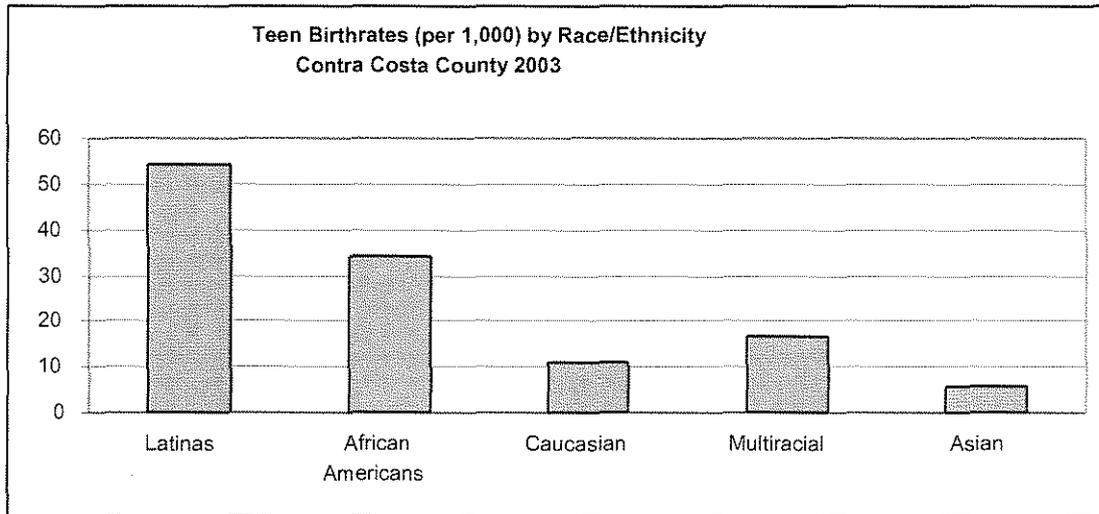
Adult Support at School and in the Community (S, JJ)

- 16% to 19% of 7th, 9th and 11th graders in non-traditional schools reported having low caring relationships with and low expectations from adults in school.¹⁵
- About one-third of youth in all grades who participated in the Healthy Kids Survey did not feel they had opportunities for meaningful participation at school.¹⁵
- 8% -10% of 7th graders, 9th graders and 11th graders, and 14% of students in non-traditional schools reported having low caring relationships with and low expectations from adults in the community.¹⁵
- 15% to 18% of 7th graders, 9th graders and 11th graders, and 30% of students in non-traditional schools did not feel they had opportunities for meaningful participation in the community.¹⁵

Teen Births (S, JJ)

- Between 2002 and 2004, there were 2,510 births to teen girls 15-19 years living in Contra Costa County, an annual average of 837 births.²¹
- The teen birth rate among 15-19 year olds halved between 1995 and 2003 in Contra Costa County. The 2003 rate (23.3/1,000) was significantly below the statewide rate of 38.9/1,000.²²
- While local data is not yet available, national studies identified a 3% rise in teen births from 2005 to 2006, the first increase in 14 years.²³

- Birth rates among Contra Costa teens are lower in every group compared to California teens with the highest being among Latinas and African Americans.²¹



- Compared to the countywide rate, the teen birth rate is significantly higher in Richmond, Bay Point/Pittsburg, Antioch, Concord, San Pablo, and Oakley.²¹

Teen Birth Rate/1,000 by Region, 2002-2004		
	Number	Rate
West County		
Richmond	567	57.6*
San Pablo		76.3*
Pinole	31	15.1**
Central County		
Concord	336	28.2*
Martinez	58	16.6**
Walnut Creek	29	6.8**
East County		
Bay Point/Pittsburg	456	56.8*
Antioch	371	31.9*
Oakley	99	32.8*
Brentwood	86	24.8
Countywide	2,510	23.8
*Significantly higher rate compared to county		
** Significantly lower rate compared to county		
Source: Community Health Indicators, June 2007		

Alcohol and Other Drug Use (S, JJ)

- Contra Costa public school students^a responding to the 2002-2006 California Healthy Kids Survey¹⁵ reported that they:

	Grade 7	Grade 9	Grade 11	Non- traditional
Used alcohol in the past 30 days	12%	27%	36%	48%
Used alcohol on school property one or more days in past 30 days	4%	8%	6%	13%
Used marijuana in the past 30 days	4%	12%	18%	38%
Used marijuana on school property one or more days in past 30 days	2%	5%	6%	17%
Used inhalants in the past 30 days	4%	4%	3%	6%
Ever been drunk or high on school property one or more times	4%	14%	21%	42%
Been very drunk or sick from drinking alcohol 3 or more times	3%	13%	23%	35%
Been high from using drugs 3 or more times	4%	15%	26%	50%
Engaged in binge drinking in past 30 days 3 or more days	2%	6%	10%	20%
AOD use often kept student from going to school, working, recreational activity, or hobbies	NA	3%	4%	10%
Didn't like how felt when not high or drunk	NA	3%	6%	10%
Thought about reducing or stopping	NA	7%	15%	19%
Told self not going to use but used anyway	NA	5%	10%	13%
Attended counseling, program or group to reduce/stop use	NA	1%	1%	5%
Source: California Healthy Kids Survey, 2002-2006				

^a Student sample size - Grade 7: 7,744; Grade 9: 6,573; Grade 11: 4,950; Non-Traditional: 1,015.

Violence in school (S, JJ)

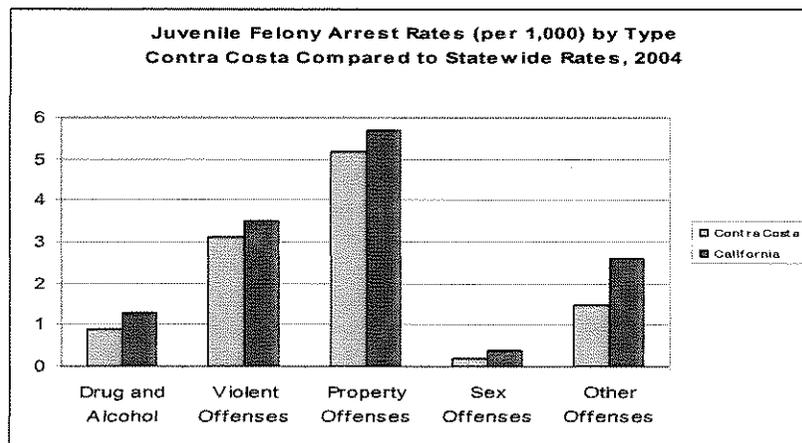
- Contra Costa public school students responding to the 2002-2006 California Healthy Kids Survey¹⁵ reported that in the past 12 months on school property they had:

	Grade 7	Grade 9	Grade 11	Non-traditional
Felt unsafe or very unsafe at school	8%	8%	8%	8%
Been pushed, shoved, hit 2 or more times	26%	19%	13%	16%
Been afraid of being beaten up 2 or more times	11%	8%	6%	7%
Been in a physical fight 2 or more times	13%	11%	8%	22%
Seen someone with a weapon one or more times	35%	42%	35%	44%
Carried a gun one or more times	4%	5%	3%	13%
Carried a weapon other than a gun one or more times	11%	14%	11%	27%
Been threatened or injured with a weapon one or more times	10%	9%	8%	13%
Had personal property stolen or damaged two or more times	13%	12%	7%	12%
Damaged school property on purpose two or more times	8%	10%	7%	12%
Experienced physical violence by a boy or girlfriend	3%	3%	7%	11%
Been harassed because of race, ethnicity, or national origin; religion; gender; sexual orientation; or physical or mental disability	32%	31%	29%	20%
Current gang involvement	8%	8%	8%	12%

Source: California Healthy Kids Survey, 2002-2006

Juvenile Arrests (JJ, S)

- The juvenile felony arrest rate has decreased by 44% from 1996 through 2004 (ages 10-17). The overall arrest rate of 10.8/1000 was lower than the statewide rate of 13.5/1000 in 2006.²²



- In 2005, youth ages 13-17 accounted for 93% of juvenile felony arrests. Males made up 86% and females 14% of those arrests.²²
- In 2005, the felony arrest rate among African American youth (50.3/1,000) was 5-10 times higher than for every other group (9.3/1,000 Latino, 6.2 White, and 4.7 Other).²²
- At any given time there are 165 youth at Juvenile Hall and about 100 youth at Byron Ranch. An estimated 90% of cases at the Ranch have substance abuse issues and about 75% of cases at the Hall have substance abuse issues. CCMH has two facilities that provide services for joint mental health and probation involved youth: the Summit Program for boys and the Chris Adams Center for girls. Each of these facilities has a caseload of about 20 youth at any given point in time.¹²
- 16% of the 492 homeless clients ages 14-21 served by Calli House from April 2002 through November 2007 reported juvenile justice system involvement and 1% had been in a correctional facility just prior to entering Calli House.¹⁴
- African American and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages - than White youth or other groups. For example, African American youth make up 42.3% of the population in Richmond, but account for 70% of arrests and 69% of referrals to Probation.²⁴

10-17 year olds	2000 Population	% of 2005 Arrests	% of Probation Referrals
Richmond – West County			
African American	42%	70%	69%
Latino	30%	18%	21%
White	11%	6%	7%
Asian	12%	2%	2%
Pacific Islander	1%	<1%	0%
Native American	<1%	<1%	0%
Other	4%	1.1%	2%
Monument Corridor - Concord Central County			
African American	5%	16%	17%
Latino	41%	41%	56%
White	37%	32%	25%
Asian	9%	1%	0%
Pacific Islander	1%	1%	0%
Native American	1%	0%	0%
Other	7%	8%	1%
Bay Point - East County			
African American	15%	44%	34%
Latino	15%	37%	41%
White	24%	12%	20%
Asian	12%	0%	1%
Pacific Islander	1%	0%	2%
Native American	1%	0%	0%
Other	6%	7%	1%

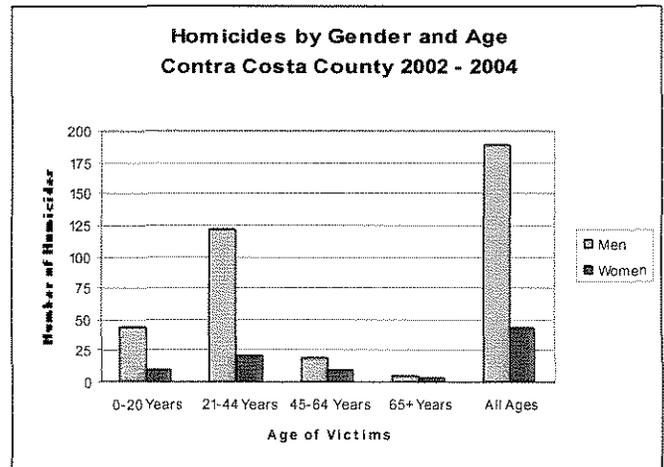
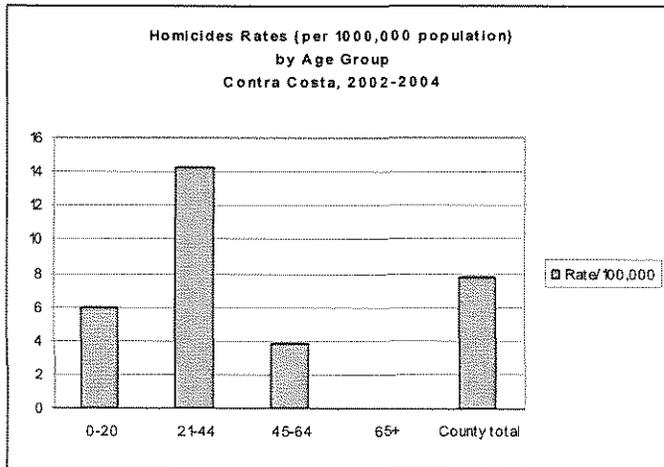
Source: Initiative to Examine Disproportionate Minority Contact, Draft, September 2006.

Trauma Exposed Individuals – All Ages

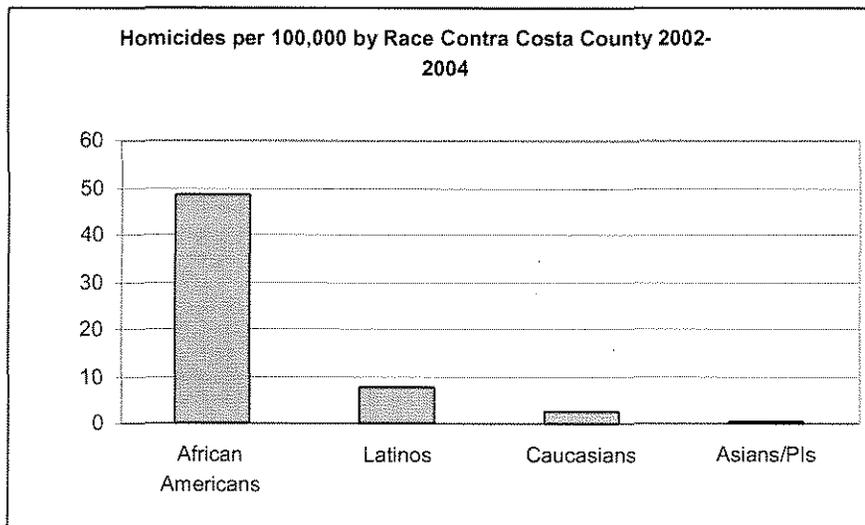


Violence in the Community

- From 2002-2004, 233 Contra Costa residents died by homicide.²⁵
- Homicide is the leading cause of death among Contra Costa residents 15-24 and 25-34 years of age. Rates are significantly higher than the countywide average for the 21-44 year age group and significantly lower for those 45-64 and 65+.^{1 b}



- Over half of all homicide deaths in Contra Costa occur among African Americans who, in 2005, accounted for 9% of the county population. The rate among Blacks is six times higher (48.6/100,000) than the county rate overall (7.8/100,000).¹



^b Nine residents 65 and older died by homicide from 2002-2004, representing 4% of all Contra Costans who died by homicide during that time period.

- Richmond and Pittsburg have the highest number of homicide deaths and the highest homicide rates (per 100,000 population) in the county. Residents of Richmond are 4.5 times more likely to die from homicide than county residents overall.¹

Homicides in Selected Communities Contra Costa County 2002 - 2004		
	Deaths	Rate per 100,000 pop.
West County		
Richmond	109	*35.7
San Pablo	18	NA
Pinole	5	NA
Central County		
Concord	14	NA
Walnut Creek	5	NA
Martinez	1	NA
East County		
Pittsburg	26	14.1
Antioch	18	NA
Brentwood	7	NA
Bay Point	5	NA
Oakley	1	NA
Countywide	233	7.8
*Significantly higher rate compared to the county overall		
Source: Community Health Indicators for Contra Costa County, June 2007		

- From 2002-2004, some 411 Contra Costa youth and young adults ages 10-24 were hospitalized for injuries due to violence; 90% were male, 10% were female. Most frequent cause of injury were firearms (40%), followed by cutting/piercing (21%), fighting (18%), blunt object (10%), and other (10%).¹

- From 2002-2004, the highest number of non-fatal assault hospitalizations occurred among residents of Richmond, Bay Point/Pittsburg, Antioch, and Concord.¹

Non-fatal Assault Hospitalizations Contra Costa, 2002-2004		
	Cases	Rate/100,000
West County		
Richmond	291	*95.3
San Pablo	91	*97.4
Pinole	18	NA
Central County		
Concord	106	28.2
Martinez	51	46
Walnut Creek	41	**20.6
East County		
Bay Point/ Pittsburg	150	*59.0
Antioch	114	37.9
Oakley	25	30.5
Brentwood	17	NA
Countywide	1,032	34.3
*Significantly higher rate compared to the county overall.		
**Significantly lower rate.		
Source: Community Health Indicators for Contra Costa County, June 2007		

Domestic Violence

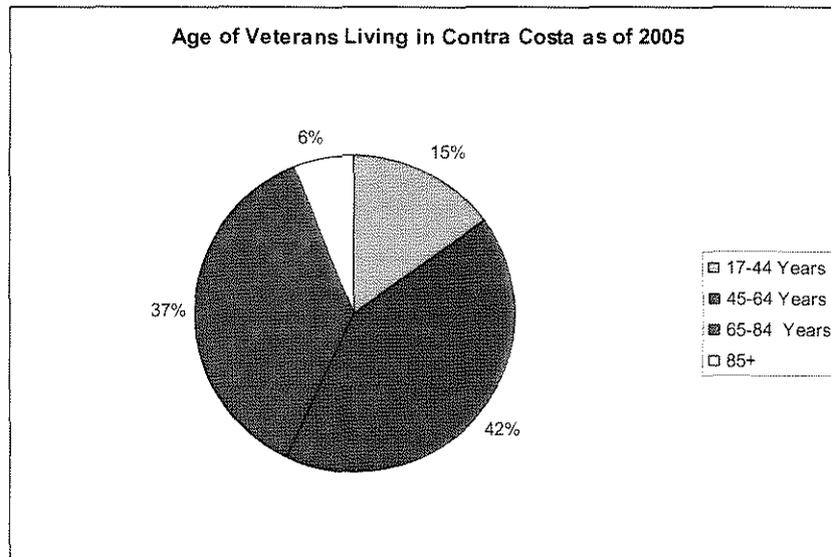
- The number of domestic violence calls for assistance for residents of all ages has steadily declined from 4,866 in 2002 to 3,966 in 2006. The reasons for this decrease are not well understood.²⁶
- In 2001, an estimated 233 homeless individuals and 394 children were victims of domestic violence.²⁷
- Of 58 deaths that occurred in from 1997 through 2000 that were reviewed by the Contra Costa County Domestic Violent Death Review Team, 53% (or 31) were determined to be domestic violence related deaths, including 17 males and 14 females.²⁸
 - Firearms were involved in 66% of both homicides and suicides.
 - The majority of people involved in the reviewed cases were not known to have sought services from public or private domestic violence service agencies.

Refugees

- From 1995 to 2006, 1,225 refugees arrived in Contra Costa County, representing 1% of all refugees entering California during that time period.²⁹
- Refugees entering Contra Costa from 1995 through 2005 came from 24 countries, including Vietnam (251), Iran (200), Ukraine (171), Bosnia & Herzegovina (114), Russia (114), Liberia (92), Afghanistan (78), and others.⁵
- Among refugees in the Bay Area who come from countries that routinely use torture to control their citizens, as many as 35% have been tortured and up to 90% have witnessed torture or seen its effect upon others. Refugees from Cambodia, Iraq, and Bosnia report higher torture statistics.³⁰

Veterans

- An estimated 70,600 veterans were living in Contra Costa County as of November 2005; 93.5% are men and 6.5% are women.³¹



- National estimates of the rate of posttraumatic stress disorder (PTSD) among veterans returning from Iraq range from 12% to 20%. Of the first 100,000 Iraq and Afghanistan veterans seen at VA facilities, 25% received mental health diagnoses, of whom over half had two or more mental health diagnoses. The most common diagnoses were PTSD, substance abuse, and depression.³²
- Mental health problems were found among 5% of active duty and 6% of reserve personnel immediately on return from deployment; upon reassessment 3 to 6 months later, 27% of active duty and 42% of reserve personnel received that evaluation.⁸

Homelessness

- On any given night, over 4,800 people are homeless in Contra Costa.³
- A disproportionate number of homeless people (47% percent) are in West County. Nearly one-third of homeless people are in the East region of the county and the smallest percent is in the Central region (22%)³³ **Pie chart**
- Many others are at risk of becoming homeless, such as the nearly 17,000 extremely low-income households in Contra Costa that are paying over 30% of their income for rent and struggling to make ends meet.³
- Thirty-four percent of women who were homeless in one year reported that they had experienced domestic violence at some point in their lives.³

Early Onset of Serious Psychiatric Illness

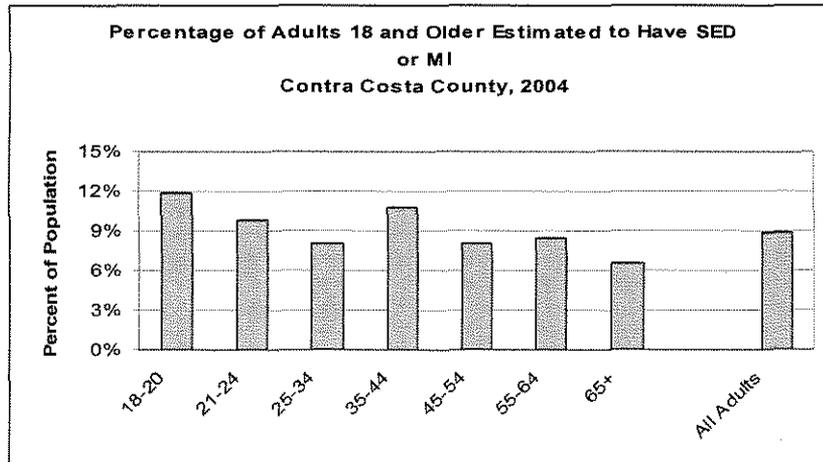
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### First Break

- While initial onset of a serious psychiatric illness can occur at any age, it most commonly occurs during adolescence and early adulthood.<sup>34</sup>
- About 3 out of every 100 young people will experience a psychotic episode.<sup>35</sup>
- Research suggests that a significant time period often separates the onset of psychotic symptoms and the initiation of appropriate treatment. Delays in treatment can have serious effects on medium to long-term outcomes and result in serious consequences for patients and their families.<sup>36</sup>
- Up to 85% of consumers presenting with first-episode psychosis recover with appropriate treatment and many exhibit no psychotic symptoms in follow-up assessments.<sup>37</sup>
- Individuals with long-term psychosis are more likely to be involved with the criminal justice system, have difficulty finding and maintaining employment, and receive public assistance.<sup>38</sup>

### Prevalence of Serious Psychiatric Illness

- An estimated 15,474 low-income Contra Costa residents need mental health services for serious mental illness (SMI). While 5.82% of county residents are estimated to be in need of services for SMI, this rises to 8.87% in households with incomes less than 200% of the US Poverty Level.<sup>39</sup>
- An estimated 5,589 low-income children and youth 0-17 or 8.8% of the youth population have SED in Contra Costa County. This does not vary much by age.<sup>40</sup>
- 52% of the youth in Contra Costa County estimated to have SED are underserved. This includes 85% 0-5 year olds and 7% of 12-17 year olds.<sup>41</sup>
- An estimated 10,782 low-income adults 18 and over, including 1,337 older adults age 65 and over, are estimated to have SED or SMI in Contra Costa County.<sup>7</sup>



- 54% of adults in Contra Costa estimated to have SMI are not served, including 85% of older adults 65+, 72% of 18-20 year olds, 71% of 21-24 year olds, and 7% of adults 45-54.<sup>6</sup>
- Based on resident responses to a local Community Health Information Survey (CHIS) telephone survey, 19.1% of Contra Costa adults 18 years and older report needing help for emotional and mental health problems. (This prevalence is similar to California (18.6%) and the Bay Area (19.5%).<sup>42</sup>

### Mental Health System Clients by Diagnosis

- Of 7,236 children, youth, and young adults diagnosed by the Contra Costa Mental Health Department in 2003-2004, 45% were teens (12-17), 23% were children (6-11), 24% were young adults (18-24), and 8% were very young children (0-5).<sup>43</sup>

| <b>Mental health diagnoses, Ages 0-25, 2003-2004</b> |            |              |              |              |              |              |
|------------------------------------------------------|------------|--------------|--------------|--------------|--------------|--------------|
|                                                      | <b>0-5</b> | <b>6-11</b>  | <b>12-15</b> | <b>16-17</b> | <b>18-20</b> | <b>21-25</b> |
| Schizophrenia                                        | 1          | 11           | 33           | 43           | 106          | 273          |
| Bipolar mood disorders                               | 1          | 56           | 100          | 72           | 64           | 104          |
| Major depression                                     | 13         | 260          | 543          | 347          | 246          | 274          |
| Anxiety                                              | 193        | 335          | 191          | 96           | 45           | 69           |
| Pervasive devel. disorders                           | 3          | 21           | 19           | 9            | 6            | 3            |
| ADHD/disruptive behavior                             | 61         | 346          | 422          | 163          | 43           | 9            |
| Other childhood disorders                            | 80         | 78           | 20           | 5            | 3            | 3            |
| Adjustment disorders                                 | 196        | 408          | 477          | 312          | 138          | 120          |
| Substance use disorders                              | 1          | 1            | 1            | 2            | 4            | 21           |
| Other disorders                                      | 3          | 33           | 38           | 17           | 12           | 18           |
| Mental health diagnosis deferred                     | 51         | 92           | 170          | 168          | 83           | 100          |
| <b>Total</b>                                         | <b>603</b> | <b>1,641</b> | <b>2,014</b> | <b>1,234</b> | <b>750</b>   | <b>994</b>   |

- Of 7,399 adults diagnosed in 2003-2004, 34% were 36-45 years of age, 31% were 46-55, 27% were 26-35, and 4% each were 56-64 and 65 and older.<sup>10</sup>

| <b>Mental health diagnoses, Adults, 2003-2004</b> |              |              |              |              |            |
|---------------------------------------------------|--------------|--------------|--------------|--------------|------------|
|                                                   | <b>26-35</b> | <b>36-45</b> | <b>46-55</b> | <b>56-64</b> | <b>65+</b> |
| Schizophrenia                                     | 533          | 777          | 763          | 98           | 90         |
| Bipolar mood disorders                            | 254          | 342          | 287          | 36           | 44         |
| Major depression                                  | 554          | 661          | 704          | 118          | 96         |
| Anxiety                                           | 137          | 136          | 121          | 16           | 3          |
| Adjustment disorders                              | 234          | 215          | 149          | 12           | 17         |
| Substance use disorders                           | 34           | 51           | *29          | --           | 1          |
| Other disorders                                   | 47           | 36           | 21           | 1            | 15         |
| Mental health diagnosis deferred                  | 218          | 279          | 186          | 20           | 64         |
| <b>Total</b>                                      | <b>2,011</b> | <b>2,497</b> | <b>2,260</b> | <b>301</b>   | <b>330</b> |

\*The 29 diagnoses for substance use includes ages 46-59.

## Children and Families

- CCMH serves 8.2% of the population of families with children who live in poverty. African American and White children are most highly served and APIs (3.7%) and Latinos are the most underserved (4.4%).<sup>8</sup>
- Children who experience homelessness and children who enter the foster care system are more likely to have serious emotional disturbances.<sup>8</sup>
- In 2005-06, 1,635 students in Contra Costa schools received 15,688 individual visits with a mental health provider.<sup>44</sup>

## Postpartum Depression

- Approximately 15% of all women will experience postpartum depression or a related mood disorder following the birth of a child. Up to 10% will experience depression or anxiety during pregnancy.<sup>45</sup>

## Juvenile Justice System Involvement

- Children with SED are more likely to enter the juvenile justice system – and children who enter the juvenile justice system are more likely to have or develop SED. A snapshot of youth in Juvenile Hall on a single day in October 2005 shows that 89% are male, 54% are African American, 25% are Latino, and 18% are White.<sup>8</sup>
- In FY 2005-06, 1,070 unduplicated youth representing 41% of the 2,608 admissions during that period) were seen by mental health staff in Juvenile Hall.<sup>46</sup>
- Juvenile Hall residents with open cases range from 33% to 50% of total Hall populations.<sup>11</sup>
- Youth awaiting mental health treatment placements remain in detention an average of 92 days, compared with an overall average stay of 32 days for youth awaiting other placements or commitments.<sup>11</sup>
- Of 114 minors in Probation out-of-home placement in late 2007, an estimated 80% of the youth in placement have or have had emotional problems sufficiently serious to merit mental health care.<sup>11</sup>
- From 25% to 50% of juvenile probationers participating in JJCPA programs that entail specialized and intensive caseloads in school and community settings were referred for anger management, family counseling, and other services indicating emotional problems. Referrals for substance abuse were made at comparable levels.

While high percentages of participating youth were assessed as having emotional, family, and/or substance abuse problems, from about 50% to 75% did not receive specialized counseling beyond the services Probation deputies were able to provide.<sup>11</sup>

- Probation-involved youth also appear in services provided by other agencies. A recent survey of 100 children receiving mental health wraparound services found 43% had been arrested at least once, and 36% were or had been on probation. In 2005-06, the County Office of Education reported that 18% of students in Juvenile Hall education programs and

41% of Ranch students had received behavioral referrals, most often for conflicts/threats/fights, inappropriate behavior or disruption/defiance.<sup>11</sup>

- The Iron Triangle area of Richmond in West County, the Pittsburg's Bay Point community in East County, and Concord's Monument Corridor in Central County have the highest juvenile crime rates and child welfare needs in the county.<sup>11</sup>

# Suicide



## Suicide Deaths

- Between 2002 and 2004, 298 Contra Costa residents committed suicide.<sup>47</sup>
- 81% of suicide deaths in Contra Costa occur among White residents, of which three-fourths are among men.<sup>1</sup>
- The rates of suicide among 45-64 year olds (13.8/100,000) and residents 65 years and older (16.9/100,000) are significantly higher compared to the county overall (9.9/100,000).<sup>1</sup>
- Suicide is the third leading cause of death among residents 15-34 years old.<sup>1</sup>

|             | Number | Rate per 100,000 |
|-------------|--------|------------------|
| 0-20 Years  | 16     | N/A              |
| 21-44 Years | 117    | 11.8             |
| 45-64 Years | 107    | *13.8            |
| 65+         | 58     | *16.9            |
| All         | 298    | 9.9              |

- Suicide rates are highest in Walnut Creek, Concord, and Antioch.

| <b>West County</b>    | Deaths     | Percent    | Rate/100,000 |
|-----------------------|------------|------------|--------------|
| Richmond              | 23         | 7.7%       | 7.5          |
| San Pablo             | 19         | 6.4%       | NA           |
| Pinole                | 7          | 2.3%       | NA           |
| <b>Central County</b> |            |            |              |
| Walnut Creek          | 27         | 9.1%       | 13.6         |
| Concord               | 44         | 14.8%      | 11.7         |
| Martinez              | 19         | 6.4%       | NA           |
| <b>East County</b>    |            |            |              |
| Antioch               | 32         | 10.7%      | 10.6         |
| Bay Point/Pittsburg   | 22         | 7.4%       | 8.6          |
| Brentwood             | 15         | 5.0%       | NA           |
| Oakley                | 6          | 2.0%       | NA           |
| <b>Countywide</b>     | <b>298</b> | <b>100</b> | <b>9.9</b>   |

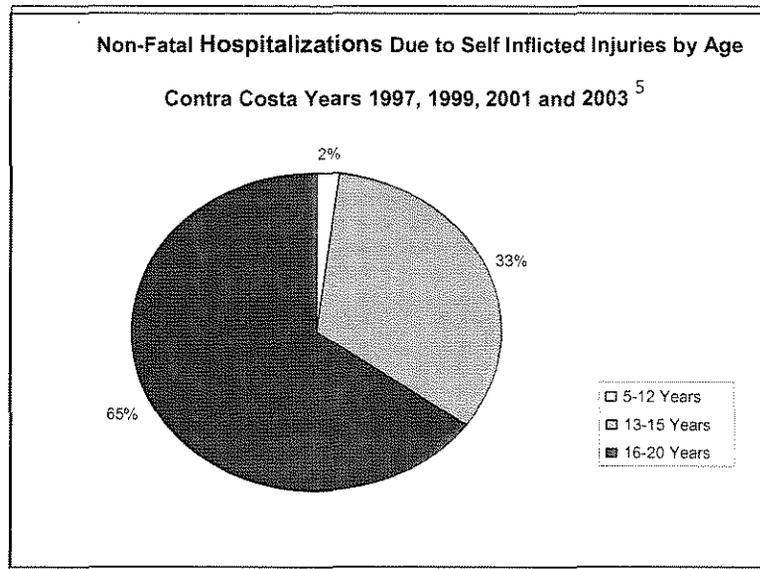
Source: Community Health Indicators for Contra Costa County, June 2007.

- Firearms were used in the majority of suicides (42.3%), followed by hanging/suffocation (26.8%), drug overdose/poisoning (16.4%), and other (14.4%).<sup>1</sup>

- Veterans have a high suicide rate, particularly those who have experienced combat trauma, according to the National Center for Post Traumatic Stress Disorder. Among American soldiers in Iraq and Kuwait in 2004, the suicide rate was 17.3 per 100,000 troops, compared with 12.8 for the Army overall in 2003, and an average rate of 11.9 for the Army between 1995 and 2002.<sup>48</sup>
- Asian American women over 65 have the highest suicide rate among women in the U.S. Eighty-nine percent of the Asian American women who committed suicide were immigrants. Among all the ethnic groups, Chinese American women have the highest suicide death rate.<sup>49</sup>

### Hospitalizations Due to Self-Inflicted Injury

- Between 2002-2004, there were 1,161 hospitalizations due to non-fatal self-inflicted injury among Contra Costa residents.<sup>1</sup>
- The rate of hospitalizations for self-inflicted injuries was significantly higher than the county overall (38.6/100,000) among:
  - o 15-24 year-olds (75.9/100,000)
  - o 25-34 (49.5)
  - o 35-44 years of age (52.2).<sup>1</sup>
- From 2002-04, there were 251 Contra Costa youth and young adults ages 10-24 hospitalized with non-fatal self-inflicted injuries; 68% were female, 32% were male.<sup>50</sup>



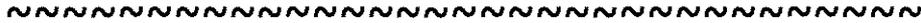
- The highest rates of hospitalizations for self-inflicted injuries were in Walnut Creek (55.3/100,000), Martinez (63.1), and San Pablo (68.8), compared to the overall county (34.3).<sup>1</sup>

- 79.6% of hospitalizations for self-inflicted injuries were due to drug overdose/poisoning, followed by cutting/piercing (13.1%), hanging/suffocation (1.4%), firearm (1.1%), jumping (0.9%), and other (4.0%).<sup>1</sup>

## **Depression**

- 25% of 7<sup>th</sup> graders, 32% of 9<sup>th</sup> graders, 33% of 11<sup>th</sup> graders, and 36% of students in non-traditional schools reported having sad and hopeless feelings in the past 12 months.<sup>5,1</sup>
- From 29%-43% of female and 38%-30% of male public school 7<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> graders and students in non-traditional schools reported "feeling so sad and hopeless almost every day for two weeks or more than you stopped doing some usual activities" in the past 12 months.<sup>6</sup>
- An estimated 21,000 (23.1%) teens 12-17 years appear to be at risk for depression.<sup>1</sup>

## Demographics and Disparities

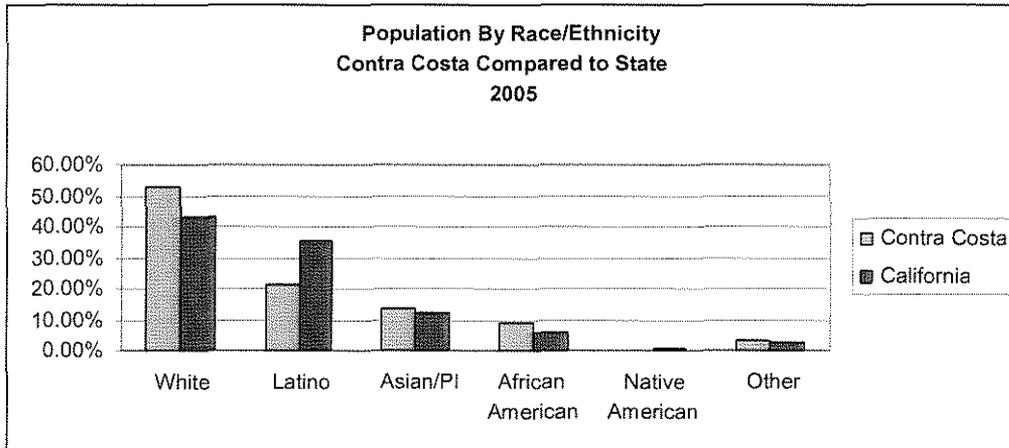


### Population

- 1,006,486 residents lived in Contra Costa County in 2005, representing an increase of 6.7% since the 2000 U.S. Census.<sup>52</sup>
- Regionally, three East County communities – Brentwood, Antioch, and Pittsburg – have grown at significantly higher rates than the county as a whole and make up more than half of the county’s growth from 2000 to 2005.<sup>1</sup>

| <b>Population growth, 2000-2005</b> |            |
|-------------------------------------|------------|
|                                     | % growth   |
| <b>West County</b>                  |            |
| Richmond                            | 2.5        |
| San Pablo                           | 2.1        |
| Pinole                              | -0.2       |
| <b>Central County</b>               |            |
| Concord                             | 0.8        |
| Martinez                            | -0.2       |
| Walnut Creek                        | -0.5       |
| <b>East County</b>                  |            |
| Brentwood                           | 6.9        |
| Antioch                             | 10.0       |
| Pittsburg                           | *9.4       |
| Oakley                              | 5.8        |
| <b>Countywide</b>                   | <b>6.7</b> |

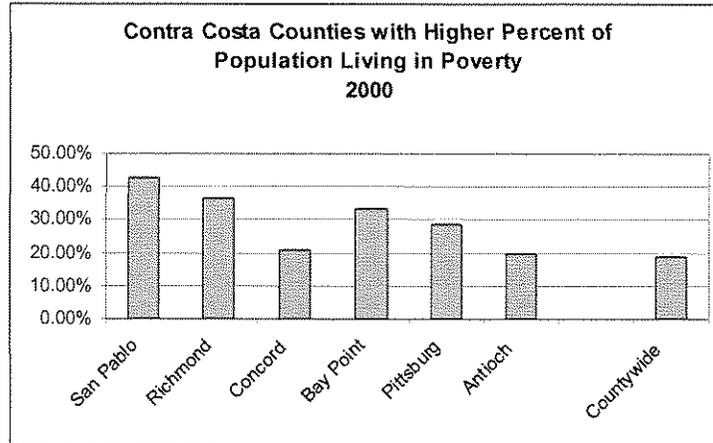
- Roughly one quarter of the population is under age 18.<sup>53</sup>
- From 1990 to 2000, the fastest growing group was 5-20 year olds, which grew at a rate of almost 27 percent.<sup>54</sup>
- Contra Costa is a racially and ethnically diverse county.<sup>55</sup>



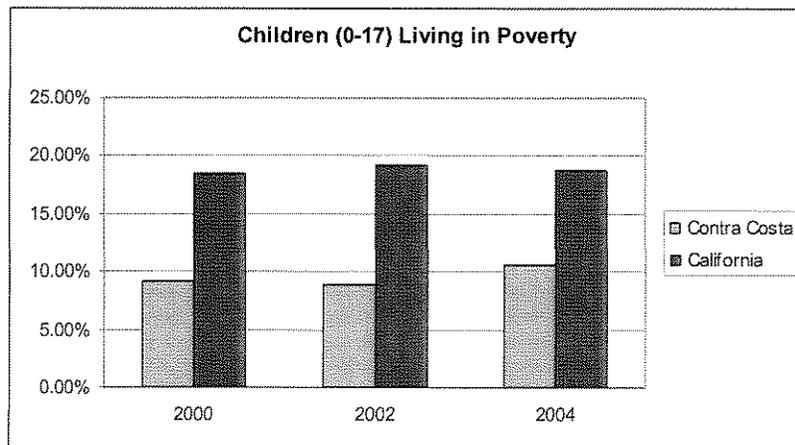
- From 1990 to 2000, the fastest growing ethnic groups in Contra Costa County have been Latinos (84%) and Asian/Pacific Islanders (40%).<sup>3</sup>

## Poverty

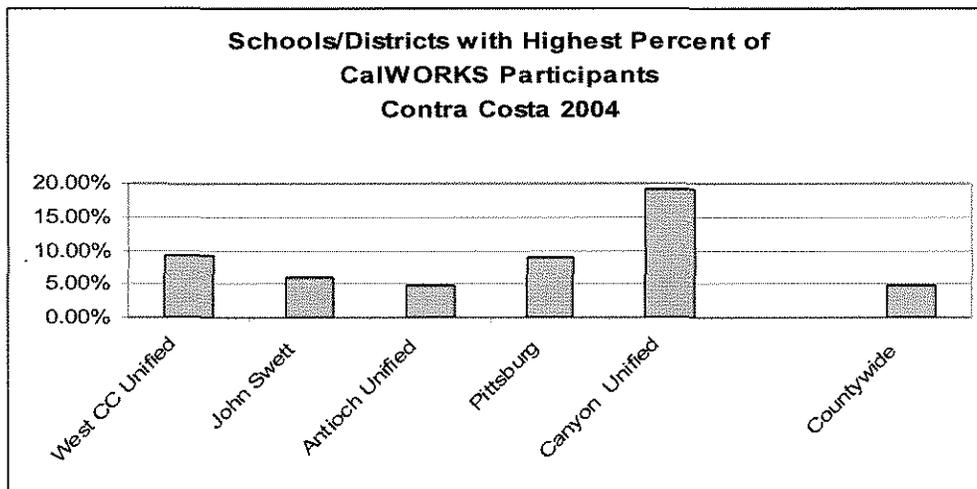
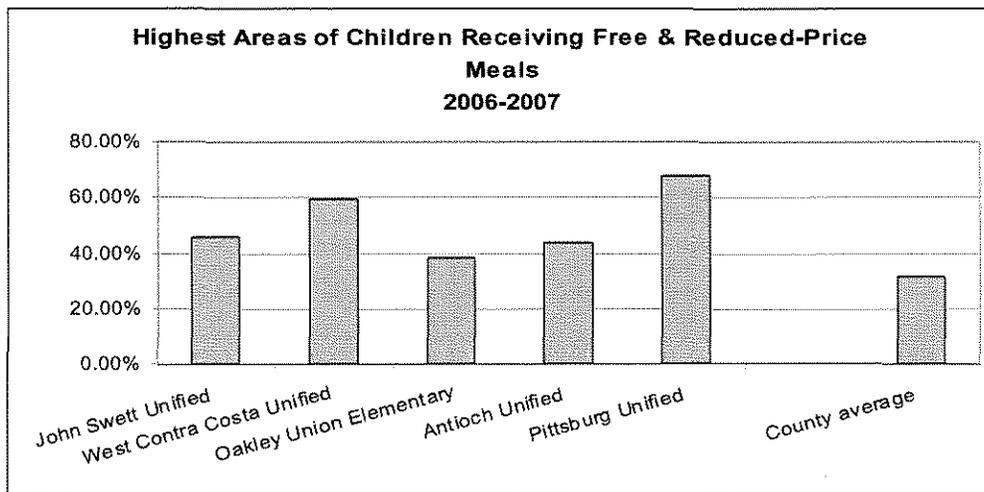
- Nearly 20%, or 196,761 people live in poverty in Contra Costa. Six cities have significantly higher percentages of poverty than the countywide average.<sup>1</sup>



- In 2005, the percentage of residents living in poverty rose in Concord to 24.5% and in Antioch to 22.3%.<sup>1</sup>
- The percentage of children ages 0-17 in households earning less than the federal poverty level has increased from 9.1% in 2000 to 10.6% in 2004, but has remained considerably lower than the statewide average.<sup>2</sup>



- In 2007, 31.7% of public school students in Contra Costa County were enrolled in free or reduced cost school meals.<sup>56</sup>



- In January 2004, 10.1% of Contra Costa residents were Medi-Cal eligible, making Contra Costa County the 15<sup>th</sup> largest county in terms of total eligible Medi-Cal beneficiaries. Young children 0-5 make up 18.8% of beneficiaries. Children and youth 0-5 years of age account for 50.2% of beneficiaries.<sup>3</sup>

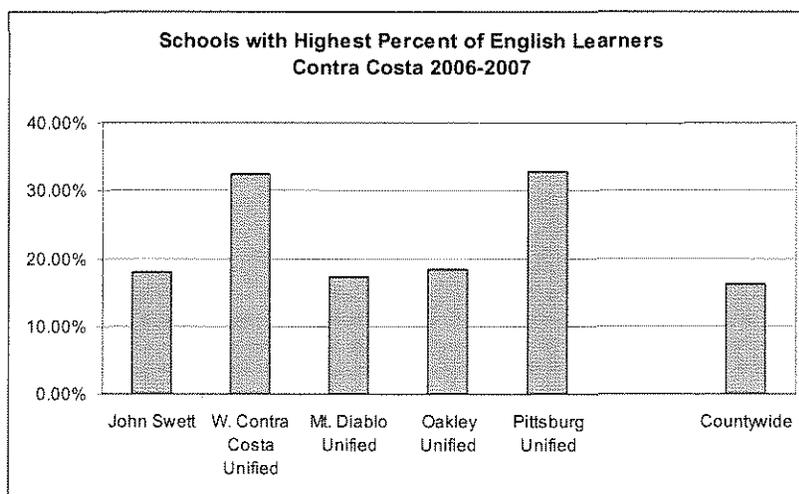
## Immigrant Families

- From 1990-2000, the foreign-born population grew by 69%.<sup>3</sup>
- The number of Contra Costa residents speaking a primary language other than English increased by 71% between 1990 and 2000. About half of this group speaks Spanish, and roughly 29% speak an Asian or Pacific Island language.<sup>3</sup>
- 40% of Contra Costa children live in immigrant families.<sup>57</sup> Children in immigrant are more likely to live in poverty, less likely to attend preschool, less likely to have health insurance, and less likely to be in good health than children in non-immigrant families.

|                                              | <b>Contra Costa</b> | <b>California</b> |
|----------------------------------------------|---------------------|-------------------|
| Low-income immigrant households              | 22%                 | 39%               |
| Low-income non-immigrant households          | 18%                 | 25%               |
| Immigrant children in preschool              | 55%                 | 41%               |
| Non-immigrant children in preschool          | 63%                 | 51%               |
| Immigrant children with health insurance     | 88%                 | 90%               |
| Non-immigrant children with health insurance | 98%                 | 97%               |
| Immigrant children in good health            | 51%                 | 53%               |
| Non-immigrant children in good health        | 83%                 | 76%               |

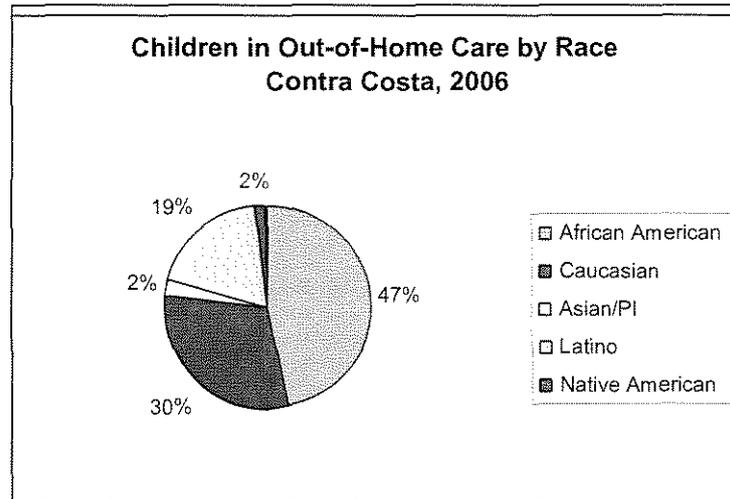
Source: Children Now, Children in Immigrant Families, 2007.

- Two-thirds of Contra Costa children living in immigrant families are bilingual (67% speak another language at home, and 63% speak two languages well).<sup>6</sup>
- 20% of Contra Costa children live in linguistically isolated families, compared to 29% statewide.<sup>6</sup>
- The top 10 languages spoken by Contra Costa students whose primary language is not English are Spanish (80.2%), Pilipino or Tagalog (3%), Vietnamese (1.5%), Farsi (1.4%), Korean (1.1%), Arabic (1.1%), Cantonese (1%), Mien (0.9%), and Mandarin (0.8%).<sup>2</sup>
- English learners (students whose primary language is not English) in public schools have increased from 14% in 2003 to 16.3% in 2007.<sup>5</sup>



## Child Welfare

- The rate of substantiated cases of child abuse among African American children is from two to six times higher than in other groups. In 2006, 19.9 per 1,000 African American children age 0-17 had substantiated cases of child abuse, in contrast to 2.7/1,000 Asian/Pacific Islander, 6.6/1,000 White, and 8.4/1,000 Latino children.<sup>58</sup>
- About 7 of every 10 children, ages 0-17, in out-of-home placement in Contra Costa County are children of color (who make up approximately 53% of the county population).
- In 2006, African American children (who account for 11.3% of the 0-17 population), constituted 48% of all children in out-of-home care. Native American children, comprising less than 1% of the 0-17 population, made up 1.76% of those in out-of-home care.<sup>7</sup>



- For the last 5 years, African American children 0-17 entered into out-of-home care at three times (8.86/1,000) the total rate for all new out-of-home entries (2.68/1,000). Statewide, African American children are 1.23 times more likely to reenter care within 12 months and 1.32 times more likely to reenter care between 12 and 24 months compared to white children.<sup>7</sup>

## Mental Health

- Of an estimated 482 Asian/Pacific Islander (API) youth age 1-17 in Contra Costa who need mental health assistance, only 110 (or 8.8% of estimated) received support for SED as of July 2004.<sup>59</sup>
- Of the estimated 1,050 API adults age 18 and older who need mental health assistance, only 385 (or 37%) received support for SMI as of July 2004.<sup>8</sup>
- For Southeast Asian populations, the overall prevalence of mental health disorders is much higher than the general population. Estimates for PTSD and major depression for Mien and Cambodian populations suggest rates ranging from 70% to over 90%. Southeast Asian youth whose parents suffer high rates of psychiatric disorders are at higher risk for mental health problems as a population. Additionally, incarceration, institutionalization, and out-of-home placement often increase the severity of their illness.<sup>8</sup>
- Providers who promote and educate API communities on mental health resources have encountered strong stigma that has been difficult to dispel. Both young and old API consumers have dealt with the risk of being labeled "crazy" or dysfunctional when considering the option of seeing support from a mental health provider. The stigma attached to mental health counseling or psychiatric medication prevents many APIs from seeking treatment, and causes many to question or judge those who do.<sup>8</sup>
- The belief system of many API adults and seniors does not distinguish between a mental disorder and physical ailment; the belief is that mind and body are one. Many API seniors do not know what mental health means, have many misperceptions about it, and think it means crazy.<sup>8</sup>

## School Systems

- 15-17 year old Contra Costa youth in immigrant families are slightly less likely to be in school (4%) than those in non-immigrant families (2%).<sup>6</sup>

- English learners are less likely to meet California’s academic achievement standards than their peers and are less likely to pass the California High School Exit Exam.<sup>6</sup> (See *Children’s Data for detail*)
- English learners are less likely to pass the California High School Exit Exam.<sup>6</sup>

**Juvenile Justice System**

- African American and Latino youth are more likely to be involved in the juvenile justice system – and in disproportionately higher percentages – than White youth or other groups. For example, African American youth make up 42.3% of the population in Richmond, but account for 70% of arrests and 69% of referrals to Probation.<sup>60</sup>

| <b>10-17 year olds</b>                            | <b>% of 2000 Population</b> | <b>% of 2005 Arrests</b> |
|---------------------------------------------------|-----------------------------|--------------------------|
| <b>Richmond – West County</b>                     |                             |                          |
| African American                                  | 42%                         | 70%                      |
| Latino                                            | 30%                         | 18%                      |
| White                                             | 11%                         | 6%                       |
| Asian                                             | 12%                         | 2%                       |
| Pacific Islander                                  | 1%                          | <1%                      |
| Native American                                   | <1%                         | <1%                      |
| Other                                             | 4%                          | 1%                       |
| <b>Monument Corridor - Concord Central County</b> |                             |                          |
| African American                                  | 5%                          | 16%                      |
| Latino                                            | 41%                         | 41%                      |
| White                                             | 37%                         | 32%                      |
| Asian                                             | 9%                          | 1%                       |
| Pacific Islander                                  | 1%                          | 1%                       |
| Native American                                   | 1%                          | 0%                       |
| Other                                             | 7%                          | 8%                       |
| <b>Bay Point - East County</b>                    |                             |                          |
| African American                                  | 15.0%                       | 44.0%                    |
| Latino                                            | 42.0%                       | 37.0%                    |
| White                                             | 24.0%                       | 12.0%                    |
| Asian                                             | 12.0%                       | 0.0%                     |
| Pacific Islander                                  | <1.0%                       | 0.0%                     |
| Native American                                   | <1.0%                       | 0.0%                     |
| Other                                             | 6.0%                        | 7.0%                     |

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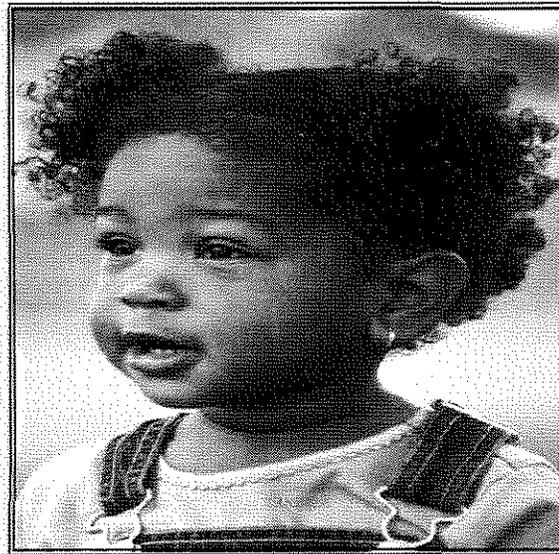
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**CONTRA COSTA COUNTY**  
**Children & Family Services**

*A Bureau of the  
Employment & Human Services Department*

County Self Assessment  
December 2006

## *Section I*

# *Demographic Profile and Outcomes Data*

## **Demographic Profile**

Contra Costa County, the “opposite coast”, was so-named for its location across the Bay from the settlement of San Francisco. The cities of Richmond (the site of one of the Bureau’s offices), Pinole and Hercules enjoy Bay access with the communities of El Cerrito, San Pablo and unincorporated areas completing the western county.

Central Contra Costa County straddles Interstate 680 and State Highway 24. In addition to Martinez - the County seat and site of the second Bureau district office - Central County includes the City of Pleasant Hill, the diverse City of Concord, and the shopping mecca of Walnut Creek. Continuing southward one enters the Tri-Valley region and the Contra Costa cities of Danville and San Ramon, both commuter communities. The affluent cities of Orinda, Moraga, and Lafayette are included in Central Contra Costa County.

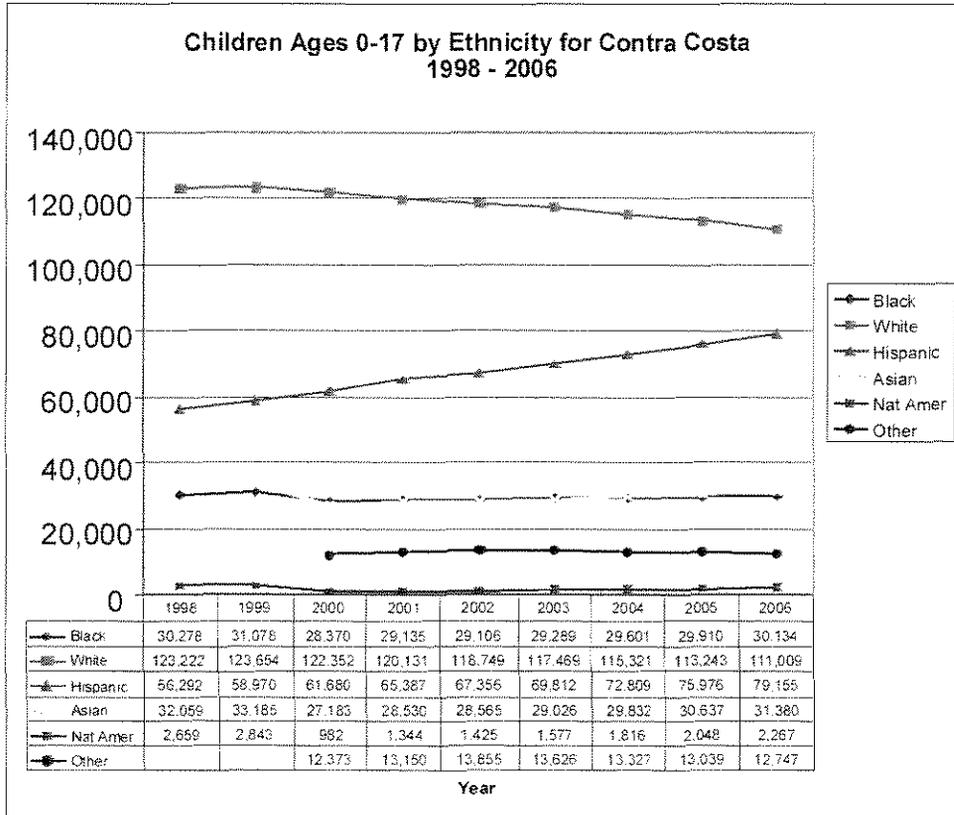
Eastern Contra Costa County includes the cities of Bay Point, Antioch, Pittsburg, Oakley, and Brentwood. Eastern Contra Costa is one of the fastest growing regions of the County. This is the site of the third Children’s and Family Services district office.

Looming over the entire County is the picturesque Mt. Diablo, its 3,849 foot summit the highest point in the entire San Francisco Bay.

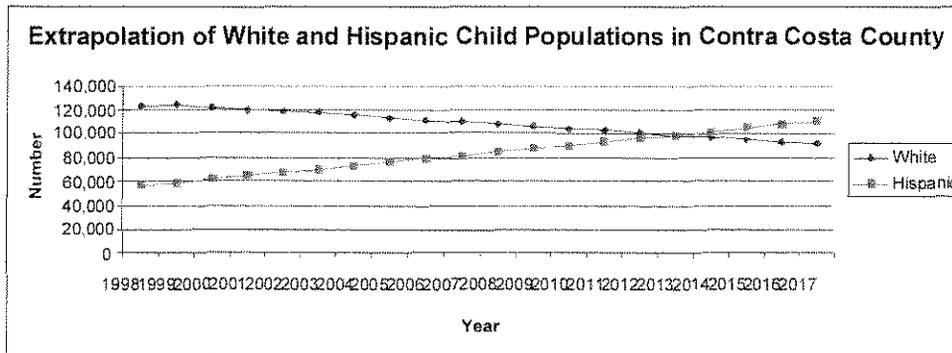
## **Demographics of General Population**

Like the entire Bay area, Contra Costa County has experienced rapid growth in population over the last 14 years.

- From 1990 to 2000, the County grew by 18% to 948,816 persons in 2000.
- From 2000 to 2006, the population grew to over the 1,000,000 mark.
- The County is the 9<sup>th</sup> most populous in the state.
- Overall, the County is growing at slightly over 1%/year, although some areas in the east are growing at over 12%/year.
- Since 1998, the child population, 0-17 years of age, has increased by over 20,000.
- The increase in child population is predominantly from youth of Hispanic origin (see graph below).



- We are estimating that the Hispanic youth population will overtake that of White youth sometime around 2014 (see graph below).



- The County is predominantly white followed by persons of Hispanic origin.
- Children under 18 years old constitute 26% of the total population.
- Less than 1% of the population is Native American.
- The African-American population is concentrated in Western County – Richmond, North Richmond, Pinole, and Hercules - and in the eastern portion of the County – Bay Point, Pittsburg, and Antioch.

- The Hispanic population is spread throughout the County, a significant proportion is located in the central region of the County, called the "Monument Corridor."
- The 2000 Census counts 344,129 households in the County with 35% (or 120,500) of those having children under 18 years old.
- Female headed households number 39,683 with 22,363, or 56%, reporting children under 18 years old.
- The average family size is 3.2 people.

## Economics

Contra Costa is a relatively affluent county with a median household income of \$63,675. Like many counties, income is distributed disproportionately within the county. Median household income ranges from a high of \$155,000 in the Blackhawk community to \$37,000 in the City of San Pablo

### Lower Income Communities in Contra Costa County

| Geographic area           | Median Household Income in 1999 | % of Population for Whom Poverty Status is Determined in 1999 | Percent of Families |
|---------------------------|---------------------------------|---------------------------------------------------------------|---------------------|
| Contra Costa County       | \$63,675                        | 7.6                                                           | 5.4                 |
| Antioch city              | \$60,359                        | 8.5                                                           | 6.5                 |
| Bay Point CDP             | \$44,951                        | 17.2                                                          | 14.9                |
| Bay View – Montalvin CDP  | \$50,750                        | 11.7                                                          | 7.8                 |
| Bethel Island CDP         | \$44,569                        | 8.8                                                           | 5.3                 |
| Concord city              | \$55,597                        | 7.6                                                           | 5.2                 |
| East Richmond Heights CDP | \$57,500                        | 5.3                                                           | 1.3                 |
| El Cerrito city           | \$57,253                        | 6.7                                                           | 3.5                 |
| Martinez city             | \$63,010                        | 5.2                                                           | 3.2                 |
| Pacheco CDP               | \$45,851                        | 10.2                                                          | 7.9                 |
| Pinole city               | \$62,256                        | 5                                                             | 3.5                 |
| Pittsburg city            | \$50,557                        | 11.5                                                          | 8.7                 |
| Richmond city             | \$44,210                        | 16.2                                                          | 13.4                |
| San Pablo city            | \$37,184                        | 18.1                                                          | 9.4%                |

Employment Development Department  
 url: <http://www.calmis.ca.gov/file/demoinc/inc2000place1.htm>

In the figure above, shaded rows are Family to Family and other special project phase-in areas (specific zip codes within Antioch, Pittsburg, Concord and Richmond). Children and Family Services offices are found in **Antioch** (serving Pittsburg and Bay Point and all of eastern County), **Martinez** (serving all of central County including Concord and Pacheco) and **Richmond** (serving North Richmond, Pinole and El Cerrito and all of western Contra Costa).

Employment Development Department  
 url: <http://www.calmis.ca.gov/file/demoinc/inc2000place1.htm>

**Poverty and Unemployment**

According to data provided by *Children Now*, 23.6% or 58,210 of Contra Costa’s children resided in poor or low income households in 1999. Almost half of these children, or 25,100, resided in households under the federal poverty level (approximately \$17,000 for a family of four in 1999).

The unemployment rate for the County overall averaged 4.8% in 2005. Unemployment rates in the cities and unincorporated parts of the County listed above are presented in the Figure below. As one can see, Family to Family phase in areas have higher unemployment rates. The exception is Concord, but the phase-in area in that city is only a few census tracts with higher unemployment rates than the city’s rate of 5.2%.

**Selected Unemployment Rates**

| <b>Community</b>          | <b>2005 Average Unemployment Rate</b> |
|---------------------------|---------------------------------------|
| <b>Antioch city</b>       | 5.3%                                  |
| Bay Point CDP             | 9.5%                                  |
| Bay View – Montalvin CDP  | 8.8%                                  |
| Bethel Island CDP         | 8.5%                                  |
| <b>Concord city</b>       | 5.2%                                  |
| East Richmond Heights CDP | 5.6%                                  |
| El Cerrito city           | 4.2%                                  |
| <b>Martinez city</b>      | 3.8%                                  |
| Pacheco CDP               | 4.6%                                  |
| Pinole city               | 3.0%                                  |
| Pittsburg city            | 7.4%                                  |
| <b>Richmond city</b>      | 7.8%                                  |
| San Pablo city            | 9.4%                                  |

Employment Development Department  
 url: <http://www.calmis.ca.gov/file/lfmonth/coontrsub.txt>

### **Selected Data: Economics**

- Of an employed civilian population of 451,300, some 69% are involved in management, professional, sales and office occupations.
- As might be expected with an employment profile such as this, educational attainment is high. Of the 626,000 people over 25 years of age, 87% are high school graduates or higher and 35% have a bachelor's degree or higher.
- However, in 2001, 18% of new mothers and 16% of new fathers had 12 or fewer years of education.
- Given the relative affluence of the County and the tight Bay area housing market, rental costs eat up a sizeable portion of these families' incomes. *Children Now* estimates that with a monthly average rent within the County of \$1,374, housing costs constitute approximately 54% of those families earning up to 200% of the federal poverty level. In fact, for the overall population that rents within the County, 32% of families pay 35% or more of their household income in rent.
- In 2001, for the same poor and low income families, nearly one-fourth experienced food insecurity, i.e. food shortages and some inability to regularly feed their children.

## **Education System Profile**

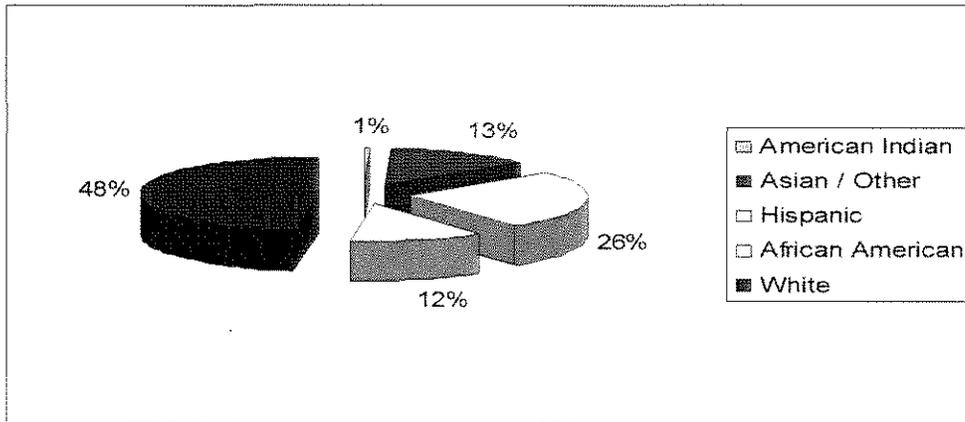
### **Background**

The Contra Costa County Office of Education provides programs and services to the county's 249 schools, 18 K-12 school districts, the County Office of Education programs and to the Community College District. As of November 2005, there were 166,024 students enrolled in grades K-12. See <http://www.ccooe.k12.ca.us/about/stats.html> for in-depth statistical information regarding student demographics.

### **Demographics**

The following figure shows the ethnicity of the K-12 students within Contra Costa County.

**Contra Costa School Enrollment by Ethnicity**



Further breakdown by ethnicity shows that there has been a significant rise in minority and English language learning (ELL) students since 1987 (see table below).

**County's Changing Student Population**

|                           | 1987    | 2005          | Increase since 1987 |
|---------------------------|---------|---------------|---------------------|
| <b>Number of Students</b> | 118,311 | 166,024       | 40.3%               |
| <b>Minority Students</b>  | 30,643  | 84,063        | 174.3%              |
| <b>ELL Students</b>       | 5,705   | 25,176 (2004) | 341%                |

Contra Costa County has approximately the same teacher to student ratio and class size as the state average (see table below).

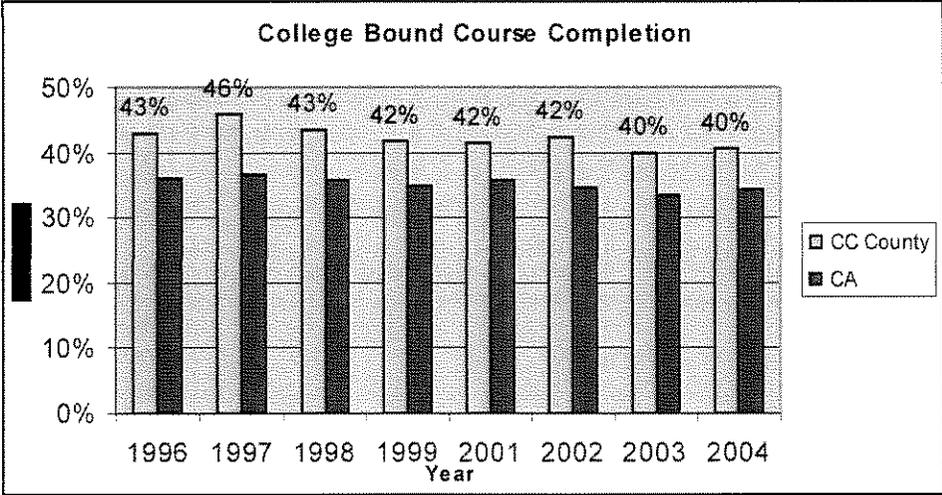
**Student to Teacher Ratio/Class Size**

|                                       |        |
|---------------------------------------|--------|
| Contra Costa Student to Teacher Ratio | 20.7:1 |
| California Student to Teacher Ratio   | 21.2:1 |
| Contra Costa Average Class Size       | 26.5   |
| California Average Class Size         | 27.3   |

**Educational Accomplishments**

Contra Costa County has a higher percentage of students who complete courses required for college entry than the statewide average.

**College Bound Course Completion**



## TOP Stakeholder Priority Strategies to Address Target Populations 0-25 Age Group

*KEY: U=Universal prevention, S=Selective prevention, EI=Early intervention*

| <i>Strategy</i>                                                                                | <i># of Votes</i> |
|------------------------------------------------------------------------------------------------|-------------------|
| <b>1. Families in need of parenting knowledge and skills</b>                                   |                   |
| □ community-based classes or playgroups – U or S                                               | 20                |
| □ screening and referral/gate-keeper training – S                                              | 16                |
| □ clinical interventions – EI                                                                  | 15                |
| □ peer support – S or EI                                                                       | 9                 |
| <b>2. Immigrant families with communication and parent/child relationship challenges</b>       |                   |
| □ pro-social peer activities/youth development – U or S                                        | 17.5              |
| □ screening & referral/gatekeeper training -S                                                  | 15                |
| □ peer support for families/parents– S                                                         | 14                |
| □ system navigation -S                                                                         | 12                |
| □ traditional interventions – S or EI                                                          | 11                |
| <b>3. Residents of high violence areas of Contra Costa County traumatized by that violence</b> |                   |
| □ system readiness/trauma-informed systems of care – U                                         | 20                |
| □ peer support for families/individuals within families – S                                    | 15                |
| □ clinical interventions – EI                                                                  | 14                |
| □ community efforts – U or S                                                                   | 8                 |
| <b>4. Families experiencing domestic violence</b>                                              |                   |
| □ clinical interventions – EI                                                                  | 13                |
| □ community-wide educational messages -U                                                       | 10                |
| □ screening and referral/gatekeeper training – S                                               | 9                 |
| □ system readiness/trauma-informed systems of care – U                                         | 9                 |
| <b>5. Infants and young children of trauma exposed parents</b>                                 |                   |
| □ clinical interventions – EI                                                                  | 15                |
| □ peer support for parents– S                                                                  | 14                |
| □ screening and referral/gate-keeper training – S                                              | 12                |
| <b>6. Children, youth and young adults with early signs of mental illness</b>                  |                   |
| □ screening and referral/gatekeeper training – S                                               | 16                |
| □ clinical interventions -EI                                                                   | 12                |
| □ system readiness/trauma-informed systems of care -U                                          | 11                |
| □ family psycho-education-S or EI                                                              | 9                 |
| <b>7. Children, youth, young adults entering or in the justice system</b>                      |                   |
| □ pro-social peer activities/youth development – U or S                                        | 22                |
| □ parent and youth peer support/mentoring – S or EI                                            | 17                |
| □ screening and referral/gate-keeper training – S                                              | 10                |
| □ system readiness/trauma-informed systems of care – U                                         | 9                 |
| <b>8. Children, youth and young adults at risk for suicide</b>                                 |                   |
| □ system readiness/trauma-informed systems of care – U                                         | 19                |

- family psycho-education-S or EI 15
- screening and referral/gate-keeper training – U or S 14
- clinical interventions – S or EI 10

**9. Children and families living with poverty and homelessness**

- system readiness/trauma-informed systems of care – U 17
- screening and referral/gate-keeper training – S 15
- clinical interventions – EI 8

**10. Adolescents experiencing chronic or extreme stress**

- pro-social peer activities/youth development – U or S 18
- system readiness/trauma-informed systems of care – U 13
- positive adult support/mentoring – U or S 12
- screening and referral/gate-keeper training -S 9

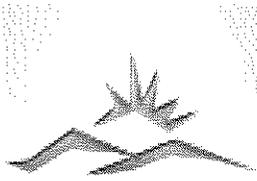
**11. Adolescents aging out of public systems**

- system navigation -S 17
- system readiness/trauma-informed system of care – U 12
- case management – S 8
- screening and referral/gate-keeper training -S 8

## TOP Stakeholder Priority Strategies to Address Target Populations 26+ Age Group

*KEY: U=Universal prevention, S=Selective prevention, EI=Early intervention*

| <i>Strategy</i>                                                                                                          | <i># of Votes</i> |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1. Isolated families in underserved cultural populations lacking connections with their communities</b>               |                   |
| ▫ system navigation/helplines – S                                                                                        | 14                |
| ▫ culturally/linguistically appropriate community-wide educ. Messages-U or S                                             | 11                |
| ▫ community building/engagement – U or S                                                                                 | 10                |
| ▫ peer support/warmlines – S or EI                                                                                       | 10                |
| ▫ screening & referral/gatekeeper training – S                                                                           | 8                 |
| <b>2. Individuals/families with early signs of mental illness including psychotic illness and co-occurring disorders</b> |                   |
| ▫ screening and referral/gatekeeper training – S                                                                         | 10                |
| ▫ multifamily support groups – S or EI                                                                                   | 10                |
| ▫ family psycho-education- S or EI                                                                                       | 8                 |
| ▫ clinical interventions – EI                                                                                            | 7                 |
| ▫ service provider & law enforcement education – U                                                                       | 6                 |
| <b>3. Individuals/families/communities experiencing stigma or discrimination due to mental illness</b>                   |                   |
| ▫ community building/engagement – U or S                                                                                 | 11                |
| ▫ service provider ( <i>Added 4/30:</i> and law enforcement) education – U                                               | 9                 |
| ▫ system navigation/helplines – S                                                                                        | 7                 |
| ▫ media education – U                                                                                                    | 6                 |
| ▫ home visitation – S                                                                                                    | 6                 |
| <b>4. Individuals and families living with poverty and homelessness</b>                                                  |                   |
| ▫ community building/engagement – U or S                                                                                 | 12                |
| ▫ screening and referral/gate-keeper training – S                                                                        | 10                |
| ▫ system navigation/helplines – S                                                                                        | 6                 |
| ▫ case management – S                                                                                                    | 6                 |
| ▫ clinical interventions – EI                                                                                            | 6                 |
| ▫ peer support/warmlines – S or EI                                                                                       | 5                 |
| <b>5. Isolated older adults</b>                                                                                          |                   |
| ▫ peer support/warmlines – S or EI                                                                                       | 14                |
| ▫ screening and referral/gate-keeper training – S                                                                        | 10                |
| ▫ system navigation/helplines – S                                                                                        | 10                |
| ▫ community building/engagement – U or S                                                                                 | 8                 |
| ▫ clinical interventions – EI                                                                                            | 7                 |
| <b>6. Individuals at risk for suicide</b>                                                                                |                   |
| ▫ screening and referral/gate-keeper training – U or S                                                                   | 12                |
| ▫ community-wide educational messages – U or S                                                                           | 10                |
| ▫ clinical interventions – S or EI                                                                                       | 8                 |
| ▫ hotlines – S                                                                                                           | 6                 |
| ▫ peer support/warmlines – S or EI                                                                                       | 6                 |



CONTRA COSTA HEALTH SERVICES

**Contra Costa Mental Health  
2008 MHSA Prevention/Early Intervention Planning**

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**Findings  
from  
Community Forums, Focus Groups and Survey**

**March, 2008**

**Contra Costa Mental Health  
2008 MHSA Prevention/Early Intervention Planning**

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- I. Introduction
  
- II. Summary of Key Findings across All Data Sources
  
- III. Community Resources for PEI
  
- IV. Community Forums – Detail
  
- V. Focus Groups – Detail
  
- VI. Survey – Detail

Attachments:

- PEI Community Survey – English
- PEI Community Survey – Spanish



Contra Costa Mental Health  
2008 MHSa Prevention/Early Intervention Planning

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**Summary of Findings**  
From  
**Community Forums, Focus Groups and Survey**

## I. Introduction

In order to support Stakeholder Workgroup members as they plan for Prevention and Early Intervention (PEI) services using MHSa funds in Contra Costa County, data were collected from a variety of sources. These include:

### **Existing Data:**

**Data Quickscan** – Collected and summarized existing written data on community needs and target populations in Contra Costa County. These were compiled into a report that was distributed separately from this package.

### **New Data:**

**Community Forums** – Three community forums were held in three regions of the county to encourage anyone in the county to join in a group discussion and to contribute to our assessment of priorities for PEI. Forums were held in Bay Point, Martinez and San Pablo.

**Focus Groups** – Thirty-five group discussions – ranging from 3-27 people in size – were conducted throughout the county. The majority of discussions were among groups that already exist in the county and were willing to invite CCMH to a regularly scheduled meeting. Effort was made to achieve diversity across groups – Diversity in location, racial/ethnic groups, providers/consumers/family members/community members, and service or target population focus.

**Survey** – A brief survey was developed to learn more from individuals about their priorities for community needs, target populations and types of interventions. Service providers who answered the survey were also asked about their affiliation and focus of their agency. The survey was available on-line and in hard copy. It was available in Spanish and in English.

An estimated total of 876 individuals contributed to this data collection process. Some individuals may have participated in more than one way and could be double counted here.

A summary and analysis of all data and details on each type of data are included in later sections of this report.

## II. Summary of Key Findings across All Data Sources

### A. Most Common Messages across All Sectors and Data Sources

#### 1. Top Factors that Contribute to Mental Illness (Take Away from Mental Wellness)

An analysis of the number of times an issue was raised across forums, focus groups and surveys shows a few clearly dominant factors viewed as major contributors to mental illness. They are:

- ✓ **Culture Gap** causes stress within generations of families and between individuals/families and the dominant culture. This includes such issues as:
  - **Generational culture gap** within immigrant families. This leads to isolation, lack of role models for being successful in the US, lack of someone to turn to or talk to, parenting that does not support a child's positive growth in this country, and isolation and devaluing of older generations. It breaks down families.
  - **Culture Gap between non-dominant cultural communities and the dominant culture.** This leads to poor self-esteem (can't see "self" in dominant culture), anger, isolation, distrust of "mainstream" services and supports. Cultural and language barriers further limit income and access to existing resources for health, mental health and social needs.
  
- ✓ **Trauma and Violence** – Participants stressed the extraordinary amount of trauma that some populations in Contra Costa County experience/have experienced and the very heavy toll it takes on mental health. Types of trauma cited include:
  - Street violence as well as violence in the home (DV).
  - Trauma experienced by immigrants before they came to this country.
  - Trauma related to poverty and homelessness.
  - Racism and discrimination.
  - Intergenerational/historical trauma such as slavery.
  - Discrimination due to sexual orientation.
  - The stress of living with a family member with mental illness or substance abuse.
  - School bullying and especially school violence toward LGBTQ youth.
  
- ✓ **Stressed Families** – This third most articulated contributor to mental illness includes many of the factors articulated elsewhere in this summary but that come together and cause greatest havoc in the family setting. Many discussions about stressed families began as discussion of stressed children but ended up, again and again, with the recognition that families must be supported and served as a whole, because it is rare for a single piece of a family – a single child, adult or older adult – to get stronger without bringing the others along. Issues tied to stressed families included:
  - Poverty/working poor.
  - Culture gap.
  - Intergenerational conflict.
  - Isolation.
  - Aging – With associated grief, isolation and physical changes.

- Parents who need help parenting.
  - Lack of positive role models.
  - Exposure to domestic violence.
  - Exposure to substance abuse.
  - Youth or parents involved in the juvenile justice system.
  - Mental illness in the family.
  - Kinship caregivers.
  - Out of home placements.
- ✓ **Stigma and Discrimination** – Stigma was definitely viewed as a barrier to identification and early intervention for mental health problems. While many want to address this by “changing the words,” others recognized the need for strong community education about mental illness to reduce stigma and the barriers that it creates.
- ✓ **Poverty** – Poverty itself was identified as a key stressor for mental illness. Stressors included:
- Adults working all the time to make ends meet, not there for children because working, not able to access services because working.
  - Losing work, not working.
  - Instability – moving often.
  - Stressed family relationships.
  - Lack of access to services and supports. This may be due to lack of money, or for working poor or the undocumented it may be due to lack of eligibility.
  - Low self-esteem.
  - Culture gap.
- ✓ **Genetic Predisposition** for mental illness – especially serious and persistent mental illness was acknowledged in most groups as one of the important contributors to mental illness. Participants acknowledged that while prevention efforts might not be most effective with this group, strong and early intervention could certainly reduce the long term effects of the illness in many cases. Participants were also focused on the additive factors of trauma, stressed families, poverty, etc. that make the manifestation of serious mental illness more acute and less likely to be identified or treated early.

## 2. Early Intervention Needs

The line between prevention and early intervention is not clear. Nor is the line between early intervention and care. The issue of early intervention was central to most conversations and is touched upon in the earlier prevention discussion. In summary:

- ✓ Get there before the big CRISIS! – Was a main message about early intervention.
- ✓ Earlier, earlier, earlier screening (or basic recognition) of early signs of mental illness is needed. But for that to be useful, early interventions must be available.
- ✓ Earlier intervention is tied to reducing the stigma about mental illness – in families, schools and the community. As early signs are often ignored.
- ✓ Mobile crisis teams and other types of interventions that can de-escalate problems before they result in institutionalization can lessen the severity or change the course of a first break or crisis situation.

- ✓ Screening and early intervention is needed:
  - In schools, preschools and recreation programs.
  - In the justice system:
    - Before someone actually gets booked into the system – diversion
    - As someone enters and experiences the stress of being “in system”
    - While in-system – as problems arise
    - After discharge when the window is wide open to make good and bad choices
  - With older adults who experience great grief, loss, isolation, physical and brain changes.
  - With individuals and families appearing in other places in the “system,” such as Child and Family Services, substance abuse programs, and domestic violence programs.
  - With new parents – especially young parents and parents with histories of trauma and substance abuse. This can start during pregnancy – if screening takes place.
  - With individuals with a family history of mental illness.
  - In the community – In cultural centers, churches, fraternal associations and non-profits that can offer non-institutional supports such as “someone to talk to,” socialization, healthy norms, and access to information and referral in a culturally competent way.
- ✓ Suicide prevention hotlines and crisis lines are not just for crisis intervention. Those having suicidal ideation and those headed for a crisis often call sooner – searching for someone to talk to.
  - More “talk lines” are needed. They need to be culturally competent and age appropriate. Both older adults and youth want talk-line staff/volunteers who “know their experience.”
  - Talk lines are not a solution alone. Information and referrals are also critical.

### 3. Priority Target Populations and Community Needs for PEI Efforts

Based on the risk factors identified above, the top target populations identified for prevention and early intervention efforts were:

- ✓ **Underserved Cultural Populations** (*viewed as almost synonymous with those with greatest disparities in access to mental health services*): Immigrants, communities of color, LGBTQ.
- ✓ **Stressed Families** (with a very strong message that we must serve the whole family, and that children in stressed families are at risk for school failure, juvenile justice involvement, substance abuse, teen pregnancy and suicide).
- ✓ **Trauma and Violence Exposed.**
- ✓ **Those Showing Early Signs** of serious mental illness and at risk for suicide.

#### 4. Priority Strategies/Supports Needed

Participants offered both overarching values for all interventions, and more focused desired strategies for prevention and early intervention efforts. These can be organized, roughly, into categories:

- ✓ **For Individuals and Families** – Participants provided an exhaustive list of supports that would be useful for individuals and families. Those mentioned most often include:

##### **Overarching Values:**

- Serve whole families.
- Build on strengths.
- Get there earlier. Before the crisis!
- Increase parent involvement in their children's lives

##### **Most Commonly Identified Strategies:**

- Early screening in a variety of settings tied to MUCH earlier intervention.
- Treat trauma as early intervention for MI.
- Parenting education and support (including fatherhood support programs with emphasis on young fathers).
- More counselors, mentors, advocates – someone to talk to, someone to trust. Needed for adults, parents as well as youth and families. *Must be culturally competent or trust will not happen.*
- Support groups and help-lines, all kinds.
- Support older adults around grief, loss, physical health and organic brain changes. Help to reduce their isolation. Use peer models.
- More supports for LGBTQ individuals with emphasis on youth/young adults
- Youth development – Support for building on strengths – at all ages and all stages.

- ✓ **In Schools** - Even while advocating a whole family approach, schools are seen as perhaps the most critical access point for identifying and helping children and families who need help. There was overwhelming support for increased resources to schools in such areas as:

##### **Overarching Value:**

- Schools are a place where mental health supports can be shared and issues addressed with much less stigma than in other places. They are also keyholes through which most families pass. These opportunities should be maximized.

##### **Most Commonly Identified Strategies:**

- Educate teachers to recognize and refer children who need assessment and supports for themselves and their families.
- Place LOTS more culturally appropriate counselors in schools. Allow them more time with youth.
- Expand school-based health centers to better screen, offer supports, and build connectedness of youth to their schools. This connectedness is a protective factor.
- Educate preschool providers to identify early warnings signs.
- Offer education and supports for parents in preschool, school and vocational school settings.
- Link school-based supports to additional supports in the community.

✓ **In Communities** – The need for community-wide efforts was recognized:

**Overarching Values:**

- Support wellness, don't focus on illness.
- Different cultural communities define wellness differently. It is important to let those communities define their vision of wellness.
- Mental wellness requires building community.

**Most Commonly Identified Strategies:**

- Build community through engagement and trust.
- Work to both prevent and treat trauma.
- Reduce isolation.
- Educate community-wide to reduce stigma about mental health issues/care.
- Educate community-wide to recognize and act on early warning signs of mental illness.
- Educate community-wide to prevent suicide.
- Work with faith communities.
- Support youth development.
- Educate the community on issues of racism, homophobia and other forms of discrimination.

✓ **In Service Systems**

**Overarching Values:**

- Get there before the crisis!
- Reduce stigma: Go to where people are and don't use mental health words.
- Improve Cultural Competence
- Break down silos – work across systems.

**Most Commonly Identified Strategies:**

- Use multi-disciplinary teams and whole-family approaches.
- Assess and intervene where individuals and families have other contacts with the system – e.g.: jails, substance abuse treatment, social services, prenatal care.
- Use mobile crisis units/teams (teens, all).
- Peer models needed.
- Reduce caseload sizes so providers can spend time with people.
- Offer more substance abuse treatment as prevention of MI.
- Utilize home visits.
- Institute universal screening for domestic violence.
- Institute mental health screening in all prenatal care.

## B. Unique Messages

Summarizing the massive data collected for this planning process is necessary and limiting at the same time. It is necessary to allow a broad view of community-wide issues and concerns. It is limiting in that the unique voices of groups defined by geography, race/ethnicity, age, or life experience can get lost.

The pages and pages of group summaries and individual comments included in this report are important to read and consider. A few of the messages heard are included here:

### 1. Underserved Cultural Populations – Each group had distinct messages:

- ✓ **African Americans:** Intergenerational trauma from the days of slavery, poverty, substance abuse, street violence, and domestic violence were important themes heard from African Americans. Lack of seeing oneself in the dominant culture, lack of trust in the dominant services system, lack of positive role models, and lack of places to turn for support add to the ongoing stress in this community.

In both focus groups and forums, African Americans expressed the need to define what wellness looks like *by and for their own population*. They want wellness interventions (not illness interventions) that are *defined and delivered* by themselves within their communities. They want support to build/expand the positive “fabric” of their community to define and achieve mental wellness.

They see churches as important players in building wellness and suggest launching efforts throughout the community where people go – like beauty parlors, basketball courts and fraternal associations.

- ✓ **Hispanics/Latinos:** Latinos talked about being immigrants and the stresses that come from immigration. These include poverty, distance from one’s own family and isolation in the dominant US culture. Latinos are working so hard, that they do not have time to learn English, interact with schools, be there for their children as much as they want, or to take care of themselves. They point out that they are not one homogenous group – but are made up of people from a variety of Spanish speaking countries with widely different cultures.

Latinos in focus groups and forums expressed the need for Spanish-speaking information, supports and services from trusted sources. They rely heavily on the Spanish-speaking agencies in the county. Resources for Latinos were identified and are listed elsewhere in this report.

Latinos expressed a high desire for their children to be more supported at school. They want teachers and counselors who are Latino and speak Spanish – as role models, as ways of helping their children not be “invisible” in the dominant culture. They want opportunities from the school to help engage the parents with their child’s school life. They want help learning how to “work” the school system for their children.

- ✓ **Native Americans:** Native Americans spoke most about identity, community, and trust as critical elements of wellness. There is currently no place in Contra Costa County where Native

Americans can go – to connect with other Native Americans, to get help in a culturally relevant way (whether information or counseling), or to share their culture with their children. This adds to the isolation that Native Americans feel and their invisibility in the dominant culture.

Like African Americans, Native Americans emphasized building wellness through building community. They also spoke of feeling “invisible” in the dominant culture.

Native Americans also expressed frustration with the school system that continues to make their children feel invisible, from the curriculum – which is euro-centric -- to the lack of cultural understanding from teachers and school counselors. Members of the focus group point out that there are Native Americans with the training and ability to teach cultural sensitivity to members of the dominant community. Which in turn will build the mental wellness of youth.

- ✓ **Asian/Pacific Islanders:** Both Asian focus groups had heavy Laotian representation. The core of the conversation focused on “culture gap” as the largest contributor to mental illness. Like Latinos, this includes intergenerational stresses where the children are adapting to US culture and the parents are holding their “old world” values.

More is needed to help parents to understand and help their children to grow strong in their new culture, while youth need to learn and respect the wisdom and experiences (both good and traumatic) of their parents and grandparents. Older adults – grandparents – become very isolated from peers. They work to take care of their grandchildren while their children work. They are the least likely to learn English.

Asians/Pis expressed the desire for culturally and linguistically appropriate parenting education and support, supports for youth to manage their relationships (with self, friends, family, and teachers) and to avoid risky behaviors, and social interventions to reduce the isolation of their older adults.

## **2. Mental Health Consumers, their Families and Partners**

Mental health consumers and their loved ones had a common message of wanting much, much earlier screening and interventions. Virtually every person spoken to felt that opportunities to diagnose and treat the mental illness before it became a crisis were repeatedly overlooked. They felt that if intervention had been earlier, then the illness would not have become so acute. They want intervention before the “big crisis.”

Ways to do this varied. A main focus was on the need to train health care providers, preschool teachers, school teachers and social service providers – as well as the community at large – how to identify, refer or intervene at early signs of mental illness. There was repeated emphasis on the need to train and enable schools to intervene more effectively. There is also a need to reduce stigma related to mental illness. This is also done through community-wide education.

Early interventions that are needed include WRAP (Wellness Recovery Action Plan) programs, crisis interventions teams, more culturally competent education and counselors available to both consumers and their families. Supports for substance abuse and trauma were also cited. Less traumatic alternatives to police intervention and involuntary hospitalization were also acknowledged as critical. Strong, intensive first break programs that have proven effectiveness are highly desired.

### 3. Children, Youth and Schools

- ✓ **Children 0-5:** Information on needs for children 0-5 was gathered in numerous focus groups and identified by many in surveys. Common messages included: Intervene with stressed families before problems are seen in the children if possible. Serve the entire family – including parents and other siblings. Be willing to *treat* the parents as prevention for the children. Provide massive amounts of parenting education, support and relationship-based therapies in groups, in the home, in a culturally appropriate way. Screen for substance abuse, screen for domestic violence *and have resources for intervening*. Build the capacity of communities to support families. Focus on families that are not eligible for other services. Screen and treat post-partum depression.

Risk factors for family instability include: Young parents, immigrant families, trauma exposed parents and families including domestic violence, families with mentally ill parents, families with incarcerated parents, substance abusing parents, families with grandparent caregivers, families with parents or children in gangs.

Pregnant women were identified as an important population for screening and early intervention for a variety of issues including substance abuse, domestic violence, depression and other mental illnesses. Because participation in prenatal care is very high, this provides an opportunity for very early identification of issues that will affect the newborns and growing families.

- ✓ **Youth and Young Adults:** Youth and young adults, especially in immigrant families, need simultaneously stronger relationships with their families and stronger ability to communicate and form relationships outside of their families – with friends, teachers and in the community. Youth need role models, someone to talk to, and a vision of what being a healthy adult in the US culture looks like.

Prevention and early intervention needs to come through families, schools, churches and communities. Trauma needs to be recognized and treated. Substance abuse prevention, teen pregnancy prevention, violence and gang prevention and anger management are needed. Those experiencing trauma were identified as a top priority.

- ✓ **Schools:** Schools are critical for prevention and early intervention. For children who do not have strong supports at home, they are a second chance. Schools need expanded capacity to screen and identify problems early, and then to intervene. They are an important environment for community-wide education about risky behaviors, about early signs of mental illness, and about suicide risk and how friends can support friends. School counselors (who are culturally competent and have *time* for youth) can reduce risk greatly. School health centers are natural hubs for these activities and can provide additional “connectedness” for youth.

### 4. Adults

Most discussion about adults focuses on high risk parents and parents’ roles in supporting their children. Several comments were also made, however, that older male youth and adult males who do not have children are a very high risk population as well. They are highly exposed to trauma and

violence; they face higher risk of substance abuse, gang involvement and homelessness than almost any other group. And they need identification and early intervention as well.

## **5. Older Adults**

There was a strong voice for older adults in this data collection process, and a reminder that the numbers of older adults in our communities is on the rise. Issues and concerns were clearly articulated.

Stressors that contribute to mental illness – especially depression include: Grief, loss, isolation, changing health status, changing brains, and increased use and abuse of prescription medications (and street drugs).

Needs include: Peer-led efforts and help lines to reduce isolation, build connectedness, and stay in touch with people so that changes in well-being can be both reduced and noticed. Better integration of medical and mental health care is critical – with brain changes masking the difference between the two, and stigma as a barrier to seeking mental health care. Transportation and access to healthcare are needed. And destigmatization of being old in our society is critical.

A variety of agencies already providing supports to seniors were identified and appear elsewhere in this report.

## **6. Justice System**

The justice system has been referred to repeatedly throughout this analysis. An important theme in focus groups and the survey was early intervention and diversion programs that the justice system “used to have but were cut.” Diversion programs for youth and adults are no longer available. Adequate availability of screening and support at entry into the system is lacking and this is especially critical for youth. Psychological counseling and support for youth in residential programs has also become scarce.

Added resources for early screening, diversion and counseling were viewed as critical to not only catching the types of early problems that lead youth and adults to the justice system, but to reduce the negative impact and psychological trauma of the justice system experience.

### **III. Community Resources for PEI as Identified in Focus Groups and Surveys**

|                                                                            |      |
|----------------------------------------------------------------------------|------|
| Introduction.....                                                          | R· i |
| Known Resources and Models – From Focus Groups.....                        | R· 1 |
| Known Resources and Models – From Surveys.....                             | R· 5 |
| Potential Providers of PEI Supports – From Surveys.....                    | R· 9 |
| Providers Who Have Access to Hard-to-Reach Populations – From Surveys..... | R·14 |

## Introduction to Resources

Information about resources was collected in both focus groups and the survey.

- ✓ **In Focus Groups** there were two ways that resources were identified:
  - They may have been mentioned in passing.
  - Members were ask specifically to identify resources in the community that either provide prevention/early intervention services/activities now, or that would lend themselves easily to be adapted for PEI services.

In either event, names of agencies, programs, models and curricula were often mentioned rapidly and without much explanation. Information has been provided here as fully and as possible.

- ✓ **In Surveys**, respondents were asked to identify:
  - PEI activities that they currently are engaged in,
  - Whether they have programs that would easily lend themselves to PEI adaption, and
  - Whether they serve hard-to-reach populations.

The resource lists provided in this section represent the data as it was collected, and as it was understood. There is no doubt that additional research on these lists could improve their accuracy. More research could be done later, as priorities become visible and resource needs are more focused.

## Known Resources and Interesting Models for Prevention/Early Intervention

As Mentioned in Focus Groups

|                                                      | CCC<br>Resource<br>(Current or Past) | Other<br>Programs, Models<br>or Curricula |
|------------------------------------------------------|--------------------------------------|-------------------------------------------|
| 12 Step Programs                                     | X                                    |                                           |
| 211 Referral Line                                    | X                                    |                                           |
| 4H Programs (mentoring, etc.)                        | X                                    |                                           |
| AARP Money Mgt                                       | X                                    |                                           |
| Adjunctive Family Therapy                            |                                      | X                                         |
| Adult School                                         | X                                    |                                           |
| African American Health Initiative                   | X                                    |                                           |
| African American Males Project (Oakland)             |                                      | X                                         |
| After school programs                                | X                                    |                                           |
| Ally Action                                          | X                                    |                                           |
| Ambrose Recreation Center                            | X                                    |                                           |
| Asian Community Mental Health                        | X                                    |                                           |
| Asian Family Resource Center                         | X                                    |                                           |
| Asian Pacific Psychological Services<br>(Drug Court) | X                                    |                                           |
| Asian Senior Center                                  | X                                    |                                           |
| Born Free                                            |                                      | X                                         |
| Boys and Girls Clubs                                 | X                                    |                                           |
| Brief Strategic Family Therapy                       |                                      | X                                         |
| Brighter Beginnings                                  | X                                    |                                           |
| Building Effective Schools Together (BEST)           | X                                    |                                           |
| Calli House                                          | X                                    |                                           |
| Caring Hands (friendly visitors for seniors)         | X                                    |                                           |
| Catholic Charities                                   | X                                    |                                           |
| Center for Elders Independence                       | X                                    |                                           |
| Center for Human Dev. (CHD)                          | X                                    |                                           |
| Center for Vulnerable Child/Children's Hosp          |                                      | X                                         |
| Challenge Day at Westlake MS                         |                                      | X                                         |
| Child and Youth Center (CYC)                         | X                                    |                                           |
| Church w/ Native American cluster                    | X                                    |                                           |
| Churches                                             | X                                    |                                           |
| Collaboration schools/MH clinics                     | X                                    |                                           |
| Comm Clinics/Primary Care Providers                  | X                                    |                                           |
| Community violence prevention                        |                                      | X                                         |
| Concord PD's DV Prog                                 | X                                    |                                           |
| Consulting Psychiatrists for MDs (years ago)         | X                                    |                                           |
| Corvin House (SA but no MH tx)                       | X                                    |                                           |
| Council of States Consensus Project                  |                                      | X                                         |
| Counseling Rich Program                              |                                      | X                                         |

|                                                            | CCC<br>Resource<br>(Current or Past) | Other<br>Programs, Models<br>or Curricula |
|------------------------------------------------------------|--------------------------------------|-------------------------------------------|
| Crisis and Suicide - Grief Groups                          | X                                    |                                           |
| Crisis Center                                              | X                                    |                                           |
| Cyber bullying - Piedmont                                  |                                      | X                                         |
| Didactic Therapy                                           | X                                    |                                           |
| Domestic Violence No More Curric                           |                                      | X                                         |
| Each One Teach One (Peer Training W. Cty)                  | X                                    |                                           |
| Early Childhood Mental Health                              | X                                    |                                           |
| East Bay Works!                                            | X                                    |                                           |
| East County Senior Coalition                               | X                                    |                                           |
| EDAPT Imaging                                              |                                      | X                                         |
| Educated Native Americans can<br>teach cultural competency | X                                    |                                           |
| Empowerment Direction Program                              | X                                    |                                           |
| Escape Club at Adams Middle School                         | X                                    |                                           |
| Evaluation/Evidence Based Models                           |                                      | X                                         |
| Familias Unidas                                            | X                                    |                                           |
| Families First                                             | X                                    |                                           |
| Families Forward                                           | X                                    |                                           |
| Family Institute (Pinole)                                  | X                                    |                                           |
| Family Stress Center                                       | X                                    |                                           |
| Family to Family (Casey)                                   |                                      | X                                         |
| FAST - Families and schools together (Vallejo)             |                                      | X                                         |
| Fathers Groups - Sp. and Engl.                             | X                                    |                                           |
| Filial Therapy                                             |                                      | X                                         |
| First 5 (Centers) - But no Asian Languages!                | X                                    |                                           |
| Friendship House Oakland                                   | X                                    |                                           |
| Friendship Line (for seniors)                              | X                                    |                                           |
| Grandparent Caregivers                                     | X                                    |                                           |
| GRIP                                                       | X                                    |                                           |
| Guardian (for Seniors)                                     | X                                    |                                           |
| Hands on Diversion Programs - Youth                        |                                      | X                                         |
| Health Conductors/Numbered HCs                             | X                                    |                                           |
| Healthy Start (but caseloads too high)                     | X                                    |                                           |
| Homeless Outreach                                          | X                                    |                                           |
| Human Rights Watch (MI in Jails)                           |                                      | X                                         |
| In Home Supportive Services                                | X                                    |                                           |
| Incredible Years                                           | X                                    |                                           |
| In-Home Intensive Fam. Therapy (EPSDT)                     | X                                    |                                           |
| Integrated Primary Care/MH (La Clinica)                    | X                                    |                                           |
| Integrated Service Teams/ CC Teams                         | X                                    |                                           |
| Jewish Family Services                                     | X                                    |                                           |
| JFK Counseling                                             | X                                    |                                           |
| JJ Programs that have been dismantled<br>over the years    | X                                    |                                           |
| JJ Ranch                                                   | X                                    |                                           |

|                                                                   | CCC<br>Resource<br>(Current or Past) | Other<br>Programs, Models<br>or Curricula |
|-------------------------------------------------------------------|--------------------------------------|-------------------------------------------|
| John Muir Hosp                                                    | X                                    |                                           |
| Kids Turn- offered by some private providers<br>re: divorce       | X                                    |                                           |
| La Clinica -- integrated Med/MH care                              | X                                    |                                           |
| "Lao Family, Asian Psych. Services"                               | X                                    |                                           |
| Lao Temple                                                        | X                                    |                                           |
| Lavender Seniors (San Leandro)                                    |                                      | X                                         |
| Youth Leadership development projects                             |                                      | X                                         |
| Los Padres                                                        | X                                    |                                           |
| Loving Solutions                                                  | X                                    |                                           |
| LYRIC (SF)                                                        |                                      | X                                         |
| Ma'At Youth Academy                                               | X                                    |                                           |
| Marin: Every kid in Juv. Hall gets a therapist!                   |                                      | X                                         |
| Meals on Wheels                                                   | X                                    |                                           |
| Mentoring programs                                                | X                                    |                                           |
| MH Consumer Centers                                               | X                                    |                                           |
| Mobile Response Teams                                             |                                      | X                                         |
| Monument Community Partnership                                    | X                                    |                                           |
| Monument Crisis Center                                            | X                                    |                                           |
| Monument Futures Job Center                                       | X                                    |                                           |
| Mt. Diablo Adult Day HC                                           | X                                    |                                           |
| Native American Center Vallejo                                    |                                      | X                                         |
| Native American Center Oakland                                    |                                      | X                                         |
| National Alliance on Mental Illness (NAMI)                        | X                                    |                                           |
| Neat Family Project                                               | X                                    |                                           |
| New Connections                                                   | X                                    |                                           |
| New Leaf (SF)                                                     |                                      | X                                         |
| North Richmond Health Center                                      | X                                    |                                           |
| Osher Lifelong Learning Institute                                 |                                      | X                                         |
| Pacific Center for LGBTQ                                          |                                      | X                                         |
| Parent Child Interaction Therapy                                  |                                      | X                                         |
| Parent Infant Project - SF General                                | X                                    |                                           |
| Parent Partners                                                   | X                                    |                                           |
| Parent Project                                                    | X                                    |                                           |
| Parenting Education/Groups                                        | X                                    |                                           |
| PATN - Pre-Adolescent Training                                    |                                      | X                                         |
| PFLAG (Parents and Families of Lesbians<br>and Gays)              | X                                    |                                           |
| PIQUE - English immersion programs<br>for parents through schools | X                                    |                                           |
| Planned Parenthood - School-based<br>express sites                | X                                    |                                           |
| Pleasant Hill Senior Center                                       | X                                    |                                           |
| Posters with early warning signs                                  |                                      | X                                         |
| Preschool MH Consultation                                         |                                      | X                                         |
| Project Hope at Anka                                              | X                                    |                                           |

|                                                                    | CCC<br>Resource<br>(Current or Past) | Other<br>Programs, Models<br>or Curricula |
|--------------------------------------------------------------------|--------------------------------------|-------------------------------------------|
| Promotores Programs: Youth, Adult, Elders                          | X                                    |                                           |
| Proud Fathers                                                      |                                      | X                                         |
| Rainbow Comm Center                                                | X                                    |                                           |
| Rainbow Program - in schools                                       | X                                    |                                           |
| Richmond's Office of Community Wellness                            | X                                    |                                           |
| Rochester Early MH Interven, for K-3rd Grade                       |                                      | X                                         |
| Rubicon                                                            | X                                    |                                           |
| RYSE Center - youth                                                | X                                    |                                           |
| Safe and Bright Futures Program                                    | X                                    |                                           |
| Safe Schools Coalition (LGBTQ)                                     | X                                    |                                           |
| SAGE/SF, Special Victims Unit                                      |                                      |                                           |
| Oakland - Sexually exploited minors                                | X                                    |                                           |
| San Ramon Senior Center                                            | X                                    |                                           |
| Santa Rita Jail - Strong Moms Prog                                 |                                      | X                                         |
| School-based health centers                                        | X                                    |                                           |
| School-based programs - anti -bullying                             |                                      | X                                         |
| Schools as hubs for support                                        | X                                    |                                           |
| SEAL -- youth groups leadership                                    |                                      | X                                         |
| Second Step (could be adapted)                                     |                                      | X                                         |
| Senior Helpline Services                                           | X                                    |                                           |
| Senior Legal Services                                              | X                                    |                                           |
| Senior Peer Counselors                                             | X                                    |                                           |
| Social skills project at middle schools                            | X                                    |                                           |
| Sojourner Truth (starting Tx groups W County)                      | X                                    |                                           |
| Southern Poverty Law Center - Alts. To Violence                    |                                      | X                                         |
| Spectrum Center (Marin)                                            |                                      | X                                         |
| Stand Against Violence                                             | X                                    |                                           |
| Step Ahead - community picnics                                     | X                                    |                                           |
| Street Soldiers - gang prevention                                  | X                                    |                                           |
| Strong JJ intake - MH Assessment                                   |                                      | X                                         |
| Sweet Success (Brookside Clinic)                                   | X                                    |                                           |
| Team Decision Making/Family Support Teams                          |                                      | X                                         |
| Teen Esteem Groups                                                 | X                                    |                                           |
| Teenage Parents Program                                            | X                                    |                                           |
| Therapeutic Behavioral Services (TBS)                              | X                                    |                                           |
| Treatment for young males in residence programs                    |                                      | X                                         |
| Ujima                                                              | X                                    |                                           |
| Veterans Administration                                            | X                                    |                                           |
| We Care (early childhood MH)                                       | X                                    |                                           |
| Wrap Around                                                        | X                                    |                                           |
| Young Fathers Program                                              | X                                    |                                           |
| Young Life                                                         | X                                    |                                           |
| Youth empowerment progs at Mt.<br>Diablo & El Cerrito High Schools | X                                    |                                           |
| Y-Team - West County                                               | X                                    |                                           |

## **Current PEI Providers in Contra Costa County**

As Self-Identified in Surveys

### **Aging and Adult Services**

- In-home MH assessment for older adults; senior peer counseling. County-wide
- Case management programs, Adult Protective Services.
- Prevention education and training/leadership development for youth and adults within school communities to reduce anti-LGBTQ bias and violence and create safer and healthier learning environments.

### **Ally Action/CC Safe Schools Coalition**

County-wide

- Within schools to reduce anti-LGBTQ bias and violence and create safer and healthier learning environments.

### **Anka Behavioral Health, Inc.**

- Work with all ages and families, providing enriched programs for prevention.

### **Brentwood Union School District**

Brentwood

- Preschool speech and language and mental health services.

### **Burrus-Wright Holistic Counseling Services**

- Workshops and video for bringing awareness to potential trauma situations, and interventions on how to be proactive in managing them. Bring awareness to trauma and long term depression.

### **Caring Hands, Senior Helpline. Money Management Program (AARP), RSVP**

- Types of programs where volunteers might notice some change in a clients behavior; then refer them for assistance.

### **CC County Mental Health/Adult Mental Health**

County-wide

- Outreach for homeless.
- CCHS TeenAge Program (TAP).

### **Center Point of Richmond**

West County

- Focus on dual diagnosis.

### **Children and Family Services**

County-wide

- Mental health assessments done on children entering foster care, some prevention in differential response.
- Inclusion program supports parents and providers help children with special needs have a successful child care experience. We come across many parents and children that need mental health services.
- Differential Response and Emergency Response (CPS).

### **Contra Costa Child Care Council**

County-wide

- Support child care providers caring for children at risk or special needs.

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <ul style="list-style-type: none"> <li>We have an inclusion program that supports parents and providers help children with special needs have a successful child care experience. We come across many parents and children that need mental health services.</li> </ul>                                                                                                                                                             |               |
| <b>Contra Costa County Conservatorship Program</b> <ul style="list-style-type: none"> <li>The coping skills and knowledge of their illness and its treatment that conservatees learn during their stays at Mental Health Rehab Centers are designed to prevent psychotic decompensation.</li> </ul>                                                                                                                                 | Countywide    |
| <b>Contra Costa Health Plan</b> <ul style="list-style-type: none"> <li>Especially working collaboratively on a number of projects, not the least is the HCI.</li> </ul>                                                                                                                                                                                                                                                             | County-wide   |
| <b>Contra Costa Interfaith Housing</b> <ul style="list-style-type: none"> <li>Our Social Service Director provides crisis intervention, advocacy, case management and conflict resolution.</li> <li>On site counseling available.</li> <li>Volunteers and staff provide tutoring, social activities and educational forums.</li> <li>Coordinated efforts with schools &amp; CFS supports youth from challenged families.</li> </ul> | Countywide    |
| <b>Contra Costa Office of Education</b> <ul style="list-style-type: none"> <li>School based counseling, enhanced classes.</li> </ul>                                                                                                                                                                                                                                                                                                | County-wide   |
| <b>Diablo Behavioral Healthcare</b> <ul style="list-style-type: none"> <li>Evaluate children from age 3 up.</li> </ul>                                                                                                                                                                                                                                                                                                              |               |
| <b>Education</b> <ul style="list-style-type: none"> <li>Education and County Mental Health work collaboratively providing support to in-school youth and families.</li> </ul>                                                                                                                                                                                                                                                       | Countywide    |
| <b>Employment and Human Service Department (EHSD)</b> <ul style="list-style-type: none"> <li>Senior Peer Counseling.</li> <li>There is a mental health liaison in the office; however, no direct work is done.</li> <li>Adult Protective Services.</li> </ul>                                                                                                                                                                       | County-wide   |
| <b>El Cerrito HS Community Project</b> <ul style="list-style-type: none"> <li>Outreach &amp; ed, youth dev program, crisis assessment, intervention, indiv. Counseling.</li> </ul>                                                                                                                                                                                                                                                  | El Cerrito    |
| <b>Eskaton Lodge</b>                                                                                                                                                                                                                                                                                                                                                                                                                | Brentwood     |
| <b>Familias Unidas</b> <ul style="list-style-type: none"> <li>We provide some education for adults and children about mental health issues.</li> </ul>                                                                                                                                                                                                                                                                              | W, Far E. Cty |
| <b>Families First</b> <ul style="list-style-type: none"> <li>Day treatment (high schools).</li> <li>We have Differential Response (Path 2).</li> </ul>                                                                                                                                                                                                                                                                              | County-wide+  |
| <b>Family Stress Center</b> <ul style="list-style-type: none"> <li>C PEP, Mentor Programs, Counseling, Proud Fathers, Kinship, Parent Education and Family Support Services.</li> </ul>                                                                                                                                                                                                                                             | Countywide    |

|                                                                                                                                                                                                                                                                                       |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Helms Community Project</b>                                                                                                                                                                                                                                                        |             |
| <ul style="list-style-type: none"> <li>• Coordinate several CBO's providing on site MH counseling services.</li> </ul>                                                                                                                                                                |             |
| <b>Inpatient/crisis stabilization CCCRMC</b>                                                                                                                                                                                                                                          | County-wide |
| <ul style="list-style-type: none"> <li>• Evaluation and treatment referrals.</li> </ul>                                                                                                                                                                                               |             |
| <b>Jewish Family and Children's Services of the East Bay</b>                                                                                                                                                                                                                          | County-wide |
| <ul style="list-style-type: none"> <li>• Provide counseling to MediCal clients/referrals from county SW's.</li> <li>• CM &amp; groups social ed for refugee &amp; immigrant seniors, CAP, Caregiver support, clinical counseling.</li> </ul>                                          |             |
| <b>John Swett Unified School District</b>                                                                                                                                                                                                                                             | West County |
| <ul style="list-style-type: none"> <li>• Special Education Services, Counseling, Student Success Team.</li> </ul>                                                                                                                                                                     |             |
| <b>Kaiser Permanente</b>                                                                                                                                                                                                                                                              | County-wide |
| <ul style="list-style-type: none"> <li>• Outpatient psychiatric treatment.</li> <li>• Community Benefit and in-house Behavioral Medicine.</li> </ul>                                                                                                                                  |             |
| <b>La Cheim, Inc.</b>                                                                                                                                                                                                                                                                 | County-wide |
| <ul style="list-style-type: none"> <li>• We are a Medi-Cal service and TBS provider.</li> </ul>                                                                                                                                                                                       |             |
| <b>La Clinica de La Raza, Inc.</b>                                                                                                                                                                                                                                                    | County-wide |
| <ul style="list-style-type: none"> <li>• Brand New services- just beginning behavioral health integration.</li> <li>• Behavioral health intervention.</li> <li>• Currently planning for expanded older adult services.</li> </ul>                                                     |             |
| <b>Lincoln Child Center</b>                                                                                                                                                                                                                                                           | County-wide |
| <ul style="list-style-type: none"> <li>• School based family resource centers.</li> </ul>                                                                                                                                                                                             |             |
| <b>Marchus School CCCOE</b>                                                                                                                                                                                                                                                           | County-wide |
| <ul style="list-style-type: none"> <li>• Counseling enriched program for school age kids.</li> </ul>                                                                                                                                                                                  |             |
| <b>Mental Health Commission</b>                                                                                                                                                                                                                                                       | County-wide |
| <b>Mental Health Consumer Concerns</b>                                                                                                                                                                                                                                                | County-wide |
| <b>NAMI</b>                                                                                                                                                                                                                                                                           | County-wide |
| <ul style="list-style-type: none"> <li>• Family-to-Family: a twelve week educational and Peer to Peer program.</li> <li>• In Our Own Voice: Living with Mental Illness, and several support groups.</li> <li>• Support to parents of children with emotional disabilities.</li> </ul> |             |
| <b>Pittsburg Pre-School and Community Council</b>                                                                                                                                                                                                                                     | East County |
| <ul style="list-style-type: none"> <li>• Intervention in that resources are sought to help families meet their own going needs.</li> </ul>                                                                                                                                            |             |
| <b>Private practitioner, MFT (also working with JMBHC, Concord)</b>                                                                                                                                                                                                                   | County-wide |
| <ul style="list-style-type: none"> <li>• I work with families ...with mentally ill loved ones to guide them through services if possible. I also have taught NAMI classes since 2000.</li> </ul>                                                                                      |             |
| <b>Probation</b>                                                                                                                                                                                                                                                                      | County-wide |
| <ul style="list-style-type: none"> <li>• Chris Adams Girls center.</li> </ul>                                                                                                                                                                                                         |             |

- MH access all intakes at Juvenile Hall.

**Rainbow Community Center**

County-wide

- Early intervention work with at-risk youth. Services to isolated LGBT seniors and people with AIDS.
- Provide counseling to youth and others questioning sexuality or gender orientation.
- Support and social groups, giving referrals to professionals.

**Rubicon Programs, Inc.**

County-wide

- We provide a number of services to the mentally ill/homeless etc.
- We provide one on one counseling as well as group therapy, early assessment, and placement, linkages with other service, mental health education, med support.
- Our various groups are well aware of signs of mental illness and can connect consumers to approp. resources.
- MHSA is a new program that has been put into place.

**SaveTYouth**

County-wide

- Moderated Peer Support and Referral Services.

**SRVUSD**

**St. Anthony Foundation**

County-wide

- Provide counseling and referral to other local agencies.

**Sutter Delta Medical Center**

- Social Services for patients.

**The Commons at Dallas Ranch RCFE**

- We offer community classes and support groups, train staff, etc.

**Victim Witness Assistance Program**

- Only crisis intervention and referrals for counseling.

County-wide

**We Care Services for Children**

- Therapeutic pre-school, play therapy, one on one mental health services.

County-wide

**Welcome Home Baby**

- We do PPD assessments, referrals for counseling, therapy, education on mental health in adults and children.

County-wide

**YMCA of the East Bay**

- We provide mental health services in the public schools, including early intervention.

County-wide

## Agencies that *Could Adapt* to Provide PEI in Contra Costa County

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As Self-Identified in Surveys

Survey respondents were asked whether they had programs that would easily lend themselves to adaptation for PEI efforts. The following is self-reported information. Most have been mentioned on previous pages. Not all notations are clear.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Advisory Council on Aging | County-wide |
| <ul style="list-style-type: none"> • SAA. | |
| Aging and Adult Services CCC | County-wide |
| <ul style="list-style-type: none"> • We have access to individuals over 55 years old who may need mental health services. • Home visits to variety of clients. • Contact with seniors. • During home visits, worker assesses for mental health and makes referrals. • Senior Peer counseling. | |
| Ally Action/ CC Safe Schools Coalition | County-wide |
| <ul style="list-style-type: none"> • AA convenes Contra Costa Safe Schools Coalition -- partnership addressing anti-LGBTQ bias and violence in school communities – working w/school district insiders & community. • We are a 'go-to' provider for school communities and others regarding meeting the at-risk needs of LGBTQ youth and families. | |
| Anka Behavioral Health, Inc. | |
| <ul style="list-style-type: none"> • Provide case management and mental health services to diverse populations. | |
| Brentwood Union School District | Brentwood |
| Burrus-Wright Holistic Counseling Services | |
| <ul style="list-style-type: none"> • Private practice...Serve specifically the population of trauma, homeless, poverty families. (Common to see a diagnosis of Dysthymia.) | |
| Caring Hands John Muir Medical Ctr. | |
| CC ARC | Countywide |
| <ul style="list-style-type: none"> • Adult Services. | |
| CCC A&OD Advisory Board | |
| CCC Probation | County-wide |
| CCC Adult Mental Health | Countywide |
| <ul style="list-style-type: none"> • County clinics, hospitals, community based organizations. | |

CCHS TeenAge Program (TAP)

CCRMC - Child Development Clinic/CCS Countywide

- Get referrals it can't serve for innumerable children with behavior and MH problems. It could use behavioral/MH staff.

Center Point of Richmond Richmond

- Under new management (Feb. 2008) & forming new strategies to create a successful client who will be a good example to follow.

Children & Family Services County-wide

- We have information on all children and families referred to CPS because of allegations of abuse/neglect - these are typical "stressed" families.
- Provides services to prevent reoccurrence/escalation.
- We do assessments and case plans that involve those in the mental health system or those who need to be connected to mental health services.

Church of St. John the Baptist County-wide+

City of Walnut Creek Walnut Creek

Contra Costa Child Care Council County-wide

- The Inclusion Project would like to extend service to include mental health support to at-risk children; many of the children we serve show symptoms of mental health problems, developmental delays and cognitive delays.
- We are in daily contact with parents and providers and hear the stories of need. We have early childhood expertise that can support the children and families... (but) much more and more extensive support is needed.

Contra Costa County Conservatorship Program County-wide

- We are in contact with Mental Health consumers who are gravely disabled and either living in MHRCs or in the community.

Contra Costa County Health Services County-wide

- Serves adolescents, young adults, underserved minorities.

Contra Costa Health Plan County-wide

Contra Costa Health Services County-wide

Contra Costa Interfaith Housing County-wide

- We assist youth and adults to get treatment, avoid unhealthy behavior patterns in their families, such as anger issues and drug use.... the preventative work builds capacity while enhancing stability, self-sufficiency.
- We can provide counseling, advocacy, crisis and case management services. By supporting the whole family to become stabilized in permanent housing we are able to provide the youth with a firm foundation for successful development socially, academically and with their mental health as they grow into young, successful adults.

Contra Costa Office of Education County-wide

- School are often the first entity to see mental health issues with children and families.

- Contra Costa SELPA** County-wide
- Supporting school districts.
- Depression Bipolar Support Alliance (DBSA)**
- Diablo Behavioral Healthcare**
- Education** County-wide
- Schools are the first response teams serving families in their communities and as a result may even be the first to identify children experiencing mental health challenges... grossly in need of resources to meet these demands.
- Employment and Human Services Department (EHSD)** County-wide
- Senior Peer Counseling.
 - Our agency has for the most part a captive audience and there are families who are receptive to receiving services.
 - We investigate allegations of abuse, neglect and self neglect.
- El Cerrito HS Community Project** El Cerrito
- Serve youth (a key priority population) with a range of health, MH, youth dev programs - Eager to embrace a PEI focus across our svc areas.
- Eskaton Lodge Brentwood**
- Work with our memory care residents.
- Familias Unidas** W. & Far E. Cty.
- We already have programs in various schools throughout the county. We have Medi-Cal and Short Doyle contracts for adults and an EPSDT contract for children.
- Families First** County-wide
- Intensive family preservation, differential response, kinship, day treatment.
- Family Stress Center** County-wide
- C PEP, Mentor and Respite, Counseling, Proud Fathers, Kinship Program.
- Helms Community Project**
- We work with students, parents, community, school staff and appropriate service agencies.
- Jewish Family and Children's Services of the East Bay** County-wide
- Parenting groups for court mandated families, preventative parenting grps in all our languages (Russian, Bosnian, Spanish & Farsi), Senior grps in various languages to reduce isolation, CM Psychtrpy in various languages, work with refugees who have exp war trauma, Cultural events.
- John Swett Unified School District**
- Developing Coordinated Care Team.

Kaiser Permanente	County-wide
<ul style="list-style-type: none"> • Health ed, community projects (under comm benefits). 	
La Cheim, Inc.	County-wide
<ul style="list-style-type: none"> • TBS services, individual, group, family work, in home services. 	
La Clinica de La Raza, Inc.	County-wide
<ul style="list-style-type: none"> • Behavioral Health Integration Project. • Universal screening with linkage and referral. • Behavioral health screening of primary care patients. 	
Lincoln Child Center	County-wide
School Based Family resource centers, out-patient services housed at school sites.	
Marchus School CCCOE	County-wide
<ul style="list-style-type: none"> • Counseling/ could host other agencies doing PEI. 	
Mental Health Consumer Concerns	County-wide
Monument Crisis Center	Monument Corridor
<ul style="list-style-type: none"> • We can hold small meetings, workshops and clients can meet with outside counseling services. 	
NAMI	County-wide
<ul style="list-style-type: none"> • In Our Own Voice: Living with Mental Illness a national program. 	
Oakley Union Elementary School District	Far East County
<ul style="list-style-type: none"> • Foster Children, Homeless Children, Students with disabilities, at risk students. • One of our Psychologists is Bilingual. 	
Pittsburg PreSchool and Community Council	Pittsburg
<ul style="list-style-type: none"> • Prevention of a worst situation is the goal. Viable resources is the key. 	
Pleasant Hill Senior Center	County-wide
<ul style="list-style-type: none"> • We have a Care Management Program. 	
Private practitioner, MFT (also working with JMBHC, Concord)	County-wide
<ul style="list-style-type: none"> • If referred individuals through county services this would be possible. 	
Probation / Juvenile Hall	County-wide
<ul style="list-style-type: none"> • JH houses youth who suffer from grief, trauma & anger management issues. Many are depressed bi-polar have ADHD or other MH issues. • Probation officers are allowed to travel, so they can reach those populations. • The Youth in jail normally or a high percentage are minors from traumatic home, underserved grouping language barriers and more. 	
Rainbow Community Center	County-wide
<ul style="list-style-type: none"> • Drop-in services for LGBT youth, referral to counseling for LGBT youth, social support for LGBT seniors and people with AIDS. • Social and discussion/support groups, referrals, social network, safe place. • We currently do other PEI work (HIV Prevention) and we are a community based organization that could use a jump start to offer mental health services to underserved LGBT youth and older populations. 	

Rubicon Programs, Inc.	County-wide
<ul style="list-style-type: none"> • Counseling is provided to assist clients with symptoms and prevention. • We work directly with underserved, poor, women, mentally ill. • My department provides mh services to clients with severe and persistent mental illness • Identifying presenting problems, tx., ILS, networking w/other agencies, Psychiatric, educ. • Group process, education, support groups, keeping clients housed. • Our homeless project, housing and job projects are places for early intervention. • Doing outreach to homeless individuals. 	
RYSE Center	West County
<ul style="list-style-type: none"> • We engage young people in considering the social conditions that prevent well-being. • We support them in their "healing" and development through programming that meets their needs and priorities. 	
SaveTYouth	County-wide
Senior Helpline Services	County-wide
Senior Outreach Services	County-wide
<ul style="list-style-type: none"> • Care Management Services could encompass PEI. 	
SRVUSD	
St. Anthony Foundation	County-wide
<ul style="list-style-type: none"> • We see many homeless clients new to the City. 	
Sutter Delta Medical Center	
<ul style="list-style-type: none"> • Identification of at-risk individuals for referral into appropriate services. 	
The Commons at Dallas Ranch RCFE	
<ul style="list-style-type: none"> • People can use our building to provide resources, etc. 	
Victim Witness Assistance Program	County-wide
<ul style="list-style-type: none"> • Working with families in crisis and children exposed to violence. 	
We Care Services for Children	
Welcome Home Baby	County-wide
YMCA of the East Bay	County-wide
<ul style="list-style-type: none"> • We provide psycho-social trainings in the classroom on issues such as teens & depression. We run one of the school health centers (Kennedy H.S.) We work at all grade levels, and are often the first responder when a student has a potential mental health problem. 	

Agencies that *Serve Hard-to-Reach* Populations in Contra Costa County

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As Identified in Surveys

|                                                                                                                                                                                                                                                                                                                                                                                                              |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Aging and Adult Services CCC</b>                                                                                                                                                                                                                                                                                                                                                                          | County-wide  |
| <ul style="list-style-type: none"> <li>• Isolated seniors.</li> </ul>                                                                                                                                                                                                                                                                                                                                        |              |
| <b>Ally Action/ CC Safe Schools Coalition</b>                                                                                                                                                                                                                                                                                                                                                                | County-wide  |
| <ul style="list-style-type: none"> <li>• Direct referrals from schools.</li> <li>• Outreach within social networks to reach LGBTQ children and Families.</li> </ul>                                                                                                                                                                                                                                          |              |
| <b>Anka Behavioral Health, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                          |              |
| <ul style="list-style-type: none"> <li>• Homeless, chronically mentally ill, AOD, TAY.</li> </ul>                                                                                                                                                                                                                                                                                                            |              |
| <b>Area Agency on Aging</b>                                                                                                                                                                                                                                                                                                                                                                                  | County-wide  |
| <ul style="list-style-type: none"> <li>• Older adults.</li> </ul>                                                                                                                                                                                                                                                                                                                                            |              |
| <b>BBK</b>                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| <ul style="list-style-type: none"> <li>• Working with Iron Triangle community.</li> </ul>                                                                                                                                                                                                                                                                                                                    |              |
| <b>Brentwood Union School District</b>                                                                                                                                                                                                                                                                                                                                                                       | Brentwood    |
| <ul style="list-style-type: none"> <li>• Non-English speaking.</li> </ul>                                                                                                                                                                                                                                                                                                                                    |              |
| <b>Burrus-Wright Holistic Counseling Services</b>                                                                                                                                                                                                                                                                                                                                                            |              |
| <ul style="list-style-type: none"> <li>• Foster care and group homes.</li> </ul>                                                                                                                                                                                                                                                                                                                             |              |
| <b>Caring Hands John Muir Medical Ctr.</b>                                                                                                                                                                                                                                                                                                                                                                   |              |
| <ul style="list-style-type: none"> <li>• Isolated Seniors.</li> </ul>                                                                                                                                                                                                                                                                                                                                        |              |
| <b>Children &amp; Family Services</b>                                                                                                                                                                                                                                                                                                                                                                        | County-wide  |
| <ul style="list-style-type: none"> <li>• When cases are open wide variety of ethnicities, families in crisis, homeless families, DV families, substance abuse-related issues.</li> </ul>                                                                                                                                                                                                                     |              |
| <b>City of Walnut Creek</b>                                                                                                                                                                                                                                                                                                                                                                                  | Walnut Creek |
| <ul style="list-style-type: none"> <li>• Senior population.</li> </ul>                                                                                                                                                                                                                                                                                                                                       |              |
| <b>Community Clinic Consortium</b>                                                                                                                                                                                                                                                                                                                                                                           | County-wide  |
| <ul style="list-style-type: none"> <li>• Through the clinics we serve.</li> </ul>                                                                                                                                                                                                                                                                                                                            |              |
| <b>Contra Costa Adult Mental Health</b>                                                                                                                                                                                                                                                                                                                                                                      | Countywide   |
| <ul style="list-style-type: none"> <li>• Through clinics.</li> </ul>                                                                                                                                                                                                                                                                                                                                         |              |
| <b>Contra Costa Child Care Council</b>                                                                                                                                                                                                                                                                                                                                                                       | County-wide  |
| <ul style="list-style-type: none"> <li>• We have access to low income parents (including non English speaking) as they apply for assistance in paying for their child care. Also work with childcare providers in all parts of the county (mailing list of 1200 child care providers and 250 centers). Some grants are already in place to support the hard-to-reach populations for other needs.</li> </ul> |              |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Contra Costa Health Services</b>                                                                                                                                                                                                                                                                             | Countywide         |
| <ul style="list-style-type: none"> <li>• Minorities.</li> </ul>                                                                                                                                                                                                                                                 |                    |
| <b>Contra Costa Children’s Services</b>                                                                                                                                                                                                                                                                         | County-wide        |
| <ul style="list-style-type: none"> <li>• Through referrals for authorization for health care follow-up.</li> </ul>                                                                                                                                                                                              |                    |
| <b>Contra Costa Health Plan</b>                                                                                                                                                                                                                                                                                 | County-wide        |
| <ul style="list-style-type: none"> <li>• As a managed care provider, we serve MediCal mothers and children as well as seniors and persons with disabilities. Now serving more hard-to-reach populations through the federally funded Healthcare Coverage Initiative Grant HSD received 9 months ago.</li> </ul> |                    |
| <b>Contra Costa Interfaith Housing</b>                                                                                                                                                                                                                                                                          | County-wide        |
| <ul style="list-style-type: none"> <li>• We currently work with homeless families, with children who are often unserved/underserved by social services. Parents’ disability issues may get attention but the impact on the children is huge and often goes unaddressed and untreated.</li> </ul>                |                    |
| <b>Contra Costa Reg. Med. Ctr. Inpatient/Crisis Stabilization</b>                                                                                                                                                                                                                                               | County-wide        |
| <ul style="list-style-type: none"> <li>• CSU.</li> </ul>                                                                                                                                                                                                                                                        |                    |
| <b>Contra Costa SELPA</b>                                                                                                                                                                                                                                                                                       | County-wide        |
| <ul style="list-style-type: none"> <li>• Through school attendance boards.</li> </ul>                                                                                                                                                                                                                           |                    |
| <b>Education</b>                                                                                                                                                                                                                                                                                                | County-wide        |
| <ul style="list-style-type: none"> <li>• All children are in school in some form whether they are homeless, English language learners, involved with juvenile justice or social service systems.</li> </ul>                                                                                                     |                    |
| <b>Employment and Human Services Department (EHSD)</b>                                                                                                                                                                                                                                                          | County-wide        |
| <ul style="list-style-type: none"> <li>• Isolated older adults.</li> <li>• Dependent adults.</li> <li>• Children and Family Services: Emergency Response Unit seeks families whose children are at risk and many are homeless, isolated, and/or disconnected from the community/extended family.</li> </ul>     |                    |
| <b>El Cerrito HS Community Project</b>                                                                                                                                                                                                                                                                          | El Cerrito         |
| <ul style="list-style-type: none"> <li>• As a public high school, we work with non-English speaking immigrants, other underserved populations, trauma exposed youth, youth from stressed families, youth at risk for school failure and juvenile justice involvement.</li> </ul>                                |                    |
| <b>Familias Unidas/Families First</b>                                                                                                                                                                                                                                                                           | W & F. East County |
| <ul style="list-style-type: none"> <li>• We already have programs in various schools throughout the county. We have Medi-Cal and Short Doyle contracts for adults and an EPSDT contract for children.</li> </ul>                                                                                                |                    |
| <b>Families First</b>                                                                                                                                                                                                                                                                                           | County-wide        |
| <ul style="list-style-type: none"> <li>• Bilingual workers serve Spanish speaking and immigrant.</li> </ul>                                                                                                                                                                                                     |                    |
| <b>Family Stress Center</b>                                                                                                                                                                                                                                                                                     | County-wide        |
| <ul style="list-style-type: none"> <li>• Antioch office attracts sizeable homeless population from East County.</li> </ul>                                                                                                                                                                                      |                    |

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| <b>Girl Scouts of Northern California</b>                                                                                                                                                                                                                      | County-wide+      |
| <ul style="list-style-type: none"> <li>• Our outreach troops serve those who are considered to be hard-to-reach.</li> </ul>                                                                                                                                    |                   |
| <b>Helms Community Project</b>                                                                                                                                                                                                                                 |                   |
| <ul style="list-style-type: none"> <li>• Latino undocumented families.</li> </ul>                                                                                                                                                                              |                   |
| <b>Jewish Family and Children's Services of the East Bay</b>                                                                                                                                                                                                   | County-wide       |
| <ul style="list-style-type: none"> <li>• Immigrant and refugee programs serve Afghani, Iranian, Russian and Bosnian clients, Mexico, Central and South America. We have bilingual, bicultural staff.</li> </ul>                                                |                   |
| <b>John Swett Unified School District</b>                                                                                                                                                                                                                      |                   |
| <ul style="list-style-type: none"> <li>• Through school involvement and community programs.</li> </ul>                                                                                                                                                         |                   |
| <b>Kaiser Permanente</b>                                                                                                                                                                                                                                       | County-wide       |
| <ul style="list-style-type: none"> <li>• If they have MediCal/Medicare and choose KP.</li> </ul>                                                                                                                                                               |                   |
| <b>La Cheim, Inc.</b>                                                                                                                                                                                                                                          | County-wide       |
| <ul style="list-style-type: none"> <li>• Inner-city youth of color from our violent communities.</li> </ul>                                                                                                                                                    |                   |
| <b>La Clinica de La Raza, Inc.</b>                                                                                                                                                                                                                             | County-wide       |
| <ul style="list-style-type: none"> <li>• Latino immigrants including isolated seniors, at-risk youth.</li> </ul>                                                                                                                                               |                   |
| <b>Lincoln Child Center</b>                                                                                                                                                                                                                                    | County-wide       |
| <ul style="list-style-type: none"> <li>• Mothers with young children.</li> </ul>                                                                                                                                                                               |                   |
| <b>Marchus School CCCOE</b>                                                                                                                                                                                                                                    | County-wide       |
| <ul style="list-style-type: none"> <li>• We serve the more difficult students that General Education Districts can't.</li> </ul>                                                                                                                               |                   |
| <b>Monument Crisis Center</b>                                                                                                                                                                                                                                  | Monument Corridor |
| <ul style="list-style-type: none"> <li>• Immigrant families and homeless populations.</li> </ul>                                                                                                                                                               |                   |
| <b>Mount Diablo Adult Education</b>                                                                                                                                                                                                                            | County-wide       |
| <ul style="list-style-type: none"> <li>• ESL students.</li> </ul>                                                                                                                                                                                              |                   |
| <b>NAMI</b>                                                                                                                                                                                                                                                    | County-wide       |
| <ul style="list-style-type: none"> <li>• Our presentations of 1.5 hours each are available to any group Countywide and the same with Family to Family.</li> </ul>                                                                                              |                   |
| <b>Pleasant Hill Senior Center</b>                                                                                                                                                                                                                             | County-wide       |
| <ul style="list-style-type: none"> <li>• Homebound seniors.</li> </ul>                                                                                                                                                                                         |                   |
| <b>Probation / Juvenile Hall</b>                                                                                                                                                                                                                               | County-wide       |
| <ul style="list-style-type: none"> <li>• Youth coming through juvenile hall come from all areas in county including high crime areas and areas of poverty. There are also youth of all races/ethnicities. Some are homeless and live on the street.</li> </ul> |                   |

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| <b>Rainbow Community Center</b>                                                                                                                                                                                                                                             | County-wide |
| <ul style="list-style-type: none"> <li>LGBT youth and seniors, substance abusing members of the LGBT community, African, Asian, Latino Americans who are also LGBT and in need of services. Transgendered individuals. HIV/AIDS community.</li> </ul>                       |             |
| <b>Rubicon Programs, Inc.</b>                                                                                                                                                                                                                                               | County-wide |
| <ul style="list-style-type: none"> <li>We provide services to the homeless, culturally/ethnically diverse and/or underrepresented, psychotic, low-income, traumatized. Some outreach staff meet with client in the community. Through MHSA Program in W. County.</li> </ul> |             |
| <b>SaveTYouth</b>                                                                                                                                                                                                                                                           | County-wide |
| <ul style="list-style-type: none"> <li>We offer safe peer support to young people who may not be able to approach family members on the topic of gender-related conflicts.</li> </ul>                                                                                       |             |
| <b>Senior Outreach Services</b>                                                                                                                                                                                                                                             | County-wide |
| <ul style="list-style-type: none"> <li>We deliver meals to home-bound seniors. We conduct home visits through Care Management and the Friendly Visitor Program.</li> </ul>                                                                                                  |             |
| <b>St. Anthony Foundation</b>                                                                                                                                                                                                                                               | County-wide |
| <ul style="list-style-type: none"> <li>This is who we see.</li> </ul>                                                                                                                                                                                                       |             |
| <b>Sutter Delta Medical Center</b>                                                                                                                                                                                                                                          |             |
| <ul style="list-style-type: none"> <li>Primary emergency room in East County.</li> </ul>                                                                                                                                                                                    |             |
| <b>The Commons at Dallas Ranch RCFE</b>                                                                                                                                                                                                                                     |             |
| <ul style="list-style-type: none"> <li>Seniors, people with dementia.</li> </ul>                                                                                                                                                                                            |             |
| <b>Victim Witness Assistance Program</b>                                                                                                                                                                                                                                    | County-wide |
| <ul style="list-style-type: none"> <li>Seniors, non-English speaking.</li> </ul>                                                                                                                                                                                            |             |
| <b>We Care Services for Children</b>                                                                                                                                                                                                                                        |             |
| <ul style="list-style-type: none"> <li>Working in the Monument corridor area, social service referrals.</li> </ul>                                                                                                                                                          |             |
| <b>YMCA of the East Bay</b>                                                                                                                                                                                                                                                 | County-wide |
| <ul style="list-style-type: none"> <li>We come into contact with most segments of the West County population through our work with students. For example, we have contact with homeless students, children of undocumented immigrants, etc.</li> </ul>                      |             |

## **IV. Community Forums – Detail**

**III. PEI Community Forums**

Martinez (Central County) – February 12, 2008.....CF· 1

Bay Point (East County) – February 13, 2008 .....CF· 5

San Pablo (West County) – February 20, 2008 .....CF· 8

**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

Martinez  
February 12, 2008

**Forum Summary**

**KEY THEMES**

- √ Prevention and early intervention (PEI) efforts should focus on youth and their parents, and include school-based strategies that identify and serve students early, before the onset of more serious issues and before youth enter the juvenile justice system.
  - √ Good places to identify at-risk youth and implement PEI efforts are alternative/community schools, community clinics like La Clínica de la Raza, Brookside, Planned Parenthood, and juvenile detention facilities.
  - √ Seniors are isolated and experience multiple losses, which contributes to depression. PEI efforts need to focus on reducing this isolation and could include peer support groups and mutually beneficial senior-youth relationships.
  - √ Immigrants face many stressors including poverty, language barriers, lack of stability due to illegal status, and generation gaps within the family.
  - √ There is both a lack of services available to families in Contra Costa County and a lack of coordination and collaboration amongst the existing service systems and providers.
- 

**PUBLIC COMMENTS**

**What do you think causes emotional and mental distress in your community?**

- There is a lack of mental health care in juvenile justice facilities. There is a dire need amongst incarcerated youth for mental health services; the rate of mental health issues is 60-100% among the incarcerated youth population vs. 20% in the general youth population. Our county is doing a poor job with this population; there is one mental health worker per 90 youth. These kids are an at-risk population; they are a PEI target population.
- Causes are depression, suicide, post-traumatic stress disorder, and (“legal”) children who are stressed over raids on family members who are illegal immigrants and don’t know whether they will come home to a family.
- Families don’t know how to access help when in crisis, and help isn’t available.
- In the Monument Corridor in Concord, we are in the second densest area in the Bay Area, next to SF’s Chinatown; frequently, you see 2-3 families are living in a one unit apartment complex. Parents are working more than one job. Grandmothers are brought in from other countries and are watching their teenage grandchildren who are assimilating quickly. There is a generation

gap. Families are living in poverty and are having trouble getting jobs. We have an at-risk, low-income, stressed senior population.

- There is a lack of coordination of services. We often serve families who are in multiple systems and it's embarrassing that the left hand doesn't know what the right hand is doing. We need to foster integration to maximize impact.
- Seniors are isolated, which causes depression.
- There are no support services in Contra Costa County.
- Some areas are underserved by community health centers/providers. Immigrants without jobs and with language barriers are stressed.
- There is a lot of stress at times of transition, and there is a lack of space to provide services.
- It is challenging getting good enough people to provide services.
- Kids with oppositional defiance disorder don't have good modeling in their families.
- Poverty correlates to many issues and stressors. Reduce poverty!
- Depression is not just in low-income families. A lot of families are in denial. There may be mixing of illegal drugs and psych medications.
- Youth in minority families may end up on the street when the family refuses to acknowledge their mental illness and rejects them. When family crises aren't dealt with – like domestic violence, teenage pregnancy, substance abuse, witnessing trauma – youth can develop oppositional defiance and mental illness.
- I'm concerned about access to services. Sometimes professionals plan things without consideration for those who walk and don't have transportation.
- Monument Community Partnership's target population faces multiple losses (loss of life, spouse, family, friends, health, houses, etc.). We need support groups at times of transition/stress.

### **What can be done to prevent this distress from making someone worse?**

- Spend funding on priority populations like juveniles in our institutions. Bring prevention and early intervention efforts to community centers to stem the tide of youth entering juvenile justice facilities.
- Focus prevention and early intervention efforts in community and alternative schools that have many at-risk, stressed youth.
- Make sure it's really meaningful and improve coordination and collaboration to get the best bang for our buck.
- Programs need to be research-based, rooted in the community and easily accessible.
- Focus interventions on times of transition, early childhood. We also need ways to keep seniors connected and reduce isolation.
- We need to collaborate and get all of the agencies together to figure out their missions. We have a chance to show that we can work together. We need forums like this one.

- Focus on youth, 6-12 years old. The middle school years are an important time of transition.
- Planning efforts should include all areas. Come to the nonprofits; we'll work with you.
- Prevention efforts need to happen before youth enter the juvenile justice system. Alternative schools are a good place to start. Also, community clinics can reach people, like pregnant and parenting teens who go to Planned Parenthood. Many undocumented, monolingual immigrants go to La Clínica de la Raza, and in West County, people go to Brookside Community Health Center.
- Support or "affinity" groups are very important at times of transition. People who belong to groups are healthier.
- It would be great to get a mental health mobile unit. We also need meeting space in the Monument Corridor.
- Prevention efforts should occur in schools and with parents.
- We need to develop a shared theoretical framework and foster processes that bring service-providers together. We also need to include families and groups, and create integration teams.
- Need to counsel children in child care centers and deal with family problems (e.g., domestic violence, neglect, trauma, etc.) before children begin acting out.
- We have to work with parents, and look to Planned Parenthood to reduce teen pregnancy.
- Do more with the drug piece. More than 50% of my (child care) clients have drug addiction at home.
- Keep in mind cultural differences and meet people where they are (i.e., utilize community leaders and churches).

### **What resources are in your community that could help?**

- Facilities with relatively stable juvenile populations or "captive audiences" (e.g., the "ranch" which serves 100 boys, ages 14-20, average length of stay is 3 months) could be a great place for prevention and early intervention. Youth who are there have the time and energy to focus. There is already a mental health plan in place, we just need money to implement it.
- In the Monument Corridor we have resources (e.g., 1,000 members/volunteers) and are looking at our assets. We have partnerships and work together. Our seniors are the best bets for interpersonal and connected relationships. We have a senior peer counseling group that connects seniors to each other and to resources. Where there's hope, mental health is better, and in the Monument, we have hope.
- Team Decision Making – already used in the foster system.
- Community clinics are a great way to identify and reach people, and refer them to other resources.
- Youth volunteering to work with seniors – this would be mutually beneficial.
- Schools are a good place for prevention and early intervention efforts because they afford access to priority populations. West County has a Safe and Drug Free Schools grant at the elementary level and one clinician per school site, but this is not enough.

- A senior advice group at Pleasant Hill Senior Housing Center. It helps seniors feel needed and wanted.

### **The Parking Lot**

- There are cultural barriers. Latinos are more likely to trust service providers, the African American community less likely to trust or believe providers. To reach the AA community, need to go through trusted leaders, like churches.
- Monument is a walking community and La Clínica is actually located in Pleasant Hill, not the Monument.

**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

Bay Point  
February 13, 2008

## **Forum Summary**

### **KEY THEMES**

- √ Poverty, crime and substance abuse arose as significant causes of mental and emotional distress, especially when found together or combined with other stressors.
  - √ There is concern over the lack of resources available and a lack of access to those resources.
  - √ Noted at-risk populations included seniors, youth, and immigrants. PEI efforts need to focus on these populations, the multiple stressors they face, and could include peer support groups and mutually beneficial senior-youth relationships.
- 

### **PUBLIC COMMENTS**

#### **What do you think causes emotional and mental distress in your community?**

- Seeing the homeless and mentally ill on the street is very traumatic for children. There was an alcoholic woman who slept in the park and was freezing. We need to think about community environment (e.g., broken glass, prostitutes, etc.) This is traumatic for children to see. Children see everything.
- The elderly are becoming depressed in homes and senior housing complexes because it is an unfamiliar environment for them. They are isolated, alone on holidays and have nothing to look forward to. Depression can lead to suicidality.
- There are no peer groups in East County. We don't have facilitators or funds to secure them, but with funding, we could train willing volunteers.
- Poverty is a major issue.
- Being a monolingual immigrant is stressful, especially combined with poverty.
- Pregnant and parenting young women are stressed, especially those who are immigrants.
- There is not a lot of housing for the mentally ill 25-40 population.
- The sexual molestation of kids.
- I'm very concerned about kids and gangs.
- We're stressed in all locations; no place feels safe. Crime is increasing. Antioch used to be considered so much safer than Bay Point, but it's not. We're all stressed out. (e.g., physical attacks on seniors after dark.)

- Alcohol and drug use is an issue for youth. There's not much to do in this county so people stay at home. Where do young people go? This leads to drinking on weekends. Many families are low-income and there is alcohol and/or drug use occurring, which creates a cycle for the family.
- There is a lack of information and access to it.
- There is a lack of community resources, like a community theater. Where can teenagers go to spend time?
- Children are lacking interaction with adults.
- A big stressor is the commute from East County to Oakland, etc. This puts a lot of stress on the family (e.g., lack of time to spend with kids)

### **What can be done to prevent this distress from making someone worse?**

- Create a sound bite for television on how to recognize mental illness and its early signs.
- Work with social directors of senior housing complexes so seniors have place to go. Form a senior peer group in the Pittsburg area on depression and bipolar disorder. This would help with reducing isolation and increasing knowledge of resources and hope.
- I would like part of the community center to be dedicated to seniors.
- Utilize the community clinics for PEI (i.e., La Clínica, Brookside and Planned Parenthood). Community clinics are trusted, and they can provide opportunities for assessment, and models for engaging the Latino and African American communities in prevention. Chronic disease also leads to depression and clinics are primed to address the mind/body connection.
- Create more housing for the mentally ill. The housing that exists is with those who have substance abuse issues, and this is not appropriate for those with mental illness.
- Parenting – help parents identify causes of mental illness and intervene with stressed families (e.g., sexual molestation, parental substance abuse). If you can't change the parents, there's not much you can do.
- Programs that work with youth, like after school programs.
- Make a decision about the sanctity of the family versus the right of the child to grow into a healthy adult.
- Enforce curfews for youth under 18 years of age.
- Increase access to information and services.
- Create peer groups and support groups that provide information and training.
- Create programs that connect isolated youth with isolated adults.

## **What resources are in your community that could help?**

- The community clinics. They are visible and low cost. The promotores and health conductors are good resources for the monolingual.
- Prop. 63 has already put \$1.6 million toward housing, including three developments and more shelters and transitional housing for youth.
- There are a lot of cheap, empty houses in Bay Point that could be turned into housing for those with mental illness. (But they would need mandated support services.)
- Kindergarten teachers are in a good position to identify children and families under stress.
- 4H Afterschool program.
- The Concord Police Department's (9 Years) domestic violence program. This can force an abuser to get help.
- The East County Senior Coalition.
- Libraries are a good resource, especially for information distribution.
- Seniors – they are available to spend time with youth. To prevent mental illness in kids, they need adult attention, possibly from isolated seniors (i.e., team middle school kids with seniors).
- Jewish Family Services' Senior Peer Outreach works with Latinos, and there is a need for more of this resource.

## **The Parking Lot**

- We need more information and data to enable us to identify the needs of the community. Otherwise, I can only speak to my own needs and perspective.

**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

San Pablo  
February 20, 2008

**Forum Summary**

**KEY THEMES**

- √ Prevention and early intervention (PEI) efforts should focus on youth and their parents, both separately and together. It is important to reach parents by offering them services and training, and recognizing their stressors.
  - √ Schools and school based health centers are good places to identify at-risk youth and offer services. They have the infrastructure and access to at-risk youth. Teachers need to be trained and supported in creating safe spaces for youth and identifying mental illness. Safe schools are especially critical for youth of color and LGBTQ youth.
  - √ Stressors such as poverty, violence and immigration status put people at risk for mental illness. When the stressors are combined, they present an even bigger challenge. Youth are regularly exposed to gun violence. Poverty affects the majority of youth and families in West Contra Costa. Immigrants face language barriers and generation gaps within the family.
  - √ The PEI approach needs to be community-based and developed by the community so that it is family-centered and culturally relevant.
  - √ Institutional oppression and a lack of cultural competency, especially in schools, is a stressor for youth and families.
  - √ NAMI and the training curricula they offer are good resources on which PEI efforts can be built.
- 

**PUBLIC COMMENTS**

**What do you think causes emotional and mental distress in your community?**

- Mental illness is often a result of a genetic predisposition. How can you prevent this? State laws also prevent parents from intervening with mentally ill children after they turn 18; this is a huge stressor for families with mentally ill adult children.
- Gun violence – we're so used to this trauma that we forget how it affects youth. Four blocks from here, a bullet hit a child at school; just south of here, a principal had gunfire right outside her office... Teachers and principals see this trauma in kids every day.
- Poverty is an incredible stressor. A high percentage of children are living in poverty; the free and reduced price lunch population in some West Contra Costa County schools approaches 100%. Poverty also renders one invisible.

- Violence, poverty and immigration status. In our community clinics, 50% of our clients have signs of mental illness/trauma. Also, 70% of our clients are living in poverty. 70% of our clients have language barriers.
- The Asian and Pacific Islander community often does not recognize signs of mental illness and they struggle with linguistic and cultural isolation. Sometimes people are prevented from seeking mental health help due to stigma. At the same time, there are many refugees and survivors of war with histories of trauma.
- Intergenerational cycle of violence - Through working in the schools with pregnant and parenting teens, I see the link between mental illness, violence and poverty. There is also a link between domestic violence, substance abuse and mental illness. The cycle of violence is passed down through generations and violence is learned at home.
- Poverty and racism lead to low self-esteem, which then lead to illness.
- Kids experience trauma everyday.
- There are no Native American specific services or mental health providers and no infrastructure for them. School curricula are also stressors for Native American youth, especially history classes. Native American values and culture are important protective factors, but often families have to go in to Oakland to access them.
- Post-traumatic intergenerational distress. It can go back centuries. Students in my class didn't know Frederick Douglas or his significance. Language from the past holds us back.
- Stress links to physical illness, and it can take years for primary care providers to diagnose the true cause of illness.
- Korean seniors are living alone. They come to the U.S. with high hopes, but they become babysitters for grandchildren, then they are sent to live alone. They physically survive through services like HUD housing, but they are not mentally surviving. They are not eating a balanced diet and are malnourished. There is a lack of happiness. Some experience hallucinations, but no one speaks their language in the hospital environment. Translating may not be effective. People are also in denial and say, "I'm not crazy; you are!"
- Youth of diverse communities in Contra Costa are dealing with the stressor of navigating multiple systems, like the schools, health system, juvenile justice, etc. Using the paradigm of "at-risk" youth is troubling because it is deficiency-based, and doesn't recognize acting out behavior as a sign of resiliency. Youth also face a history of oppression and disengagement. We have to get out of reaction mode and change how we do business.
- Violence-induced trauma, along with homophobia. LGBTQ is not even an indicator in the Contra Costa Health Indicator Report. Youth are coming out at younger ages and therefore are experiencing anti-gay bullying and violence at younger ages. Educators don't know how to create safe classrooms.
- Lack of cultural competency by school staff can be a huge stressor. For example, they invited my daughter to share her Native American history and culture, and then confiscated the sweet grass she brought to school as part of her sharing because they thought it was drugs; the police escorted her from the premises.
- Nonviolent criminals are being released (from prison) into the community and they will have trauma post-release.

## **What can be done to prevent this distress from making someone worse?**

- Let parents have an influence on what happens to their kids. Find a way to engage the African American parent in services.
- Offer support services in schools related to gun violence and trauma.
- Provide services in schools where children aren't treated as lost or invisible.
- Take a community approach to working with the Asian and Pacific Island community. Work with whole families and with youth in a non-threatening way.
- Teach skills in schools that help undo negative modeling seen in the home.
- Provide more culturally-relevant, language-specific safe spaces in schools and the community.
- Non-clinical case management (for youth) can help mitigate stressors through access to a caring and supportive adult.
- Use solutions developed by the community.
- Access to jobs and education that build self-esteem and educate parents.
- Provide education to families who have a propensity towards mental illness.
- Provide teachers with in-service training to identify trauma and work with churches with youth programs to identify trauma.
- We need to statistically measure the effectiveness of our resources.
- De-stigmatize therapy through a media campaign. Educate people that therapy doesn't mean you're crazy!
- Develop programs that fit families' needs and offer classes in parenting skills. There's nowhere to learn to be a good parent.
- Incorporate Native American values as a protective factor. Create a place to gather together.
- Allow sweat lodges back into the community.
- Address lost cultural identity development with new language and methodologies.
- Think about youth, but also parents. Relieve their stress and help them see the light at the end of the tunnel (e.g., a parent losing his home due to the mortgage crisis).
- Collaborate with law enforcement. There is a blurred line between mental illness and antisocial behavior. Sometimes what we see as mental illness is really an appropriate coping mechanism.
- Examine the stress factors of the parents.
- Be reflective, not reactive.
- Educate parents on the symptoms of mental illness.
- Support people who work with students to create safe environments and to, in the classroom, acknowledge the reality of trauma.
- Schools need to better address anti-LGBTQ violence and bias.

- We need a language to talk about oppression and privilege, and the intersection of sexuality, religion, etc. Don't leave LGBTQ people behind.
- Include programs with support for those being released from incarceration.
- Don't demonize families and family members in the process of working with the mentally ill member. Give them support.
- Speak up; remove the shame.

### **What resources are in your community that could help?**

- Schools are a wonderful place to provide services, especially high schools with community-based health centers.
- Schools provide an infrastructure to offer services. Children are often at school for meals and into the evening, providing a good opportunity for screening and intervention.
- The Board of Education will see that there is space for services and will work with mental health on behalf of 30,000 youth, 70% of which are living in poverty.
- Community clinics can help identify those in need of services, and can provide space for support groups. They are especially skilled at serving immigrant populations. Primary care providers are on the front lines with patients, and can be trained to do early intervention.
- Partner with the schools. We can guarantee space and clients.
- A youth center is being developed in Richmond.
- There is a good curriculum called "Domestic Violence No More," which trains the trainer, is put on by Proteus, and is geared toward second language learners.
- There are a lot of safe spaces, but not enough.
- Asian Pacific Psychological Services (APPS) and Familias Unidas (they have a MHSA-funded partnership in Brentwood).
- Ma'At Youth Academy in Richmond.
- The closest Native American-specific resources are in Oakland, not in Contra Costa
- There is a workshop in the history of Richmond and San Pablo with intergenerational tours that show where resistance to oppression occurred. This makes a huge difference to youth.
- There is a National Alliance for the Mentally Ill (NAMI) Family to Family program that educates family members on all types of mental illness, and "In Our Own Voice" which trains teachers, nurses and newly released consumers. The closest NAMI affiliate is in Albany.
- NAMI will be forming a mental health task force with the Greater Richmond Interfaith Partnership (GRIP).
- There is karaoke at the Asian Senior Center that helps reduce isolation.
- Ally Action and the CC Safe Schools Coalition (for LGBTQ).

## **Parking Lot**

- As a person of color, how much of this process can we trust? Decisions will ultimately be handed over to the State.
- We need to look at how we are defining mental illness.
- How do we engage the parent? It is a challenge at Grant School to involve the African American parent. It looks like they don't care, but it's a matter of having too many other pressing priorities.
- We're losing mental health money because of cuts, but we're gaining Prop. 63 money. It's like building an addition on a crumbling foundation.

## **V. Focus Groups for PEI**

**V. PEI Focus Groups - By Type of Group**  
 (Groups may be referenced in more than one category.)

***Children 0-5***

Children’s Managers – Contra Costa Mental Health .....FG · 15  
 Child and Family Services – Contra Costa EHSD .....FG · 17  
 Community Contractors for Children’s Mental Health Services.....FG · 21  
 First Five – Center Directors .....FG · 39  
 First Five – Home Visitors.....FG · 42  
 Perinatal Substance Abuse Partnership.....FG · 58  
 Safe and Bright Futures for Children Exposed to Domestic Violence .....FG · 67

***Children, Youth & Schools***

Calli House – Homeless Youth.....FG · 11  
 Children’s Managers – Contra Costa Mental Health.....FG · 15  
 Child and Family Services – Contra Costa EHSD .....FG · 17  
 Community Contractors for Children’s Mental Health Services.....FG · 21  
 Middle College High School – Youth .....FG · 50  
 Safe and Bright Futures for Children Exposed to Domestic Violence .....FG · 67  
 School-Based Health Centers .....FG · 69  
 SELPA Directors .....FG · 76  
 West County Youth (RYSE Center) .....FG · 79

***Older Adults***

Area Agency on Aging – Advisory Council.....FG · 6  
 Monument Community Partnership Older Adult Committee .....FG · 53  
 Older Adult Committee of MH Commission .....FG · 56

***Health Care Providers***

African American Health Conductors .....FG · 1  
 African American Health Initiative .....FG · 3  
 Community Clinic Consortium.....FG · 19  
 La Clínica de La Raza Promotores – Pittsburg.....FG · 46  
 La Clínica de La Raza Providers .....FG · 48  
 Reducing Health Disparities Workgroup (CCC) .....FG · 64  
 School-Based Health Centers .....FG · 69

***Mental Health/Substance Abuse/Social Service Providers***

CCMH - MHSA Steering Committee.....FG · 13  
 Children’s Managers – Contra Costa Mental Health.....FG · 15  
 Child and Family Services – Contra Costa EHSD .....FG · 17  
 Community Contractors for Children’s Mental Health Services.....FG · 21  
 Contra Costa Crisis Center .....FG · 23  
 Contra Costa MH Access Line .....FG · 25  
 Contractor’s Alliance of Contra Costa.....FG · 32

|                                                                        |         |
|------------------------------------------------------------------------|---------|
| Perinatal Substance Abuse Partnership.....                             | FG · 58 |
| Safe and Bright Futures for Children Exposed to Domestic Violence..... | FG · 67 |
| School-Based Health Centers .....                                      | FG · 69 |
| SELPA Directors .....                                                  | FG · 76 |

***Justice System Providers***

|                                        |         |
|----------------------------------------|---------|
| Contra Costa Probation Department..... | FG · 29 |
|----------------------------------------|---------|

***Community Collaboratives***

|                                                  |         |
|--------------------------------------------------|---------|
| Bay Point Partnership .....                      | FG · 9  |
| Greater Richmond Interfaith Program (GRIP) ..... | FG · 44 |
| Monument Community Partnership.....              | FG · 53 |
| Perinatal Substance Abuse Partnership.....       | FG · 58 |

***Mental Health Consumers***

|                                                   |         |
|---------------------------------------------------|---------|
| East County Community Center – MH Consumers ..... | FG · 35 |
| Family Involvement Steering Committee – CCMH..... | FG · 37 |
| West County Community Center – MH Consumers ..... | FG · 78 |

***Faith-Based Organizations***

|                                                  |         |
|--------------------------------------------------|---------|
| Greater Richmond Interfaith Program (GRIP) ..... | FG · 44 |
|--------------------------------------------------|---------|

***Underserved Cultural Communities***

***Latino***

|                                                   |         |
|---------------------------------------------------|---------|
| La Clínica de La Raza Promotores – Pittsburg..... | FG · 46 |
| La Clínica de La Raza Providers .....             | FG · 48 |

***African American***

|                                                  |         |
|--------------------------------------------------|---------|
| African American Health Conductors .....         | FG · 1  |
| African American Health Initiative .....         | FG · 3  |
| Greater Richmond Interfaith Program (GRIP) ..... | FG · 44 |

***Asian/Southeast Asian***

|                                            |         |
|--------------------------------------------|---------|
| SE Asian Generation 1.5 Women’s Group..... | FG · 72 |
| SE Asian Youth & Family Alliance .....     | FG · 74 |

***Native American***

|                                     |         |
|-------------------------------------|---------|
| Contra Costa Native Americans ..... | FG · 27 |
|-------------------------------------|---------|

***LGBTQ***

|                                |         |
|--------------------------------|---------|
| Rainbow Community Center ..... | FG · 61 |
|--------------------------------|---------|

## IV. PEI Focus Groups – In Alphabetical Order

|                                                                         |         |
|-------------------------------------------------------------------------|---------|
| African American Health Conductors .....                                | FG · 1  |
| African American Health Initiative .....                                | FG · 3  |
| Area Agency on Aging – Advisory Council.....                            | FG · 6  |
| Bay Point Partnership .....                                             | FG · 9  |
| Calli House – Homeless Youth.....                                       | FG · 11 |
| CCMH - MHSA Steering Committee.....                                     | FG · 13 |
| Children’s Managers – Contra Costa Mental Health.....                   | FG · 15 |
| Child and Family Services – Contra Costa EHSD .....                     | FG · 17 |
| Community Clinic Consortium.....                                        | FG · 19 |
| Community Contractors for Children’s Mental Health Services.....        | FG · 21 |
| Contra Costa Crisis Center .....                                        | FG · 23 |
| Contra Costa MH Access Line .....                                       | FG · 25 |
| Contra Costa Native Americans .....                                     | FG · 27 |
| Contra Costa Probation Department .....                                 | FG · 29 |
| Contractor’s Alliance of Contra Costa.....                              | FG · 32 |
| East County MH Consumers .....                                          | FG · 35 |
| Family Involvement Steering Committee – CCMH.....                       | FG · 37 |
| First Five – Center Directors .....                                     | FG · 39 |
| First Five – Home Visitors.....                                         | FG · 42 |
| Greater Richmond Interfaith Program (GRIP) .....                        | FG · 44 |
| La Clínica de La Raza Promotores – Pittsburg.....                       | FG · 46 |
| La Clínica de La Raza Providers .....                                   | FG · 48 |
| Middle College High School – Youth .....                                | FG · 50 |
| Monument Community Partnership.....                                     | FG · 53 |
| Older Adult Committee of MH Commission .....                            | FG · 56 |
| Perinatal Substance Abuse Partnership.....                              | FG · 58 |
| Rainbow Community Center .....                                          | FG · 61 |
| Reducing Health Disparities Workgroup (CCC) .....                       | FG · 64 |
| Safe and Bright Futures for Children Exposed to Domestic Violence ..... | FG · 67 |
| School-Based Health Centers .....                                       | FG · 69 |
| SE Asian Generation 1.5 Women’s Group.....                              | FG · 72 |
| SE Asian Youth & Family Alliance .....                                  | FG · 74 |
| SELPA Directors .....                                                   | FG · 76 |
| West County Community Center – MH Consumers .....                       | FG · 78 |
| West County Youth (RYSE Center) .....                                   | FG · 79 |

**Focus Group:** African American Health Conductors – Bay Point  
**Attendance:** 3  
**Led By:** NF  
**DATE:** February 6, 2008

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**Target:** African American  
**Geog. Area:** Bay Point  
**Other:** Trained Peer Providers

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### Summary/Key Themes:

- ✓ Empower.
  - ✓ Engage.
  - ✓ Help people build identity, self esteem and mental healthiness.
  - ✓ Those doing the helping need to look like the community being served.
  - ✓ Someone to talk to 1-1, groups.
  - ✓ Offer supports and education in places where people go.
  - ✓ Strengthen families, strengthen communities.
- 

### How do you promote mental wellness in your community?

- People need to be in touch with their identity. They need to rediscover cultural values, gain self esteem, feel empowerment.
- You need to teach mental wellness. There are generations of having lost it that need to be overcome.
- Someone to talk to.
  - They need to live in a culture that mirrors them.
  - Promote being mentally healthy. Mentally strong. Talk about how that impacts your life positively.
  - People need a bridge – an outlet – they need to “escape” or “rise above” their stresses.
  - Coping skills could be re-discovered. *From psychological bankruptcy of racism, your assets become untouched!*
  - Change the way we talk about our mental healthiness.
  - Richmond has a lot of resources, Bay Point does not.
  - We don’t identify our trauma the way mental health people might. We have post-traumatic stress disorder (PTSD) without “knowing it.” It is our survival mechanism.
  - In our population, it’s hard to uncover trauma or stress until a person “breaks.” We don’t ask for help from the people around us because they are broken too.
  - You don’t have to deal with the trauma to build wellness and move forward. Well, eventually you have to deal with some of it. But you can start moving forward today.
  - *Talk about going forward!*
  - Strengthen families. But you have to have an example of a healthy family to do that. *I got an example of that when I was sent to live with my uncle...*
- People need access to support groups.

### More specifically, where/how do you do this?

- Somewhere where kids can talk to someone – could be in schools, churches, anywhere BUT not in

- a mental health office or clinic.
- Hire more people that reflect the community.
- Lots and lots of promotion, events. People want to know that they can be a part of something. And a part of planning for transformations.
- You go to: Churches, beauty shops, social networks, the music world.
- Support groups.
- Mentoring.
- Schools.
- Through activities, events, services, you encourage, support, build.
- Hotlines.
- *One kid had a chain of teachers who brainstormed a way to help her – in a school. It was accepted there.*
- If you can't put someone to talk to in every school, then at least have a floater that can cover several schools.
- *The way parenting classes have been promoted is all wrong. Make it more of an informal setting.*
- *We don't have extended family around us right now. But you can create that in group settings.*
- Build on it. In the context of collectivity. Share your experience with your peers.
  - How do you call together a group like that? *Create them where families go: Childcare, doctor, school.*
  - Can you do parenting education in churches? *Churches don't work that way....*
- *We need to be "a part" of things rather than "apart" from them.*
- *People feel better when they are doing something to help others!*

### **Existing Resources or Models**

- Boys and Girls Clubs.
- After school programs.
- Ambrose Recreation Center – could enhance this.
- Schools as hubs for supports.
- Health Conductors.

**Focus Group:** African American Health Initiative  
**Attendance:** est. 9  
**Led By:** NF  
**DATE:** February 21, 2008

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**Target:** African Americans  
**Geog. Area:** Countywide  
**Other:** Providers

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### **Summary/Key Themes:**

- ✓ Need a culturally appropriate vision and understanding of wellness in the African American Community (and strategies to get there).
  - ✓ Trust is a HUGE issue. Supports need to come from people who know us.
  - ✓ Don't keep funding the same old people. They aren't delivering.
  - ✓ Go to where people are.
  - ✓ Stigma: Don't use "mental health" words.
  - ✓ Address violence, domestic violence.
  - ✓ Build something that will stay in the community after the funding has gone.
- 

### **What are the biggest barriers to strong mental health?**

- Lack of access to appropriate health care
- Violence:
  - Street violence
  - Domestic violence
- Neglect
- *I have a family – just yesterday – where 25 members of an extended family have been diagnosed with cancer. There is nobody to take care of the children!*
- Stigma about mental health services.

### **How do we deal with the stigma of MH care/illness?**

- Supports and services MUST come from people who look like them/relate like them.
- Through churches – work with the leaders.
- Go straight to the community.
- Don't use MH words.

### **What do we do to prevent/improve mental health?**

- Providers and community need a sense/vision of what good mental health is. In the context of post-traumatic slave disorder. We need to define and validate what is good mental health for us!
- Must be culturally competent.
- Must allow trust. Must acknowledge that distrust is part of the problem.
- Start in the most uncommon places.
- Lets look at new strategies, figure out how we can talk about it.

- We are already doing some stuff, but we need to be able to point to the healthy things in our community that already contribute to a culture of wellness. We need to be able to point to these things and say *This is good stuff*.
- There should be models/approaches to African American therapy that takes into account not only who we are as African Americans, but who we are as African people as well.
- Need strategies of engagement where community can begin to practice the skills needed. *For example, African American fathers are proud fathers, they'd love to talk about their kids, but there aren't many opportunities where it is permissible to talk about their kids. We need to create those opportunities.*
- Let people know that they have options. That there are resources out there.
- Opportunities to get together:
  - Churches.
  - Barbershops.
  - Pool halls.
  - Street corners.
- Opportunities to educate and support
  - We trained beauticians to talk to women about breast cancer!
  - Natural Helpers – regular conversations.
  - We talked to kids in group homes about domestic violence. And then they talked to their parents.
  - Schools.
  - Churches (Be mindful of limits or potential resistance in some churches).
  - Support groups.
  - Fraternities, associations.
- Who will be the navigators? Can't have a one-solution fits all approach
- Numbered health conductors (Harriet Tubman model)
- Tap into existing resources (in the face of budget cuts – its bad)
- We need to build something in the community that will be there after the funding is gone! *When the bus leaves the neighborhood, will those concepts take root and get growing?*
- We need unique ways of attracting bi-lingual/bi-cultural staff to the county (e.g., via community colleges).
- Funds us here at the grass roots level. We know our communities. *They keep funding the same people and the same things keep not happening!* Help small groups become competitive. Identify new groups that can be mentored to be partners.

## **Target Populations within African American Community**

- Community-wide – Vision of wellness and community.
- Parents.
- Children.
- Families.
- Those experiencing domestic violence.
- Older adults:
  - Sex, drugs and alcohol doesn't work well to being healthy mentally.
  - They've already got medications for diabetes, heart – then mixing things.
  - Street drugs and sexually transmitted diseases are on the rise.
  - There is depression, grief, loss.
  - Grandparent (and great grandparent) caregivers!

- Seniors need events that give them a break, or a meal, or something of interest, an opportunity to mix with others.
- Adult men without children. And boys. There are no services for them.

### **Existing Resources or Models**

- Health Conductors.
- Promotores (model).
- Rubicon.
- North Richmond Health Center.
- Proud Fathers.
- East Bay Works!
- Richmond's Office of Community Wellness.

**Focus Group:** Area Agency on Aging Advisory Council  
**Attendance:** 27  
**Led By:** HP  
**DATE:** February 20, 2008

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**Target:** Older Adults  
**Geog. Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Grief, loss and isolation.
  - ✓ Integration of screening/support with physical health care – Need broad-based screening for depression.
  - ✓ Mobilize senior participation in community by promoting volunteerism and provide transportation to increase senior access to community activities.
  - ✓ *We love the youth, but don't forget the seniors!*
- 

### **What are the key contributors to mental illness in the older adult population?**

- Grief from multiple losses – deaths, loss of mobility; independence; sudden, unexpected loss of health.
- Isolation.
- Mind-body connection – the interaction of prescriptions can cause physical problems, leading to depression.
- Many risks lead to high suicide rates, especially for older white males.
- Elder abuse (e.g., by family members).
- Society's attitudes towards, and myths about, aging. Elders feel devalued.
- Dementia – there is a *false split* between dementia viewed as a biological/health problem vs. as a mental health problem. Funds have been denied for dealing with the interconnected mental health issues (depression, etc.) associated with dementia.
- Immigration assimilation problems – Many older adults emigrate to this country with their families, can't adjust. Even with their families around, they are isolated by language and culture barriers.
- Lack of meaningful activities and community participation; lack of purpose.
- Alzheimer's – We're seeing people even in their 50s with Alzheimer's and in the early stages especially, there is a big risk of depression.
- Improper nutrition – Many elders don't get proper nutrition due to lack of access or affordability, and emotional stability is affected by diet.
- Financial stress – Many elders don't have retirement savings, only Social Security.
- Elder abuse - Small senior residential facilities (4-6 beds) are unregulated by the state, and often have under-qualified staff. There have been many stories of elders being under-fed (bread and water), restrained with straps, and otherwise not being cared for properly. These elders are at high risk for mental health issues. *Restraints can be depressing.*
- Homeless elders – *Homelessness really impacts mental health.*
- Lack of transportation – makes services and community participation inaccessible, leading to depression.

- Scams – Many seniors are taken advantage of and lose their savings; this is a huge stressor. They need to be educated about potential scams and rip-offs.
- Premature institutionalization – Many otherwise healthy and functional elders are institutionalized too soon, e.g., after they can't drive anymore. This is a major cause of depression.
- Lack of insurance – Un- or underinsured seniors get inadequate health and mental health care, e.g., they may scrimp on prescriptions to save money.
- The intentionally isolated - *Some elders will simply just not walk out their front door no matter how you encourage them and I don't know how you engage them.* These are the really at-risk ones; sometimes even their families can't engage them. Sometimes depression causes this.

## **What could be done to prevent mental health problems?**

- Integration of screening/support with physical health care - Primary care doctors need to screen for depression. Too many ignore the signs and think it's just a normal part of aging. Identification and intervention are key.
- Broaden screening base - *Many MDs are willing to do the screens but they are simple and can be performed by laymen in nursing homes, Board and Cares, etc.* After screens, there needs to be referral to a geropsychiatrist.
- Help seniors access the community – Many are retired but have a wealth of experience. They need outreach and transportation to become mobilized in the community. *We need to invest resources in this. We always have to beg!*
- Employ a countywide senior volunteer coordinator to recruit and place senior volunteers.
- Prevent financial abuse - There is state senate bill requiring all financial planners to be licensed. We should educate seniors about this and publicize reputable planners for seniors to use.
- Change the mindset about aging – Aging affects all of us and if you understand what it means, this can prevent mental health problems, along with promoting diet, exercise, mental agility, community participation, volunteerism, etc.
- Need a geriatric outreach team with ability to perform case management. (This program used to exist but has been discontinued.)
- Geropsychiatrist workforce shortage – There are very few geropsychiatrists like Dr. Ahmed at CCC. *We need more Dr. Ahmeds!*
- Develop a policy and find solution for homeless elders.
- Licensed Recreational Therapists – Hire more to help disabled elders achieve their optimum potential, in retirement homes, etc. These are under-employed, under-utilized masters-level professionals who can make a big difference.
- Put volunteer notices in Social Security mailers – This is a tremendous potential resource, but we never do it. *But then of course, we need transportation for volunteers.* Or advertise volunteer positions at DMV when seniors go to renew licenses.
- Advocate for the mental health component of dementia to go into the DSM.
- Post-hospital contact program – There should be a daily phone follow-up program for seniors just released from the hospital. John Muir Hospital and the Crisis Center are looking into this.
- *Universal Health Care!*
- Fall prevention programs – Falls can lead seniors into the hospital or convalescent homes, and sometimes to depression or even death.

## **Resources and Models**

- Senior Helpline Services:
  - Reassurance Phone Friends – a daily free phone call.

- Rides for Seniors program.
- They are starting up home safety and fall prevention programs.
- Many independent living facilities have vans with valuable transportation services (e.g., for field trips, to Trader Joes, etc.).
- The VA is a mental health resource – There is a range of outpatient mental health services in Martinez for any vet with an honorable discharge. There is a board-certified geropsychiatrist, substance abuse treatment, traumatic brain injury services.
- Center for Elders Independence - They are located in Alameda County, but do work in West County, and want to establish services in Richmond. (Pace Program).
- Caring Hands – Transportation and weekly home visiting.
- San Ramon Senior Center has a regular joke telling day with comedians. It makes a big difference to the seniors.
- The County's Kinship Program – Funds are made available to CBOs to support grandparent caregivers.
- Osher Lifelong Learning Institute (part of Cal State East Bay) – They offer a variety of courses for people 50+.
- Senior Legal Services.
- High CAP Program – through county. They help elders who are experiencing problems with health insurance.
- AARP Money Management Program – in Richmond at Opportunity West.
- HUD supported housing – all over the county.

## **Other**

- There is frustration in the council because the Older Adult MHSA CSS funding has not been released yet.

**Focus Group:** Bay Point Collaborative  
**Attendance:** est. 20 collaborative members  
**Led By:** NF  
**DATE:** January 10, 2008

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**Target:** All ages  
**Geog. Area:** Bay Point  
**Other:**

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### Summary/Key Themes:

- ✓ It starts in the schools. The need for school resources and youth programs was mentioned repeatedly.
  - ✓ Bay Point is a community in rapid transition. Cultural differences – and differences like sexual orientation - must be addressed and respect for differences taught.
  - ✓ At the same time, Bay Point residents often have deep ties, with families living there for generations.
  - ✓ Immigrants are stressed and difficult to reach.
  - ✓ There is a real need for more one-on-one adult involvement in the lives of youth as they deal with risks like violence and drugs.
  - ✓ Few local PEI resources were mentioned.
- 

### Who's at risk for Serious Mental Illness/Severe Emotional Disturbance in Bay Point?

- School System and Teachers - Many teachers aren't familiar with their students' cultures and kids get frustrated, taking it out on each other (through bullying, etc.) *Teachers need to be taught, too. - First, second and third grade teachers often know which kids are in trouble, but they aren't empowered to do anything!*
- Immigrants - Stressors include: Acculturation stress, language barriers; kids coping with two cultures and monolingual parents (ESL families).
- People of different cultures thrown together by rapid demographic change - *I like the diversity.* Others said there was tension between African American and Latino kids who can't adapt to rapidly changing diversity in East County, and said there's ganging up on kids of different cultures in schools. Also fights among Latinos: "born here" vs. "wet backs."
- Foster Youth.
- Low-income families/stressed families affected by: Foreclosures, alcohol and drug abuse, especially parental substance abuse affecting children, violence and exposure to violence, domestic violence.
- Older homeless people - living in parks, self-medicating with alcohol and drugs.
- Kids who live at Love a Child Ministries, a family drug rehabilitation residential facility. There is a lot of abuse there.
- Student Attendance Review Boards discuss the stigma still attached to mental illness and how parents are hesitant to use medications.
- Single parent homes, especially the low-income. In these families, *kids can fall into depression because they can't keep up with other kids.*

- Youth in the Juvenile Hall System - including kids in group homes where you can see patterns forming, young girls beginning to prostitute themselves. There's no psychological support in Juvenile Hall, contributing to recidivism.
- Neighbors - They often see which kids in the neighborhood are in trouble. *What can I, as a neighbor, do?* They need an outreach worker to call on.

### **Among the people we've talked about, what will prevent mental illness or intervene early?**

- Work *in schools* as early as Head Start, with a focus on cultural acceptance and respect for each other. Need more caring and accepting adults in the schools providing one-on-one interaction and focusing on each kid's potential.
- *There are no school counselors anymore. They need to come back.*
- School nurses – There's a lack of nurses to identify problems.
- Need to teach respect – address sexual orientation of kids; some kids are beat up because they're gay or bisexual.
- Need good teachers, principals – there's a lack of qualified school staff.
- People of different generations need to learn each other's styles. *Kids text everything now. They don't communicate well.*
- Parental Training.
- Kids need cultural role models, leaders who look like them.
- *We could use more adult volunteers in schools.* A model cited was 4H Programs for kids 5-19; they train youth to serve as mentors to younger youth.
- Disproportionate Minority Contact (DMC) Initiative – They interviewed youth and found they need something to do, e.g., basketball leagues, mentoring, etc.

### **What resources are available in Bay Point?**

- 4H Programs were mentioned above.
- DMC Report (based on the survey above) could be an informational resource.

### **Who are the hardest-to-reach and how do you serve them?**

- The African American community – You often can't get them to "come out." There are trust issues.
- Hispanics and Tongans/Asian Pacific Islanders and immigrants in general. People afraid of immigration ramifications won't even use sign-in sheets for services.
- There are cultural outreach workers like the African American Conductors – They go with community members (e.g., to the doctor) and bridge communication gaps.
- The elderly living alone are at risk for depression. One attendee said most elders in the community live with their families. There are often several generations in one home; families tend to settle in Bay Point for generations. Drivers for the elderly and meals on wheels programs were mentioned.

### **Other Comments**

- Drugs! There's a lot of ecstasy and other drug use among kids.

**Focus Group:** Calli House  
**Attendance:** 13  
**Led By:** NF  
**DATE:** February 8, 2008

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**Target:** Homeless Youth  
**Geog. Area:** West County  
**Other:** Some TAY Full Service Partners

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### **Summary/Key Themes:**

- ✓ Youth need a place to live, counselor they can relate to and trust.
  - ✓ Kids need to get a grip and take care of their stuff.
  - ✓ Need school, jobs, money in their pocket, fun things to do.
- 

### **What takes away from your mental well-being?**

- Being homeless. *Waking up at Brookside (adult shelter) brings me down. But at the end of the day, after I work, I am much more than where I sleep.*
- *What I've been through makes me stronger.*
- *Staying in a shelter makes you paranoid. People are arguing and bickering.*
- *It's an up day when you've got some money in your pocket.*
- Being bored
- *Don't do drugs. Don't trust abusive people.*

### **What would help?**

- Someone to talk to/Counseling
  - *My counselor (TAY FSP) has my back. When you don't have one of these, you feel truly alone.*
  - *You need the right person to talk to. Someone who will push you toward your goals positively. Help you find a sense of direction.*
  - *But they need to be close to your age – like a 20-year old.*
  - See your counselor more than once a week.
  - Individual mentoring – not in a group.
  - Peer counseling..
  - Not “therapy,” but play.
  - *Lots of people don't feel comfortable talking to a counselor!*
- Housing! Transitional housing.
- Start helping younger – 12 year olds are already in trouble.
- Taking walks.
- Things to do. Outings are good.
- A job. *If I had a job, I know I could keep it.*
- Ideas and leads for finding work.
- *You need to learn to manage your stuff. Grow out of it. You need something positive around you.*
- *Let your anger out.*
- Work on your temper.
- Stop going to parents.

- Bring families together.
  - I know my parents did their best.
  - Counseling would help.
- *Be a leader, not a follower.*
- *School is very important.*
- *Think about where you were and how far you've come.*
- Prevent suicide? People need someone they prefer to talk to. They have to want the help. They need to be able to analyze themselves.

**Resources/Models: What other groups are doing PEI work?**

- Calli House!

**Focus Group:** CCMH MHSА Steering Committee  
**Attendance:** 8  
**Led By:** NF  
**DATE:** January 14, 2008

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**Target:** Providers  
**Geog. Area:** Countywide  
**Other:** Public Services

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### **Summary/Key Themes:**

- ✓ Broad range of interventions needed for very broad range of needs/target populations.
  - ✓ Get out into the community.
- 

### **Target Populations**

- Juvenile Justice Involvement – High correlation w/ mental illness, largely undiagnosed.
- Trauma exposed.
- Inability to read and other risks for school failure.
- Stressed families.
- Older adults: Higher suicide rates, fast growing population, males at higher risk for suicide
  - Under identified: Substance abuse and domestic violence among older adults.
- Immigrants: Culture gap/intergenerational conflicts.
- Domestic violence exposed.
- Young adults in poverty with limited education.
- Single parents.
- Substance abusers.
- Young adults showing symptoms of first break.
- Children whose parents have MI.
- Undocumented immigrants.

### **Needed Interventions**

- Substance abuse prevention.
- Domestic violence prevention.
- Suicide prevention.
- Earlier identification and intervention.
- Assessment and screening in schools (consents a problem).
- Collaboration across bureaucracies (silos).
- Expand Senior Peer Counselors Program – Especially beef up MH part, add Spanish speaking. It's cheap, it's trusted.
- Intervene with older adults at passing of spouse.
- Caveat with screening and assessment...If we ID, we are obligated to treat. HUGE capacity issue!
- Foster Care: Host young mothers, stress kinship placement rather than foster care but give families funds and support.
- Need language, cultural capacity to provide a continuum of resources to the underserved.
- Need culturally specific outreach teams.
- Outreach through religious communities.

- Need responsive and supportive environments for LGBTQ kids.
- Need to offer supports in a way/place that doesn't feel like government.
- Reduce stigma and discrimination across all communities.
- Public education on early identification – low cost and effective.
- Need community hosts for efforts that are embedded in cultural communities – more effective.

## **Resources and Models**

- Programs in Contra Costa that have been dismantled over the years – especially in jails.
- EDAPT imaging – can get by satellite.
- Senior Peer Outreach/Counselors Program.
- State models: Need models for short term care. Need a continuum of options.
- Incredible Years.
- Parent Project.
- Promotores.
- Health Conductors.
- Posters with early warning signs.
- Faith-based groups.

## **Other Comments**

- You need to create a presence around the community and you can't do that if you aren't paid to be there.
- CBOs do a good job.
- Most early interventions that work are not MediCal reimbursable. Need to develop all new eligibility systems.
- Aging MI adults living with aging parents (60% of MI adults live with a parent).

**Focus Group:** Children's Services Managers Meeting – CCMH  
**Attendance:** 11 managers  
**Led By:** NF  
**DATE:** December 10, 2007

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**Target:** Children/TAY  
**Geog. Area:** All  
**Other:** Providers

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### **Priority Populations/Issues**

- Trauma exposed.
- Stressed families
- Children of adult MH consumers.
- Kids at risk of juvenile justice involvement
- Children of divorce.
- Kids of incarcerated parents.
- Youth in the Juvenile Justice System
- Sexually exploited minors (teen prostitutes) – AWOL foster kids, kids of single moms.
- Grandparent caregivers.

### **Key Needs**

- Prevention of trauma – primary prevention to whole population.
- Violence prevention – Community and in JJ system including Ranch
- Anti Stigma efforts
- Go through Social Services to get to kids at risk of juvenile justice involvement.
- Triage youth entering juvenile justice system
- Gang prevention programs (148 active gangs in CCC).

### **Programs/Resources in County**

- Early MH Intervention Program – Rochester, K-3 mild to med. Behavior problems. Trained aide, quasi-play therapy (1982).
- Parent Project – Secondary prevention, could tweak it. Geared toward kids already w/ problems.
- Los Padres – Spanish speaking father's group. Evolve into community action.
- Born Free – connected with hospital. Perinatal Substance Abuse Prevention.
- TAP – Teen Age Parents program (state funds).
- Crisis and Suicide – grief groups.
- Teen Esteem Group (not sure of effectiveness – abstinence based).
- Neat Family Project – CHD.
- Pacific Center for Gay/Lesbian issues.
- Incredible Years – Pilot – Head Start, classroom based.
- Second Step – through EMI program (Early MH Initiative), K-5 anger management, social skills training. Could be adapted.
- "BEST" Positive Cultures – in Mt Diablo, Pittsburg, West CC school districts. Comes out of Univ. of Oregon.
- School based programs (TRIBES and other) – anti-bullying, film, video, multi-cultural.
- Filial Therapy – had as a grant – train parents to play w/ kids.

- Private fee providers offering “Kids Turn” Divorce and sequelae.
- “Street Soldiers” in West County – gang prevention.
- MACEE – tool at Juvenile hall to triage kids re: stressed families

### **Best Practices/Models/Programs/Programs Elsewhere**

- Cyber bullying – Piedmont.
- PIP – Alicia Lieberman’s program at SF General – Parent Infant Project.
- PCIT – Parent Child Interactive Therapy.
- Sexually exploited minors: Sage in SF, Special Victims Unit in Oakland.
- Grandparent caregivers –Pittsburg Coordinating Council, Kinship Care, Edgewood, UCB model.
- Also see resources above.

### **Reaching Hard to Reach Populations**

- East County: Faith groups.
- Migrant Ed – day laborers. Day labor center in Concord.
- Asian cultures in West County – Our services are not in line with what they want to receive.

### **Other**

- This is really early secondary prevention.

**Focus Group:** Children and Family Services  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 12, 2008

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**Target:** Children and Families  
**Geog. Area:** Countywide  
**Other:** County Providers

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### **Summary/Key Themes:**

- ✓ Support/serve whole families.
  - ✓ Build community capacity to support families.
  - ✓ Get in there before the BIG crisis.
  - ✓ Work within the different cultural communities – Cultural competence.
- 

### **What are the biggest barriers to strong mental health?**

- Stressed families.
- Family discord.
- Substance abuse.
- Domestic violence.
- Trauma exposed.
- Isolation:
  - Of families.
  - Of single parent families.
  - Low income families.
- Genetic factors and the confluence of genetic and environmental factors
- Latino population: Being undocumented and having language barriers are huge stressors
- Stigma about MH care – even in foster care as you try to develop supports

### **What do we do to prevent MI/improve mental health?**

- Family support in the community setting.
- Get in there and help out before the BIG crisis.
  - Whole family.
  - Use something like TBS/wrap around for less extreme cases. Short term, intensive.
- Someone to talk to/relationship. Redefine what family support looks like.
- Parenting education – Parenting skills are required to deal with children with special needs. Parents experience years of stress and frustration.
- Reduce the number of moves a kid experiences when in out of home placement.
- Reduce the inflexibility of the “system”.
- Provide supports AFTER the adoption – mental health issues arise much later.
- Provide interactive nurturing of whole families.
- Need ways/supports to work with teenagers in crisis. We don’t have anything for working with families at that point. Probation has also lost the resources they once had.
- More family support. We have classes but that isn’t enough.
  - Somewhere to refer to.
  - Education and support on how to live with MI.

- Build the capacity of the community itself to help those who are struggling:
  - Help them navigate the system.
  - Help them with stressors.
  - Help them connect with existing resources.
  - Contract out to the community.
  - Help community clinics be more responsive to the MH needs of their communities.
  - Work with faith communities.
  - If community efforts were effective, they would not need county services.
- Work within the different cultural communities – in the community, with the family.
- Entering our system is a trauma in itself. Families need support with that.
- Prevention programs are the first to get cut. They may not save \$\$ but they sure help the quality of people’s lives.
- Need holistic approach – be able to accept a range of different practices or solutions (“treatment” so to speak).
- Accept Evidence Informed practices in addition to Best Practices.
- Positive social marketing – Change the norms.

### **Existing Resources or Models**

- Something like Parent Partners.
- Diversion programs – wks with all the factors including DV and substance abuse.
- Team decision making.
- Shared family care.
- Family to Family – Casey Program.
- Adjunctive Family Therapy.
- Mobile teams.
- Wrap around.
- Therapeutic Behavioral Services (TBS) – Extreme wrap around for extreme situations.

**Focus Group:** Community Clinic Consortium  
**Attendance:** 3  
**Led By:** NF  
**DATE:** December 17, 2007

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**Target:** Primary Care Providers  
**Geog. Area:** Countywide  
**Other:** *Note: This was more of an introductory conversation than a focus group, some notes provided here...*

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### **Summary/Key Themes:**

- ✓ Integrated MH and Primary Care models are very promising, now piloting.
  - ✓ There are primary care providers/resources throughout the county that have front-line access to underserved populations.
  - ✓ Need more for isolated seniors – clinics are now doing planning.
  - ✓ Need more for teens.
- 

### **Needed Resources**

- Solve MediCal billing problems for integrated services (e.g., you can't bill a primary care and a mental health visit on the same day).
- Need support groups around isolation and aging.
- Work with faith-based organizations and fraternal structures, associations.
- More of *everything* needed in West County.
- Need places to meet people one-on-one in a way that allows exchange of information.

### **Primary Care Resources**

- La Clínica now implementing BEHIP – Behavioral Health Integration Process funded by John Muir. This will allow placing a mental health provider in the primary care setting at the Monument Clinic to work together for integration, warm handoffs to mental health professionals.
- Now conducting a strategic planning process for Older Adults.
- Serving large uninsured populations – e.g., 65% of Monument clients uninsured.
- La Clínica – Monument and Pittsburg.
- Brookside – West County (San Pablo, Richmond) – primary care and dental.
- Planned Parenthood – concerned with satellites.
- Brookside interested in replicating La Clínica BEHIP model. Had early stage planning funding from Kaiser for behavioral health integration, but no space.
- Planned Parenthood – Had MFT interns for a year.
- Stigma issues.
- Prenatal care for teenagers – with county – want a lot more activity with teens.
- Youth Programs:
  - La Escuela de la Promotora.
  - Youth Promotora Program.
  - Monument Clinic.
  - Diablo High School.
  - High risk kids.

- Sweet Success at Brookside.
- Prenatal Care.
- Leadership development – kids did project, credit at school.
- 90 promotoras – adult included, also serving seniors.
- Coming up the pike – Casa en Casa.
- West County -- Brookside would like to present mental health work with Familias Unidas.
- Existing: Planned Parenthood, school-based express sites.
- Planned Parenthood in West County exclusively high risk (Hilltop?).
- Brookside will open full service clinic at El Cerrito High School in January 2009.
- Y Team – West County.

**Focus Group:** Community Contractors for Children's Mental Health  
**Attendance:** est. 14  
**Led By:** NF  
**DATE:** December 18, 2007

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**Target:** Children  
**Geog. Area:** Countywide  
**Other:** Providers

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### **Summary/Key Themes:**

- ✓ Serve whole families.
  - ✓ Focus on trauma exposed.
  - ✓ Focus on youth who are not eligible for other services.
  - ✓ More in schools.
  - ✓ Community approaches should focus on accessing people where they go
- 

### **What are the priority populations for PEI in Contra Costa County?**

- Trauma exposed youth and their extended families.
  - Especially domestic violence exposed.
- Children who are not getting anything – and not eligible for what is there.
- Children with a parent who has a MI diagnosis.
- Children in CFS system.

### **What is needed?**

- Maintain and build resiliency.
- More in schools.
  - Bring back school nurses, expand school health centers.
  - *Schools are better at getting the kids. We aren't good at getting whole families because of: Hours, access, insurance. Those not insured get nothing.*
  - There is less stigma to interventions in schools.
- More outside of schools. Get to kids wherever you can!
  - Community hosts – Look for the informal leaders.
  - Faith-based hosts and approaches.
  - Access people in beauty parlors.
  - Need charm school for adolescent girls – something that will pull them in.
- Home-based work with families. Builds trust, opens up family issues.
- Focus on working poor.

### **What programs and models for Children's prevention and early intervention currently exist in Contra Costa?**

- EPSDT Contract – intensive in-home family therapy – IP, siblings and families.
- Brief Strategic Family Therapy.
- Family Institute of Pinole .
- Incredible Years.

- Young Fathers – parental education.
- Parents Project.
- Family Stress .
- Y Team – Pro-social skills. In schools .
- Mentoring programs.
- West County – Each One Teach One.
- Domestic Violence.
- Parenting education.
- School health centers.
- Familias Unidas – Family life education curriculum – holistic approach.

**Focus Group:** Contra Costa Crisis Center  
**Attendance:** 15  
**Led By:** NF  
**DATE:** January 22, 2008

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**Target:** Crisis Line, Information & Referral  
**Geog. Area:** Countywide  
**Other:** Providers

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### Summary/Key Themes:

- ✓ Crisis Center prevents suicides, educates, supports, saves cities and counties money.
  - ✓ People call for help at all levels of crisis – not just end stage.
  - ✓ People need to deal with grief after loss, they need to deal with trauma.
  - ✓ Isolated seniors need someone to talk to.
  - ✓ Immigrants are isolated by cultural differences even within their own families.
  - ✓ Need to teach community, kids, how to see warning signs, how to get help.
- 

### What are the priority populations in need of MI prevention and early interventions?

#### NEED HEAT - ●●

- Families with histories of suicide, psych hospitalization, depression.
- Seniors – Much grief, isolation. We usually transfer them to Senior Information and Assistance (English).
- Most immigrant groups - Experience crisis and don't have support systems, but don't trust support systems in dominant culture.
- Youth 10-25 – Caucasians, Filipinos, LGBTQ at highest risk. Risk for African Americans and other Asians is on the rise.
- Homeless (adult and youth) – Many are depressed and refuse services, but don't know what depression is.
- Asians – Have not come forward. If they do call, they are usually second generation with split allegiances between old world and new life. They feel unsupported in their family system – especially with stigma re: mental illness in their culture.
- Undocumented – Calls from counselors who have someone who is suicidal but won't go for help.
- There are support groups for young adults who have attempted suicide. But their parents can't force them into the groups. Parents are frustrated and they see their child going downhill.
- Evictions, homeless. Maybe combine counseling with tenant's assistance. With education to look at things differently – empowering, building coping skills.
- Violence: *Got a call today with a mom with 3 kids and 2 grand kids. Her home got shot up today. Can't stay there. Now looking for shelters. Mom was SO depressed, she couldn't talk.*
- West County violence – It's crisis intervention there. How do you do early intervention? *If you live there, that's your life! How do you plan for a future when you can't think you'll live past your 20s? But you can do something. There are resources.*
- Teachers can't teach because of the trauma level in kids.
- Kids need to talk to someone about their situations.
- Parents know they need to get their kids out of Richmond but don't have the money to do it.

## What is needed?

- Hotlines work across the board – from people in early stages of crisis to high lethality. Often people are on the edge of a psychiatric illness with no medical care due to cost.
- Can't say enough about the prevention quality of a suicide line. Keeps people safe, helps them stay out of the system, saves money.
- Spanish speaking population is most difficult to serve – as there are no places to send them for follow-up supports. They encounter high costs, wait lists and travel distance.
- There is a lack of resources available in the community about what resources are available for someone with MI.
- Make things like the Crisis Center known countywide.
- Early intervention: Train counselors better for competency on suicide issues. Few mental health professionals have training on suicide and they haven't been required to take it.
- Community education Help people to identify their own mental health status – tips, support. This was done in the 70s and we need it again!
- Need simple public education for young adults, children, homeless.
- Get to every school with education.
- Need: Outreach in schools – huge.
- Need: Outreach and supports in multiple languages – Not just Spanish, English.
- School counselors – that's where young people can turn. There is lack of school counselors.
- Hard to reach, isolated seniors are at risk for suicide but will never call. Or may not know that service exists.
- Parent workshops are essential – equip parents to deal. Prevention.
- Primary care – need strong link between MDs and MH care. Especially for seniors.

## Existing Resources or Models

- Safe Schools Coalition – LGBTQ.
- 211 Phone line is good resource for getting out into the community, e.g., a teacher called for resources for teenager who was raped. *You don't have to look so hard to find resources.*
- The Crisis Center offers:
  - Hotline.
  - 211 Referrals.
  - Grief Support groups: After death of a loved one – adults and youth.
  - Education in schools. We provide:
    - Issues for young people: self esteem, bullying, stress, prevention, warning signs.
    - Teach kids how to be a friend if someone confides in them – when/how to intervene.
    - But we need commitment from schools to let us come. *Lots of principals don't want to deal...* It should be part of the curriculum
    - Schools then get reactive after a death. Need to be proactive.
    - We provide follow-up with the school, leave our phone number and names for people to turn to as well.
  - What we do is a cycle, not a line. We do prevention, intervention, post-vention and then prevention again.

## Other Comments

- Convincing people that they need MH services is not easy.
- Concern that these new PEI funds won't really be contracted out to community....

**Focus Group:** Contra Costa Mental Health Access Line  
**Attendance:** 6 Staff  
**Led By:** NF  
**DATE:** February 5, 2008

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**Target:** All  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Education: of kids and staff in schools, families: self care, parenting, how to get help.
  - ✓ Dedicated staff in schools to provide MH support.
  - ✓ Earlier intervention with groups of individuals who don't get public funding or MediCal until they are in a full-blown crisis, especially uninsured and underinsured older adults.
  - ✓ Need multi-lingual, multi-cultural services.
  - ✓ Prioritize those with language and cultural barriers.
- 

### What is needed to help prevent mental illness?

- We need mobile response teams! Other communities have them. Avoids escalation, avoids people waiting for help until it results in an acute hospitalization. Allows for help without involving the police.
- Aging caretaker of a MI adult cannot manage the stress. Both caretaker and consumer need supports to reduce stress and future/escalated MH problems.
- Older adults who need mental health intervention get ruled out of senior I & R. Help should start there.
- General community needs education about MI, about how to identify it, how to get help. There are people out there who would help if they knew how to.
- The person who isolates alone in a room needs intervention. Families need support to intervene. Even more difficult to reach in some cultures – e.g., Latino.
- Need bilingual, bicultural help throughout the system!
- More education is needed for youth – especially TAY. They need self-care knowledge.
- Elementary school teachers need education.
- Someone needs to bring mental health support into the schools. Need actual positions for people whose job it is.
- Also need education, early identification in vocational programs. Not just the college-bound.
- Seniors are really ignored. There used to be a senior clinic that was integrated with primary care. ....Could have MH-types at senior centers, through Meals on Wheels. Not just crisis-type response. Need multidisciplinary teams.
- Need an access-type person at schools – or shared between schools.
- Parenting Education is needed. Regional Centers used to provide parent education twice a year...What to expect in the years to come.
- Parenting Education for parents of any child who has experienced a trauma – before waiting for MH problems to surface.
- NAMI has an education program for family members of the MI. But it's only one person. Teach families: Don't wait until there is a crisis....
- *I recently had a call about a 23 year-old with a history of ADHD who hadn't been able to work in years. He didn't have the organizational skills to hold a job. He needs someone to help him sort*

*through his issues, get his ADHD under control, and check back in with him regularly. One year of support could go a very long way with this gentleman!*

- A top priority: The uninsured. *Everyone wants MediCal clients!* Community agencies used to take people whether they were insured or not! *When they are uninsured, you can't serve them until they hit rock bottom! That's not right.*
- A top priority: Those older adults with Medicare only. Our system doesn't serve them unless hospitalized and their co-pays are too high to get help in the private sector.
- A top priority: Those on emergency MediCal. You can have a new mother who has just had a baby but isn't in a full blown crisis and you can't serve them. Early intervention could avoid a lot.
- A top priority: Those with language and cultural barriers. Undocumented immigrants.
- Stigma: Who doesn't access MH because of stigma? Non-English speaking, those with dual diagnosis.
- Need more detox centers! Psych inpatient is practically the only detox available! AOD Access line doesn't really work any more. *You have to leave a message and be available for a callback. And maybe get a callback.* There are no beds!
- Need supports for grandparent caregivers.

### **Resources/Models to Build On**

- GRIP – faith communities – could collaborate with psych support.
- Promotores.
- Senior Peer Counselors.
- Homeless Outreach.
- Years ago we had consulting psychiatrists who wore beepers – consulting to primary care providers in the county. They were highly utilized! Then the dedicated positions went away and the workload was too high to be added on to existing positions.

**Focus Group:** Contra Costa Native Americans  
**Attendance:** 16  
**Led by:** NF w/ Janet King  
**Date:** February 2, 2008

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**Target:** Native Americans  
**Geographic Area:** Countywide, emphasis W. County  
**Other:**

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### Summary/Key Themes:

- ✓ Start in the schools. Native American (NA) counselors, cultural competency training for teachers, counselors, principals. Teach history that fairly reflects NAs.
  - ✓ Need a place in the community where we can connect with each other, help ourselves. We need NA counselors available in the community.
  - ✓ We have skills and resources to conduct cultural competency training in the schools and elsewhere.
  - ✓ We are invisible in the mainstream culture. We feel isolated, disconnected. This leads to low self-esteem and self-destructive behaviors. Help connect NAs to NAs.
- 

### Needs of the Native American Community for Wellness

- Need Native American counselors in schools.
- Need an office, or a place where NAs can go and talk to/trust other NAs for help.
- They teach a European viewpoint about History - Columbus Day, about Thanksgiving. *They are lies! They are not teaching the truth. I wasn't brave enough to go over there and tell them the truth. Want my daughter to know the real truth.* The way this is taught causes psychological damage to our kids.
- Low self-esteem. *Nobody cares what we think.* Low self esteem causes self-destructive behavior. Intergenerational violence.
- *If there was a place for us here in Richmond, someone would have told you that you were eligible for Victims of Crime funds. Instead, they leave you to fend for yourself.*
- Dealing with the stress of violence – kids drop out of school because of stress.
- Suicide prevention.
- In the church setting, a lot of families come forward with stories of personal trauma – rape, molestation, abuse, incarceration, substance abuse and they don't know how to get over it.
- If your counselor is Native, you feel like family and you can share, bond, heal.
- Teachers and school principals need cultural education about Native Americans. *My child took sage to school to share as part of NA life and nobody believed her. They thought she had brought drugs.*
- *My daughter is the only NA in her school.*
- *I went to a therapist and I had to train her about NAs!*
- I am scared for my child in the Richmond school system. Things are different now. Safety.
- Raising grandchild – not support system. No support system when sick. *I try to take my child to Friendship house so that she will have a support system. But when I am sick, I can't even travel that far.*
- The effects of poverty and violence.
- Richmond had an Indian Village years ago. Values and families were together. *Then we had to move out and it was hard to be on our own in the mainstream culture.*

- Older children can help younger children.
- Start in the schools.
- If parents don't know their own culture, they are lost.
- *Until we hear the truth, everything will be the same.*
- Est. 12,500 NAs in West County. 2002? 2004?
- We don't know how to be our own advocates.
- There is no reflection of us in mainstream culture. Need to make visible the Indigenous People's views.
- Professional development for teachers, counselors, school principals is key. Cultural competency. We have our own ways of learning/knowing.
- We have had to learn to associate with any culture.
- We are isolated. Or we go to Oakland to connect.
- Daughter in Concord is also isolated.
- The school can really create the mental health problem!
- The term "mental health" scares our people. It needs to be worded better.
- We feel disconnected.

### **Desired Interventions**

- Native American counselors to help kids in school.
- A place to go to find other NAs and supports. Including counselors. In the community.
- Ability to train others about NA ways.

### **Existing Resources**

- Must go all the way to Friendship House in Oakland, or to Vallejo – nothing in between.
- 9 NAs participating in tent city against violence last year.
- NA congregation – Pastor and wife in focus group. *We try to let people know you can go through trauma and you can get over it. But you need help. - Youth leaders at church are dealing with gang life. Just doing what we can with what we have.*
- There are NAs in the community with the skills and credentials to provide cultural competency training to others in schools, elsewhere, to help them understand native ways.
- Diablo Schools are serving large numbers of NAs. Are there any resources there?

**Focus Group:** Contra Costa Probation Department  
**Attendance:** 20 providers  
**Led By:** NF  
**DATE:** January 29, 2008

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**Target:** Justice System  
**Geog. Area:** Countywide  
**Other:** Adults and youth

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### **Summary/Key Themes:**

- ✓ Need early assessment and the ability to follow up with resources through diversion programs or in the system. No longer have this.
  - ✓ Need interventions before the BIG crisis.
  - ✓ Much stronger resources used to be in place, and now they are gone. Grants ended or budgets cut.
  - ✓ Need to address the entire family – parents, all kids.
  - ✓ Need multi-lingual, multicultural resources.
  - ✓ Best to start prevention in the community.
  - ✓ Bureaucracies are the biggest barrier to collaboration.
- 

### **What are the things that would help most to prevent MI in your populations?**

- We need appropriate screening and follow-up EARLY – at intake. With availability of deeper evaluation after that. And resources to refer to if needed.
- We need parent involvement. No parent involvement, no success with the kids.
- Broader, multi-systemic therapy – whole family.
- We need basic services available. Boys Ranch has nothing. Juvenile Hall.
- Need counseling BEFORE crisis.
- Our families need access to counseling in the community at affordable rates for children and families.
- We used to have “out-of-custody intake.” Part of diversion services (which are now gone).
- We need to bring back and build on the old diversion efforts.
- More multi-lingual, multi-cultural treatment availability.
- Need to partner with disproportionate minority programs.
- Staff need manageable caseload sizes so they can spend time with people.
- Educate parents. IN THE COMMUNITY. Be reachable. Create a mental health presence in the community.
- Need continuity from Juvenile Hall to wherever they go after that. The break adds to the problem.
- Need do reduce stigma about mental health care! Break down stereotypes.
- We need better working relationship with education. Kids skip schools. Their supports get lost and information about them gets lost.
- AB3632 students – territorial.
- Sometimes the kid is the highest functioning member of the family.
- You need a team to assess and weave a family’s needs together.
- Watch kids in families with unsubstantiated abuse allegations.
- Providers need really current, updatable resource lists.
- Undocumented individuals unwilling to ask for/accept help.

- Assessment is not so much the problem. Having quality and available referrals is the hard part! Counseling should be 1) easy to access, 2) not student therapists, 3) have continuity – even if a family drops out for a while.
- Addressing stigma: Need really skilled outreach professionals, in the community, of the community. Who can go to homes. Start there and ease them into services. Can't have cost barriers.
- Need to get help before the BIG crisis. Often just requires medication.
- No-one is there to actually do therapy any more.
- No-one is there to actually do the real work that needs to be done!
- With adults, it's like you've given up hope.
- Fix the adults to help the kids!
- Need services for dually and multiply diagnosed. Treatment, day treatment.
- Kids decompensate in custody. Adults, on the other hand, get it together. They get meds, therapists, sobriety. And then they decompensate after release. The meds and therapy go away and the poverty sets in.
- Adults need PTSD counseling available to them. Violence, ongoing loss. There is a ripple effect
- Need collaboration, wrap-around supports for whole families. Several agencies at once.
- Often, families lose services if they use too many services. So you find them being secretive, not wanting to open up about what help they are getting for fear of losing services.
- You also lose services depending on your status in the system. As a child gets older, they age out of certain services.
- Need ad-hoc committees who can do team decision making for a specific kid. But you are literally pulling favors to work across systems. And someone has to pay for it. *One time I had to drop a kid's probation status just to get them help!* Bureaucracy.
- Regional collaboration?
- Regional Centers? (Very difficult)
- Back to adults: We need a Conservation Corps type program where young adults 18-25 can get a GED, get work habits, maybe get a job reference.
- Both with diversion and MH treatment, there will be stumbling blocks. There will be stumbles along the way. Programs have to accept this as a part of progress.
- Treat the whole person, not just the mental health.
- Females, adults/kids, need education about the impact of drugs on pregnancy.
- Big buzz right now: Gender specific programming.
- Build self-esteem.

Before youth hit the JJ system:

- Kids need help while still in the community.
- Kids need help at schools.
- Grief counseling.
- Anger management.
- Parenting Skills.
- Substance abuse supports – for parents and/or kids.
- Mentors.
- Sports. Affordable sports.
- Parents involved in their lives.
- Community supports.
- PTSD care.
- Some mental illness is genetic. Parents with family histories should get support and education to keep an eye on their kids.

- Proper nutrition.
- Self-care knowledge.
- Medical care – including vision, hearing, dental.
- Mobile crisis units for teens.
- Some gateway assessment for the whole family.
- Consistent services and supports over time.
- Public health is part of the pie!
- Summer camp for at-risk youth! Where they can fill a void, get some education, group support, fun! If they need more help, get them help right away.
- Train teachers to ID and refer.
- Get services down into middle and elementary schools, too.
- Adults: Every once in a while you see someone who just goes off. You think: *Oh my gosh, what happened here?* Person doesn't qualify for MIOCR because he's already entered a plea. This person needs services NOW. Not prison. We need better adult diversion. *I can't even get a case manager for this person because he is not hospitalized!*
- Housing. *Oh, he's lived in 47 places this year...*
- All the appointments it takes to get the resources that are available.
- Need supports for teen parents.

## **Resources and Models**

- In Marin, every kid in juvenile hall gets a therapist. Our MH is overloaded! (*Closer to 2 therapists for 200+ kids...*) Kids decompensate in the Hall.
- A few years back, kids got hands-on help in diversion programs.
- In the past, we had much more attention to mental health for young men in residential program.
- Berkeley used to have a mobile crisis unit for teens.
- Our intake unit was vital for assessment. We no longer have that. Assessment, chance for community-based help.
- In the past we had family interventions – serving probationers and kids in the home.
- Project Hope at Anka finds and directs people with MI to resources.

**Focus Group:** Contractors Alliance of Contra Costa  
**Attendance:** est. 20  
**Led By:** NF  
**DATE:** January 16, 2008

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**Target:** MH service providers  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Whole family interventions.
  - ✓ Start as early as possible.
  - ✓ Improve ability to work across systems.
  - ✓ Cultural competence.
  - ✓ Focus on trauma exposed.
  - ✓ Focus on immigrants.
  - ✓ Focus on youth not eligible for other services.
- 

### What are the priority populations for PEI in Contra Costa County?

- Trauma exposed immigrants – need help for kids, parenting support. Hard to engage.
- Violence exposed.
- Linguistically isolated.
- Youth who don't have MediCal – especially in the school system.
- 0-5 families who are not eligible for MediCal.
- Families of children 6 and up who are Spanish speaking with no services available.
- Pregnant and parenting teens.
- LGBTQ youth.
- First break – adolescents and young adults.
- Focus on African American families – the earlier the better. Address trust issues.
- Highest risk time for TAY is the week after they are discharged from an inpatient setting. *Risk is 75 times higher than before!*

### What is needed?

- Whole family interventions – from the earliest time possible.
- In-home interventions.
- Collaborations that support interdisciplinary work, systems change, reducing silos.
- Increased cultural competency.
- Resources for men and boys – especially E. County.
- More supports for people in limbo, in transition.
- Outreach and case management for trauma exposed immigrants.
- Holistic model that includes transportation.
- More training of staff for cultural competency.
- More training of 0-5 providers.
- Adapt services for specific cultural populations – NOT one size fits all. *Its who makes up THAT family.*

- Strength-based approach – not problem focused.
- In current system, we must have diagnosis first, but engagement involves building trust first.
- Flex funds.
- New models for first break.
- Mobile response teams.
- Better ways to do hand-offs across agencies.
- Train professionals about suicide prevention! *MDs, RNs are not required to take training in this area.*
- Increase/make universal:
  - Screening of pregnant women for depression.
  - Stronger/smoothier referral systems in place.
  - Community-wide training on the signs of MI.
  - Good screening tools.

### **What programs and models for Children’s prevention and early intervention currently exist in Contra Costa?**

- Brighter Beginnings.
  - Parent support groups.
  - Bonding, attachment nurturing.
- Early Childhood MH – *Everything we do is early intervention!*
  - Supportive parenting groups:
    - Spanish speaking domestic violence.
    - Grandparent caregivers.
    - Spanish speaking fathers.
    - English speaking fathers with young children.
  - Preschool MH consultation (3 agencies).
- Community Violence Prevention (3 FTE).
- New Connections – Substance abuse prevention, youth.
- CHD – Substance abuse prevention, LGBTQ youth east county.
- Stand Against Violence – prevention in schools K-12 and youth offenders programs.
- Crisis Center – Suicide prevention – some work in schools.
- Asian Psychological Services:
  - Community organizing W. County – funded by Drug Free Communities federal grant.
  - AOD prevention.
  - Had youth grant for early intervention coming out of JJ.
  - Youth leadership program.
  - Work with parents: parenting, enhancing marriage.
- Family Stress Center:
  - Mentor program with youth and parents.
  - Fathers program – especially Spanish Speaking.
  - Prevention of child abuse, work with nursery school and child care centers.
- Families First:
  - School-based mental health.
  - Family preservation.
  - Kinship services.
  - Parenting.
- Asian Community Mental Health:

- Asian Family Resource Center – West County.
- SE Asian CalWorks recipients.
- Time Out.
- Had a contract for DV.
- Ujima:
  - Kids groups – prevention.
  - After school 6-14, high risk for AOD.
- Community Clinics – La Clinica launching integrated care.
- Safe and Bright Futures.
- Perinatal model (should be replicated).

**Focus Group:** East County Consumers - E. County Community Center  
**Attendance:** 14  
**Led By:** HP  
**DATE:** February 6, 2008

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**Target:** Mental Health Consumers and Center staff  
**Geog. Area:** East County  
**Other:**

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### **Summary/Key Themes:**

- ✓ Children in schools. Screen and intervene.
  - ✓ Reduce stigma associated with mental illness and “NIMBY” issues through public education.
  - ✓ The people with mental illness need more and easily accessible facilities.
  - ✓ Get the money into the community ASAP.
- 

### **Thinking of yourself and people you know, what are the things that would help most to prevent mental illness?**

- *It starts with the schools.* There should be screening questions on school registration forms so that teachers will be aware of any potential problems. This does not currently happen. The child acts out and is suspended. Parents should inform school staff about any mental health or behavioral issues up front so that intervention can take place.
- *We need school psychologists to nip it in the bud.* Funds for school psychologists are critical. (concern about usage of state lottery money mentioned – *where is the money going? When will it be enough to meet school needs?*)
- Better facilities/space is needed. There are not enough meeting/treatment spaces and accessibility is a big concern. *This building is not handicapped accessible and we need to take care of the needs of all the mentally ill.*
- *Take your medicine and don't cheek it.*
- Support – it's important that people are there for you in crisis. *We teach WRAP here (Wellness Recovery Action Planning).*
- Physical and mental wellbeing – know what you need and want, and where to get help. Keep our body healthy.
- Counseling – it helps to bounce ideas off someone else with knowledge, along with WRAP.
- It's good to know your family history. Some people/children don not, especially those in foster care. Some children are abandoned so they are not aware of family history (around mental illness).
- *You should plan your day every day so you won't get bored or stressed.*
- Getting enough sleep.
- People should eat right. *It helps you think properly.*

### **What groups or resources in Contra Costa County have helped the most? What groups or resources are needed?**

- *This Center. We have WRAP here, Spirit group and empowerment in this center.*  
More activities to help people take care of themselves, money for field trips and transportation So we can be self-sufficient.

- Prevent stigma through awareness. Educate the public about mental health problems. *Our Center has an open house. If people would come in and meet us, that would change a lot of minds.*
- *Stigma is a really big problem.*
- Centers need to be in locations which are accepted in the neighborhood, in a locations conducive to mental health. (There was a lawsuit against the City of Pittsburg and extensive “clean up” of drug use and homelessness before the Center was able to open in Pittsburg.)
- *There aren't too many.*
- Wellness Behavior Centers generally. There's one here and in Concord.
- Need Therapists and psychologists
- *When I lived in Concord, I went to a Counseling Center (Concord Day Treatment) and I liked it there.*
- Concord Clinic on Willow Pass Road. *They had some groups there. We were encouraged to go to Anger Management class and to alleviate stress. This year, they got the Spirit Program going on there.*
- *We need that over here, too. A lot of mental health patients want to get into Spirit Program, but it has to be accessible. (Spirit Program is a group about WRAP, and it includes a job training/résumé writing component. It takes place at different locations each year, wherever they can get room).*
- *Housing!*

## **Other Comments**

- *We could use more information about how the (county and PEI) money is distributed. We feel overlooked. There's not enough representation of this (mental health consumer) community.*
- *There was a comment that the state MHSA planning process is too slow and takes too long. We're tired of being forgotten people and the problem is just growing. Get the money out now. We know what the problems are.*
- *Waiting for help causes stress, too!*

**Focus Group:** Family Involvement Steering Committee  
**Attendance:** est. 25  
**Led By:** NF  
**DATE:** January 9, 2008

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**Target:** Family Members of MI  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Earlier recognition/intervention – especially in schools.
  - ✓ Stigma: Help people to accept that this is an illness.
  - ✓ Lack of agreement whether all MI is genetic.
  - ✓ Need more collaboration across bureaucracies.
  - ✓ Need more collaboration with families of adult MI and community.
- 

### Risk Factors for Mental Illness

- Stressful environments..
- Passed through families intergenerationally.
- People are wrong. You can't prevent a biological disease.
- Situational MI is not true MI.
- Not all MI is genetic.
- Far more severe when late intervention or wrong intervention – Can reduce the severity of the illness.
- Looking back, there were signs that were missed from much earlier ages. Should have been picked up earlier. Doctors, schools. *I asked for an assessment and they told me there wasn't a big enough problem.*
- Families in denial.
- People don't know it's a treatable disease!
- Marijuana triggers MI that's there....
- Pressure to not get involved. *I've seen teachers reprimanded for giving advice.*
- MI as link to suicide.
- Trauma – Returning vets. Hi suicide rates.

### Needed Interventions

- Schools more aware of signs/signals earlier, ability to do something about it. *Looking back, I can see that there were zero counselors in my kid's school who were trained to recognize MI. They kept saying my child was "going through a phase."*
- More cooperation/collaboration across bureaucracies.
- Funding for earlier intervention, services. *By the time I paid out of pocket, he was smoking pot in the 8<sup>th</sup> grade!*
- Less stressful environments.
- Counseling during pregnancy when there is family history of MI – *I had no idea it ran in families.*
- Intergenerational risks need to be better understood.
- A test for bi-polar disorder.

- Statewide education: What is MI, what to do when you see symptoms.
- Include MI in health education classes in schools.
- Earlier assessment! Child and family services should be trained, assess earlier.
- There is software available. People can self-test.
- Reduce stigma! *Children don't take their meds because its stigmatizing. They need to meet and talk to kids who do take meds.* Help people accept that this is a lifelong illness.
- Not enough therapists to provide information and support to families (Brentwood).
- Educate the public.
- Early intervention: Functional imaging – coming (sort of a brain scan).
- Need more parent and school psychologists.
- At the time of first break: Educate the parent!
- Mandated reporters should be required to screen!
- Earlier/more/better interventions for substance abuse.
- More police training. They get 8 hours of training for all disabilities.
- Need crisis intervention teams!
- Collaboration between family and community is missing.
- The deaf have no services.
- Disappointed not to have relapse prevention.

**Focus Group:** First Five Center Directors  
**Attendance:** 7  
**Led by:** HP  
**Date:** January 16, 2008

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**Target:** Families with young children 0-5  
**Geographic Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Many PEI activities (parenting classes, etc.) already take place at the County's five First 5 Centers in Antioch, Bay Point, Brentwood/Oakley, Concord, and San Pablo. These are trusted community locations and there's an opportunity to build on current offerings.
  - ✓ First 5 Centers reduce isolation; they are also connected to other child and family resources (schools, mental health programs) in their communities.
  - ✓ Families with young children of any race and in any income bracket can need PEI, but the poor and homeless are at special risk.
  - ✓ The African American and Asian/Southeast Asian communities can be hard to reach, as can Spanish-speaking immigrants.
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### **Within the 0-5 population which groups most need PEI services?**

- Spanish-speaking clients – Their immigration status often prevents them from seeking services. Their children have to be in the school system for two years before they get school-based services, so this leaves the 0-5 population out. They often can't read or fill out forms for services, so the language barrier becomes a service barrier.
- Asian/Southeast Asian Families - They often won't seek/accept Western mental health services.
- The low income.
- Homeless families.
- Teen Parents.
- Families suffering from Domestic Violence - DV is up in our community. Often, immigration pressures or unemployment can fuel DV.
- Single Moms - *Sometimes they 'loose it,' and have no outlet to go to.*
- Low literacy families - They find it hard to navigate the system because they can't read and have little confidence to seek services.
- Families in overcrowded housing or "doubled up" families.
- Parents affected by substance abuse - They don't parent and children are in unstable environment.
- Families in isolation - Those with no or poor relationships with extended families, few friends.
- Some higher-income mothers – who have traveling, frequently absent husbands. They are essentially parenting alone. In Far East County, many (White) families have higher incomes, stressful lifestyles. There are often 2+ kids in these families, little support and lots of stress.

### **Which populations are the hardest to reach for services, especially mental health-related services?**

- In Bay Point, it's the African American community. *Most aren't comfortable coming into the center. We have mostly Hispanic families come in.* Maybe because Hispanic families have never

had an opportunity for services, they grab the chance. African American families have a lot of opportunities, so they tend to pick and choose.

- For African American families, a lot of F5 services and classes are during the workday, and they already have their kids in daycare, Head Start, etc. They may need weekend classes.
- Fathers - They often have a phobia about seeking help. *If we could reach dads, we could really impact family health.* Hispanic dads work Saturdays too, although some dads could access weekend services.
- Homeless Families - Sometimes they are shuttled around between shelters, churches, etc. which means there is no place to reach them. With the mortgage crisis, many shelters are bracing for a new round of homelessness, financially stressed families who have never been homeless before. These first-time homeless families won't know where to go, and will have special mental health stressors.
- Teens - *They don't want to associate with adults and need special classes.*
- Parents with disabilities – e.g., parents in wheelchairs, those with borderline IQ. They need support to keep their kids. Parenting challenges can lead to major depression and suicidal ideation.
- Grandparents as kin caregivers - Centers have seen kin caregiving increase and these grandparents are stressed because they also face the challenges of aging as they raise their grandchildren. Custody battles with the parents can also be a major stressor. At one center, a grandmother kin caregiver was in a bitter custody dispute with her son's former partner (the child's mother). The two kept reporting each other to CPS, leaving the child caught in-between as they decide who's going to get custody.
- Southeast Asian families - They tend to deal with mental health issues inside the family.

## **What services and PEI services does a First 5 Center provide?**

- Centers offer services in 4 core areas: 1) literacy, 2) early childhood education, 3) parent education and 4) tobacco education. Other projects and classes include: science classes, cooking/nutrition classes, dance/movement classes, baby sign language, field trips and community events, parenting classes by age group (0-1, 1-2, 2-3, etc.), and community outreach (for hard to reach groups). Services are provided to *all* families with a child 0-5 regardless of income, race, ethnicity, etc.
- Child development classes based on stages and parenting education classes that focus on attachment and bonding. This gives parents the opportunity to learn about what is normal, and behaviors that may need intervention.
- Parenting Classes – This includes *Parents Raising Children in a Safe Environment* classes, based on an American Psychiatric Association curriculum. This is a 10 week course for both parents about preventing violence and trauma in the home. There are also parenting classes related to communication and discipline. Curricula used include Dare to be You and Nurturing Parents (this is a class for teen parents offered in Antioch).
- Child safety classes - This is for kids and lets them know what to do if they're lost and need to approach a stranger, how to protect themselves from sexual abuse, etc.
- Temperament class – why your child behaves the way s/he does, what's typical and when you should seek help. *Most classes end up acting as support groups with parents offering each other tips and support.*
- For children with special needs, centers make referrals for mental health services to We Care which has three early childhood mental health providers across the county. This is good, but not enough.
- *Almost everything we do is prevention.* Specific problems are addressed through referrals.

## What PEI interventions would you recommend to reach the groups which most need them?

- *Families get a lot of prevention just by coming into the center. This addresses the isolation which leads to depression. Coming in makes them feel like they can build relationships and get support.*
- *Having a mental health provider at the center would be great. Centers are a trusted place in the community and would be great for psychoeducational groups, parent training, etc. Centers also need more staff training in behavioral health signs and symptoms and how to intervene.*
- *Classes - In classes no one feels 'singled out.' We can reach out to everyone.*
- *Center staff are getting some training to identify sadness, depression, anxiety so they can directly ask someone if they need help. This way they do a lot of informal intervention. We can often see progress with families as they come to the center more often.*
- *Sometimes F5 Center staff are invited to participate on Family Strategy Teams or Team Decision Making (TDM) through the child welfare system. The Monument Community Partnership has active FSTs. F5 Centers are participating in Child Welfare Redesign (one Center is co-located with Brighter Beginnings which uses TDM).*
- *The family surveys we do after each class are another way to find out how families feel and what they need. They also use the initial Center application to identify concerns and make referrals.*

## How do you reach hard-to-reach groups? What strategies, programs or community partners are needed to reach them?

- *In Antioch, Center staff go into five elementary schools with a Spanish-language parenting class curriculum on self-esteem, communication, dealing with behavioral issues, and tobacco education. Even if the parents have kids in grades K+, they often have a second younger child.*
- *Centers conduct street outreach and attend community fairs, present at low-income sites in the community, like Kaiser's teen clinic, and the Richmond Health Center which is attached to WIC. We try to be a presence at locations where low-income families go.*
- *We need to collaborate with the people who do the mental health assessments and referrals. We need someone to call on. E.g., a therapist available to all five F5 centers.*
- *Staff feel they need the ability to initiate FSTs/TDMs (mentioned above), at least by referral.*
- *We sometimes use or go to a Wraparound Program called Families Forward for Asian families. It was pointed out that this was a program funded in the first round of MHSA.*
- *We need to use the faith communities. This could ease introduction to hard to reach families.*
- *Peer mentoring/peer parenting programs. When families are isolated, this can help. Like the "Comadres" Program: participants learn, I'm not the only one experiencing this problem.*
- *The Promotoras program (at La Clínica de la Raza) is helpful. They do classes on different health topics in the Hispanic community. Right now, they're doing AIDS/HIV, and have done health and nutrition. These classes often have a child component, too.*

## Other Comments

- *A lot of people can't afford child care, have too many kids and no time for themselves. This can be a stepping stone to frustration (and mental health problems). We need more funding for child care!*
- *There is more stress now in all income brackets. With the recession, they foresee a lot more stress, among homeowners, etc. Once the middle class bracket is affected, we'll see the money flowing.*
- *At F5 Centers, parents have to be involved in services. They can't just drop off kids and leave. Parents are the first teachers of children. This provides a ripe opportunity for intervention.*

**Focus Group:** First 5 Home Visitors  
**Attendance:** 3  
**Led By:** NF  
**DATE:** January 8, 2008

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**Target:** Children with families 0-5  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Serve whole family – includes treating parents.
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### What are the greatest risk factors or contributors to Mental Illness in your populations?

- High risk infants at risk for serious delays need long term services to ensure brain development.
- Parents of high risk infants are at risk for depression.
- Trauma: Women often have a lifetime of accumulated trauma – which are heightened when they become mothers. Mental health needs of the mother must be addressed.
- Gangs: Children of gang members need support. They are exposed to ongoing violence.
  - Children of gang members now having babies. Need support, role models.
- Uninsured: Immigrants – Need relation-based therapy and can't qualify for it.
- Undocumented: Live in fear of raids, deportation and won't present for services.
- Some out of control homes – Need assessment, potential hospitalization – but there are no services.
- Violence/Trauma: W. County, Monument.
- Post-partum depression – With restricted MediCal, there is no way to get MH services *except* medication. Also restricted MediCal ends too soon to pick up much post-partum depression.
- Lesbian mothers don't get support within our system. Have to go to Pacific Center. There aren't parenting groups either place. Need non-English groups as well.
- Isolation: Immigrants are isolated, domestic violence isolates families, lack of transportation.
- Rampant racism in communities highly related to rapid growth in these communities. Racial groups are needing to learn to co-exist rapidly.

### What is Needed for these Populations?

- Ability to *treat* the parent as *prevention* for children – Family approach. Especially important for 03 because MediCal MH diagnosis codes don't fit this age group. Need to get started early.
- Relationship-based interventions.
- Crisis team.
- Earlier intervention: Kids who are beginning to be identified in pediatric clinics as having problems, but can't be seen by MH because not serious enough.
- Parent education.
- Parent support.
- Extended families as support.
- Peer groups, mentorships.
- Community education – other providers – to recognize signs and risks of MI, how and when to refer.
- Supports in other languages.

## **Existing Resources and Models**

- Gang prevention program (used to have in CC, went away).
- Didactic Therapy (relationship-based). Link the adult to the newborn rather than drawing a line between the two. Especially newborn period – support bonding.
- Seed Project (Center for Vulnerable Children, Children’s Hospital, Oakland) – Partners MH with child welfare, offers guidance to child welfare on best decisions for mental health of child.
- Wrap around – reduce duplication.
- Home visitors – several departments, FF coordination. Must be able to serve whole family.
- Santa Rita Jail has strong mom’s program but not much support after release.

**Focus Group:** Greater Richmond Interfaith Program (GRIP)  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 13, 2008

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**Target:** Faith Communities  
**Geog. Area:** West County  
**Other:**

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### **Summary/Key Themes:**

- ✓ Want care as well as assessment and early intervention in jails.
  - ✓ Trauma is a huge issue.
  - ✓ More supports for youth in schools.
  - ✓ Parenting education and support.
  - ✓ Teach compassion, alternatives to violence.
  - ✓ Don't forget adults over 25.
  - ✓ Provide mental health supports in non-MH settings to de-stigmatize.
  - ✓ Churches would like to help.
- 

### **What are the factors that lead to mental illness in your communities?**

- Involvement with juvenile justice system (both a cause and effect).
- Homelessness (both a cause and effect).
- Trauma – Trauma exposed youth in Richmond.
- Dropping out of school.
- Drugs.
- Stressed families.

### **What is needed?**

- Assessment and services in jails.
- Support in schools.
- Parents engaged with kids, and with schools.
- Adults (26+) with families who have histories of mental illness in their families, or show early signs.
- Parent education and role models.
- Help for youth to deal with the stress in their environment – their relationships with friends, families, school. Handling violence.
- Need higher adult-kid ratios in schools.
- More interventions in schools (schools don't carry stigma of MH).
- Deal with stigma related to mental health care.
- Deal with trauma.
- Comprehensive pre-school that involves parents and teaches parenting.
- Community approach to child abuse.
- A safe, healthy climate for kids to grow and communicate in. Their environment breeds alienation and violence.
- Re-introduce schools to (non-religious) spiritual values – compassion.

- Stress of ICE raids. Tremendous trauma for community, families, kids.

### **Existing Resources or Models**

- Sojourner Truth is trying to start a support group for the mentally disabled in W. County.
- Southern Poverty Law Center has a model for teaching tolerance, non-violent alternatives, decreasing bullying, etc.
- Churches are existing resources that work for families. As an institution, they teach compassion, tolerance, open doors. Is there a model here? Something that can move from church to church – sharing in-kind resources?
- Need to look at Council of States Consensus Project and what they know.
- Human Rights Watch (mentally ill in jails).

**Focus Group:** La Clínica de la Raza Promotores  
**Attendance:** 14  
**Led By:** NF  
**DATE:** February 19, 2008

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**Target:** Spanish-speaking Latinos  
**Geog. Area:** Pittsburg  
**Other:** Peer Providers

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### **Summary/Key Themes:**

- ✓ Poverty and lack of acculturation are the biggest stressors.
  - ✓ Need supports for kids.
  - ✓ Immigrants need help with acculturation issues – Language, how to access resources, how to raise kids in this culture, how to work the school system and other service systems.
  - ✓ Spanish speaking providers are needed.
  - ✓ Information about resources for non-English speaking and low income are needed.
  - ✓ Promotores could help if trained.
- 

### **What are the stresses that cause/add to mental illness?**

- Poverty - not working and no money.
- Not speaking the language of the dominant culture.
- Being away from home and family – lack of family support systems.
- Getting sick. Not getting medical care or not refilling prescriptions because can't pay.
- Substance abuse, drug addiction.
- Discrimination, racism.
- Children speaking English when the parents do not – changes roles.
- Culture gap between parents and children. Parents don't know how to help the kids. Things work differently than they did in the old country. *Not just communication, it's more profound than that.* Need role models for kids living in this culture.
- Lack of discipline from parents.
- Education gap between parents and children. Some parents can't read or write.
- No supports or process for acculturation.
- Lack of access to social services – for lack of money, or lack of information.
- Violence, no safety (like in parks).
- Domestic violence.
- Parents don't know how to “work the system” with schools.
- Kids feel excluded in school. They live in a culture that doesn't accept them.
- Lack of community relationships, community organizations.
- Obesity.
- For kids: Low self-esteem leads to bad behavior.
- The kids don't feel fulfilled and they get depressed.
- Language, trust, and financial issues make people unwilling to access system when they need to.
- We live in a country that does not understand community. Very individualistic values.
- Latinos losing their mortgages. Very bad!

## What is needed?

- Tutors for youth.
- Reduce violence in schools. Kids don't want to go to school.
- Help kids avoid gangs.
- English classes for adults. *When kids act as interpreters for parents, they can block important information.*
- Scholarships for adults.
- Support groups.
- Affordable insurance, especially for kids.
- Information to parents (e.g.: regarding schools, how to help their children). *Some people think that the teachers are the educators and forget that the parents are!*
- Inform parents about preschools.
- Training/classes should be for people from the same country – customs vary from country to country for Spanish speakers.
- Kids need to learn to respect the culture of their parents.
- Mental health care (and other service) options in Spanish. *My father was mentally ill and we called for help. The doctor told us to call the police and ask for a 5150. But that just made things worse. Now, all the help he gets is a 10 minute appointment every 3 months to refill his prescription. We need counselors, doctors and supports for families in Spanish.*
- Civic activities in Spanish, too.
- Translators in existing systems. *When the daughter translates, the father won't say what he wants to say to the doctor.*
- Promotores need information on resources and about mental health in order to help others. *I can't change the world but maybe I can help you with your problem. Power in action.*
- Promotores would like more training in MH issues. Need orientation, information, options to give people.
- Promotores need written information that can be handed out, with addresses and phone numbers.

## What resources currently exist in Contra Costa?

- La Clínica.
- Promotores.
- PIQUE – Parents Immersed in Quality Education, English immersion program for parents.
- *I am getting medical services from the county and I don't have to pay.*
- C.A.B.E.
- Adult school.
- Basic health care from county.
- After school programs.
- Counseling at JFK.

## Other

It is the Promotores' job to listen. *We sympathize. We are more human. We make referrals* – for social services, financial services, psychological services. We are involved in the community.

**Focus Group:** La Clínica de La Raza (Pittsburg, Bay Point)  
**Attendance:** 6  
**Led By:** NF  
**DATE:** February 13, 2008

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**Target:** Latinos  
**Geog. Area:** East County  
**Other:** Medical and MH Providers

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### **Summary/Key Themes:**

- ✓ Immigrants under great stress – present with medical problems. Integrated MH and primary care looks like it will be a good solution. But there are systemic barriers – e.g., billing.
  - ✓ Children face culture gap – At risk for school failure, teen pregnancy. Need supports at school as well as at home.
  - ✓ Parents need parenting education to be successful in this county, to support their children, to interface with schools.
  - ✓ Older adults need a place to belong in society. Peers, social life, supports.
  - ✓ Need to reach people out in the community where they live.
  - ✓ Need culturally/language appropriate mental health supports.
  - ✓ Stigma and fees related to mental health care can be avoided/reduced by pairing with primary care and getting out into the community in culturally appropriate ways.
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### **What are the factors that lead to mental illness in your communities?**

- Culture Gap.
- Low income.
- Children are at risk for school failure – Not enough support in traditional school setting, parents do not know how to support kids around school and expect that schools will do this. Many kids end up at alternative schools or dropping out.
- Parents are overwhelmed with new culture, work. Not enough involved in children's' lives. Language barriers. Schools need to be more aware this is going on.
- Stress and depression from working so much.
- Youth: Not getting the support and classes they need at school. Need help with emotional issues
- Culture gap between parents and schools. Parents are afraid to call schools.
- Unstable families: Divorce, domestic violence.
- Older children face great stress as caregivers to younger children – cook, clean, childcare and to translate for parents.
- Surprised at the number of men who come in for medical problems related to anxiety. They would never have sought MH care.
- Sub-prime mortgage crisis – people losing their homes. Physicians are seeing this in clinics. They are also going to emergency rooms thinking they are having heart attacks.
- Psychological counseling viewed as a luxury.
- Older adults are depressed. Forced to live with family, take care of the house and children. Not living the life they want. Culture gap. They want to be out in society. Church? Sunday only.
- Barriers to integrated care: Can't bill MediCal for a medical and mental health visit in same day. No support or cooperation within the system.

## What is needed?

- Integrated services – MH with primary care.
- Stronger support for youth in schools – to stay in school, to deal with emotional issues.
- Parenting education – How to raise kids in this culture, interface with schools.
- Home visits.
- More Spanish speaking therapists and counselors!
- Lower fees.
- Parenting Education Classes created toward:
  - Adolescents.
  - Parents with young kids.
- Pregnancy prevention classes.
- Ideally a full time education specialist for just behavioral health.
- Room – square footage in our clinics for these new services!
- Culturally appropriate screening tools and educational materials.
- Support for acculturation, setting reasonable goals and expectations.
- Older adults: Support groups, a network, a place to go (There is a senior center but it is English speaking).

## Existing Resources or Models

- *Note:* La Clínica is in the first month of a pilot to integrate a MH provider into the primary care setting to advise and support physicians, and to assess, counsel and/or refer clients in that setting. So far, response is positive but this is very new.
- La Clínica – Has promotores out in the community for all ages – including for older adults.
- Counseling at JFK, New Connections.
- La Clínica – In Oakland, has the only outpatient facility for seriously and persistently mentally ill Spanish speaking adults. None in Contra Costa County.

**Focus Group:** Middle College High School (Empowerment Direction Program)  
**Attendance:** 17  
**Led By:** HP  
**Date:** January 23, 2008

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**Target:** High school students in Richmond and San Pablo  
**Geog. Area:** West County  
**Other:**

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### Summary/Key Themes:

- ✓ Family stress and pressure from parents creates a mental health risk for kids.
  - ✓ Kids are unsatisfied with the level of resources in their schools and the connections with their teachers.
  - ✓ Kids desperately want free or low-cost in-school, after-school and community activities (e.g., sports leagues, community fairs).
  - ✓ Communication barriers due to ethnicity, culture, and stereotyping weigh on kids' minds.
  - ✓ Many kids don't talk to their parents or adults in general. Many rely on themselves when they feel sad.
- 

### When you look around at your classmates and yourselves, what are the big factors that affect kids' mental health?

- Stress – mostly from school, commitment to family and siblings; doing housework vs. homework. These conflicts lead to stress.
- *Violence is a big one. If you see people getting killed, you're used to it, so you think it's OK.* Several students knew someone who had had a family member killed and didn't think they were getting the help they need.
- Family Problems – When someone in your family has a friend you don't like and that affects your life negatively. Parents who can't take care of themselves, and the kids have to take care of the parents.
- Parental Pressure – To have certain grades or careers. *I don't want to be a doctor or a lawyer – It's always a doctor or a lawyer! – My dad gets really upset if I get a "B"!*
- Working parents – *They can't watch kids so they're running around Richmond and getting into trouble.*
- When parents take their anger and stress out on kids.
- Siblings – *The older ones pick on you and the younger ones you have to watch all the time.* Also some parents have favorites, and that can leave the other kids feeling left out.

### Can you describe which kids, or which groups of kids have the poorest mental health? Why them?

- Kids in poor or underperforming schools – There's not enough money for materials (e.g., for science experiments) and that leads to less motivation to learn. *I don't want to learn because it's boring.* Also at these schools, the teachers are "not nice." They don't expect you can do the work and the low expectations affect all the students.

- Kids neglected by their parents – (or by school staff). Adults don't interact enough so kids might feel very alone or depressed.
- *The ones who are insecure and who constantly question themselves, especially if they aren't good at something.*
- Broken or single-parent families – with just one parent or grandparent. In these families, kids don't get enough support. *But that's like half the kids!*
- When a kid has one parent, they act differently, especially if it's the opposite sex parent. They might not have a role model for being a man or a woman, sometimes values are different.
- Low-income families - With less resources, they don't know where to get help. Also parents are really stressed all the time. *It's hard to keep your feet on the ground.*
- Problems at School - *Staff don't care. They're just there for the money. – What money?! – Or maybe they just have bad attitudes. Some people who teach just don't like kids! – Many kids feel that the staff think, "I can get paid for not doing anything."*
- Kids who get teased a lot. *Sometimes it makes them stronger, but sometimes it brings them down.* School shootings were mentioned as an outcome of bullying.
- *It's hereditary sometimes.*
- People affected by racial stereotyping – Like African Americans are athletic and not good in school, Asians are smart. Sometimes if a stereotype tells you that you can't do something, you believe you can't. *They say African American girls are loud, and if you're an accomplished African American woman, they call you white-washed.*

### **What do you think could be done to prevent kids from becoming mentally ill or hurting themselves, or suicidal?**

- More recreational centers, more activities at school and after school – *so they're not in the streets.*
- Everyone needs a good role model (someone like themselves) to know they can succeed.
- A lot of kids want to talk but have no one to go to. So if there was a youth center, kids would need to be approached and encouraged to go. It would have to be confidential. Otherwise they might be embarrassed to go into the center.
- Very quiet kids need to be talked to, helped to make friends. Sometimes they are shy because of cultural issues; some just don't want to approach someone and be rejected.
- *Looks can be deceiving. Someone who 'dresses ghetto' can actually be great. – But you can't make someone change their appearance; they have to be themselves. – It's easier to change our minds and stop being judgmental of others. - We each need to change ourselves, and be a role model for the way you act towards others.*
- Drug Prevention – we need to get kids active.
- In our middle school we had afterschool stuff – like sports, photography.
- Talk to parents. Some discourage their kids from activities when they need to get them involved. They say 'Back in my day' and they don't get how it is now. They don't go on computers or understand change.
- *Animals make people happy. We should have a zoo at school or a community petting zoo. - Parents are always saying they're allergic, but they aren't really. - When I had a dog, I was much nicer!*
- More field trips. The same old routine is boring and depressing. *We used to have field trip money to do a trip every month, but there's no money now. – We should take field trip to a pet vet!*

### **Are there things already going on in your school, at home, or in the community that will help kids have better mental health? Like what?**

- *School is boring and that makes people sad. It doesn't have to be that way. There was a lot of discussion about the need for younger teachers (They relate more.) and teachers of color. Young teachers know new things, the latest stuff that helps kids. – Teachers should have to take a test every 5 years, all their teaching methods are too different! – With teachers of color, kids feel less discriminated against. (The program advisor remarked that the group was very passionate about the teacher issue.)*
- *More free community events, fairs like the El Sobrante Stroll. Parades for difference celebrations.*
- *Kids need free things to do, because a lot of kids work to make money for their parents. Free sports leagues or teams. The Mt. Tolvan Manor costs \$100 to be in an afterschool program and other than that, there's no sports.*
- *This program (Empowerment Direction) - We pick a topic and work towards it; now it's need teen pregnancy. - We help the community. - This program should get money to help with mental health.*
- *More summer camps/pools close by, that are low cost or free.*
- *Escape Club at Adams Middle School – they had fields trips to get away into nature (e.g., Pt. Reyes) – Getting away really helped, someplace you've never been before. – The school paid us to do the recycling and that helped pay for the trips. – Adams was the best school ever. (Many kids went to Adams for MS, some to Westlake.)*
- *Challenge Day at Westlake Middle School where you got all the kids together to talk about their feelings. There would be a speaker on a topic (like anorexia) and kids could have a confidential talk. Also, Westlake had a good afterschool program with tons of music and electives. – You could take geometry in the 8<sup>th</sup> grade, and that was a good challenge.*
- *Middle school can make you feel stupid, because teachers and adults don't know what to do with kids that age, the “in-between.”*

### **Who do you turn to if you are feeling blue, anxious, worried or depressed?**

- *Myself! – I listen to music by myself. – I think in my head. I tried to write (a letter) but my parents found it and I got in trouble.*
- *Sometimes you can't talk to parents cuz they don't understand. – Never parents. They don't get it. – One girl disagreed: I don't know about you guys, but my mom is cool! – Parents aren't helping, and teachers talk to parents!*
- *I talk to my family about friends and my friends about my family. (But this respondent meant her cousins, not her parents.)*
- *My little sisters.*
- *I also talk to my dog!*
- *Other than friends, I wouldn't talk to anyone at school.*
- *People at church – the adult or youth pastor. They help a lot.*
- *Religion helps with mental health a lot. I pray and that helps.*
- *Sometimes religion and culture prevents kids from talking to their parents: My parents are from Nigeria and they don't get it here. They're always talking about the way things are done in Nigeria and they don't like it that I'm the most independent one in my family. – My parents are from Columbia but the people I talk to were born here. They know what I'm thinking and what it's like. – My mom always says she'll send me back to Mexico as a threat.*

### **Other Comments**

- One girl said it helped to have someone come to the group to listen to their ideas, and that they want people to come and listen more often. Being listened to helps their mental health.

**Focus Group:** Monument Community Partnership (MCP)  
Older Adult Committee

**Attendance:** 14

**Led By:** HP

**DATE:** February 4, 2008

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**Target:** All ages

**Geog. Area:** Concord – Monument Corridor

**Other:** Older adult emphasis

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### Summary/Key Themes:

- ✓ For years, Monument Corridor has needed a one-stop shopping community resource center.
  - ✓ The needs and stresses faced by immigrants – especially Spanish speaking immigrants – are huge. Isolated elders and those impacted by multiple loss are another high need group.
  - ✓ To effectively work in the Monument Corridor, partnership with MCP is key. There is a huge dedicated volunteer base ready to be mobilized.
  - ✓ More and centralized coordination of resources and services is needed.
  - ✓ Family needs must be addressed holistically – children and parents together.
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### What are the key contributors to mental illness in elders and other populations in the Monument Corridor?

- *With seniors, I think it's depression caused by many losses – e.g., of spouses, relatives, friends, health, a social network. There's isolation and grief due to loss.*
- *New cultures immigrating to the MC – there are language barriers and problems communicating across cultures.*
- *Stress, financial or domestic*
- *Peer pressure for kids at school*
- *Jobs aren't good besides low-end jobs.*
- *Gang activity – I used to be able to wear what I wanted; now we can't wear red or blue.*
- *Lack of resources and services.*
- *ICE (immigration) raids – there's a lot of fear among immigrant. I can't take my kids to school because what if they pick me up?*
- *Lack of support groups for people caretaking for sick relatives in Spanish.*
- *With newcomers, we approach mental health in a very Anglo way, but there can be an incredible amount of stigma. 'Terapista' is a scary word in Spanish. If you go to a therapist, people think you're crazy.*
- *We need free resources. People don't look for help if they think it will cost money.*
- *Need information – put flyers about services where people will access it, e.g. Laundromats.*
- *Juvenile Justice Issues - Disproportionate representation of minority kids in the juvenile justice system. We need to do the work in middle school. You make it or break it at that age. That's when they're being tempted. Need strong prevention for grades 6-8.*
- *A lot of the problems and needs are correlated with poverty.*
- *U.S. born/raised children of immigrant parents – Kids have tons of homework, and parents don't have good English so they can't help. Sometimes I have to ask the neighbor to help.*

## What could be done to prevent mental illness?

- *There's no place to go for group activities, nothing for seniors or kids in the Monument! – For seven years, we have been trying to get a store front. We have failed.* The nearest community space or center is across town and it can take 1.5 hours on public transportation to get there. A MCP community could be used for: health activities and groups, intergenerational and cross cultural activities, and many other supports. *We need a 'one-stop shopping' community resources center.*
- Master list or calendar of resources is needed – there are some homework clubs at various apartment complexes (Palm Terrace) but some people don't know about them. *We really need to communicate and disseminate information. There is no way to get resources out.*
- Centralized coordination of all mental health efforts – *We need a person who would coordinate all these services for the Monument area.*
- A Police Sgt. came in for a minute and when asked about preventing mental illness he said, *We have traditionally used a law enforcement approach and that doesn't work. It's a Band-Aid. With the transient homeless, the police need to team up with mental health providers and approach the homeless together.* There used to be a homeless outreach program with one officer and one county mental health practitioner approaching the homeless as a team. This is not currently active, but could be renewed.
- Any PEI strategy has to include the whole family, children and parents – Some U.S. born/raised children of immigrant parents (*they become the MTV generation*) clash and act out with their parents. *I've had kids tell me they take advantage of their parents, like they'll threaten to call CPS on them. The parents are intimidated because they don't speak English.* So we need a multi-layered approach that works with parents and kids together.
- *We need more volunteers teaching each other English and Spanish.*
- Connectedness - Everyone, of all ages, needs group support and to feel like part of a community. Support groups and community activities would get people involved and support connection.
- There are no services/resources on Meadow Lane or on Detroit.
- Some schools have La Platicas groups - a coffee klatch for parents to support each other.
- Teach immigration rights – *If people knew their rights, they'd feel less intimidated and would have less stress.*
- Family Success Teams – these are inter-agency teams that work holistically with a family to intervene and prevent more problems. (*Some families facing mortgages problems are nearly suicidal!*)
- MCP participates in the Team Decision Making model in partnership with County CFS. This model is like the Family Success Team but only for families already enrolled in the child welfare system.
- Oral communication and storytelling to help people and disseminate services – *80% of people are oral learners so we don't need more brochures.*
- Principal meetings – *I've heard good things about principal meetings* (school-based, coordinated care teams connected to Student Success Teams). These are in some, but not all, schools.

## What resources already exist in MCP?

- Monument Corridor Senior Resource Guide – Available for resources
- There are Senior Peer Counselors throughout the County, but only one is Spanish speaking. We need Spanish-language Peer counselors.
- Human Relations Committee.
- Some churches have good groups, like Young Life. This is a Christian group for Middle and High School students.

- Monument Crisis Center – has a range of services, e.g., food delivery for seniors, homework club.
- The First 5 Center *does some incredible work.*
- Monument Futures Job Center – they recently had the Mexican Consulate come in and 300 people were provided with “matricula” (papers) and ID cards.
- Friendship Line for seniors (24 hour)
- Jewish Family Services
- Caring Hands (friendly visiting for seniors)
- *There’s no Boys or Girls Club here!*
- Child and Youth Center (CYC) recreation for kids with classes in dance, boxing etc. *But it’s far away off Concord Ave, and I can’t get there!*
- La Liga Latina - a soccer league for all (but mostly Latino) kids.
- The annual October MCP Community Health Fair.
- Catholic Charities – They have senior services. They produced the Resource List and have an outreach worker for isolated seniors.
- Family FSTs and TDMs (for families in the child welfare system) meet at Keller House and six other community hubs.
- Resource Network – a group of providers, school district, City – meet monthly and work together to solve problems and barriers.
- *It seems like we have a lot, but it’s not enough!*

## **Other Comments**

- There was general concern that no Community Forum was scheduled in the Monument Corridor, the *second densest area in nine Bay Area Counties and 1/3 of Concord’s population.* There are tremendous needs and many problems. *We feel left out of the process.*
- All of these resources (above) are because of MCP. There is a lot of volunteerism and grassroots support to tap into, talented committed people ready to work. *The key to coming into the Monument is partnering with MCP. That is the key to successful ongoing programs.*

**Focus Group:** Older Adult Committee – Mental Health Commission  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 1, 2008

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**Target:** Older Adults  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Grief, isolation.
  - ✓ Need socialization and support systems.
  - ✓ Need screening for depression – integrated into other types of contacts e.g., medical care.
  - ✓ Stigma: Use different words!
- 

### Risk Factors for Mental Illness

- Loss, Grief.
- Isolation.
- Lack of support system.
- Stress.
- Substance abuse – prescription drugs and other.
- Organic brain changes.
- Age discrimination.
- Stigma: Not wanting to seek or accept treatment (*I'm not crazy!*).

### Needed Interventions

- Depression screening.
- Integration of screening/support with physical health care.
- Stigma: Don't use "the words".
- Reach people through senior services, housing, churches.
- *We had a terrific video...*
- Need caregiver support groups.
- More congregate living units, supported housing.
- Train people who come into contact with seniors: e.g., Meals on Wheels delivery folks, post office!

### Resources and Models

- Senior Peer Counseling – located in Aging and Adult Services.
  - Needs to be expanded.
  - Need Spanish speaking groups in E. County.
  - Need Asian language groups.
- There was a program in SF to educate against poly-pharmaceutical use/dangers.
- Talk to folks at American Society on Aging – They will have ideas.
- Case management – Non-profits do some of that, especially for immigrants.
- Culture-Culture organization.

- Elder Friendship line -- in the 1970's, suicide prevention effort in SF.
  - Our crisis line could do that but they don't like regular callers
- Senior Helpline Services – here – Telephone support and reassurance.
- Churches: Some have hired RNs and have phone lines.
- Cultural Groups: Laotian group, La Clínica – telephone reassurance.
- Familias Unidas has senior support group.
- Mount Diablo Adult Day Health Center – has multi-lingual groups.
- Family Caregiver Alliance – funded by Catholic Charities/Jewish Family Services.
- On-site resources in congregate living/supported living environments.
- IHSS – trains caregivers.

**Focus Group:** Perinatal Substance Abuse Partnership (PSAP)  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 7, 2008

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**Target:** Perinatal Substance Abuse  
**Geog. Area:** Countywide  
**Other:** Providers

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### **Summary/Key Themes:**

- ✓ Assess and intervene early with pregnant women, post-partum – it is a moment of contact and openness to change for women who do not appear elsewhere in the “system.”
  - ✓ Youth in schools. Educate and intervene.
  - ✓ Seriously underserved populations -- There are many, easy to reach people who are elsewhere in the system who need mental health screening and care – especially substance abuse treatment programs.
  - ✓ Reduce stigma – don’t call it mental health services.
  - ✓ Supports for those who are suffering from grief and trauma – whole families.
  - ✓ Family focused, integrated services.
  - ✓ Collaborate across silos.
- 

### **Who in the community is most at risk for mental illness? What target populations?**

- Undocumented immigrants – keeps them from getting help for fear of deportation. Language barriers.
- Folks who use SamWorks, Familias Unidas, CalWorks won’t come forward for mental health services because of the stigma of it. They say: *It’s not a part of our culture. You keep your problems in the family.*
- Stigma a big issue with Asian immigrant populations as well. They keep it in the family.
- Some won’t come forward for help because their fear losing their children.
- Children have great fear when their parents have a mental illness or substance abuse. They don’t want to end up like their parent.
- Communities of color – Need to reduce health disparities in general. Like African American Health Initiative.
- African American boys are killing each other. They have a history of trauma, grief and poverty. That becomes the onset of mental illness. Simultaneously, we need to deal with their mothers, their children, and their families.
- People who self-medicate because of grief and trauma.
- Youth ages 14-17 who can’t articulate what they are experiencing.
- High risk youth – There is a lot of shutting down.
- Trauma feeds all the other risks.
- Moms in drug treatment – with babies. They are also often victims of sexual abuse, rape. They’ve never been treated. Suicide risk.
- *Women at Corvin House may never get a psych. assessment!*
- Victims of sexual abuse – huge for both boys and girls.
- Tobacco use as predictor of family violence. Gateway drug.

- For women, substance abuse has even more of a mental health component than with men. They are self-medicating.
- Isolated single parents without support.
- Post partum depression presents in at least 1/3 of women and is not diagnosed. Our state gives MediCal coverage up to 6 weeks post partum and then cuts them off. You lose contact. The kids fail to thrive. You get shaken babies.....

## What is needed?

- Pregnancy is a moment to reach women who don't appear anywhere else in the system. Potential for screening, early assessment, early intervention.
- There are many, many people who are already in one of our systems who are terribly underserved because they don't get mental health assessment and intervention. Drug tx, jails, family services, alternative schools. Reach them.
- Collaborate across systems. Break down silos
- Strong outreach.
- Build trust.
- Address stigma.
- Serve kids and their families.
- Collaborate to address the violence.
- Help in the school setting: Need counselor full time on campus in areas with high trauma and poverty.
- Need linkages to other services in school settings.
- Pump up services to the populations who we (providers, "the system") have already identified and give them what they need. They are too underserved and they are right in our hands.
- More availability of screening. *It is enormously difficult to get a MH assessment when people enter drug treatment. And then they fail drug treatment. And then we can't prevent them from losing their kids...*
- Comprehensive treatment for co-occurring disorders
- *I have spent two years trying to get screening and brief intervention for substance abuse and I can't get it off the ground! It could have a mental health component as well...*
- Literature states that for substance abuse, just 5-6 contacts could make a huge difference for some people. Just having the conversation.
- *Just a listening person can activate a person's strengths!*
- Early intervention with targeted populations (e.g., Integrated Services Teams).
- *I am not interested in going after people who are completely off the radar screen – unless they have children.*
- We have such a large population of people being underserved and our moment with them is so brief.
- Biggest gap throughout the system is lack of mental health services! Treatment as well as prevention.
- Need integrated services.
- Try to keep them from coming in the BIG door by offering them little doors.
- Educate and assess in the schools before a kid dies. There is huge under-diagnosis of anxiety and depression in adolescents. Suicide of teens usually not pre-diagnosed (except usually the friends knew).
- Perinatal period is the magical time to stop cycles of DV, SA, child abuse.
- There isn't really a good model that works for perinatal SA/MH problems.

- Serve the whole family – who aren't pregnant – yet. Who aren't substance abusing – yet.
- Its cheap to educate medical providers about post-partum depression.
- Caseloads of social workers are too high e.g., Healthy Start

### **Existing Resources or Models**

- Ujima.
- African American Health Initiative.
- Corvin House for SA but no MH care.
- Integrated Services Teams.
- Healthy Start but caseloads too high.

**Focus Group:** Rainbow Community Center  
**Attendance:** 11  
**Led By:** HP  
**DATE:** February 4, 2008

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**Target:** LGBTQ community  
**Geog. Area:** Countywide, located in Concord  
**Other:** The group was comprised of gay men, with one lesbian joining late.

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### Summary/Key Themes:

- ✓ Impression that resources are concentrated in SF and that the LGBTQ community needs to make itself known and recognized in CCC.
  - ✓ Stigma and discrimination related to sexual identity – from both the mainstream community and inside the LGBTQ community – creates stress and depression.
  - ✓ LGBTQ youth and elders are at high risk for mental illness and suicide.
  - ✓ Connection within and visibility of the LGBTQ community – as well as better information about LGBTQ resources – are critical to PEI.
- 

### What are the key contributors to mental illness in the LGBTQ community in Contra Costa County?

- Stigma related to sexual identity
- Lack of family support across the age spectrum – from youth coming out to seniors
- For gay (male) seniors, there no support, sometimes no families or friends. Many women have kids, but the males are isolated and may not be accustomed to talking about feelings.
- Many gay men have moved to the Bay Area to be in a supportive environment, but now they're far from their families.
- No access to or knowledge about resources
- AIDS - Lack of support resources for people losing partners or friends to AIDS. *Kaiser doesn't like to discuss this.*
- Primary care providers are not culturally competent and the majority of HIV+ people in the county are gay men of color. There's no sensitivity.
- County providers don't know which CBOs are serving the LGBTQ community. They just can't tell us. *It's time for us to make our mark here.*
- Alcohol, drugs and sex - (Male) gay cultural norms promote alcohol, drugs and sex – this can create mental health problems.
- Gay men who retire from SF (where there are rich resources) come here and then the supports and social activities aren't there. Transportation for seniors also needed.
- Ageism - The gay community discriminates against seniors (*In bars or on-line, you're a senior if you're over 30 or 35!*) so older gay men may be isolated, feel a lack of connection and being needed.
- Physical appearance/body image – After coming out, gay males will be judged if they aren't muscular enough, skinny enough, etc. *There's a lot of pressure to fit a mold.* Not feeling masculine or good enough can lead to self-hate or depression.

- Racism – *We have the same racist and classist views in our community (as the mainstream community). One Asian man talked about racial slurs he'd experienced even in SF. People of color struggle with this.*
- Gender Separation - In the CCC LGBTQ community, genders are separated. *There are no women here tonight!* This is not the case in SF. *Lesbians may have separate issues and we can't speak for them.*
- Lack of therapist understanding of LGBTQ issues and even in the medical community – *Your doctor will write 'gay' in your medical chart and the assumption is that AIDS is your problem. You come in for tonsillitis and they give you an AIDS test!*
- Violence against LGBTQ community - There's tremendous fear. One young girl in middle school was thrown in a dumpster for being 'queer.'
- Young gay people rejected by families for coming out – this is a trauma. Can lead to drugs and drinking. *If they get HIV, then they really can't tell their parents!*
- Schools - Some high schools have a Gay Straight Alliance but some don't. There are none in the middle schools, and that's when sexual awareness starts.
- We need better school bullying policies. And Assembly bill was passed (537?) but it needs better implementation.
- Discrimination in churches – one Catholic man told about being discriminated against by a rector.
- Stress for Transgendered people – One female to male teen has to use the nurse's bathroom at school, because he's not allowed in girls or boys. Parents are also stressed because they have to ask questions like, *should I allow my child to take hormones?* There is complete lack of sensitivity to transgendered people across the board.
- Suicide risk – 75% of youth suicide is in the LGBTQ community. *And elders commit suicide too, even in passive ways like quitting meds or stopping eating.*
- Shame - The one lesbian in the group shared that some women feel shame and become shut down. There's a lack of access to information and outreach. More mental health outreach is needed.

## What could be done to prevent mental illness?

- More social support and connection, especially like at our community center. *We don't have traditional families.*
- More financial support - Rainbow raises \$150-180,000 per year but has almost no governmental support. They just got their first county grant for HIV prevention.
- Promoting acceptance in the heterosexual community – If the majority group is accepting, there will be less youth trauma in coming out. *I'm just a normal person, but I'm different in this way. –We need the dominant culture to look at its role in promoting stigma. – It was noted that 'Don't Ask Don't Tell' and marriage laws are examples of government sponsored discrimination.*
- Kaiser is beginning to recognize retirement as a trauma. *You go from a full schedule to nothing to do.* This will become a bigger problem as baby boomers age.
- Intergenerational connection - There's a LGBTQ tendency to self-segregate by age, but when you're a senior, you really need to be connected to younger people.
- Visibility – First, services and resources have to be known and visible. *Just knowing can help someone ask for help.* Next there needs to be more visibility of the LGBTQ community in CCC. *Each of us are activists. It's on our shoulders to get financial support to do more outreach.* Could be at street fairs, cultural celebrations, flea markets, etc.
- For LGBTQs with serious mental illness, there are no supports at all.
- Middle school intervention – have counselors trained in sensitivity or better yet, a LGBTQ counselor present in different schools, just like there are counselors of different ethnic

backgrounds. This identification would help LGBTQ kids talk about their problems. *Some school counselors still say 'it's just a phase.'*

- Resources for parenting gays and lesbians – It's common for people in the LGBTQ community to be parents but there's only one support group by a private therapist in Lafayette (for a fee). No free support except in SF. *I'm doing a dissertation on the trend of gay men being encouraged to adopt special needs kids. But once you do, there's no resources to support you!*
- Need a centralized information bank – CCC is too spread out and it's hard to know which resources are located where.
- If you call CCC Mental Health Services, the first question you're asked is 'do you have insurance?' If yes, you're encouraged to seek help from a private practice. But some insurance doesn't pay so many people forgo any services. CC Mental Health should be open to people who need acute or prevention services.

### **What resources already exist in to prevent mental illness?**

- *Most of the money for queer services is in the city! (SF)*
- Rainbow Community Center – support groups, drop-in services, etc.
- Ally Action (used to be Glisten)
- Workshops Organized Against Homophobia (WHOA) – this is an annual LGBTQ conference for youth away from the school site (*It's too dangerous to come out at school.*) Ally Action use to sponsor it, then Center for Human Development. They both lost funding, so now we sponsor it. But it's hard to find funds for. *I came out because of one of these conferences.*
- 12 Step Programs – *They have made efforts to outreach to the gay community*
- Peer Support – For elders in Martinez.
- The Internet – it's a great source of information *Gay people know how to use the internet and create on-line connections.* But school internet filters prevent kids from accessing *any* LGBTQ information. *Rainbow is blocked!* Poorer people also have trouble accessing the internet.
- PFLAG – for parents of LGBTQ.
- Social Groups – East Bay Network (Fremont), Vallejo Gay Network, Gaymoor (gay men of Rossmoor), gay interest groups (camping, knitting, etc.) – *Gays are good at organizing themselves. You can find a group for just about any interest. That's how we've survived.*
- There was a LGBTQ Youth mental health program (downstairs) at New Connections, but they lost funding. There is a danger in funding non-LGBTQ groups to do LGBTQ services. *The minute the money goes, there's no commitment to keep it up.*
- There is a CCC Safe Schools Coalition with 10 members

### **What PEI models do you recommend?**

- New Leaf in SF – has a whole gamut of mental health services, and are interested in expanding. *I had a friend who tried to commit suicide and they helped him turn his life around.* It's also free or sliding fee scale – no deterrent to services. *This would be an incredible asset to CCC and outlying areas.*
- We are based on the Spectrum Center in Marin.
- LYRIC in SF – support and recreational services for LGBTQ youth under 25
- Lavender Seniors in San Leandro – they combat loneliness, alcoholism and depression with a friendly visitor program.

**Focus Group Questions:** Reducing Health Disparities Group (County Health staff)  
**Attendance:** est. 20  
**Led by:** SE (Notes by HP)  
**Date:** January 15, 2008

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**Target:** Culturally diverse populations  
**Geographic Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ The mind-body connection. Primary care and behavioral health services need to be *integrated*. This is especially important for the elderly and people with chronic conditions.
  - ✓ It's important to intervene with young children, but don't forget the teens, especially foster care youth and those in the juvenile justice system.
  - ✓ The aging have unique stressors and suicide risks.
  - ✓ Reach out to diverse populations in *nontraditional* settings (e.g., churches, physicians' offices).
  - ✓ An approach to assessment that is integrated and considers the "whole person" is critical.
- 

### Among traditionally underserved populations (in the health and mental health care systems), which most need PEI interventions?(Priority Populations)

- Preschool children - especially African American kids in Oakley, Pittsburg, and W. County need Early Intervention. They experience a lot of trauma early. *It's almost like being in Iraq*, with regard to blood on sidewalks, ambulances, etc. Need to intervene young before they become one of those kids who are *shooting people and they don't even know why*.
- Foster Care Youth - One nurse said that when she worked in foster care she had a caseload of 700-800 kids. She stressed that mental health tends to be separated from the physical body, and how important it was to assess and treat the whole body. *If there's no integration, how do you know mental health services will help?* Assessment needs to look at the "whole child" and his/her needs. Many foster kids have been raped, starved, neglected, and these can present as *physical* ailments, but there are a host of underlying mental health issues. *I know you can't change the whole model with \$7 million, but we have to have integration.*
- The Aging - Early symptoms of dementia include anxiety, agitation, depression - symptoms look like mental health conditions. With the physical vs. mental balkanization no one really takes ownership of the problem. We need to catch and treat the symptoms sooner, prolong the onset of deterioration, so people can age in place as long as possible. The primary care/behavioral health care integration is also critical. Data cited: most elder suicide takes place soon after a visit to a primary care provider; 20% saw their primary care physician the same day of their suicide, 40% within one week, and 70% within one month.
- Young parents - *The average age for a grandmother in W. County is about 30!*
- Isolated families - The families most at risk tend to isolate themselves. You might not be able to reach them through health or mental health services. Need to reach them through vocational and other services. When assessing children it's important to also assess the family: *we can't do the status quo thing.*
- Teens - *I know we need to start younger, but I hope we're not too late for teens.* Suicide prevention, juvenile justice system diversion and teen pregnancy were concerns. Good youth

empowerment programs mentioned were the youth-based health centers at Mt. Diablo and El Cerrito High Schools.

- Pregnant Women - *These are the people who will be raising at-risk kids, and we need to educate them.* (There were also concerns about primary care treatment: No clinics in W. County for pregnancy. They have to go to Alta Bates in Alameda County.)
- The Homeless - both adults and youth.
- People with HIV/AIDS - especially disproportionately affected women and African Americans. Again, health care integration is critical; collaborate with the County AIDS/HIV Department.
- Youth in Juvenile Hall - They get only one initial mental health assessment at entry. They need ongoing comprehensive, holistic assessment. This is critical to preventing prison in adulthood.

### **What types of PEI interventions do you envision for these populations? Are there any currently in operation?**

- Team Decision Making (TDM) - This more integrated approach to assessment and treatment is *close to the right way* and is practiced in different settings throughout the county. You assess physical condition, history, family structure, other parts of the puzzle all at once. We need to find new models that are non-fragmented and multi-disciplinary. *I've never seen a fragmented approach work.*
- Guardian - A day program for elders in W. County on San Pablo Ave. They work to keep seniors' brains active, help with maintenance so they don't deteriorate.
- Youth empowerment programs – e.g., those at Mt. Diablo and El Cerrito High Schools.

### **What are the best ways to reduce barriers and reach priority populations? Who is doing this well?**

- Behavioral health/primary care integration models - Including models for people with chronic disease. Primary care providers should understand there is usually an underlying mental health component to chronic conditions. We need whole history, body/mind, integrated health assessments in. We should work with community health centers (clinics) on this.
- A Personal History Mapping Model (assessment tool) - You look at personal history and determine points where intervention *could* have taken place.
- Go to churches, primary care provider offices and other nontraditional locations - Raise mental health awareness in these settings.
- Connect with physicians, especially Dr. Ernst at Concord Health Center. He works with elders and prioritizes the mind/body connection.
- African American Males Project (in Oakland) - They have an effective mentoring center.
- Omega Boys Club - Joe Marshall and "Street Soldiers" program.

### **Other Comments**

- Anecdote regarding Stigma - One of the emerging African American community leaders in W. County (a younger woman) had a few car accidents in a short period of time, and in addition to physical concerns, was feeling down mentally. Her doctor referred her to a therapist, and her response was, *I'm not crazy. Only crazy people go to a therapist.* This is a common response to the term "mental health." It is very stigmatized, and the terms we use can be frightening. Communities need a lot of education in this arena.

- There was concern about diverse participation in the PEI planning process. The CCC Health Disparities chief had suggestions for focus group populations (promotoras, navigators, churches, seniors, etc.). One participant said that a white person, especially a white male, shouldn't lead focus groups in West County because we won't get the information we need. We should train a community member to lead these groups.

**Focus Group:** Safe & Bright Futures for Children (Collaborative)  
**Attendance:** 11 agency representatives  
**Led By:** NF  
**DATE:** Jan 28

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**Target:** Children  
**Geog. Area:** All  
**Other:** Domestic Violence

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### **Summary/Key Themes:**

- ✓ Stop the violence.
  - ✓ Intervene with the kids who have been exposed, lived in the households.
  - ✓ Prevention, early intervention for Domestic Violence will prevent and provide early intervention for mental illness among exposed kids.
  - ✓ Educate and support “gatekeepers” (teachers, community, service providers, medical doctors) to identify and refer exposed kids.
  - ✓ Conduct aggressive communitywide training and education.
  - ✓ There are strong, community-based models that work.
  - ✓ Focus on the traditionally underserved, isolated, low income populations.
- 

### **How do you prevent mental illness in your population? (Children exposed to domestic violence)**

- Provide safety.
- Adequate intervention.
- Early intervention: Clinical services.
- Strengthen the family to continue to work without the intervention.
- Educate/train people who have contact with kids to recognize signs of exposure to violence in kids
- Universal screening.
- Don't be put off by talk of legal barriers to screening and reporting – that's a red herring.
- Customize assessments for each sector.
- Train on what to do when a problem is recognized.
- It's not enough to address the DV, but must also learn to recognize kids living in that environment -- Its not the violence, but the context in which they are living. Getting clarity on that is critical.
- The entire system is unaware of kids' exposure to DV. It's unreported, unrecognized.
- Need aggressive training and education.
- We believe that DV is the cause of all of mental illness.
- Strengthen the family with a combination of things: 1-1 therapy, focus on what a family needs as a whole and get services for parents, kids, extended family, the perpetrator.
- Educate preschool providers.

### **Are there specific models of prevention/early intervention that you support?**

- We need funds to demonstrate that our community-based models work!
- Incredible Years.
- Parent-Child Interaction Therapy.
- Most models are missing the kid piece.

- We can outline the principles that need to be in place...but the field has not agreed on models.
- Capacity building – give gatekeepers the skills to ID, address DV.

### **Target Populations for our Efforts?**

- Disparities in health care populations.
- The younger the better.
- High poverty.
- Young kids not yet in preschool where they might be noticed.
- Any population where communication is an issue – e.g., immigrants, those who speak different languages, rural areas.
- At the other end – the wealthy have an unusual ability to hide. Their providers need more training too!

### **Other Recommendations and Comments**

- Reconsider the idea of primary prevention – there might be more we could do to change social norms among young people, or a media campaign to prevent DV. The DV prevention piece is the least funded.
- A person/office that could carry forth policy discussion about DV.
- Intervention after the fact is a short view!
- Prevent DV and you could be saving so much \$\$ in mental health care later.
- We need concrete statistics on DV, child exposure to DV.
- Evidence shows that non-intervention on DV creates serious and persistent MI.

**Focus Group:** School-Based Health Centers Staff  
**Attendance:** Est. 15  
**Led By:** NF  
**DATE:** January 15, 2008

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**Target:** School-Based Services  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Youth are reeling over the violence.
  - ✓ Youth need somewhere to turn.
  - ✓ School Based Health Centers (SBHCs) create connectedness and community at the school.
  - ✓ SBHCs need more space, staff, and youth development opportunities. SBHCs need *permanent infrastructure*.
  - ✓ Mental health services for kids without MediCal are entirely insufficient.
  - ✓ Create a Prevention Coordinator position to develop a prevention and wellness infrastructure at each school - invaluable resource.
  - ✓ Strengthen linkages between schools and community based organizations - e.g., for substance abuse treatment - would be important PEI resource.
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### Needs and Risk Factors (As they present at SBHCs)

- Youth need somewhere to turn. The school health center is a community of care created through outreach by both adults and youth.
- Someone to talk to.
- Violence – In Richmond, the kids are reeling from violence, gang violence. They may feel unsafe or be grieving over friends and family.
- Conflict mediation – some can't regulate their feelings and come in looking for help, 'I'm about to go off.' Some have become acculturated to ask for help.
- Trauma – Some have trauma in their pasts (e.g., parents incarcerated), and know they want to do work on it.
- Trauma – Some kids are triggered by something that happens at school, they become emotional and the teacher sends the kid to the health center.
- Some are looking for access to reproductive health care and confidential place to ask questions.
- At risk youth are identified and referred for supportive youth development services.

### What types of PEI can you do at the health centers?

- Nurture student strengths, connecting kids to after school and enrichment activities, field trips, etc.
- Increase kids' connectedness to school and SBHCs.
- Kids come in looking for counseling. Sometimes they are referred by teachers and others. Centers also see kids who are angry or defiant.
- Provide anger management -- Anger Management – There are probation officers on-site (at high schools) so frequently kids are mandated to have anger management training.

- Build relationships between staff, students, etc. Because SBHC staff can respond on-site, school staff/teachers are very engaged with the SBHC; it makes them feel less overwhelmed. *This is at the root of prevention.*
- Provide a safe environment with known and trusted providers.
- Provide a pro-social environment. Kids form relationships first, and then move into services.
- Support for dealing with the violence - Lots of kids are numb. E.g., shooting on-site at Kennedy, and some kids moved *towards* the violence and/or had little reaction. Kids may need a screen on the impact of trauma so they don't walk around numb, e.g., education in classroom on risks of exposure to violence.
- Suicide Prevention – Going into classrooms to talk about suicidality. (Can't do full screening w/o parental consent. Can only do a mini screening based on referral.)
- Educating and supporting teachers -- Teachers want more information on mental health and how problems present in the classroom, but there's so much pressure to perform on academic tests that they can't take time from curriculum. Need administration support to get this training.
- Health Education -- At Mt Diablo HS they will have a daylong event in April of health related workshops, role plays, etc. It's *not business as usual*. But there can be resistance from teachers because of time involved.
- In-class education – At El Cerrito HS, CBOs come to talk about violence, teen pregnancy in a 9<sup>th</sup> grade core Cultural Geography class. This gets all the 9<sup>th</sup> graders talking about suicide, domestic violence, homophobia, suicidality, etc. Sometimes student groups give presentations to their peers.
- Wellness Counselors (mental health providers on campus) and you can refer for as assessment of needs. There may be counselor follow-up. Sometimes you can't get parental permission, but the assessment can go on over the course of several sessions w/o specific consent. The law is that if the kid is at risk, there must be an effort to secure parental consent, or the counselor can provide services through child consent.
- Primary care as a way to get kids into mental health services – *we break down silos.*
- Drop-in services.
- SBHCs leverage many resources (greater than the sum of their parts). They create a net of supportive adults (Staff, administration, sometimes parents) and create synergy on campus.

## What is needed?

- Need a Prevention Coordinator at each school – to find curricula, models, leverage resources and put it all together. This would develop the infrastructure for wellness and prevention programs. Could be LCSW or MFT who can provide clinical supervision to interns – like the Wellness Coordinator position in San Francisco Unified. This position could work at several school sites or be centered at a CBO.

*I think my job was to be kind of a Prevention Coordinator. But I'm the only social worker at one high school so I coordinate everything we offer at the SBHC. Coordinating the center activities is a handful as it is. I would like a clinical coordinator separate from health center activity coordination. But both positions should go to staff meetings, after school meetings. Prevention should be a thread through everything with full integration in the school community.*

- Provide services for non-MediCal eligible kids – Kids are turned away or receive useless referrals. Huge gap between pure prevention and care.
- Strengthen youth development programming – conflict resolution, groups on racism, traumatic loss. Provide more opportunities for marginalized students to get involved in the school community, and opportunities for connections with adults.

- Funding for SBHCs ends next year (2009) in West County –There is a real need for permanent infrastructure.
- Need partnership between school-based services and community (e.g., after-school programs); need to bring partner agencies onto campus and strengthen capacity to refer students- (School-linked services v. school-based services).
- Supports for Substance Abuse – Some youth numb and self-medicate themselves *Can we integrate this money to address behavioral health – i.e., not just mental health?* This is key to parent/guardian work as well. SBHC staff, school resource officers (linked to police), parents, etc. don't know how to cope with alcohol and other drug abuse. *There's a big gap on what to do about AOD and we're flailing.* Need clearer process for referrals and a place to send families for support
- Need more staff (counselors) and counseling space.
- Need youth development activities infused with mental health supports, meaningful programs with positive relationships with adults. Schools *are* the home for the PEI targeted young people.
- Reduce marginalization of some kids through engagement.
- Support wellness -- SBHCs are there to create awareness of student wellness. *This has everything to do with PEI* and schools can't do it. SBHCs can.
- Concern about equity of distribution of services and programs across schools. Some missed.
- Ideally, more parent education and support classes – e.g., Change, how to work with teens, communication.
- More services in Spanish, for both youth and parents.
- Need more teacher support – training and education for school staff about behavior, what happens in student counseling and how that might affect student conduct in class (e.g., a kid in anger management training might need to step into hallway for a timeout).

### **Resources/Models: What other groups are doing PEI work?**

- Asian Pacific Psychological Services (APPS) runs juvenile drug court.
- SW interns come to schools for internships. This is invaluable. They become part of the team for a year and increase mental health service capacity – must be trained and supervised. 7 per year at Mt. Diablo HS. This is also a workforce development opportunity, because some of the interns stay on in the schools.
- Grant-funded programs – Occasionally come thru the schools – here and there.
- El Cerrito is starting an AOD group but struggling on who to include. Just adjudicated kids? They want to be a supportive resource for all, not just a consequence of wrongdoing. Mandated services less effective.
- Wellness Coordinator position in San Francisco Unified.

**Focus Group:** SE Asian 1.5 Generation  
**Attendance:** 6  
**Led By:** NF  
**DATE:** February 7, 2008

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**Target:** SE Asian Immigrants  
**Geog. Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Recognize the huge diversity within the SE Asian immigrant populations.
  - ✓ Culture gap between generations is root cause of so much isolation, risk behavior, depression, MI.
  - ✓ Go to where people are.
  - ✓ Break isolation and provide support to older adults: Churches, associations, groups.
  - ✓ Give youth a multicultural place to go, people to talk to.
  - ✓ Youth need to learn about their parents/grandparents' world as well as how to grow strong in this world.
  - ✓ Adults need parenting education and support – how to parent their kids in this culture.
- 

### **What are the factors that lead to mental illness in your communities?**

- Culture and language gap between generations.
- Isolation.
- Lack of infrastructure within communities.
- Dispersion.
- Poverty.
- The fact that people aren't getting treatment really pulls whole families down.
- Kids who live in homes with adults with MI.
- Parents who aren't providing leadership and resources.
- Laotian teens have the highest rates of teen pregnancy in the state.
- Girls as well as boys have high rates of drugs, criminal activity. On the rise in girls.
- School drop-out – Very high rates in SE Asian pops.
- Anti-social behavior in girls. They have traditional mothers, they are isolated without role models. They need to learn how to be a woman in this country. Lonely.
- There are 10,000 Laotians in W. County! A lot of these folks are illiterate.
- They are crying for help. We hear that parents are desperate.
- They don't want another system to come in and fail them again.
- Youth isolation and detachment leads to shame, acting out, depression.
- There needs to be a way for youth to look at what happened to parents, grandparents in the old world.
- There are suicides around sexuality issues. There is so much miscommunication.
- When parents don't speak English, the kids become the translators. The roles change.
- What parents bring as strengths aren't valued in this culture. So you get oppositional to this culture.
- Cultural inoculation is prevention.

## What is needed?

- Parenting support and skills.
- Youth development, a space for kids.
- Recognize the huge diversity and variability within the SE Asian population.
- You don't reach people in central places – you need to go where they are in many places.
  - They all go shopping.
  - Their kids are in schools.
  - Sometimes they go for health care.
  - Many go to churches, others belong to associations.
- Knowing about resources.
- *Just a little money could make so much difference!*
- Raising awareness of the importance of mental health treatment is prevention.
- You have to have something to offer. Know the gatekeepers, provide materials, educate staff.
- Transport them to support activities. Feed them.
- Get to people before the crisis!
- A lot of them have given up. We need to empower them again.
- There is a lack of resources for kids. They have literally no place to go! Need a multi-racial space for kids.
- Youth need help with their relationships – within themselves/who they are, friends, family.
- Need to help kids identify the resiliency they see in adults around them. They need to see the ways that they are like the adults around them – not just the differences. What are the points of convergence between the generations?
- We need to talk about how we handle grief in our community.
- Pride.
- Kids need both – to learn about old cultures guidance to be in this world. To explore and be strong in both worlds.
- Older Adults – the problems are even more compounded. They are even more removed. They are totally not valued.
- Re: Education – You come from a culture without books.

## Existing Resources or Models

- First 5 – But no materials available in SE Asian languages!
- Lao Family and APPS – Have Asian family outreach model (parenting training and relationship building).
- Lao temple.
- RYSE Center – *Thank you so much for youth groups!*

**Focus Group:** SE Asian Youth & Family Alliance  
**Attendance:** 12  
**Led By:** NF  
**DATE:** January 24, 2008

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**Target:** SE Asian  
**Geog. Area:** All  
**Other:** Providers

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### **Summary/Key Themes:**

- ✓ All ages of Asians must be addressed within a cultural context – learning to survive in a new culture, kids caught between cultures, different languages across generations, inability to interface with dominant culture.
  - ✓ Need social approach – build trust, communicate in own language, do something together, don't try to just sit there and talk.
  - ✓ Must reach them in their own languages.
  - ✓ Older adults quite isolated.
  - ✓ Focus on parenting, family dynamics, communication skills.
  - ✓ Peer models needed.
  - ✓ Build supports through natural communities.
  - ✓ Top priority should be traditionally underserved populations.
- 

### **What are the key target populations within the Asian Community for prevention/early intervention?**

- Refugees – There is high level of PTSD in adults (warfare, migration). There is depression, alcohol use.
- Youth – Living in dysfunctional families with huge communication and culture gap issues.
- Those living in poor neighborhoods.
- There is a lot of dysfunction related to inability to/difficulty in adapting to dominant culture

### **How do you address issues of mental health in Asian populations?**

- There is a low level of community readiness to deal with mental illness due to stigma and shame
- Can't take a traditional (western medicine) approach. They don't like just "talking."
- Need more of a psycho-social approach – where communicating is secondary to "doing" something together.
- You need a DSM diagnosis and MediCal eligibility to get help. And there is stigma associated with the diagnosis.

### **What is needed?**

- Early assessment: Biggest challenge is getting kids an initial assessment. *I can't get someone qualified to do an assessment on a kid unless the kid is already having symptoms of mental illness!*
- Challenge: Getting kids to be open to assessment and therapy. Larkin Street has the best model – the counselor just hangs out with the kids.

- Its almost a First 5 sort of thing – its about family dynamics. If parents understand how to raise their kids and function in this society....Parents can come together to learn healthy parenting style, how to navigate the system, handling stress and conflict, communication.
- Don't compartmentalize, isolate mental health. Integrate handling of MH issues into health centers, youth centers, school-based services.
- Train teachers, primary care providers, etc. for early ID.
- Build a more competent community.
- Work with whole families.
- Dedicate energy to natural supports in the community – faith, ethnic, associations, clans, tribes -- natural social supports the way the community defines them.
- SE Asians may be isolated from mainstream but are not isolated within their natural communities.
- Older adults, however, are very isolated: By alcohol and prescription drug abuse, disconnected from the newer American generations. Sometimes can't even speak to own children and grandchildren, stuck at home, no services.
- Elders need connectedness.
- Medicare limits who older adults can see for help. There are very few LCSWs who speak Asian languages.
- People cannot qualify for services if they can't be assessed in their own language.
- Need a workforce that can reach these folks.
- Favor a consumer recovery model – hire peers as cultural navigators. Help folks interface with dominant community to get what they need.
- Like the Conductors, Promotores models. There are currently no Asian equivalents. But Promotores model would work well.
- Natural helping systems.
- If you work with youth, you've got to work with the whole family.
- For youth, best approach is not imposing a service on them, but offer a place to have music, fun, work together and slowly talk about other things.
- Important: Building trust and rapport. Then it opens doors to talking about other things like MH.
- Step Ahead did a series of community picnics. Last time over 100 people.
- Vallejo uses the FAST model (Families and Schools Together) which includes parents and school staff. It's about improving communication.
- Support cultural connectedness within families across generations.
- Kids on probation: Almost a guarantee to fail if you can't connect with their friends (*They say: Why don't you work with my friends as well?*) First contact, always ask: Who are you hanging out with?
- SEAL – trying to develop leadership skills among youth. *They don't have a lot of control over their lives.* Program builds self esteem, leadership skills, voice, control. There is a cultural component – Increasing their understanding of where they come from, what their culture is all about. This is a protective factor. They must gain an understanding of other peoples' cultures as well.
- These kids are living in both worlds, dealing with racial cliques.
- With limited amount of funding, we should prioritize the traditionally underserved populations as #1!

**Focus Group:** SELPA Directors (*Special Education Local Planning Area*)  
**Attendance:** 6  
**Led By:** NF  
**DATE:** January 24, 2008

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**Target:** Education  
**Geog. Area:** Countywide  
**Other:** Special Ed

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### **Summary/Key Themes:**

- ✓ Can't do it without parents.
  - ✓ Kids and families in most need are hardest to reach.
  - ✓ Feel positive about "Effective Schools Together" which is in 19 schools.
- 

### **Most Important to Prevent Mental Illness**

- Parent education and skill-building.
- Access is really the challenge – The easy-to-reach parents and kids are not who need us the most.
- By the time kids exhibit acting out behaviors, they already have serious problems.
- Hard to reach those for whom "mental health" has a bad name.
- Parents don't want their kids to get services – stigma.
- Language capacity needs to be broader.
- Kids flow in and out of the school system. They become alienated from the school system and we can't reach them.
- There's no particular age, race, language. The problems go right down into the elementary grades. Violence in the 4<sup>th</sup> grade! Violence from kids who have not previously been identified!
- It is a challenge to motivate teachers to ID and refer kids to help. Their immediate need is to just get them out of the classroom. I would rather support those kids to be able to stay in the classroom.

### **Ways to Meet those Needs**

- Mobile health units work well and face least resistance.
- When MediCal clinic and school staff work together.
- Child welfare and attendance liaisons working closely together. And a counselor. Dealing with attendance issues uncovers social/emotional issues. The six we have are stressed to the max!
- We need to support teachers – Give them support and skills to ID kids who need help
- Need support for behavior management in the special education system – supporting kids to be successful outside of that system.
- We need good strategies starting at an early age.
- For kids who have been kicked out of preschools, classes would be more beneficial if staff were more like "Parent Partners" who could convince parents to come, be connected to the community, take parents by the hand.
- Moving classes out to the community domain has not worked in Monument Corridor.
- You are going to have to get out of the schools.
- Catholic Church in Bay Point and Monument Corridor. Broad sweep – Not family specific.
- Coordinated care teams.
- Parents become more and more isolated as you move up through the grades.
- Some cultures less likely to take advantage of opportunities.

## **Models and Programs**

- “Effective Schools Together.” It’s working. Includes RTI but we haven’t been able to fully implement. 19 schools trained.
- Counseling Rich Program – 2 psychiatrists, 2 SW interns, behaviorists.
- Coordinated Care Teams at school to ID, coordinate resources to school sites. We attempted to bring counseling supports and interns to the schools.
- We have parenting classes and programs but don’t reach down into preschool and elementary years.
- Parent Project.
- Loving Solutions.
- Rainbow Program – 11 of 20 elementary schools in San Ramon – grant with matching funds by school sites. Raised it with a bake sale! 6-week intervention. Services with trained peer-educators, psychologists, County MH. The parents are coming in. Parent component, play-based. (The parents involved in this are not as “system phobic.” Would love to expand the number of schools).
- Social skills project at middle schools. Was very successful and we ended up with wait lists. Good for kids who don’t fit the mold. They need strategies and skills and parents don’t have skills to help them.
- “Building Effective Schools Together” is the umbrella for everything we do.
- Next layer below BEST is collaboration with MH MediCal clinic.

## **Hardest to Reach Populations**

- Parents who have had a bad experience. Afraid of being “in system.”
- Parents who don’t know how to access/work with the system.
- Drug and alcohol involved families.
- Families with domestic violence issues.
- Parents with their own mental health problems.
- Geographically: N. Richmond/San Pablo area. What has worked here is “wrap around.” Need to go out into the community and reach the parents.
- Russians – don’t tend to let their kids into the system.
- There are 51 languages being spoken by many, many immigrants.
- Foster kids – their hopping around isolates them, hurts their school performance and then they are gone. Can’t have continuity with them.
- Homeless – Hard to have continuity with them.

**Focus Group:** West County Consumers – Richmond Day Program  
**Attendance:** 15 consumers  
**Led By:** NF  
**DATE:** January 29, 2008

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**Target:** All  
**Geog. Area:** W. County  
**Other:** Consumers

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### Summary/Key Themes:

- ✓ Educate, educate – community, teachers, parents to recognize signs, to feel ok about dealing with MI, to know how to get help.
  - ✓ Educate/support kids to have someone to talk to.
  - ✓ Early intervention – Start treatment much sooner. Don't wait until it is so bad.
  - ✓ Work with dysfunctional families – Reduce violence, reduce stress on kids.
- 

### What are the things that would help most to prevent mental illness?

- Educate families to recognize symptoms in their kids.
- Educate families to not be afraid to get mental health help for their kids.
- Get counseling sooner. *Something was wrong when I was a kid and my parents and the school just ignored it.*
- Get meds sooner.
- Get more time with counselors.
- Go to the doctor when signs first appear. *My parents couldn't afford a doctor.*
- *Nobody knew I needed help. There were signs but I left home early. And then I was on the street and there was so much stress. I just couldn't cope as a young adult (age 16).*
- *They wanted me on medications when I was 5 after my father died. But my mother said no.*
- Education is really big. Especially in other cultures where they don't talk about mental health.
- *I was sick as a teenager and it was ignored by my family.*
- Somebody to notice it.
- Talk therapy.
- No drugs.
- Yes drugs.
- Listen.
- Parents could have helped.
- Nobody to talk to.
- *I was asking for help.*
- Traumatized out on the street -- *Being homeless makes the voices even worse.*
- *I started hearing sounds back in junior high school.*
- *I didn't know I needed help but my relatives recognized it.*
- Need more child psychiatry.
- Need better communication between parents and kids.
- In schools – have counselors, ways for a kid to check in with someone, someone to go to.
- Need to educate teenagers that it's OK to ask for help.
- Teachers sure have influence over kids....
- Stopping bullying.
- Half of group had violence in their home. A family with violence is a dysfunctional family.

**Focus Group:** West County Youth (at RYSE Center)  
**Attendance:** 18  
**Led By:** David Young (APPS) with NF notes  
**DATE:** February 21, 2008

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**Target:** Transition Age Youth  
**Geog. Area:** Richmond  
**Other:** Underserved cultural communities

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### **Summary/Key Themes:**

- ✓ Violence, poverty, instability.
  - ✓ Need trust. Need help from people who know our struggle.
  - ✓ Need resources, need to know where to turn.
  - ✓ Need adult allies around them.
  - ✓ Would like parents to know that kids want to be talked to. Parents need help with this.
- 

*Note: This was a different type of group with many 14-18 year-old participants never having had a discussion about mental health before. There was a good warm-up discussion about what mental health is, and what mental illness is. The notes on these items are abbreviated here.*

### **What is mental health?**

*Disabled, psychotherapy, psychological, psycho.*

### **What is mental illness?**

*A mental deficit, drastic memories, ADD/ADHD, OCD, EOD, disorder, bi-polar, imbalance, depression, stress, schizophrenia, downs, Tourette's, stress around sexual issues.*

### **What's the opposite of mental illness? Wellness**

*Healthy, positive, optimistic, normal, balanced, sober, strength, intelligent, food, interaction.*

### **What does it mean when people are struggling?**

- Violence.
- Poverty.
- Hunger.
- Domestic Violence.
- Homophobia.
- Chevron – affects our physical health and causes anxiety.

### **What describes a wellness lifestyle?**

- Family.
- Boyfriend/girlfriend.
- Being successful.
- Inspirational teachers and people who help me.

## **Barriers to Wellness**

- Poverty.
- You want/need something and feel like you've got to have it and you'll do anything you need to do to get it.
- Parents who are working so hard they have no time to spend with their kids.
- Moving around a lot.
- You lose your friends when you move around a lot.
- Unstable.
- Stress/imbalance.
- Not having adult allies.

## **Who do you turn to?**

- RYSE Center
- Asian Pacific Psychological Services (APPS).
- Health coordinator.
- Mentor.
- Friends.
- *School counselors? No! They have a million kids to see and they haven't been through what you've been through and they don't understand!*
- *Doctor? No!*
- Fellow members of my gang (*I know they've got my back*).

## **What type of help do you need?**

- Job training.
- Resources – health care.
- Counselors – if they were good!
- Groups.
- Help with sexual orientation issues.

## **How is the best way to let kids know that resources are available?**

- Referrals from trusted sources.
- Start where young kids hang out.
- Hotline – *but it would have to be someone actually here in Richmond who knows the struggle.*
- Train youth to be on hotline and to be mentors.
- On-line.

## **What about parents? What do parents need to help their kids?**

- Parents work during the day. They need supports that are available after work.
- Or to get supports/education while at work.
- They need help to learn how to talk to their kids. *We need parents that will talk to us! But I can't tell him that. I want him to just know that I want him to talk to me.*

## **Existing Resources or Models**

- RYSE.
- APPS.
- Asian Family Resource Center.

## **VI. Community Survey for PEI**

# **Contra Costa Mental Health MHSA Prevention/Early Intervention Planning**

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## **Community Survey**

### **Findings**

March 2008

#### **Background**

In preparation for the community planning process, Contra Costa Mental Health (CCMH) issued a survey to the community to gain input on priorities and interests for prevention and early intervention efforts with MHSA funding in Contra Costa County. Completed surveys were accepted during the first three weeks of February 2008.

The survey was issued in Spanish and English. Surveys were available: 1) To be taken on-line – with links available on the Health Services home page as well as the Mental Health and MHSA home pages; and 2) To be hand-written using hard copies distributed throughout the community. Hard copies were handed out at meetings and focus groups with mail-in instructions. Notice of on-line availability as well as electronic copies of the hard-copy survey were distributed via blast-emails throughout the County and using staff contact lists. Hard copies were also available in Mental Health administration.

Hard copies of the survey are available as an Attachment to this report.

#### **Who Answered the Survey**

A total of 392 surveys were returned with at least one question answered. Partial surveys were accepted. 17 or 4% of surveys were returned in Spanish. However additional participants reported on the English survey that their primary language was Spanish. By race/ethnicity, the survey was fairly reflective of the County. However, by interest area, responses were skewed slightly towards individuals focused on older adults.

#### **Strengths and Limitations of the Survey**

Questions 1, 2 and 3 were not well utilized and do not provide comprehensive data from all survey participants. The first two questions asked respondents to prioritize their interests for prevention and early intervention (community needs and target populations). Unfortunately, both the terms used and the format for the questions appear to have been too complicated for a community-level survey and both questions were often answered incorrectly or skipped entirely. While 75% of respondents answered the first question on Community Needs, only 56% answered the question on target populations. In Question 3, respondents most commonly reiterated their priority community needs or populations. Findings from these three questions are provided here but should not be a primary consideration in decision-making. The questions were biased toward English speakers with strong survey-taking experience.

However, response to Question 6 – Desired Interventions – was quite complete and a great deal of data on both desired interventions and the target populations for those interventions was provided. Much of the data for analysis of the survey comes from Question 6.

**Question 1:** Ranking of Community Prevention/Early Intervention Needs in order of priority based on size of need or importance of need in Contra Costa County.

| <b>n=286, or<br/>73% of all survey respondents</b>  | <b>Top or Second<br/>Priority</b> |
|-----------------------------------------------------|-----------------------------------|
| Disparities in access to mental health services     | 30%                               |
| At-risk children, youth and young adult populations | 25%                               |
| Psycho-social impact of trauma                      | 22%                               |
| Suicide risk                                        | 16%                               |
| Stigma and discrimination about mental illness      | 8%                                |

**Discussion:**

*Note: As discussed above in the section on “Limits of the Survey,” this question had a low response rate (73%) and a high dropout rate in the middle of the question. The validity of findings is limited.*

The relatively low response to this question makes fair analysis of the answers difficult. However, it does seem that top community concerns among those who did respond were disparities in access to mental health services, psychosocial impact of trauma, and at-risk children, youth and young adults. Conversely, the lowest ranked concerns were suicide risk and stigma and discrimination about mental illness.

**Question 2:** Ranking of Key Priority Populations in order of priority based on the size of need or importance of need in Contra Costa County

| <b>n=220, or<br/>56% of all respondents</b>                                | <b>Top or Second<br/>Priority</b> |
|----------------------------------------------------------------------------|-----------------------------------|
| Individuals experiencing onset of serious psychiatric illness              | 25%                               |
| Trauma exposed individuals of any age                                      | 24%                               |
| Children and youth in stressed families                                    | 17%                               |
| Underserved cultural populations                                           | 16%                               |
| Children and youth at risk for school failure                              | 10%                               |
| Children and youth at risk of or experiencing juvenile justice involvement | 9%                                |

**Discussion:**

*Note: This question had an even lower response rate than the previous question (56%) and a high drop-out rate in the middle of the question. It is important to understand that underserved cultural minorities were the least likely to answer this question and are underrepresented in the findings.*

With these serious limitations in mind, we see that the most frequently cited Key Priority Populations were individuals experiencing onset of serious psychiatric illness and the trauma-exposed.

**Question 3:** Looking at smaller risk groups of special importance within the top-ranked target populations

*If more than one response*

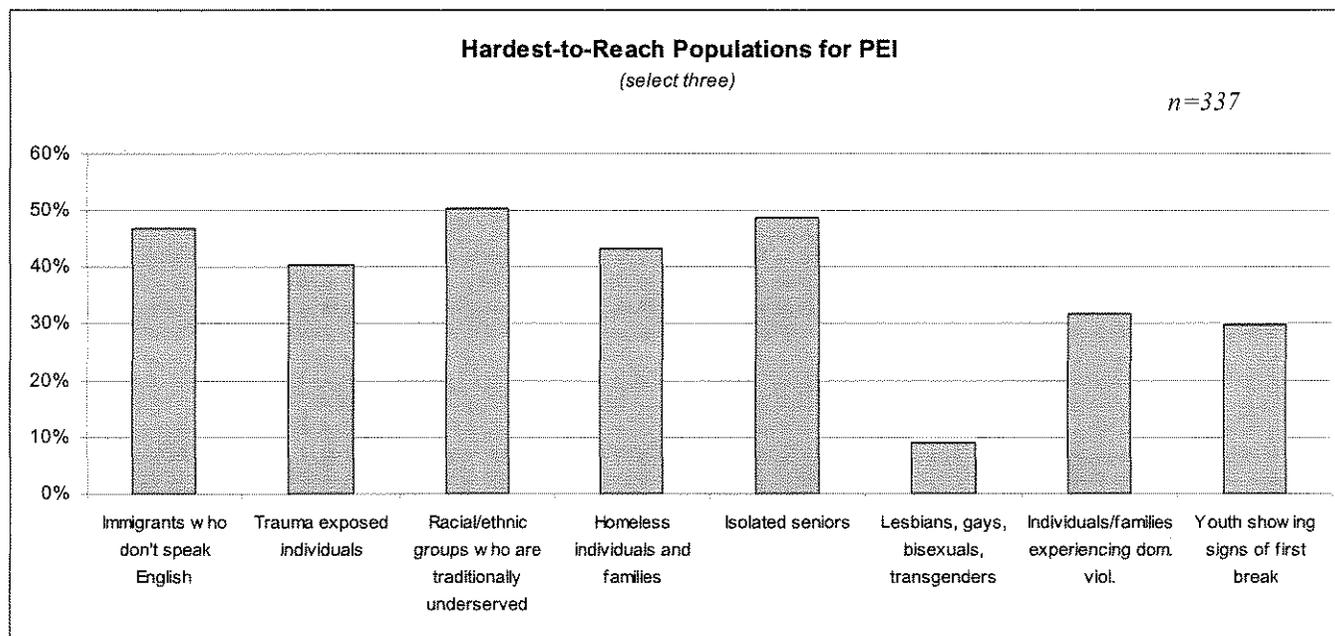
|                                                                                 |    |
|---------------------------------------------------------------------------------|----|
| Adults: And emancipated youth who are homeless                                  | 2  |
| Adults: Dependent                                                               |    |
| Adults: With developmental disabilities                                         |    |
| Adults: Veterans                                                                |    |
| Adults: Women and young women                                                   |    |
| Early intervention: Schizophrenia                                               |    |
| Families: And individuals with no health insurance, no access to other services | 9  |
| Families: Homeless or that move around a lot                                    | 6  |
| Families: Living with substance abuse                                           | 6  |
| Families: Pregnant/post-partum women esp: Trauma, SA, DV-exposed                | 4  |
| Families: Caregivers of individuals with dementia or MI                         | 2  |
| Families: Monolingual, not native speakers                                      | 2  |
| Families: Low income, living in poverty"                                        | 2  |
| Families: Single parent households, W. County                                   |    |
| Families: Women experiencing domestic violence                                  |    |
| Geog: West County, W. County violence exposed                                   | 2  |
| Geographic: Monument Corridor                                                   |    |
| LGBTQ of all colors, all ages                                                   | 3  |
| Older adults: General and isolated                                              | 33 |
| Older adults: With alzheimers or dementia                                       | 11 |
| Older adults: with unaddressed mental issues, abuse, trauma                     | 3  |
| Older adults: Non-English speaking                                              | 2  |
| Older adults: 85+                                                               | 2  |
| Older Adults: Dependent                                                         |    |
| Older adults: Homeless                                                          |    |
| Older adults: Pacific Islanders                                                 |    |
| Older adults: Substance abusing                                                 |    |
| Older adults: With physical disabilities                                        |    |
| Underserved Cult. Communities - Specific: Latinos, African Americans            | 3  |
| Underserved Cult. Communities: Refugees w/ trauma from homeland                 |    |
| Youth: Living in violent communities, Violence exposed, exposed to DV           | 7  |
| Youth: Youngest - 0-6, 0-7, 0-10                                                | 5  |
| Youth: Living with someone with MI                                              | 4  |
| Youth: In kinship care, in foster care, emancipating from foster care           | 4  |
| Youth: LGBTQ                                                                    | 4  |
| Youth: Sexually or mentally abused, exploited                                   | 2  |

- Youth: Violence, trauma exposed
- Youth: Abused or have witnessed trauma
- Youth: At risk of gangs
- Youth: in continuation schools
- Youth: In households with substance abuse
- Youth: Living with traumatized parents
- Youth: Of undocumented parents
- Youth: With inadequate parent involvement
- Youth: With incarcerated parents
- Youth: With learning disabilities
- Youth: Drug addicted newborns
- Youth: In child welfare system
- Youth: Pregnant and parenting teens
- Youth: Young adult males
- Youth: At risk adolescent females ages 13-17 years of age
- Youth: In child welfare system

**Discussion:**

*Many open comments for this question reiterated the priority target populations defined by the state and addressed in Questions 1 & 2. Those comments are not included here. Once those comments were removed, response to this question was fairly low. As with Questions 1 & 2, it is important to remember that the results are incomplete.*

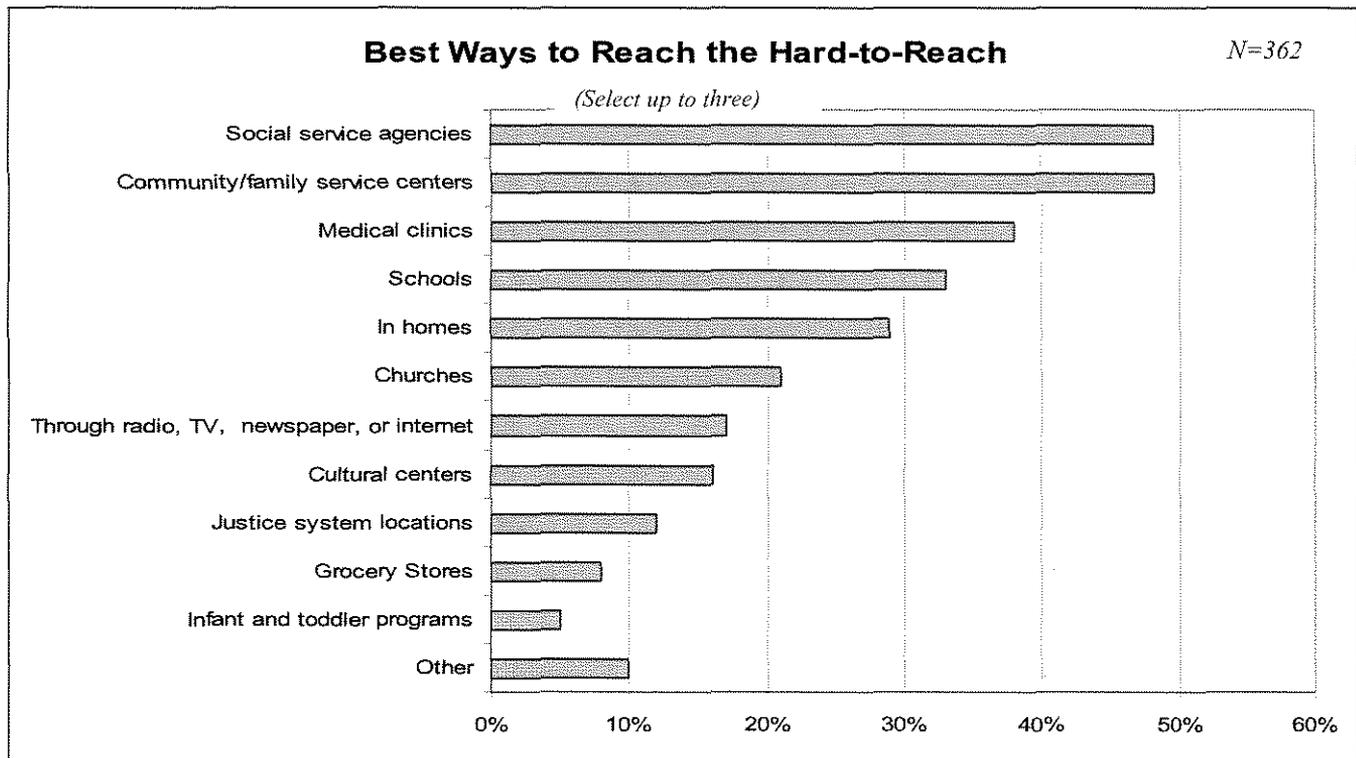
**Question 4: Identifying the hardest-to-reach populations for mental health prevention/early intervention efforts**



## Discussion:

Those who completed the survey showed greater focus on immigrants, underserved racial/ethnic groups, isolated seniors, trauma exposed and homeless individuals as the hardest to reach populations.

**Question 5:** Identifying the BEST ways to make contact with the hard-to-reach populations *(Multiple answers allowed)*



## Discussion:

Respondents cited social service agencies, community centers, family service centers, medical clinics, schools, homes and churches as the top ways to reach the hard-to-reach populations. These findings are consistent with opinions expressed in focus groups.

Suggestions in the “Other Category” included:

- Bars and clubs
- Domestic violence and homeless shelters
- Street outreach/homeless outreach
- Institutions like hospitals and jails
- Hotlines, bilingual hotlines – well advertised
- Youth programs
- Hospital psychiatric wards, therapy
- Parks, recreation programs, after school programs
- Forums and speakers

- Mobile crisis units, PET teams
- Nutrition sites
- Through community leaders, community activities, informal avenues
- Senior centers, senior peer counseling
- Text messages, My Space, Facebook

### **Question 6: Identifying specific prevention/intervention Programs or Types of Interventions Respondents would like to see with MHSA PEI funds**

*Many comments for this question reiterated priority target populations stated earlier. Others focused on care for the mentally ill which is not allowed with these funds. Comments in these areas have not been included in this summary. Additionally, because of the high volume of comments, some statements have been shortened or paraphrased in order to shorten them. Rough groupings have been developed for ease of reading. A few items with multiple comments are noted with numbers of comments in place of bullets.*

### **Youth and Families, LGBTQ Youth, Juvenile Justice, Schools**

- 3 After school programs & sports. Things to keep kids active and more ways (contact with kids) to be able to screen for disorders/problems. After-school functions besides sports.
- 3 Increased counselors in Junior/senior high schools.
- 2 Welcome Home Baby, a program of Aspira Net.
- 3 Training and TA for educators and school-based staff that ensures effective and comprehensive implementation of the California Student Safety & Violence Prevention Act of 2000 (AB 537) ensuring that all school staff are culturally competent re: adequately meeting LGBTQ youth needs, and ensuring safe learning environments for all students, regardless of sexual orientation and/or gender identity/expression).
  - Without funding, school districts are not implementing LGBTQ-specific interventions and/or programming. As a result of a lack of targeted programming and interventions for this youth population, school drop out, substance abuse, depression, self mutilation, eating disorders, and attempted suicide - among other health.
  - Schools should provide training to staff and students on GLBT issues. There should be GLBT/straight alliance or similar safe space for GLBT students. There should be zero tolerance for bullying. Staff/admin need to be held accountable. ALL students suffer (gay or straight) when homophobia/transphobia is allowed on campus.
  - A mentor program for the youth.
  - Community centers oriented to work with families.
  - Comprehensive wrap around for families referred to CPS.
  - Contra Costa Child Care Council Inclusion Program and Child Care Solutions, which both serve children under five years of age. The earlier the intervention the better the results.
  - Counseling for families.
  - Depression screenings - 7th graders, and college freshmen
  - Domestic violence workshops for young teenage children...allow not only expression of ideas but a chance for the facilitator to be able to see the extent of abuse and abusing and to have some real impact in changing behavior.
  - Early childhood intervention and screening that will allow access to services easily.
  - Easy access for families to receive help when a worker believes that they need it.
  - Early prevention in schools.
  - Early screening in schools.

- Case management services for pregnant and parenting teens.
- Groups for LGBT youth.
- School based intensive mental health services.
- There are no programs for children with emotional disturbance during the summer. They are not able to function in regular camps and there are no alternatives. This means they get worse over the summer.
- School-based education and leadership development programming.
- Teen pregnancy prevention and teen parenting support.
- A support group for young African American males.
- A Grieving camp for children and teens who are mild mannered. Forty-five children and teens have already been signed up by their parents who are directly affected by senseless violence. Need therapists to make this happen. To help reduce and change the patterns of the cycles of violence in African American neighborhoods.
- More facilities or placements designed to assist children and youth juvenile hall residents who suffer from major trauma / mental illnesses.
- Juvenile Hall Mental Health.
- Programs that target juveniles and their families...to divert them from entering the criminal justice system.
- Individual counseling & groups for youths housed in JV & Orin Allen Youth facilities. Some issues to address are grief, trauma, anger management as well as individual mental health issues.
- Prevention services for pregnant & post partum women and families exposed to trauma/loss/death due to violence.
- Youth support. Community Based Organization (CBOs) already in place could offer MH services.
- Parenting programs for consumer parents, as well as the general population parents that are reflective of Relational Work with their children.
- The Contra Costa Child Care Council's Inclusion Project is already serving children at risk of special needs or are diagnosed with disabilities. Many of these children suffer from trauma and or co-morbid disorders. I would like to see the service offer to families include mental health support within the Inclusion Project in order to make the service more seamless.
- Peer counseling programs for youth at risk.
- Public Service Announcements - reaching youth in the media sources they use.
- Counseling for young fathers (*comment in Spanish*).
- Prevention and Early intervention services through school based health centers.
- Need more in home intervention - social work that remains with the family for an extended period of time to make change and get families involved with services long term.
- Parenting groups for immigrant parents. Cultural adjustment bridge building groups between immigrant adults and their children.
- Parenting Support
- Obesity in Children carries its own mental illness.
- More treatment options for juveniles in custody with follow-up support in community after release.
- Education for parents about what is "normal acting out behavior" and what is not. Include education dealing with stigma about getting help.
- Parent /child therapy programs.
- Therapeutic preschools.
- More training of psychotherapists in specific trauma treatment: EMDR (eye movement, desensitization) is time efficient and user friendly for victims/witnesses who do not want to talk -- notably adolescents take a long time or preadolescents who hardly ever want to talk. Also specific use of sand tray /art out rate (avoidance as well as group treatment for adolescent & young adults.
- More options for the homeless woman and men and children.

- Early intervention programs with school age children available at school settings and in-home services are extremely important to reach consumers who are underserved.
- Early intervention training for child care workers and pediatricians.
- More parenting programs that could begin in the schools about childhood growth and development and the various stages. Videos/DVD's developed that could be part of a lending library for parents and youth. More family life put into class instruction.
- More counselors at the public schools.
- Family interventions and services through schools & social service agencies.
- Group treatment for children who have family difficulties.
- Support groups for families of those with mental problems.
- Education on signs and behavior change ...for teachers, community center staff ...what to do and where they could go to get help for trouble youth.
- In- school programs...should be supported. Counseling in school rather than relying on parents to provide the information.
- Mentoring and support groups for runaways adolescent girls -- Alternative programs vs. incarceration when appropriate for the population so they are not punished for trying to survive many times running to escape abuse which leads to delinquent serious behavior.
- Kinship programs.
- There should be prevention/intervention programs in all schools ranging from elementary to college. You never know what these young people have been or are going through. It is very tough to get a child/teenager to express themselves or want to talk to anyone as they feel they have no trust in that individual depending on their home environment.
- "Street" programs that target pre-teens and teens.
- Intensive family preservation- such as Families First type programs.
- Interventions in the community, especially emancipating youth.
- Pro-social programs in the schools.
- Basic mental health services in the schools for students not eligible for MediCal-funded services.
- Inter-generational programs.
- Intervention with high risk families.
- Providing mental health assessment of children and youth.

## **Older Adults**

- 63 Expansion of the Senior Peer Counseling program (including the addition of bilingual staff).
- 4 Counseling – for isolated seniors – in home, with their families.
- 2 Support groups for older adults.
- 2 We need an Elder Court.
  - Include health coaches to senior citizens
  - Provide psychiatric services to aging adults.
  - Geriatric psychiatric clinics.
  - Ability to identify seniors who are depressed, isolated, and at risk of suicide or ETOH or substance abuse. Interventions - better training for physicians, nurses, community workers, clergy and even the local bank tellers to look for some specific signs of the above and then how to respond to them
  - Alcohol and Other Drug prevention programs for seniors.
  - Assessment of older adults, especially those who are isolated, for substance abuse behaviors and other signs of depression or MH problems - and for suicide risk.
  - We need volunteer counselors who speak the languages of our diverse populations and understand their cultures and who can go to where these seniors are located -- in their homes -- to provide them help.

- More awareness of mental health problems in Senior Centers.
- Training for law enforcement and anyone else who comes in contact with confused, possibly demented, elderly so that they are not 5150'd and then returned to their isolated situation where the scenario will repeat itself many times over.
- Geriatric mental health services available in all areas of the county, prevention, intervention etc.
- In home visit or volunteer calling for the older adult.
- Transportation to get older adults out and about where they could hear about what is offered.

### **Integrated Care, Health Care settings**

- 5 Behavioral health programs/early intervention programs in primary care settings/community clinics
- 2 Screening/universal screening at health centers

### **Early Intervention, Crisis Prevention**

- Brief crisis stabilization counseling to people w/mental health issues who are not dx'd w/chronic mental health problems.
- Crisis Hotlines.
- Mental Health Hotlines.
- Youth intervention for suicides. They need a 24hr call line where we can allow the minors to speak to them.
- Early diagnosis and preventative treatment like the model in Sacramento run by UC Davis (EDAPT) satellite location and Contra Costa outreach to schools.
- Mobile crisis units.
- More MH/Psychiatric services for mothers involved in child welfare who have dual diagnosis; who are newly in treatment and need to be stabilized with medication/therapy, etc.
- I doubt that early intervention can do much to prevent severe mental illnesses...

### **Stigma and Public Awareness Education**

- Educational messages that dispel the myths of seeking help.
- Populations with disparity in access: Education programs to reduce stigma, which is a big barrier to services.
- Pamphlets developed and put in churches, community centers, schools, etc. Behaviors to look for and how to talk to family and give referrals to program designed for this population.
- Change the word 'stigma' which is a polite word for what it REALLY is... DISCRIMINATION is the word that NEEDS to be used.....
- Populations with disparity in access: Education programs to reduce stigma, which is a big barrier to services.

### **Adults, Adult Justice, General, Other**

- 2 Permanent housing sites for homeless families that provide on-site, supportive services including mental health counseling, conflict resolution, addictions counseling, and social support groups.
- 2 Comprehensive wrap around, more wrap around
  - Housing.
  - Access and visibility for LGBT people.
  - PhD level evaluation and counseling services offered to adults suffering a gender identity conflict. This population has categorically been denied services.

- Gay and Lesbian Community Centers.
- Outreach (visibility), providing support groups, and one-on-one therapy for free or at least sliding-scale fee for gay, lesbian, bisexual and transgender individuals.
- I would like to see the Mobile Response Team have more funds to hire enough trained staff to take care of the many crisis situations. NO ONE should have to wait 2-3 days to receive help and assistance.
- NA/MA & AA groups.
- ESL and Spanish or Asian language programs.
- More places involved in reporting concerns about individual's mental health status.
- A way to train therapist to relate to the community more than the text book out of which they were trained. A way for therapist to respect cultures and traditions.
- Education, Education, Education, regarding abuses, treatments, supports, hand ups, not handouts.
- Funding for a grassroots community newsletter that would outreach and attract underserved populations in West County.
- Wrap around teams available to all regardless of income, not just for Medical recipients.
- Populations with disparity in access: Reduce isolation.
- Trauma intervention, treatment programs
- Interventions to reduce the severity of symptoms related to trauma exposure.
- Also outreach to the veterans' community through the media and homeless populations.
- Community interagency networking/ roundtables/fairs
- Spanish support and therapy groups for women and couples. Support for programs at the Latina Center re: recovery from domestic abuse, culturally centered parenting support.
- Services to meet the needs of people with physical or cognitive disabilities who are likely to experience trauma and violence as part of domestic abuse or violence outside the home.
- Education and support groups for caregivers.
- Self-esteem workshops, free & open to the public.
- PET team connected to law enforcement with ability to triage - connect families to Family Support centers.
- Prevention/Intervention Alcohol & Other Drugs/Older Adults.
- Transportation to clinics/homes.
- Community outreach efforts.
- Clearer and more defined assessment tools.
- More funding for community centers that provide at-risk groups with a place to have healthy social interactions and resolve their problems without intensive mental care.
- Expand information through existing programs i.e.: meals on wheels, PAL, latch key, SARB, WIC.
- Expand peer counseling to managing finances. It's necessary to establish new counseling services by volunteers who are qualified to do so. e.g., retired managers and business persons.
- Establish psychiatric evaluation services for referral by peer counseling to provide diagnoses to help peer counseling supervisors make decisions re counseling.
- More MFTs hired at the hospitals, clinics, and serving in more visible areas in the social service arenas. Social workers are not capable of providing the counseling services needed to those who are in desperate need of counseling services.
- More community outreach programs in East County.
- Middle aged population and homeless individuals who have nowhere to go and also provide ways to change jobs and to get training.
- Outreach (visibility), providing support groups, and one-on-one therapy for free or at least sliding-scale fee for Asian and Pacific Islanders.
- Train the police to be more than just for boxers to the spectrum of tough kids and others such as kids and young adults who could follow a wayward path.

- Life skills filling out resumes & interviewing etc. Anger management.
- Language-specific help lines.
- Learning centers.
- It would be helpful to talk to other people my age with the same issues.
- Violence prevention in our communities.
- Consumers should be at EVERY point of entry into the mental health system as an advocate and make suggestions...

### **Specific Agencies and Programs**

- 2 The "In Our Own Voice" program currently sponsored by the National Association on Mental illness is an educational and anti-stigma program FREE to the public, which includes, community groups, schools and universities, churches, providers of MH services, consumers, family members, and in-home support personnel.
  - M.A.S.K. INC.
  - APS.
  - Rubicon Programs, Inc.
  - Parent Project.
  - Fresh Start Program.
  - ESL programs thru Acalanes School District.

**Discussion:** The responses to this question offer a very rich array of desired interventions – as well as highlighting desired target populations. Once priority populations are narrowed by the Stakeholder Planning Process, it would be useful to return to this list to identify and summarize desired interventions that address those priorities.

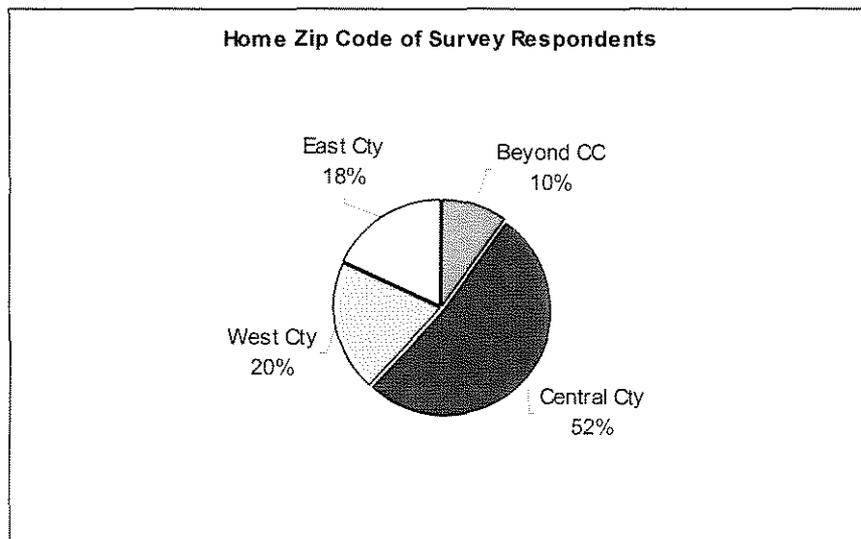
## Questions 7-10: Who answered the survey

These questions asked about respondents' home zip code, race/ethnicity, primary language, and sectors of the community that they represent.

### 7. Location in County

Respondents were asked to provide their *home* zip codes to identify what community they live in. This recognizes, however, that some providers who work in Contra Costa County live elsewhere.

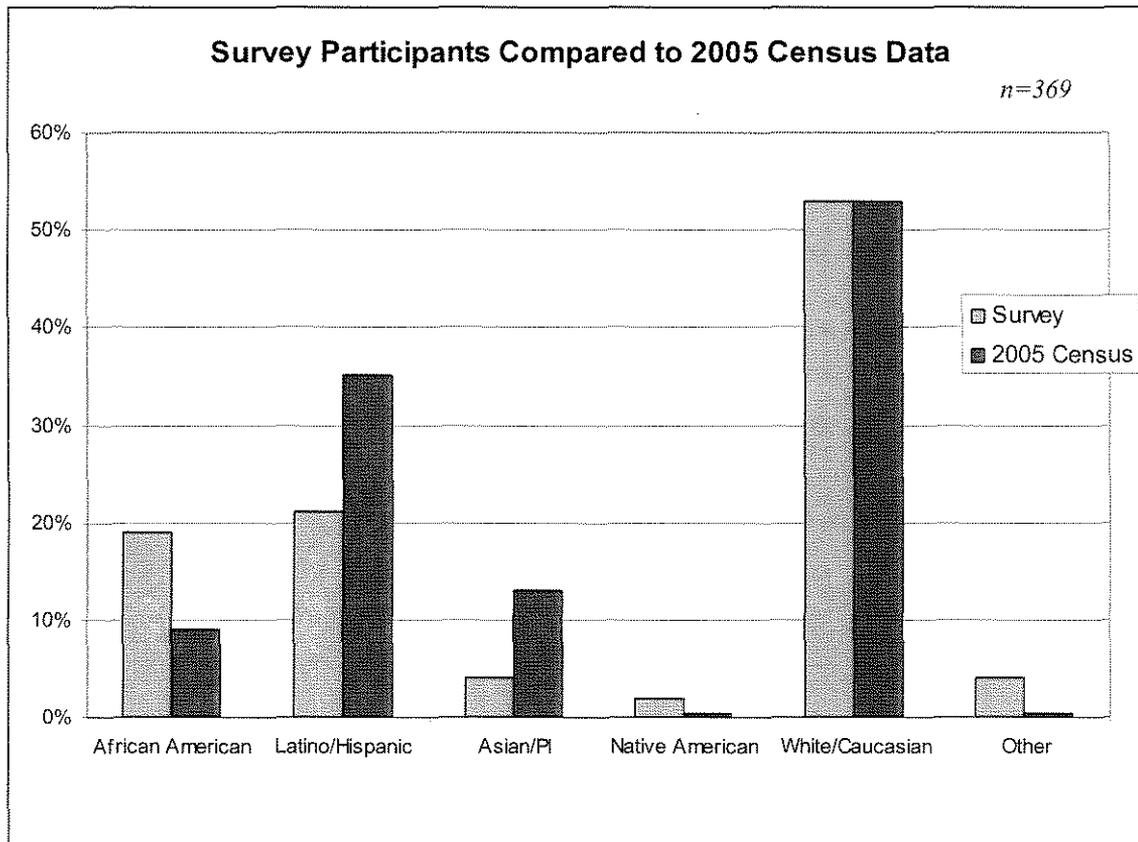
Respondents reported coming from 64 zip codes throughout the Bay Area with 90% living in Contra Costa County. They have been divided into East, West and Central County for review.



- Within West County, the highest concentrations of surveys came from Richmond, Hercules and El Cerrito.
- Within East County, the highest concentrations of surveys came from Bay Point, Antioch and Brentwood.
- Within Central County, the highest concentrations came from Martinez, Clyde and Concord.

## 8. Race/Ethnicity *(Up to three responses allowed)*

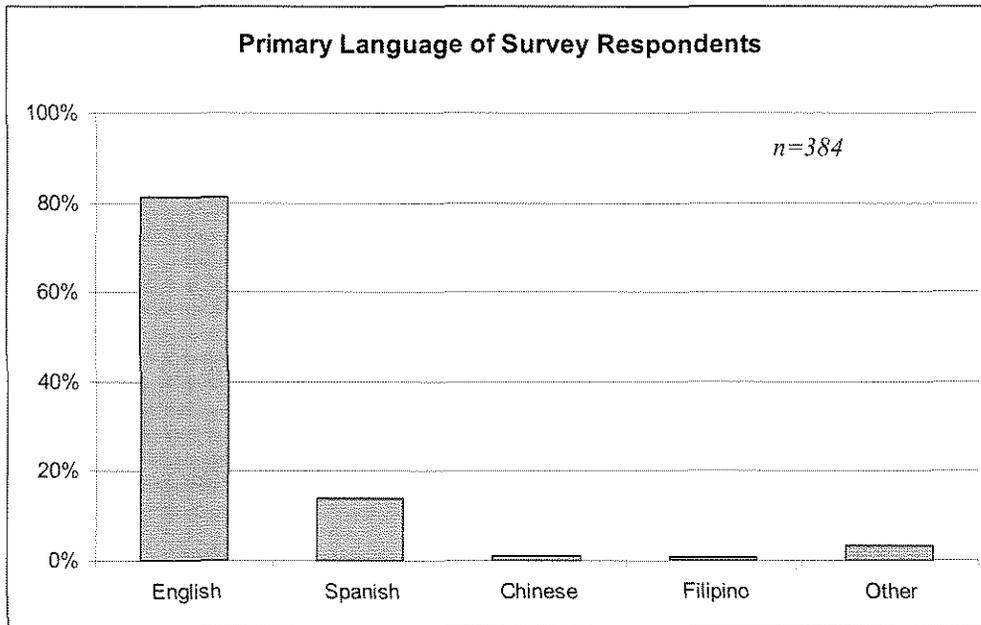
Survey respondents were fairly reflective of the county with some overrepresentation of African Americans and underrepresentation of Latinos and Asian/Pacific Islanders.



## 9. Primary Language

The primary language of respondents was overwhelmingly English. There were 17 surveys submitted in Spanish although additional individuals identified Spanish as their primary language in the English-language survey. The limitations of survey access due to language barriers must be acknowledged when reviewing the findings.

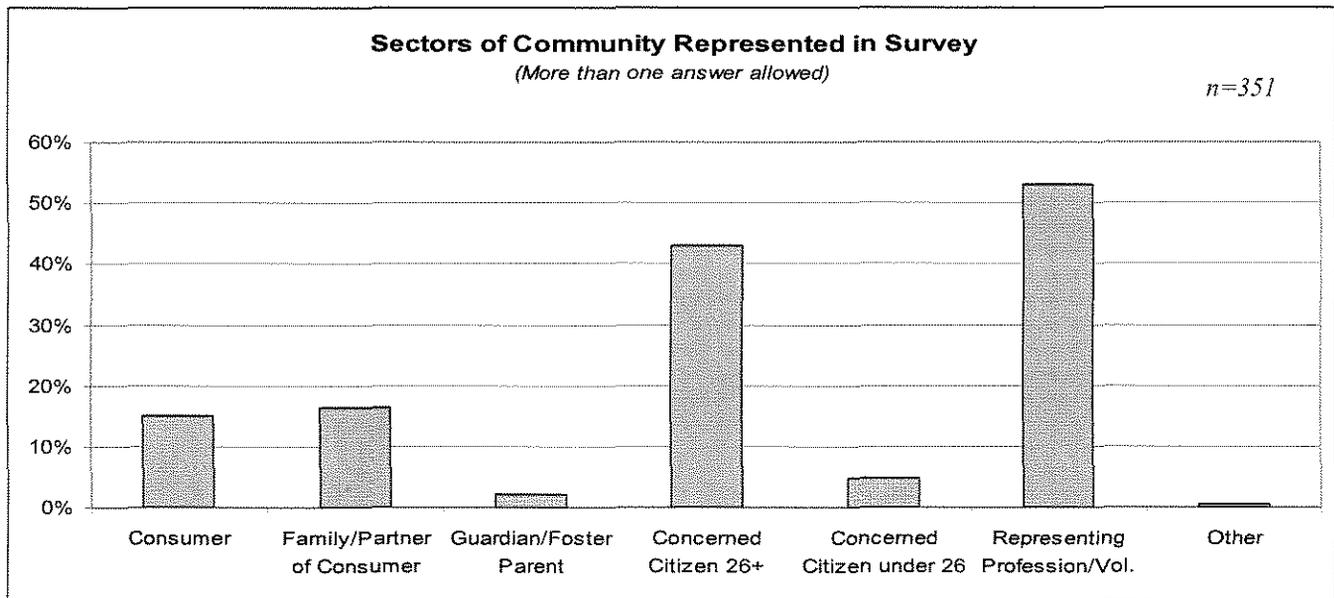
“Other” primary languages reported included: Arabic, ASL, Chinese, Farsi, French, German, Korean, Laotian, Pilipino, Tagalog, Thai, and Vietnamese.



## 10: Sectors of the Community that were represented

Respondents were asked to identify themselves by a few select community characteristics that are relevant to this type of planning. It would not be possible to gather data on all of the roles that individuals play in their community.

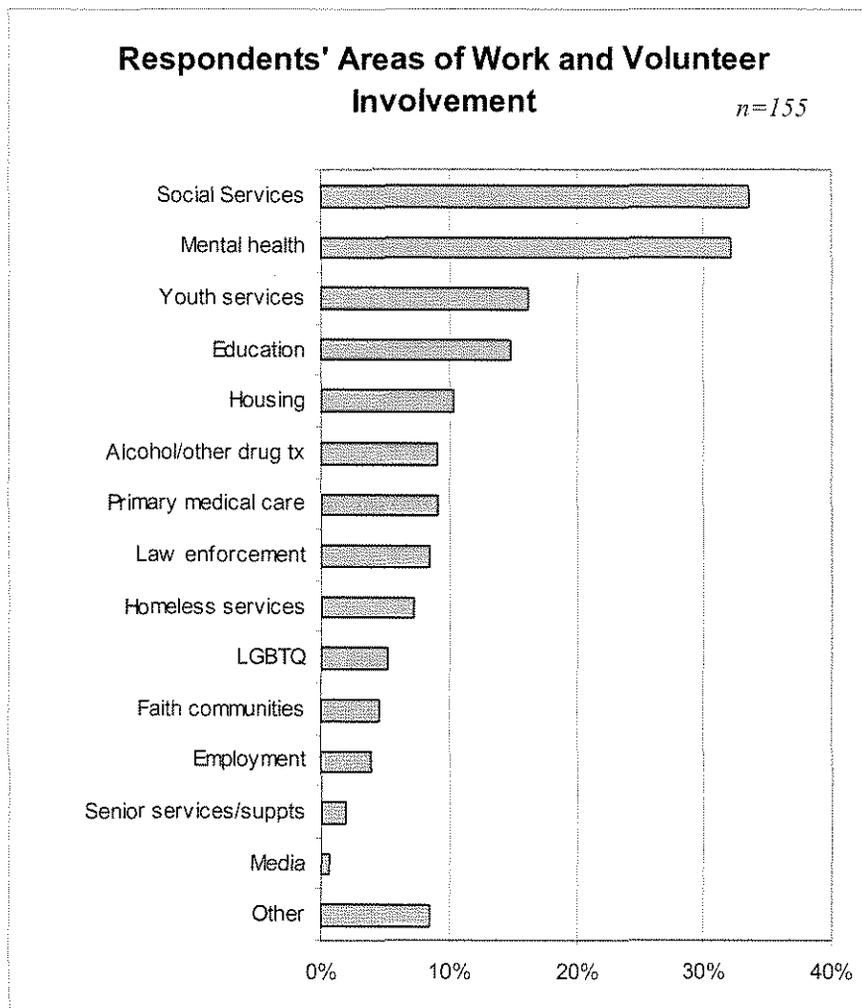
With a high response rate, we can see that the majority of respondents are providers of services or community supports of some sort – whether through their job or volunteer activity. However, it is important to note that consumers, family members/partners of consumers and community members were also represented among respondents answering this question.



## Questions 11 – 17: About Work and Volunteer Resources

Those who reported that they were responding to the survey from the perspective of their work or volunteer activities (as well as personal knowledge and experience) were asked additional questions about their workplace/volunteer organizations.

### 11. Work or Volunteer Focus



“Other” areas included: Types of health care other than primary care, unnamed non-profits, a group home, mothers and children, money management, nutrition, refugee and immigrant services, and Victims of Violent Crime.

## 12 & 13. Name and Service Area of Organizations

Respondents representing organizations were asked to identify their organizations. Duplicate listings (if recognized as duplicate) have been removed. Represented agencies providing information are:

|                                                                                 |                                 |
|---------------------------------------------------------------------------------|---------------------------------|
| AARP                                                                            | Contra Costa and other counties |
| Adult Day Services Network of Contra Costa                                      | County-wide                     |
| Adult Protective Services                                                       | County-wide                     |
| Advisory Council on Aging                                                       | County-wide                     |
| Ally Action                                                                     | County-wide                     |
| Anka Behavioral Health, Inc.                                                    | Contra Costa and other counties |
| Area Agency on Aging                                                            | County-wide                     |
| Brentwood Union School District                                                 | Brentwood                       |
| Burrus-Wright Holistic Counseling Services                                      | West County                     |
| California Children Services                                                    | County-wide                     |
| Caring Hands John Muir Medical Ctr.                                             | C,E,Far E Cty                   |
| Carquinez Vista Manor Senior Housing                                            | Crockett                        |
| Center Point of Richmond &<br>Richmond Arts & Culture Commission                | West County                     |
| Church                                                                          | West County                     |
| City of Brentwood, Parks & Recreation                                           | Far East County                 |
| City of Walnut Creek                                                            | Walnut Creek                    |
| Commission on Aging                                                             | Central County                  |
| Community Clinic Consortium                                                     | Contra Costa and other counties |
| Contra Costa A&OD Advisory Board                                                | County-wide                     |
| Contra Costa Adult Mental Health                                                | County-wide                     |
| Contra Costa ARC - Adult Services                                               | Contra Costa and other counties |
| Contra Costa Child Care Council                                                 | County-wide                     |
| Contra Costa County                                                             | County-wide                     |
| Contra Costa County Aging & Adult Services                                      | County-wide                     |
| Contra Costa County CFS                                                         | County-wide                     |
| Contra Costa County Conservatorship Program                                     | County-wide                     |
| Contra Costa County Health Services                                             | County-wide                     |
| Contra Costa Family/Mat & Child Health,<br>Perinatal Services Coordination Team | County-wide                     |
| Contra Costa County Mental Health                                               | County-wide                     |
| Contra Costa EHSD                                                               | County-wide                     |
| Contra Costa EHSD-Children & Family Services(CPS)                               | County-wide                     |
| Contra Costa FPD                                                                | County-wide                     |
| Contra Costa Health Plan                                                        | County-wide                     |
| Contra Costa Health Services                                                    | County-wide                     |
| Contra Costa HS Teen Age Program (TAP)                                          | W,C,E Cty                       |
| Contra Costa Reg. Med Ctrs Inpatient/Crisis<br>Stabilization                    | County-wide                     |
| Contra Costa Interfaith Housing, Inc                                            | County-wide                     |
| Contra Costa Jewish Community Center                                            | Central County                  |
| Contra Costa Juvenile Justice System                                            | County-wide                     |
| Contra Costa Juvenile Hall                                                      | County-wide                     |
| Mental Health Consumer Concerns                                                 | County-wide                     |
| Contra Costa Office of Education                                                | County-wide                     |
| Contra Costa Office of Education - Marchus School                               | County-wide                     |
| Contra Costa Probation                                                          | County-wide                     |

|                                                                 |                                 |
|-----------------------------------------------------------------|---------------------------------|
| Contra Costa RMC - Child Development Clinic/ CCS                | County-wide                     |
| Contra Costa Safe Schools Coalition                             | County-wide                     |
| Contra Costa SELPA                                              | County-wide                     |
| Contra Costa Probation                                          | County-wide                     |
| Diablo Behavioral Healthcare                                    | Contra Costa and other counties |
| Education                                                       | County-wide                     |
| El Cerrito HS Community Project                                 | West County                     |
| Eskaton Lodge Brentwood                                         | E, Far E, other counties        |
| Familias Unidas                                                 | W, Far E County                 |
| Families First                                                  | County-wide                     |
| Family Stress Center                                            | County-wide                     |
| Girl Scouts of Northern California                              | Contra Costa and other counties |
| Helms Community Project                                         | San Pablo, Richmond             |
| Hercules Senior Center                                          | West County                     |
| Jewish Family and Children's Services of the East Bay           | County-wide                     |
| John Swett Unified School District                              | West County                     |
| Juvenile Justice Commission                                     | County-wide                     |
| Kaiser Permanente                                               | Contra Costa and other counties |
| Korean Seniors in Alameda County                                | Contra Costa and other counties |
| La Cheim, Inc.                                                  | County-wide                     |
| La Clinica de La Raza, Inc.                                     | Contra Costa and other counties |
| Lincoln Child Center                                            | County-wide                     |
| Contra Costa Mental Health Commission                           | County-wide                     |
| Monument Crisis Center                                          | C, E County - Monument          |
| MSSP - Dept of Aging & Adult Services                           | County-wide                     |
| Mt. Diablo Adult Education                                      | County-wide                     |
| NAACP                                                           | County-wide                     |
| NAMI                                                            | County-wide                     |
| Oakley School District                                          | Oakley                          |
| Pittsburg PreSchool and Community Council                       | East County                     |
| Pleasant Hill Senior Center                                     | County-wide                     |
| Private practitioner, MFT - Also working<br>with JMBHC, Concord | County-wide                     |
| Rainbow Community Center                                        | County-wide                     |
| RSVP                                                            |                                 |
| Rubicon                                                         | County-wide                     |
| SaveTYouth                                                      | County-wide                     |
| Senior Helpline Services                                        | County-wide                     |
| Senior Outreach Services                                        | C, E County                     |
| SRVUSD                                                          | Danville/San Ramon              |
| St. Anthony Foundation Bay Area                                 |                                 |
| Sutter Delta Medical Center                                     | E, Far E County                 |
| The Church of ST. John the Baptist                              |                                 |
| The Commons at Dallas Ranch RCFE                                | Contra Costa and other counties |
| The Ryse Center                                                 | West County                     |
| Victim Witness Assistance Program                               | County-wide                     |
| We Care Services for Children                                   | Central County                  |
| Welcome Home Baby                                               | County-wide                     |
| YMCA of the East Bay                                            | West County                     |

#### **14. Organizations that currently do mental health prevention/early intervention**

72 or 55% of respondents to this question reported that their organization(s) are currently doing some prevention or early intervention work. A listing of those organizations and the services that they provide is included in the Resources section of this report.

#### **15. Organizations whose work would easily lend itself to mental health prevention or early intervention**

71 or 60% of respondents to this question indicated that that their organization(s) have programs that would easily lend themselves to mental health prevention or early intervention work. Information on these providers is included in the Resources section of this report.

#### **16: Organizations that have access to hard-to-reach populations**

86 or 74% of those who responded to this question indicated that their organization has access to hard-to-reach populations. Information on these providers is included in the Resources section of this report.

#### **17: Follow-up identification**

Names and contact information was requested from agency representatives in case more information was desired about their agency. Contra Costa Mental Health has that information on file.

#### **18: Additional Comments**

Respondents were given the opportunity to add any additional comments that they had. For manageability, comments on mental health services (care) which are not a part of this planning process have been removed. Comment include:

- Focusing on the children will help the community become more production and responsible in the coming years.....
- During my ten years living in Contra Costa County after moving from Santa Cruz, I worked for one agency in Oakland and then for the Contra Costa County Mental Health Board before St. Anthony. I would very much like to be involved in my own County again as I will soon be retiring. Please keep me informed.
- Foster Children, homeless children, students with disabilities, at risk students.
- Even this survey was NOT widely disbursed. I know many mental health consumers who knew NOTHING about this survey and would have liked to fill it out, if they had more time. Mental Health Consumers, copy from the system we are fighting against. I hear the same, medical language; I see a hierarchy which works to separate instead of coming together.

- Homes.
- I appreciate the outreach you have done in soliciting feedback about the PEI.
- As a mental health patient/consumer, the stigma of mental health is constantly rearing its head in the media and my own family. Being dismissed as, "'oh, she's crazy'". I wish the word could be erased from peoples vocabulary but I know that is impossible because people will judge and put people in a box if it's convenient for them.
- As a resident of Contra Costa County and former public school teacher, I'd be very interested to hear where funding goes. Thank you for this opportunity.
- Both - workers mandated to try to see client within 10 days of receiving referral
- Educate everyone including current staff. Engage the community. Develop safe, long-term residential centers for the purpose of transition (6 months won't do it - it take years with evenutal decreasing quantity of service).
- I am excited that these resources are available to mental health for ongoing services in the community. Many community based organizations do not have the means and tie-in to mental health resources. If possible, this will be of great service to the client community.
- I believe that early intervention needs to be through a pre-pregnancy and early trimester information source. Since the population that I believe need the information most haste are youth and young adults at risk, psychosocial trauma victims, and homeless.
- African American and Hispanic families traditionally visit their churches at some point during the year. Therefore, to partner with churches that have an active youth program will provide access to those youth.
- I feel that it is imperative that Consumers of MH services must be included in the planning for provision of services. Additionally, the intervention with children at the youngest age, especially in communities that are experiencing violence is preventative. Access to QUALITY MH services is one of the greatest disparities that I have seen in families.
- I have personally seen marked improvement in neighbors who have benefited from the services of a senior peer counselor. Older adults are reluctant to seek mental health services because of stigma. Having a peer listen to their problems without judgment has a tremendous healing effect.
- I have read most literature available in the last seven years as it pertains to mental health issues. One category that has peeked my interest especially is suicide prevention and anti-stigma campaigns. Several times I have read that education is the key for both the consumers and families experiencing first episodes from stressful situations like college and to inform the public of all ages of the myths vs. truths regarding mental illness.
- Educate early on everything from first noticing the signs of suicidality in themselves or others to knowing where to seek help when trauma or major stressors impacts their lives.
- Articles have addressed the bewildering fact that people do not seek treatment because of the public's attitudes of shame towards people who are having problems. People have actually chosen death as preferable to being labeled mentally ill and all that entails.

- Meeting consumers of MH services face to face was given as the most productive way to change the public's stigmatizing beliefs and discriminating actions.
- Thank you for this consideration.
- I hope the money will go to accountable programs that make a difference such as permanent supportive housing does. Permanent supportive housing is a win-win for low income special populations. The client gets affordable housing and support on site with interventions as needed. The family gains support, stability, and much needed help when they need it. If a challenged family is ever going to make it, this is a model that works. Affordable, appropriate, and respectful support for those in need.
- I need to know more information about mental illness and the best way to solve it.
- I realize many other age groups have issues and concerns about mental health, but my specialty is working with seniors and their families and especially those suffering with various dementing illnesses. So many people, including those in the medical community, are misinformed about the symptoms of dementia and how to help a person with Alzheimer's or other dementias.
- I REALLY hope that during this community planning process as well as when the final decisions are made regarding the funds that the agencies awarded funds are inclusive of LGBTQ youth and are culturally competent at addressing the whole person while taking into account the intersections of identity. Thank you!
- I think that this type of funding is invaluable and much needed in the Communities that we serve.
- I think this your program is both innovative and timely.
- It is difficult actually to answer these questions because I am devoid of hands-on knowledge of the services existing that are effective or that exist and are not effective. I have been exposed via my son to existing services that seem very disconnected to the actual populations that need them. But quickly drawn conclusions are not very helpful without a clear understanding of the whole.
- I would be interested in obtaining the results.
- I would like to be an active participant in ensuring the families that are being served obtain culturally relevant interventions.
- Isolated older adults
- Isolated seniors
- Isolated seniors culturally diverse groups & individuals
- It is important that these funds be spent well.
- It is now time for action not more talk. There was another preventable suicide in the community this last week.
- It is time to address the large and growing problem of older adults with mental health/emotional problems in the community.
- When will the County get its act together with this population? With the baby boomers entering later life.....it is almost too late already.

- It would be better if we have more community and programs to support the needs
- It's a very hard work to do, but necessary to help them.
- Many of the underserved populations don't have computers in their homes. There is only one main Library in Richmond, California. You need outreach workers in order to have surveys completed by hand outs or hard copies. This information won't reach most of them.
- More early intervention would save money overall, and decrease unnecessary suffering for all affected by multiplicity of problems.
- Need a public education program for children, teens, families, teachers, school counselors, masters counseling programs, school principals, psychologists, MFT's, MSW's, physicians, priests, ministers, and coaches on the potential dangers of smoking marijuana which can trigger psychosis in people who have a genetic brain dysfunction.
- No More cuts to the Mental Health Program!!! If anything, the County supervisors need to feed more into this system as families and individuals are desperate for respite, for care, for understanding, for proper intervention NOT MORE RED TAPE!
- One of our Psychologists is Bilingual.
- Outreach and early intervention is badly needed for the older adult population in need of mental health services.
- Please add Mental Health services with 24hr access for the minors at juvenile hall.
- Please make sure the Asian and Pacific Islander and Gay, Lesbian, Bisexual, and Transgender communities get their share of mental health services by providing access (free or sliding scale fees, transportation, etc...) and providing culturally-sensitive interventions (outreach, support groups, one-on-one therapy sessions).
- PLEASE see that seniors get their fair share!
- Please use the MHSA money wisely!!!!!!!!!!!!!! Thank You.
- Please, please -- if this area can spend millions upon millions on UNNECESSARY muni and county attractions (to the wealthy), then you should be treating your mentally ill far, far better.
- Please, please consider early intervention with youth. My husband attempted suicide 8-months ago. His family has chosen not to recognize the mental illness that he has been struggling with since his youth. If early intervention had occurred he would likely have had the necessary coping mechanisms that he has learned now.
- Prevention & Early Intervention are KEY components to Wellness. Medication without Therapy is NOT a solution. Medication manages symptoms, but is not a cure. Two weeks ago a MH client committed suicide. He received letters from Social Security & Medi-Cal questioning his eligibility. This final straw sent someone in a delicate state over the edge. If he had been able to immediately reach out to a therapist or peer supporter for help, his suicide may well have been prevented. He did not want to be hospitalized again or lose his freedom. He just needed a helping-hand -- someone to offer Hope and Support. A place to feel safe while he could work out in his head how to regain his wellness. Financial pressures, expectations of others and ourself, disappointment, feeling overwhelmed are things that can push people over the edge. We need STRONG, non-invasive

intervention supports that are easily accessible by EVERYONE -- Not just the poor and ethnic populations -- Suicide does not discriminate!

- Providing prevention services for cultural populations in user friendly culturally sensitive and linguistically accessible models is effective. Community based agency may be able to provide services in a range of settings & in a flexible format.
- Rainbow Community Center and the LGBT community is in need of mental health services. The trauma imposed from before coming out and the lack of family support are of great concern. Youth are often left homeless/marginally housed. People of color must deal with being a person of color and LGBT, a CHALLENGE.
- Rubicon is an excellent resource in the community of Contra Costa County.
- Senior Peer Counselors are the best way to help seniors in this county. We need more of them
- Services for seniors, disabled and African Americans continue to be inadequate in West Contra Costa County.
- That their school should be professional laundry workers hired here because I heard a laundry worker say that he pisses on peoples laundry like it's funny.
- The Contra Costa County population of juveniles in custody are seriously underserved in the area of mental health care and treatment. US Government studies suggest that over 60 and up to 100% of kids in juvenile custody suffer from mental illness or serious behavioral disorders. Early intervention with this group will be able to change some of these behaviors and help these juvenile offenders from graduating to adult offenders.
- The definition of mental illness is much too narrow!!
- The health care system, particularly the Mental Health Care system in our "great" country is in shambles, a terrible mess, and the unfortunate thing about it is that the Health Care Industry doesn't give a damn about it. to them, the only thing that matters is the bottom line, that's It, trust me, I know what I'm talking about, I've experienced It for the last ten years of my life and my family member.
- The mental health services in this county need to improve greatly!
- The youth of parents who are mentally ill and have drug addiction problems are often invisible to the systems of care. They do not emerge into the systems until they themselves have developed mental health and drug addiction problems. By working with families that have been homeless due to their mental illnesses, we are able to access the children and youth that are at high risk to continue these patterns of failure. By providing on-site support services we can help break a multi-generational pattern of problems, and support the youth and children to thrive.
- There are few mental health services for older adults in Contra Costa County. With the State budget cutbacks, a program like senior peer counselors that uses volunteers is an economically prudent way to serve many more seniors. Targeting specific ethnic communities, such as the Asian, Hispanic and African American community is important.
- There are so many people that we see that need help from the young homeless white youth and veterans to the stressed out immigrant families to the lonely seniors - concrete intervention needs to happen soon

- There are thousands of homeless. Putting them in secure housing will prevent future problems
- Think long and hard about where this money is going.
- This money to help seniors in Contra Costa.....not just young people
- Vital that some of these funds be used to address Alcohol & Other Drug issues, especially in Older Adult populations.
- We go into people's homes who meet the APS criteria
- While LGBTQ youth exist across the various at-risk populations prioritized in the County's Community Health Indicators report (people living in low income communities of color), they still face stark disparities in accessing culturally competent interventions and programs that address their specific mental health and safety needs.
- The County has a vital opportunity to ensure that LGBTQ-focused and/or inclusive programs and interventions are prioritized for funding support through Prop 63 resources. On behalf of Ally Action and the Contra Costa Safe Schools Coalition, please do not leave these youth and their families behind.
- I appreciate the outreach you have done in soliciting feedback about the PEI.
- Good luck!
- Good luck!
- Thank you for asking.
- Thank you for offering support!

## **Attachments**



## CONTRA COSTA HEALTH SERVICES

### **We Want Your Input!**

*Contra Costa Health Services, Mental Health Division, is currently conducting a strategic planning process to decide how to use new funding from Prop 63, also known as the Mental Health Services Act—MHSA—that was passed by California voters in 2004. The MHSA defines how these funds are to be used. The State Department of Mental Health distributes and oversees the use of the funds to counties.*

*Contra Costa Mental Health is eligible for up to \$7.1 million dollars for the first two years to develop new programs and strategies to help prevent serious mental illness and serious emotional disturbance, known as Prevention & Early Intervention.*

*The overarching goal for Prevention and Early Intervention services is: Prevention of serious mental illness and serious emotional disturbance AND reducing disparities.*

*The State Department of Mental Health has defined prevention and early intervention as: Programs at the early end of the spectrum. They have also provided some menus of Key Community Needs and Priority Populations to be targeted for prevention/early intervention efforts with these funds. We will be asking you about your priorities within these categories in this survey.*

***We will be accepting new survey responses until February 23, 2008.***

*Hard copy surveys can also be mailed or delivered to:*

PEI Planning  
Contra Costa Mental Health  
1340 Arnold Drive, #200  
Martinez, CA 94553

**1. Please rank the following five Key Community Prevention/Early Intervention Needs in order of priority based on size of need or importance of need in Contra Costa County.**

|                                                     | Top Priority             | Second Priority          | Third Priority           | Fourth Priority          | Fifth Priority           |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Disparities in access to mental health services     | <input type="checkbox"/> |
| Psycho-social impact of trauma                      | <input type="checkbox"/> |
| At-risk children, youth and young adult populations | <input type="checkbox"/> |
| Stigma and discrimination about mental illness      | <input type="checkbox"/> |
| Suicide risk                                        | <input type="checkbox"/> |

**2. Please rank the following Key Priority Populations in order of priority based on the size of need or importance of need in Contra Costa County.**

|                                                                            | Top Priority             | Second Priority          | Third Priority           | Fourth Priority          | Fifth Priority           | Sixth Priority           |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Underserved cultural populations                                           | <input type="checkbox"/> |
| Individuals experiencing onset of serious psychiatric illness              | <input type="checkbox"/> |
| Trauma exposed individuals of any age                                      | <input type="checkbox"/> |
| Children and youth in stressed families                                    | <input type="checkbox"/> |
| Children and youth at risk for school failure                              | <input type="checkbox"/> |
| Children and youth at risk of or experiencing juvenile justice involvement | <input type="checkbox"/> |

**3. Looking at the top Priority Populations you have selected, are there smaller risk groups within these populations that are of specific importance to you?**

**4. Which of the following populations are hardest to reach for mental health prevention/early intervention efforts? (Pick up to 3)**

- Immigrants who do not speak English
- Trauma exposed individuals
- Racial/ethnic groups who are traditionally underserved in the health care and mental health care systems
- Homeless individuals and families
- Isolated seniors
- Lesbians, gays, bisexuals, transgenders, questioning (LGBTQ)
- Individuals and families experiencing domestic violence
- Youth showing signs of a first psychotic break

**5. What are the BEST ways to make contact with the hard-to-reach populations you have selected above? (Pick up to 3)**

- Medical clinics
- Social service agencies
- Grocery stores
- Churches
- Community centers/Family service centers
- Cultural centers
- Schools
- Infant and toddler programs
- Justice system locations
- In homes
- Through radio, television, newspaper or internet
- Other (Please specify): \_\_\_\_\_

**6. Are there specific prevention/intervention PROGRAMS or TYPES OF INTERVENTIONS that you would like to see supported with these funds?**

Now we would like to ask you a few questions about yourself. If you are representing an organization, we would like to ask about your organization as well.

7. What is your home zip code? \_\_\_\_\_

8. How do you describe your race/ethnicity? (Check up to three that you most identify with)

- Black/African American
- Latino/Hispanic
- Native American/Alaskan Native
- White/Caucasian
- Asian/Pacific Islander (Please specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

9. What is your primary language?

- English
- Spanish
- Other (Please specify): \_\_\_\_\_

10. Which of the following groups do you PRIMARILY represent? (Check all that apply)

- Mental health consumer
- Family member or partner of a MH consumer
- Guardian/foster parent
- Concerned community resident – I am an adult over 25
- Concerned community resident – I am under 26 years of age
- Representing my profession, organization or my volunteer workplace
- Other (Please specify): \_\_\_\_\_

Do you have any additional comments to share with us?

*(Please use the space below to share your comments)*

**If you are an individual and not representing an organization, you have now completed this survey. Thank you for your time!** Your response is very important to us. To learn more about Contra Costa County's MHSA activities, go to [www.cchealth.org](http://www.cchealth.org). Click on "Mental Health" and then select MHSA for more information.

**If you are representing** a profession or organization, we will now ask you a few questions about your organization. **Please continue to next page.....**

**11. If you are responding to this survey in a work/volunteer-related capacity, what is your service focus?**

- Mental Health
- Alcohol and/or drug recovery
- Social services
- Homeless services
- Youth services
- Primary medical care
- Education
- LGBTQ Community
- Housing
- Law Enforcement
- Faith Communities
- Employment
- Media
- Other *(Please specify)*: \_\_\_\_\_

**12. What is the name of the organization you represent?**

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**13. What is the service area of your organization? *(More than one answer allowed)***

- Contra Costa County-wide, or
- West County
- Central County
- East County
- Far East County
- Contra Costa and other counties
- Serve clients in specific city/cities (please specify): \_\_\_\_\_

**14. Does your organization currently do mental health prevention or early intervention work?**

- No
- Yes *(Please describe briefly)*:

**15. Does your organization currently do work that would easily lend itself to PEI?**

- No
- Yes (*Please describe briefly*):

**16. Does your organization have access to especially hard-to-reach populations?**

- No
- Yes (*Please describe briefly*):

**17. May we follow up with you if we have more questions?**

- No
  - Yes (Please provide name and email address):
- 

*Thank you for taking our survey.*

*Again, your response is very important to us. To learn more about Contra Costa County's MHSA activities, go to [www.cchealth.org](http://www.cchealth.org). Click on "Mental Health" and then select MHSA for more information.*

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## ***¡Queremos Su Opinión!***

*La Sección de Salud Mental del Departamento de Servicios de Salud de Contra Costa actualmente está realizando un proceso de planificación estratégica para decidir cómo usar nuevos fondos de la Propuesta de ley número 63, también conocido como la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA) que fue aprobada por los votantes de California en 2004. La MHSA define cómo se deben usar estos fondos. El Departamento Estatal de Salud Mental distribuye y supervisa el uso de los fondos por los condados.*

*La Sección de Salud Mental de Contra Costa podrá recibir hasta \$7.1 millones de dólares durante los primeros dos años del programa con el fin de desarrollar nuevos programas y estrategias para ayudar a prevenir las enfermedades mentales serias y trastornos emocionales serios, programas conocidos como programas de Prevención e Intervención Temprana.*

*La meta principal de los servicios de Prevención e Intervención Temprana es: La prevención de enfermedades mentales serias y de trastornos emocionales serios Y también reducir las disparidades que se encuentran en gente que padece de estas enfermedades.*

*El Departamento Estatal de Salud Mental ha definido prevención y la intervención temprana como: Programas dirigidos a individuos antes de que padezcan de una enfermedad mental o muy temprano en la manifestación de una enfermedad. También han proporcionado algunos menús de lo que llaman "Necesidades Claves de la Comunidad" y "Poblaciones con Prioridad" de los que debemos escoger para dirigir los esfuerzos en nuestro condado de prevención e intervención temprana utilizando estos fondos. Estaremos preguntándole acerca de sus prioridades dentro de estas categorías en la presente encuesta.*

***Estaremos aceptando nuevas respuestas a la encuesta hasta el 23 de febrero de 2008.***

*También se pueden entregar o enviar por correo las encuestas impresas a:*

PEI Planning  
Contra Costa Mental Health  
1340 Arnold Drive, #200  
Martinez, CA 94553

**1. Por favor califique las siguientes “Necesidades Claves de la Comunidad” en el área de Prevención/Intervención Temprana en orden de prioridad, tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)**

|                                                           | Primera<br>Prioridad     | Segunda<br>Prioridad     | Tercera<br>Prioridad     | Cuarta<br>Prioridad      | Quinta<br>Prioridad      |
|-----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Disparidades en el acceso a servicios de salud mental     | <input type="checkbox"/> |
| Impacto psico-social del trauma                           | <input type="checkbox"/> |
| Poblaciones de niños, jóvenes y adultos jóvenes en riesgo | <input type="checkbox"/> |
| Estigma y discriminación con respecto a la salud mental   | <input type="checkbox"/> |
| Riesgo de suicidio                                        | <input type="checkbox"/> |

**2. Por favor califique las siguientes “Poblaciones de Prioridad” Claves en orden de prioridad tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)**

|                                                                                        | Primera<br>Prioridad     | Segunda<br>Prioridad     | Tercera<br>Prioridad     | Cuarta<br>Prioridad      | Quinta<br>Prioridad      | Sexta<br>Prioridad       |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Poblaciones culturales desatendidas                                                    | <input type="checkbox"/> |
| Individuos que experimentan comienzos de enfermedades mentales serias                  | <input type="checkbox"/> |
| Individuos de cualquier edad expuestos a traumas                                       | <input type="checkbox"/> |
| Niños y jóvenes en familias estresadas                                                 | <input type="checkbox"/> |
| Niños y jóvenes en riesgo de fracaso escolar                                           | <input type="checkbox"/> |
| Niños y jóvenes involucrados o en riesgo de verse involucrados con la justicia juvenil | <input type="checkbox"/> |

**3. Tomando en consideración las Poblaciones con mayor Prioridad que usted haya seleccionado, ¿hay otros subgrupos que forman parte de esas poblaciones que estén especialmente en riesgo para desarrollar enfermedades mentales y que tengan una particular importancia para usted? Especifique.**

**4. ¿Cuáles de las siguientes poblaciones son las más difíciles de alcanzar para los esfuerzos de prevención/intervención temprana en el campo de salud mental? (Elija hasta 3)**

- Inmigrantes que no hablan inglés
- Individuos expuestos a traumas
- Grupos raciales/étnicos que tradicionalmente no son atendidos en los sistemas de cuidados de la salud y de cuidado de salud mental
- Familias e individuos sin hogar
- Personas mayores aisladas
- Lesbianas, homosexuales, bisexuales, transexuales y personas que cuestionan su sexualidad
- Individuos y familias que experimentan violencia doméstica
- Jóvenes que muestran signos de un primer episodio sicótico

**5. ¿Cuáles son las MEJORES formas de hacer contacto con las poblaciones difíciles de alcanzar que usted haya seleccionado anteriormente? (Elija hasta 3)**

- Clínicas médicas
- Agencias de servicio social
- Tiendas de abarrotes
- Iglesias
- Centros comunitarios/centros de servicios a las familias
- Centros culturales
- Escuelas
- Programas para bebés y niños pequeños
- Ubicaciones del sistema de justicia
- En residencias
- A través de la radio, televisión, periódicos o Internet
- Otro (Por favor especifique):

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**6. ¿Hay algunos PROGRAMAS o TIPOS DE INTERVENCIÓN en específico que le gustaría que sean promovidos con estos fondos?**

*Ahora nos gustaría hacerle algunas preguntas acerca de usted. Si representa a una organización, también nos gustaría preguntarle acerca de la organización.*

7. **¿Cuál es el código postal de su domicilio?** \_\_\_\_\_

8. **¿Cómo describiría su raza/grupo étnico?** *(Marque hasta 3 con los que más se identifique)*

- Negro/Afro americano
  - Latino/Hispanico
  - Nativo americano/Nativo de Alaska
  - Blanco/Caucásico
  - Asiático/de las Islas del Pacífico (Por favor especifique): \_\_\_\_\_
  - Otro (Por favor especifique): \_\_\_\_\_
- 

9. **¿Cuál es su lengua principal?**

- Español
- Inglés
- Otro (Por favor especifique): \_\_\_\_\_

10. **¿A cuáles de los siguientes grupos representa PRINCIPALMENTE?**

*(Marque todos los que apliquen)*

- Consumidor de salud mental
  - Miembro de la familia o pareja de un consumidor de salud mental
  - Padre de cuidado temporal/tutor
  - Residente de la comunidad interesado – Soy un adulto mayor de 25 años
  - Residente de la comunidad interesado – Soy menor de 26 años
  - Represento a mi profesión, organización o centro de trabajo voluntario
  - Otro (Por favor especifique): \_\_\_\_\_
- 

**¿Tiene comentarios adicionales para compartir con nosotros?**

***Si usted se representa a sí mismo y no a ninguna organización, acaba de terminar esta encuesta. Gracias por su tiempo. Su respuesta es muy importante para***

nosotros. Para conocer más acerca de las actividades del MHSA del Condado de Contra Costa, visite [www.cchealth.org](http://www.cchealth.org). Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.

**Si representa a una organización, también nos gustaría preguntarle acerca de la organización. Por favor, continúe en la página siguiente.**

**11. Si responde a esta encuesta en su capacidad de trabajo o de voluntario, ¿cuál es el enfoque de su trabajo?**

- Salud mental
  - Recuperación del abuso de alcohol y/o drogas
  - Servicios sociales
  - Servicios para las personas sin hogar
  - Servicios para jóvenes
  - Cuidados médicos primarios
  - Educación
  - Comunidad de lesbianas, homosexuales, bisexuales, transexuales y personas que se cuestionan su sexualidad (LGBTQ)
  - Vivienda
  - Cumplimiento de la ley
  - Comunidades de fe
  - Empleo
  - Medios
  - Otro (Por favor especifique):
- 

**12. ¿Cuál es el nombre de la organización que representa?**

---

**13. ¿Cuál es el área de servicio de su organización? (Se permite más de una respuesta)**

- Por todo el Condado de Contra Costa, o
- Condado Oeste
- Condado Central
- Condado Este
- Condado del Lejano Este
- Condado de Contra Costa y otros condados
- Servimos clientes en ciudad(es) específica(s) (Por favor especifique): \_\_\_\_\_

**14. ¿Su organización actualmente realiza trabajos de prevención o de intervención temprana en el campo de salud mental?**

- No
- Sí (Por favor especifique):

**15. ¿Su organización actualmente realiza trabajos que fácilmente se prestarían para los fondos designados para la prevención o intervención temprana en el campo de salud mental?**

- No
- Sí *(Por favor especifique):*

**16. ¿Su organización tiene acceso a poblaciones que son especialmente fuera de alcance?**

- No
- Sí *(Por favor especifique):*

**17. ¿Podemos ponernos en contacto con usted si tenemos más preguntas?**

- No
  - Sí *(Por favor, proporcione su nombre y dirección de correo electrónico):*
- 

*Otra vez, gracias por completar esta encuesta.*

*Para conocer más acerca de las actividades del MHSA del Condado de Contra Costa, visite [www.cchealth.org](http://www.cchealth.org). Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.*