

<p>4</p>	<p>Project: Suicide Prevention Programs: 1. Plan: Suicide Prevention Task Force & Forum 2. Campaign: Suicide Prevention Campaign Committee & First Annual Campaign 3. Crisis Line Capacity Expansion</p>	<p>Julie Lienert, 12/16/08 John Bateson, 11/20/08</p>	<p>"Suicide prevention doesn't include any discussion or data regarding specific needs related to LGBTQ people; given the data that shows a disproportionately high suicide risk with LGBTQ youth, we were surprised not to see any discussion of LGBTQ people in this section." "At the stakeholder meeting on 11/6/08, it was mentioned that the plan would reference Contra Costa's nationally-certified hotline. I see that this wasn't included, and the omission may create problems when the plan is reviewed."</p>	<p>No change made to Plan, but through RFP will be made clearer. Changed Project #4 to state that crisis line expansion will be to agency operating a certified suicide hotline (accredited by American Association of Suicidology).</p>
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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 (development of meaningful evening and weekend activities for consumer involvement), 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>	
<p>Project Number: 9</p>	<p>Section of Plan Referenced: Project: Youth Development Program: Youth Development Projects</p>	<p>Submitted by: Julie Lienert, 12/16/08</p>	<p>Public Comment: "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</p>	<p>Response to Comments and/or Changes to PLAN Good feedback. While Plan not changed, the RFP will more clearly reflect need to provide for the needs of the LGBTQ youth.</p>
<p>Administration</p>	<p>General Comment</p>	<p>Veronica Vale, 12/15/08</p>	<p>"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."</p>	<p>No change made to the Plan.</p>
	<p>General Comment</p>	<p>Julie Lienert, Ally Action, 12/16/08</p>	<p>"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</p>	<p>No change made to Plan, however, issuance of RFP's will also include LGBTQ needs specified.</p>

			community-specific needs/issues have been. Throughout the report, neither the "Selected Priority Populations" or the Quickscan 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	Date 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.	

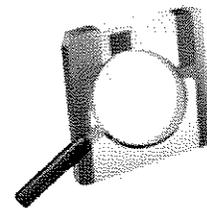
Extended Comments provided by Lisa Assoni

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 then 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-disheveled, 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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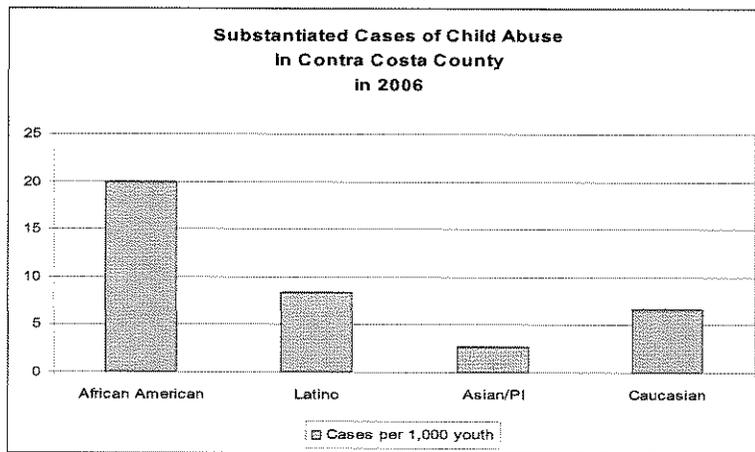
## At-Risk Children, Youth, and Young Adults In Stressed Families, and/or At Risk of School Failure, and/or Juvenile Justice System Involvement

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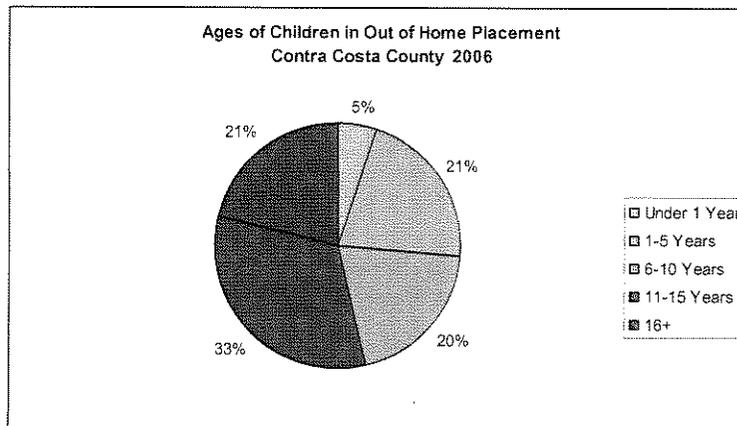
*Note: Data for the three child-specific target populations for PEI planning are highly overlapping. Rather than duplicating data in separate presentations, data on the three groups are being provided together in a single group. For clarification, effort has been made to identify which sub-groups of 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)

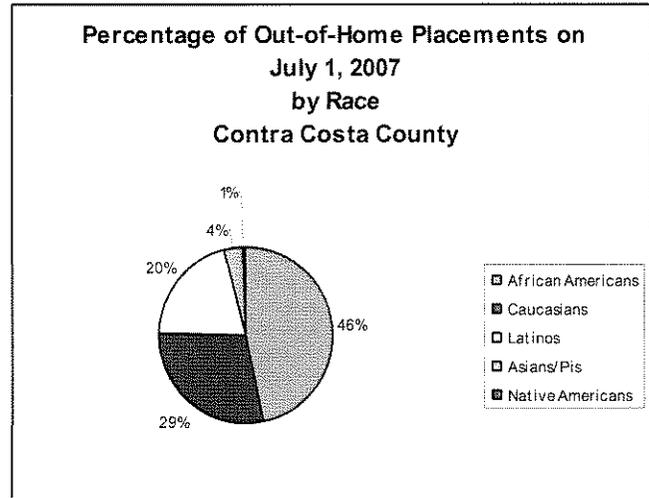
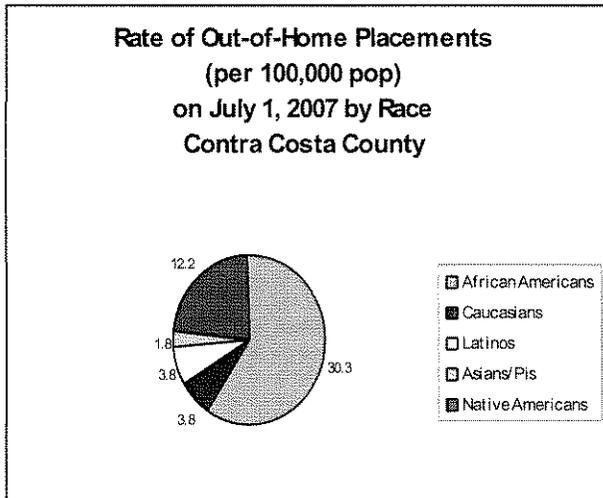
- In 2006, out of 10,491 reports of child abuse in Contra Costa, 21% or 2,178 were substantiated.<sup>1</sup>
- The rate of substantiated cases of child abuse among African American children is from two to six times higher than in other groups.<sup>1</sup>



- As of July 1, 2007, 1,492 children 0-17 in Contra Costa were in out-of-home care.<sup>1</sup>

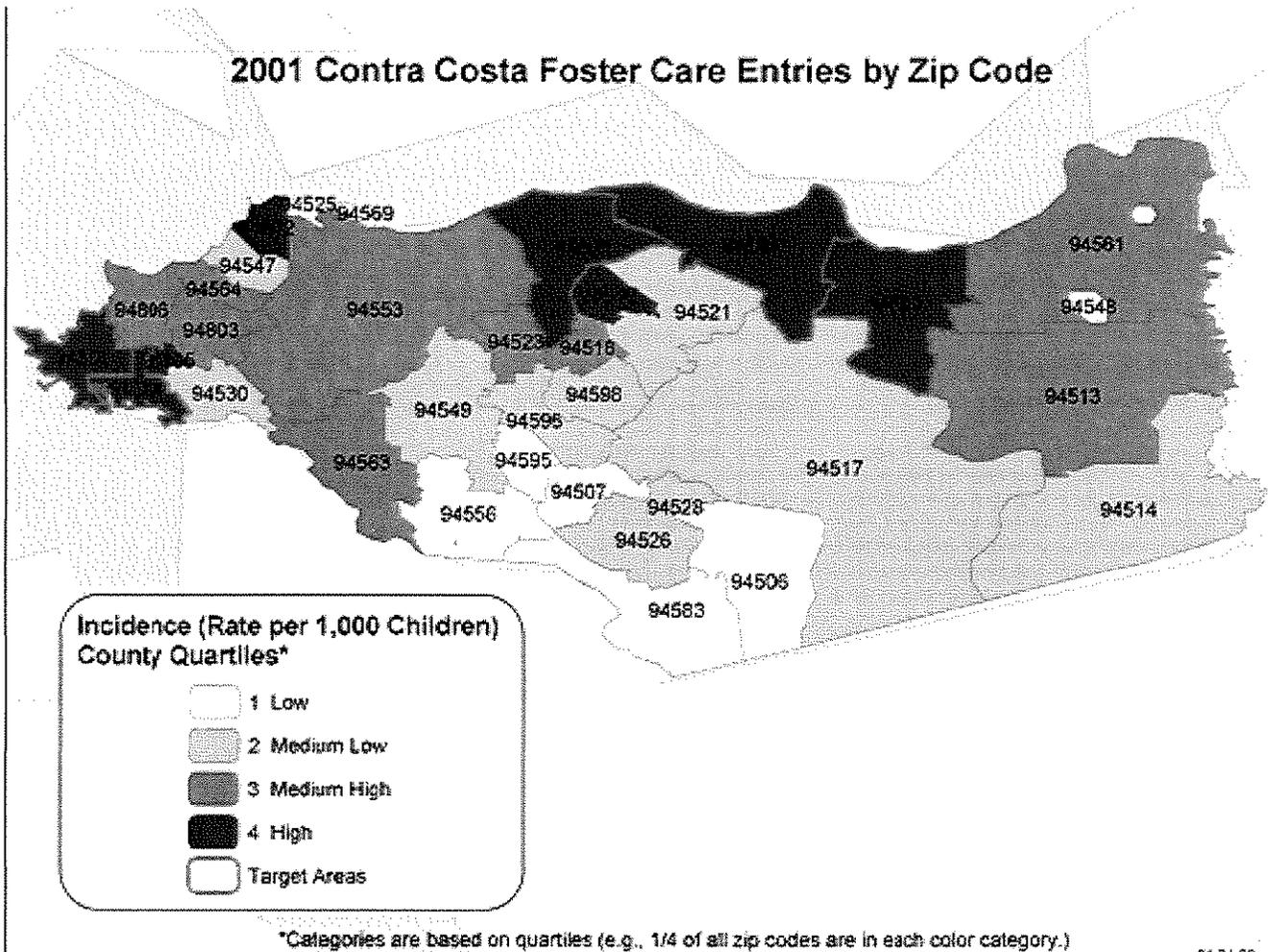


- From 2002-2006, the majority of children in out-of-home placement (about 35%) were with relatives, 18% were in foster care, 11%-14% were in group homes, 14%-17% were in foster family agencies, 6%-8% were placed with a guardian, and the rest were in other forms of placement (e.g., court specified home, trial home visit, pre-adopt).<sup>1</sup>
- 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).<sup>1</sup>



- 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.<sup>1</sup>
- 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.<sup>1</sup>
- 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.<sup>1</sup>
- 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.<sup>1</sup>
- 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.<sup>2</sup>
- 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.<sup>2</sup>
- 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.<sup>3</sup>

- 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.<sup>4</sup>



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Contra Costa County Cultural Competence Plan, 2003-2004

### Children Exposed to Domestic Violence (F)

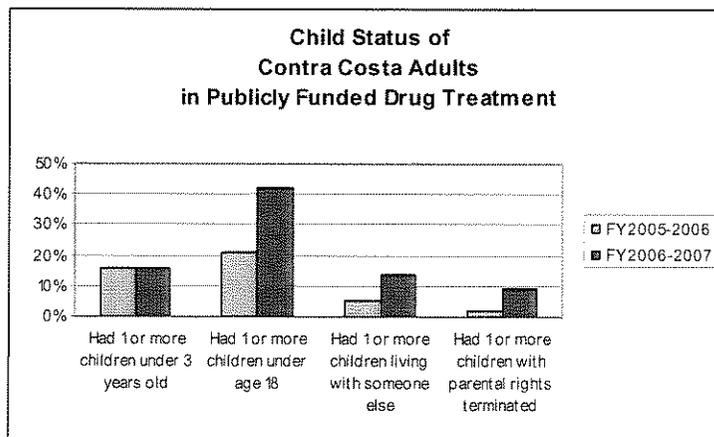
- In 2003, there were 4,037 domestic violence reports in contra Costa County. Children were present in 40% of those reports (1,609 children).<sup>5</sup>
- Data from STAND! Against Domestic Violence indicate that nearly 50% of the program's crisis intervention cases involve children. Additionally, 50% of the children who accompany their mothers to STAND!'s emergency shelters have been abused.<sup>5</sup>
- In 2001, an estimated 233 homeless individuals and 394 children were victims of domestic violence.<sup>6</sup>
- 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.<sup>7</sup>

## Food Insecurity (F)

- About 33% percent of the people receiving emergency food in Contra Costa and Solano Counties are children.<sup>8</sup>
- Of California teens ages 12-17 responding to the 2004 California Teen Eating, Exercise and Nutrition Survey<sup>9</sup>:
  - 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.<sup>10</sup>



- In April 2001, an estimated 637 individuals and 475 members of families, or 23% of the total homeless population, were chronically abusing substances.<sup>6</sup>

## Children Exposed to Mental Illness or Depression in the Home (F)

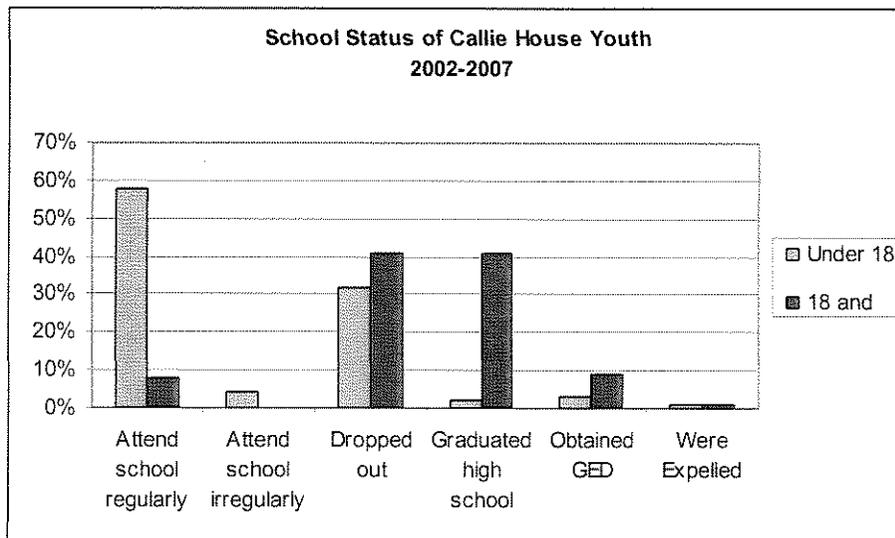
- Between 30% and 70% of children with mentally ill parents suffer from mental disorders themselves.<sup>11</sup>

## 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.<sup>12</sup>
- 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).<sup>13</sup>
- 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.<sup>12</sup>

## Homeless Children (F, S, JJ)

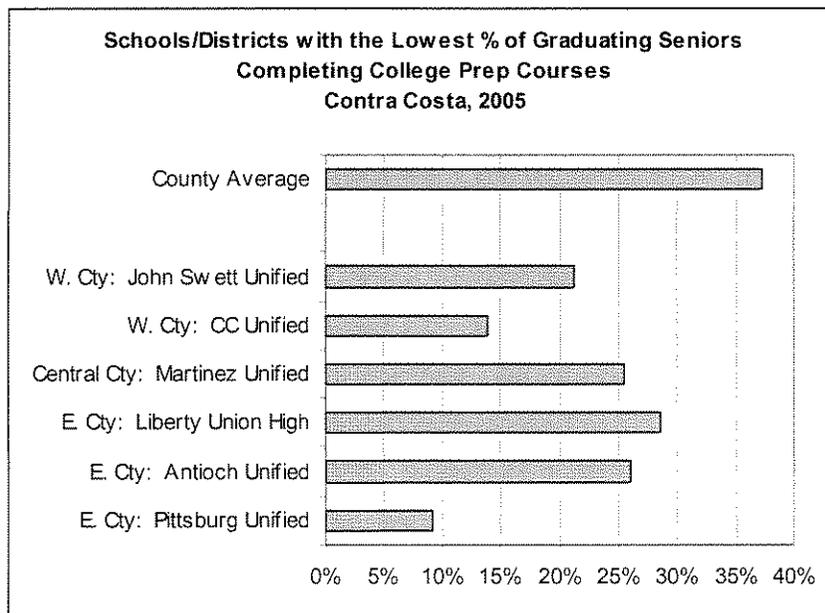
- Of the nearly 15,000 people in Contra Costa who experience homelessness each year, more than two-thirds are members of a family, including nearly 7,000 children.<sup>6</sup>
- Over 67% of homeless individuals and nearly 10% of homeless people in families, including children, need mental health care. The need for mental health care for children may be much higher.<sup>6</sup>
- 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:<sup>14</sup>



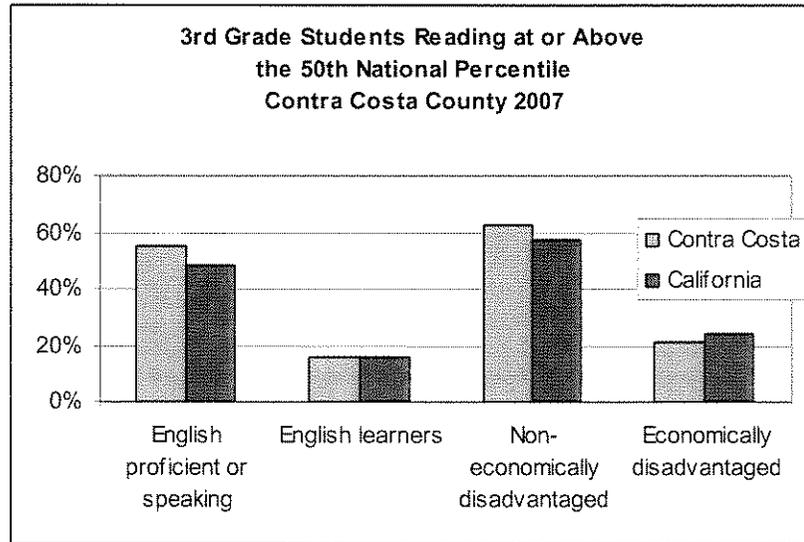
- Just prior to entering Calli House:<sup>14</sup>
  - 32% of youth lived with a relative/other adult's or youth's home
  - 25% lived with a parent or guardian
  - 20% lived on the streets
  - 9% lived in a shelter
  - 3% each lived in a group or foster home, or were living independently
  - 2% each were in a mental health/drug treatment center or in college/Job Corp
  - 1% lived in a correctional facility
  
- 1% each of Contra Costa 9<sup>th</sup> graders (n=66) and 11<sup>th</sup> 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.<sup>15</sup>
  
- Former foster care children are 22 times more likely to become homeless than their peers.<sup>16</sup>

### Low Performing Schools (S,JJ)

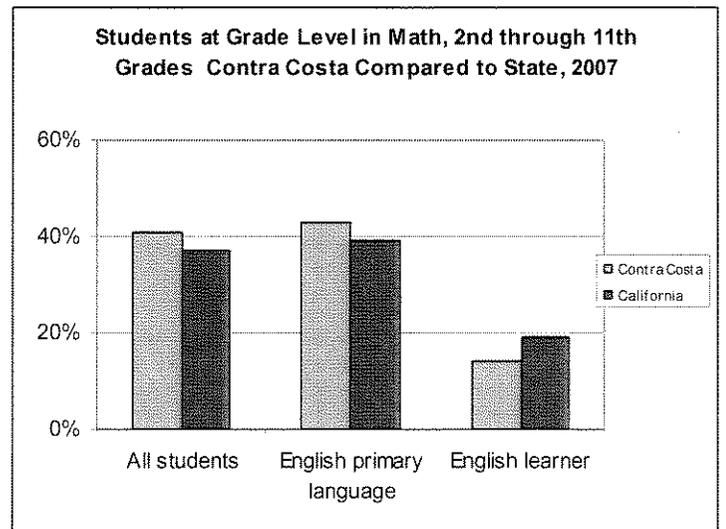
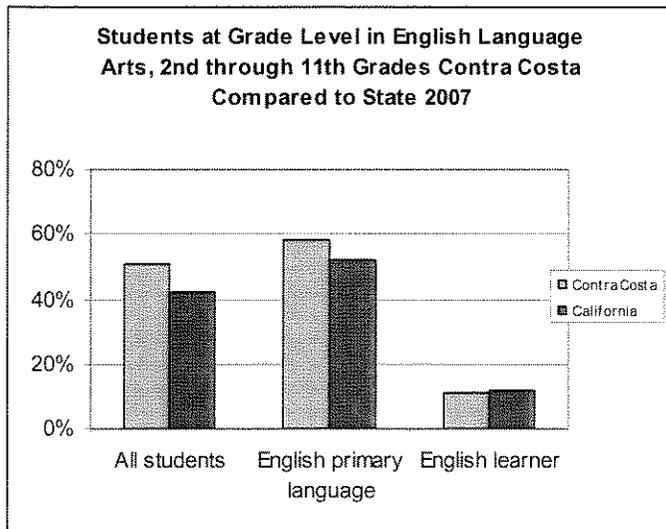
- Since 1997, college readiness among Contra Costa high school graduates completing college preparatory courses has declined from 42.9% in 1997 to 37.3% in 2005.<sup>17</sup>



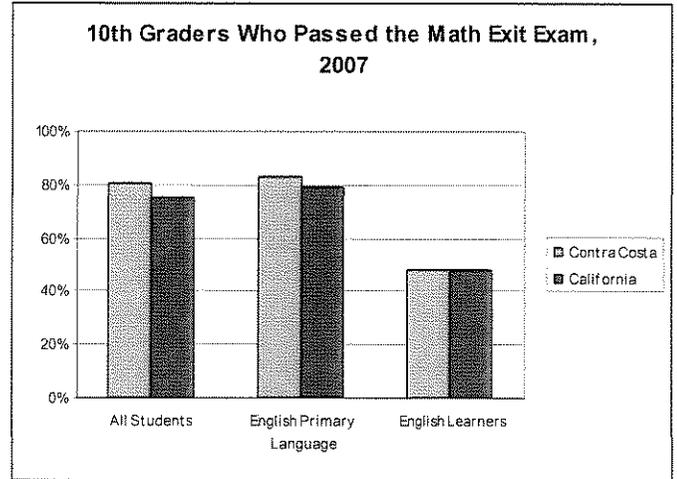
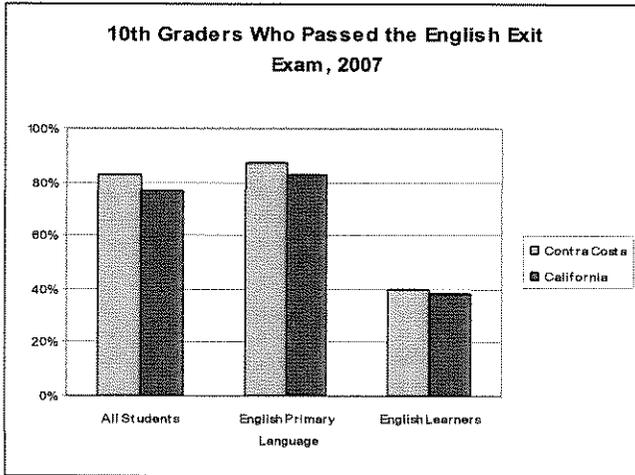
- In 2007, 55% of Contra Costa public school 3<sup>rd</sup> grade students scored at or above the 50th national percentile in reading on the CAT/6 test.<sup>18</sup> Significant disparities are found by language and socioeconomic status.



- English learners in 2<sup>nd</sup> through 11<sup>th</sup> grades are less likely to meet California's academic achievement standards than their peers.<sup>19</sup>



- English learners are also less likely to pass the California High School Exit Examination in English and math.<sup>20</sup>

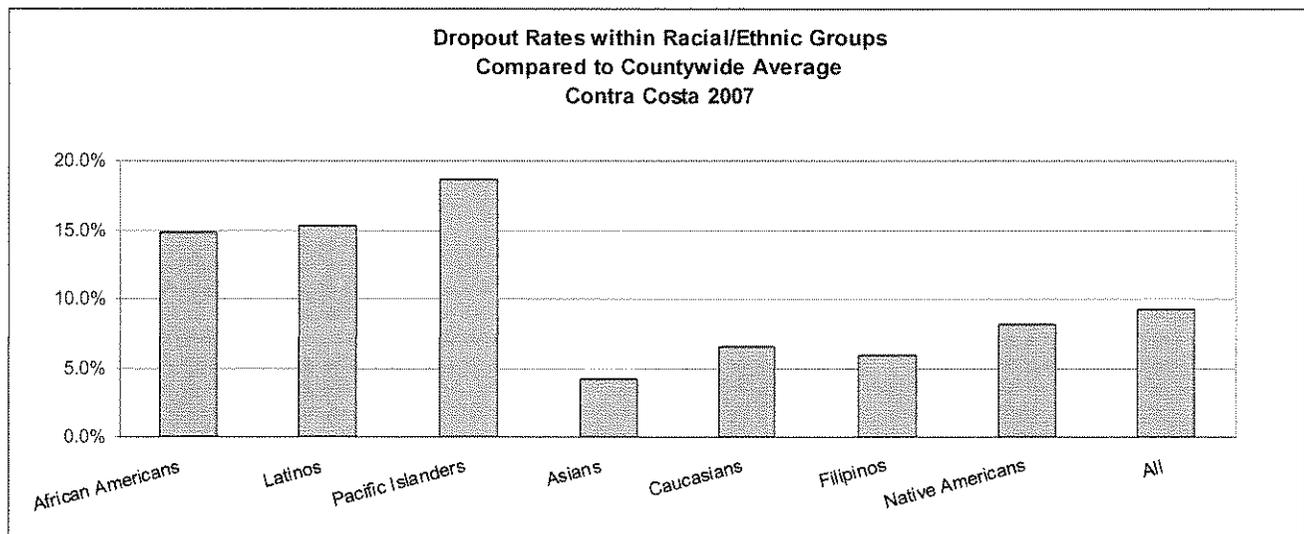


### Dropouts, Truancy, Suspensions (S, JJ)

- In 2006, 9.3% of Contra Costa County public high school students dropped out of school.<sup>20</sup> 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                                                         |                            |
|---------------------------------------------------------------------------------------------|----------------------------|
| <b>West County</b>                                                                          | 4-year derived rate (9-12) |
| West County Unified                                                                         | 10.8%                      |
| <b>Central County</b>                                                                       |                            |
| Acalanes (Lafayette)                                                                        | 0.8%                       |
| Martinez                                                                                    | 12.4%                      |
| Mt. Diablo                                                                                  | 14.4%                      |
| <b>East County</b>                                                                          |                            |
| Liberty Union (Brentwood)                                                                   | 8.3%                       |
| Antioch Unified                                                                             | 10.1%                      |
| Pittsburg Unified                                                                           | 17.3%                      |
| <b>South County</b>                                                                         |                            |
| San Ramon Valley Unified                                                                    | 2.8%                       |
| <b>County</b>                                                                               | 9.3                        |
| <b>California</b>                                                                           | 14.1                       |
| Source: CDOE, <a href="http://dq.cde.ca.gov/dataquest/">http://dq.cde.ca.gov/dataquest/</a> |                            |

- The highest dropout rates are among African Americans, Latinos, and Pacific Islanders. The lowest were among Asians, Whites, and Filipinos.<sup>17</sup>



- The truancy rate for Contra Costa County schools was 27.7%, just below the statewide average of 28.3%.<sup>17</sup>
- 15.7% of Contra Costa students were suspended, higher than the statewide average of 13.9%.<sup>17</sup>

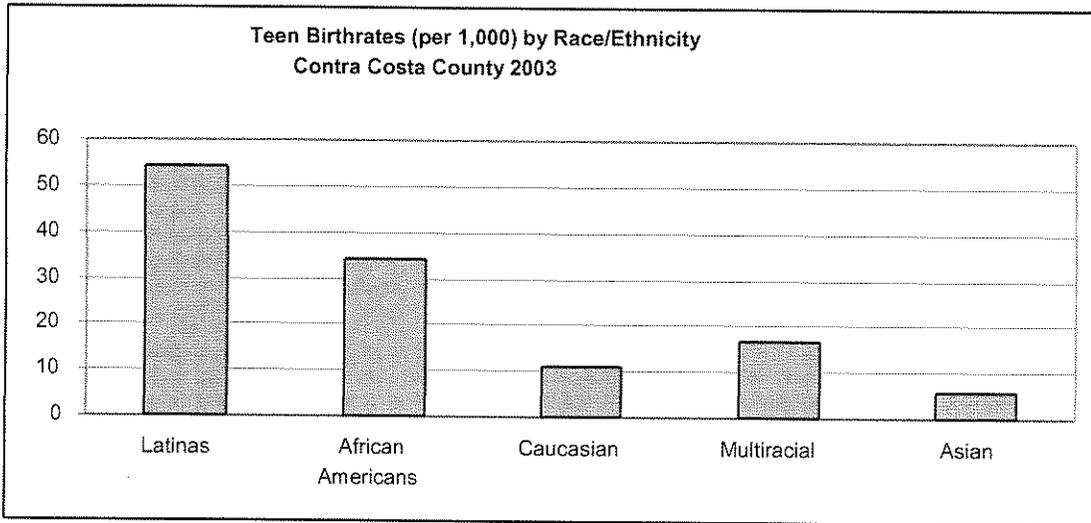
### Adult Support at School and in the Community (S, JJ)

- 16% to 19% of 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders in non-traditional schools reported having low caring relationships with and low expectations from adults in school.<sup>15</sup>
- 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.<sup>15</sup>
- 8% -10% of 7<sup>th</sup> graders, 9<sup>th</sup> graders and 11<sup>th</sup> graders, and 14% of students in non-traditional schools reported having low caring relationships with and low expectations from adults in the community.<sup>15</sup>
- 15% to 18% of 7<sup>th</sup> graders, 9<sup>th</sup> graders and 11<sup>th</sup> graders, and 30% of students in non-traditional schools did not feel they had opportunities for meaningful participation in the community.<sup>15</sup>

### 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.<sup>21</sup>
- 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.<sup>22</sup>
- 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.<sup>23</sup>

- Birth rates among Contra Costa teens are lower in every group compared to California teens with the highest being among Latinas and African Americans.<sup>21</sup>



- Compared to the countywide rate, the teen birth rate is significantly higher in Richmond, Bay Point/Pittsburg, Antioch, Concord, San Pablo, and Oakley.<sup>21</sup>

| Teen Birth Rate/1,000 by Region, 2002-2004     |        |        |
|------------------------------------------------|--------|--------|
|                                                | Number | Rate   |
| <b>West County</b>                             |        |        |
| Richmond                                       | 567    | 57.6*  |
| San Pablo                                      |        | 76.3*  |
| Pinole                                         | 31     | 15.1** |
| <b>Central County</b>                          |        |        |
| Concord                                        | 336    | 28.2*  |
| Martinez                                       | 58     | 16.6** |
| Walnut Creek                                   | 29     | 6.8**  |
| <b>East County</b>                             |        |        |
| Bay Point/Pittsburg                            | 456    | 56.8*  |
| Antioch                                        | 371    | 31.9*  |
| Oakley                                         | 99     | 32.8*  |
| Brentwood                                      | 86     | 24.8   |
| <b>Countywide</b>                              | 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<sup>a</sup> responding to the 2002-2006 California Healthy Kids Survey<sup>15</sup> reported that they:

|                                                                                             | <b>Grade<br/>7</b> | <b>Grade<br/>9</b> | <b>Grade<br/>11</b> | <b>Non-<br/>traditional</b> |
|---------------------------------------------------------------------------------------------|--------------------|--------------------|---------------------|-----------------------------|
| 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                                           |                    |                    |                     |                             |

<sup>a</sup> Student sample size - Grade 7: 7,744; Grade 9: 6,573; Grade 11: 4,950; Non-Traditional: 1,015.

### Violence in school (S, JJ)

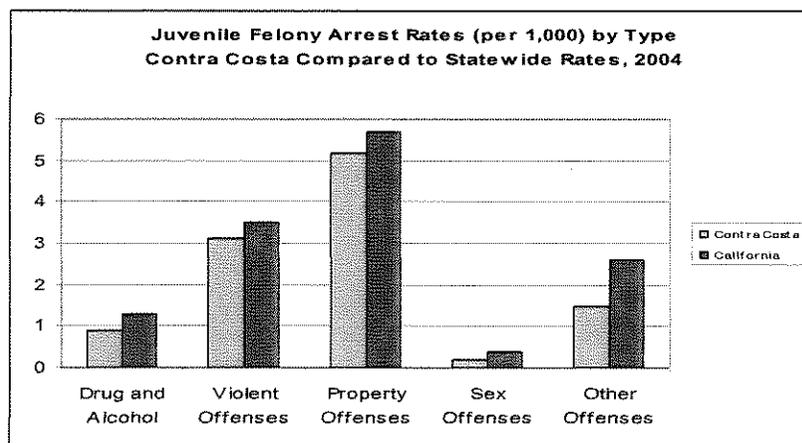
- Contra Costa public school students responding to the 2002-2006 California Healthy Kids Survey<sup>15</sup> reported that in the past 12 months on school property they had:

|                                                                                                                                      | 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.<sup>22</sup>



- In 2005, youth ages 13-17 accounted for 93% of juvenile felony arrests. Males made up 86% and females 14% of those arrests.<sup>22</sup>
- 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).<sup>22</sup>
- 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.<sup>12</sup>
- 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.<sup>14</sup>
- 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>24</sup>

| 10-17 year olds                                   | 2000 Population | % of 2005 Arrests | % of Probation Referrals |
|---------------------------------------------------|-----------------|-------------------|--------------------------|
| <b>Richmond – West County</b>                     |                 |                   |                          |
| 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%                       |
| <b>Monument Corridor - Concord Central County</b> |                 |                   |                          |
| 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%                       |
| <b>Bay Point - East County</b>                    |                 |                   |                          |
| 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%                       |

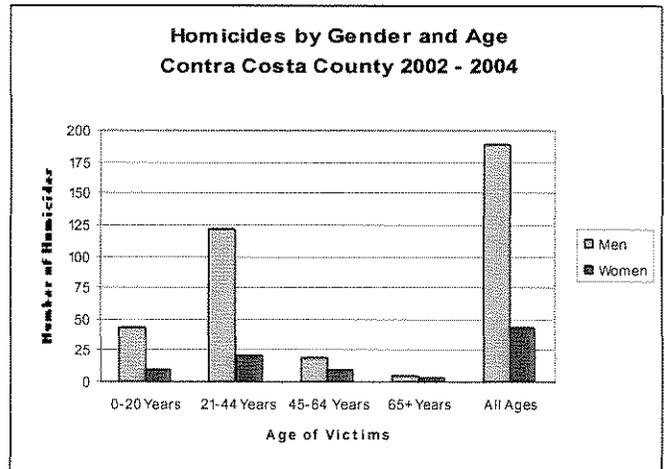
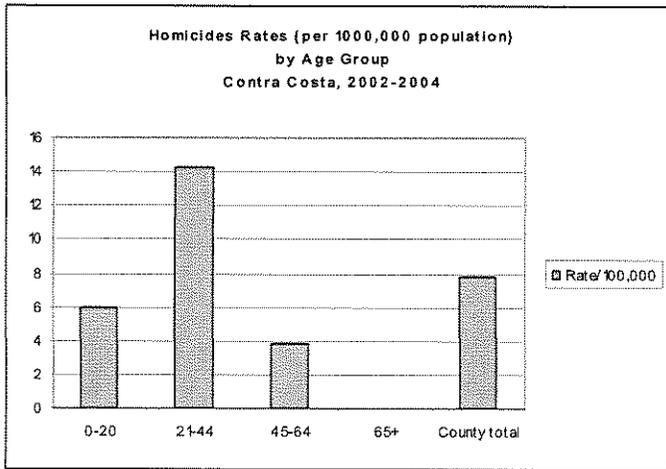
Source: Initiative to Examine Disproportionate Minority Contact, Draft, September 2006.

## Trauma Exposed Individuals – All Ages

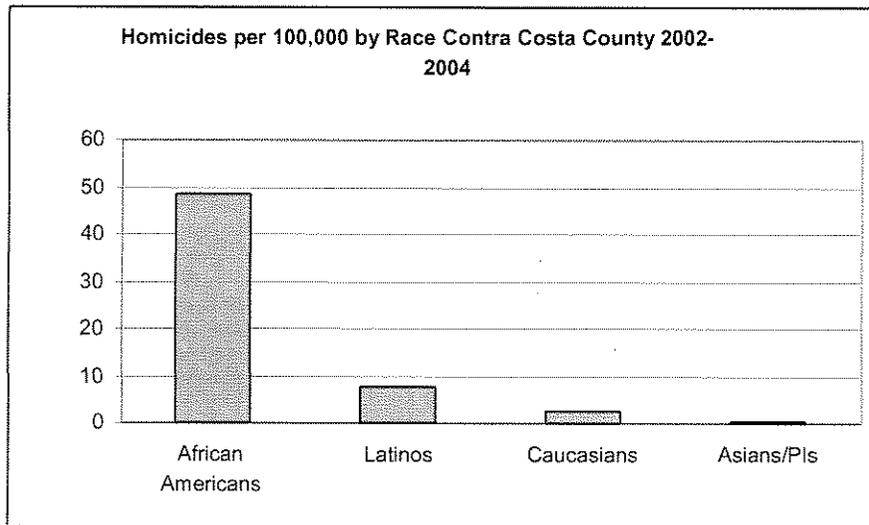


### Violence in the Community

- From 2002-2004, 233 Contra Costa residents died by homicide.<sup>25</sup>
- 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+.<sup>1 b</sup>



- 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).<sup>1</sup>



<sup>b</sup> 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.<sup>1</sup>

| <b>Homicides in Selected Communities<br/>Contra Costa County 2002 - 2004</b> |               |                                      |
|------------------------------------------------------------------------------|---------------|--------------------------------------|
|                                                                              | <b>Deaths</b> | <b>Rate per<br/>100,000<br/>pop.</b> |
| <b>West County</b>                                                           |               |                                      |
| Richmond                                                                     | 109           | *35.7                                |
| San Pablo                                                                    | 18            | NA                                   |
| Pinole                                                                       | 5             | NA                                   |
| <b>Central<br/>County</b>                                                    |               |                                      |
| Concord                                                                      | 14            | NA                                   |
| Walnut Creek                                                                 | 5             | NA                                   |
| Martinez                                                                     | 1             | NA                                   |
| <b>East County</b>                                                           |               |                                      |
| Pittsburg                                                                    | 26            | 14.1                                 |
| Antioch                                                                      | 18            | NA                                   |
| Brentwood                                                                    | 7             | NA                                   |
| Bay Point                                                                    | 5             | NA                                   |
| Oakley                                                                       | 1             | NA                                   |
| <b>Countywide</b>                                                            | 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%).<sup>1</sup>

- From 2002-2004, the highest number of non-fatal assault hospitalizations occurred among residents of Richmond, Bay Point/Pittsburg, Antioch, and Concord.<sup>1</sup>

| <b>Non-fatal Assault Hospitalizations<br/>Contra Costa, 2002-2004</b>  |       |              |
|------------------------------------------------------------------------|-------|--------------|
|                                                                        | Cases | Rate/100,000 |
| <b>West County</b>                                                     |       |              |
| Richmond                                                               | 291   | *95.3        |
| San Pablo                                                              | 91    | *97.4        |
| Pinole                                                                 | 18    | NA           |
| <b>Central County</b>                                                  |       |              |
| Concord                                                                | 106   | 28.2         |
| Martinez                                                               | 51    | 46           |
| Walnut Creek                                                           | 41    | **20.6       |
| <b>East County</b>                                                     |       |              |
| Bay Point/<br>Pittsburg                                                | 150   | *59.0        |
| Antioch                                                                | 114   | 37.9         |
| Oakley                                                                 | 25    | 30.5         |
| Brentwood                                                              | 17    | NA           |
| <b>Countywide</b>                                                      | 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

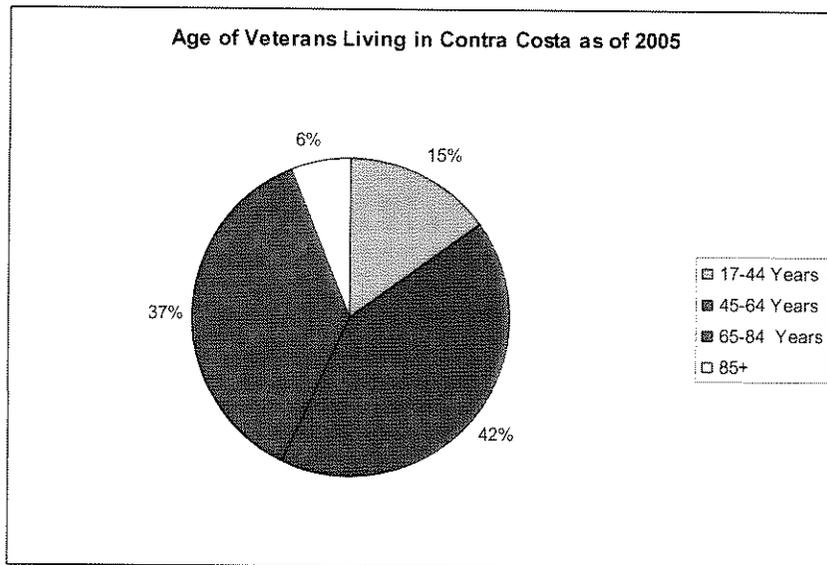
- The number of domestic violence calls for assistance for residents of all ages has steadily declined from 4,866 in 2002 to 3,966 in 2006. The reasons for this decrease are not well understood.<sup>26</sup>
- In 2001, an estimated 233 homeless individuals and 394 children were victims of domestic violence.<sup>27</sup>
- 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.<sup>28</sup>
  - 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.<sup>29</sup>
- 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.<sup>5</sup>
- 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.<sup>30</sup>

## 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.<sup>31</sup>



- 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.<sup>32</sup>
- 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.<sup>8</sup>

## Homelessness

- On any given night, over 4,800 people are homeless in Contra Costa.<sup>3</sup>
- 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%)<sup>33</sup> **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.<sup>3</sup>
- Thirty-four percent of women who were homeless in one year reported that they had experienced domestic violence at some point in their lives.<sup>3</sup>

## Early Onset of Serious Psychiatric Illness

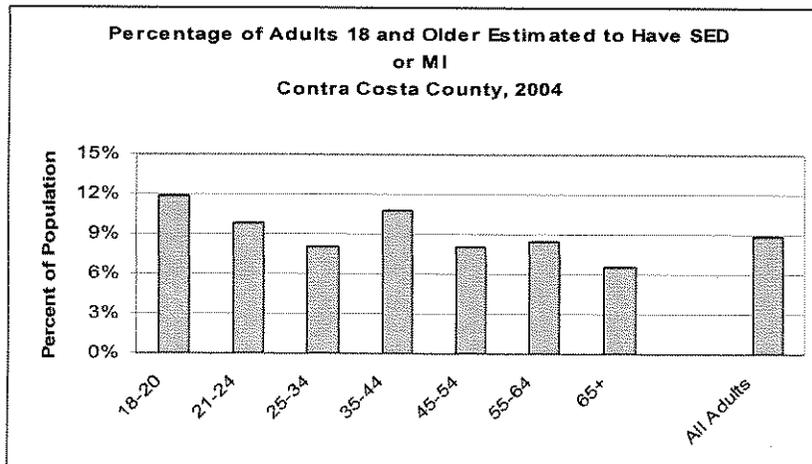
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First Break

- While initial onset of a serious psychiatric illness can occur at any age, it most commonly occurs during adolescence and early adulthood.³⁴
- About 3 out of every 100 young people will experience a psychotic episode.³⁵
- 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.³⁶
- Up to 85% of consumers presenting with first-episode psychosis recover with appropriate treatment and many exhibit no psychotic symptoms in follow-up assessments.³⁷
- 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.³⁸

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.³⁹
- 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.⁴⁰
- 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.⁴¹
- 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.⁷



- 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 45-54.⁶
- 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%).⁴²

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).⁴³

Mental health diagnoses, Ages 0-25, 2003-2004						
	0-5	6-11	12-15	16-17	18-20	21-25
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
Total	603	1,641	2,014	1,234	750	994

- 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.¹⁰

Mental health diagnoses, Adults, 2003-2004					
	26-35	36-45	46-55	56-64	65+
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
Total	2,011	2,497	2,260	301	330

*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%).⁸
- Children who experience homelessness and children who enter the foster care system are more likely to have serious emotional disturbances.⁸
- In 2005-06, 1,635 students in Contra Costa schools received 15,688 individual visits with a mental health provider.⁴⁴

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.⁴⁵

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.⁸
- 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.⁴⁶
- Juvenile Hall residents with open cases range from 33% to 50% of total Hall populations.¹¹
- 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.¹¹
- 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.¹¹
- 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.¹¹

- 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.¹¹

- 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.¹¹

Suicide

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Suicide Deaths

- Between 2002 and 2004, 298 Contra Costa residents committed suicide.⁴⁷
- 81% of suicide deaths in Contra Costa occur among White residents, of which three-fourths are among men.¹
- 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).¹
- Suicide is the third leading cause of death among residents 15-34 years old.¹

	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.

West County	Deaths	Percent	Rate/100,000
Richmond	23	7.7%	7.5
San Pablo	19	6.4%	NA
Pinole	7	2.3%	NA
Central County			
Walnut Creek	27	9.1%	13.6
Concord	44	14.8%	11.7
Martinez	19	6.4%	NA
East County			
Antioch	32	10.7%	10.6
Bay Point/Pittsburg	22	7.4%	8.6
Brentwood	15	5.0%	NA
Oakley	6	2.0%	NA
Countywide	298	100	9.9

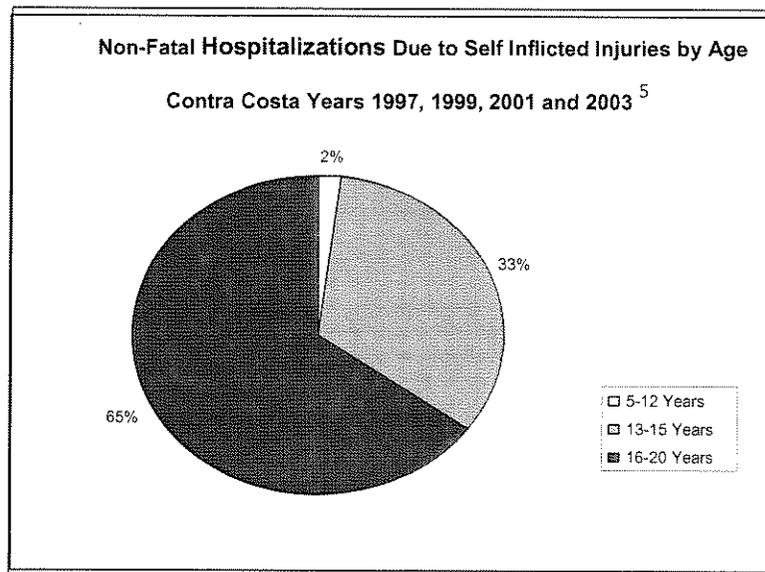
Source: Community Health Indicators for Contra Costa County, June 2007.

- 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%).¹

- 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 2002.⁴⁸
- 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.⁴⁹

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.¹
- 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).¹
- 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.⁵⁰



- 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).¹

- 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%).¹

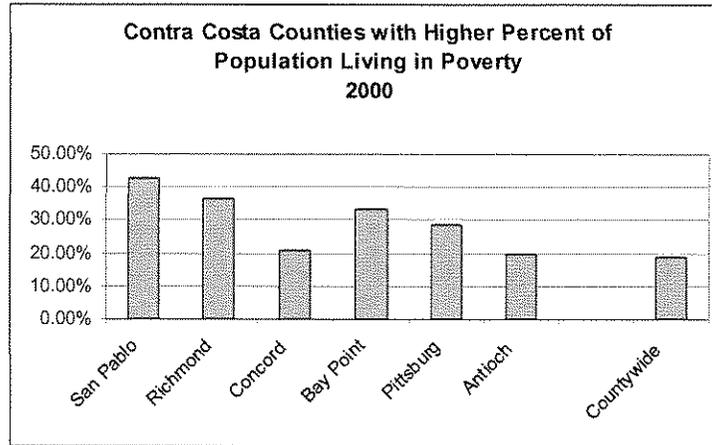
Depression

- 25% of 7th graders, 32% of 9th graders, 33% of 11th graders, and 36% of students in non-traditional schools reported having sad and hopeless feelings in the past 12 months.⁵¹
- From 29%-43% of female and 38%-30% of male public school 7th, 9th, 11th 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.⁶
- An estimated 21,000 (23.1%) teens 12-17 years appear to be at risk for depression.¹

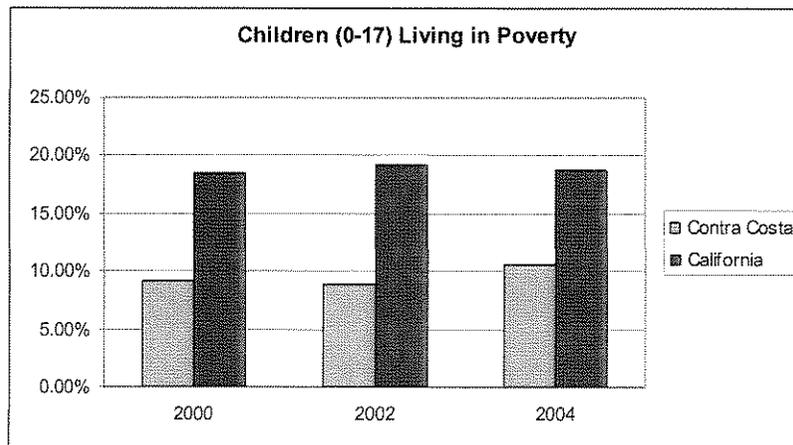
- From 1990 to 2000, the fastest growing ethnic groups in Contra Costa County have been Latinos (84%) and Asian/Pacific Islanders (40%).³

Poverty

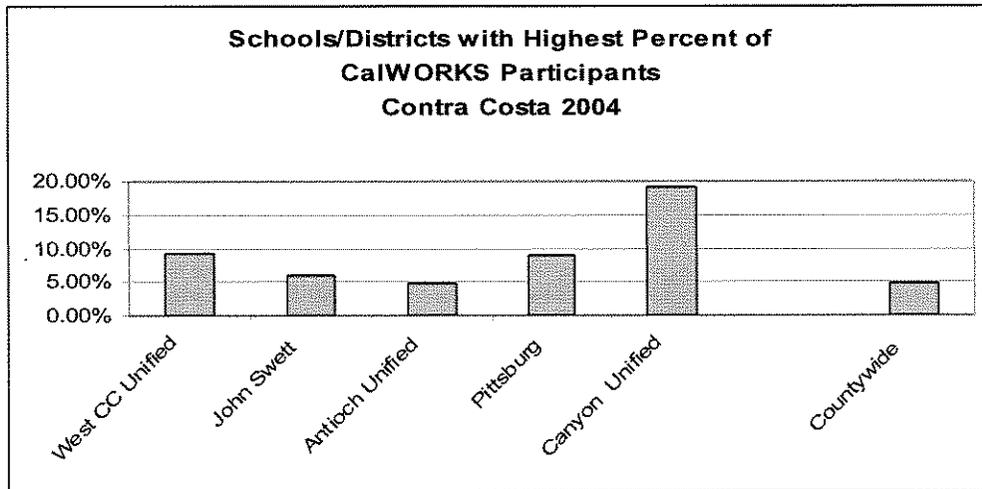
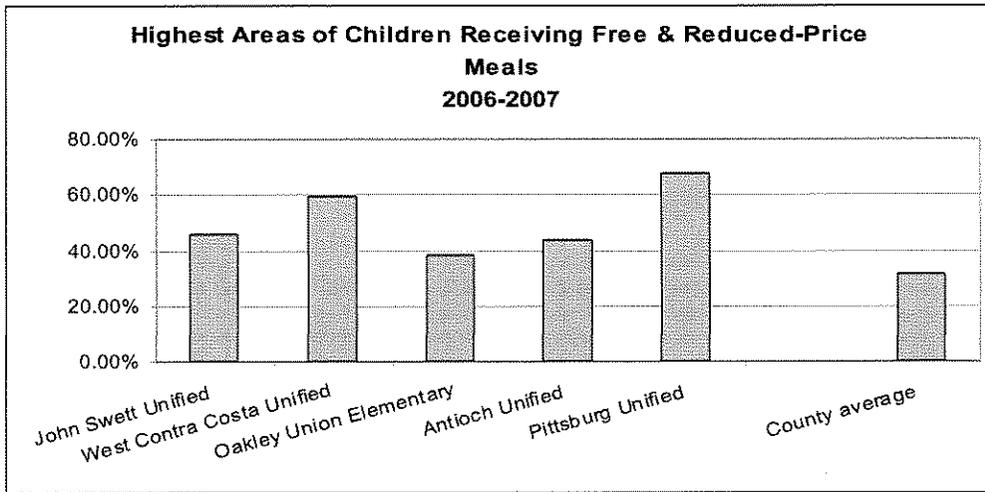
- Nearly 20%, or 196,761 people live in poverty in Contra Costa. Six cities have significantly higher percentages of poverty than the countywide average.¹



- In 2005, the percentage of residents living in poverty rose in Concord to 24.5% and in Antioch to 22.3%.¹
- 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.²



- In 2007, 31.7% of public school students in Contra Costa County were enrolled in free or reduced cost school meals.⁵⁶



- In January 2004, 10.1% of Contra Costa residents were Medi-Cal eligible, making Contra Costa County the 15th 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.³

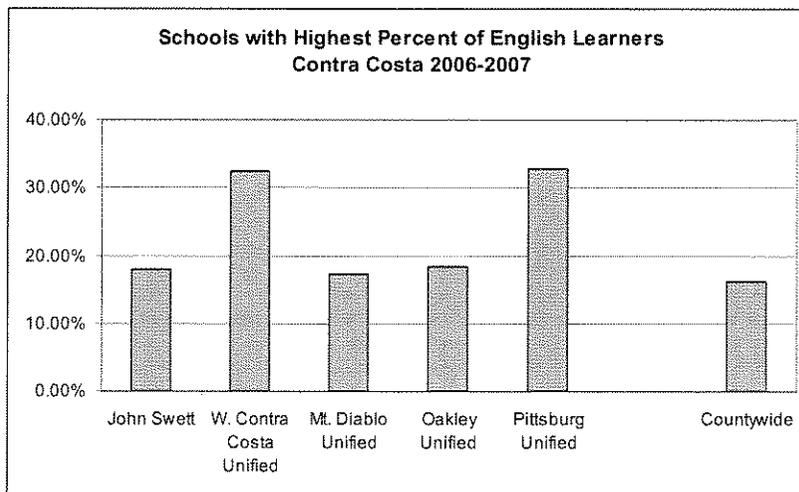
Immigrant Families

- From 1990-2000, the foreign-born population grew by 69%.³
- 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.³
- 40% of Contra Costa children live in immigrant families.⁵⁷ 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.

	Contra Costa	California
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%

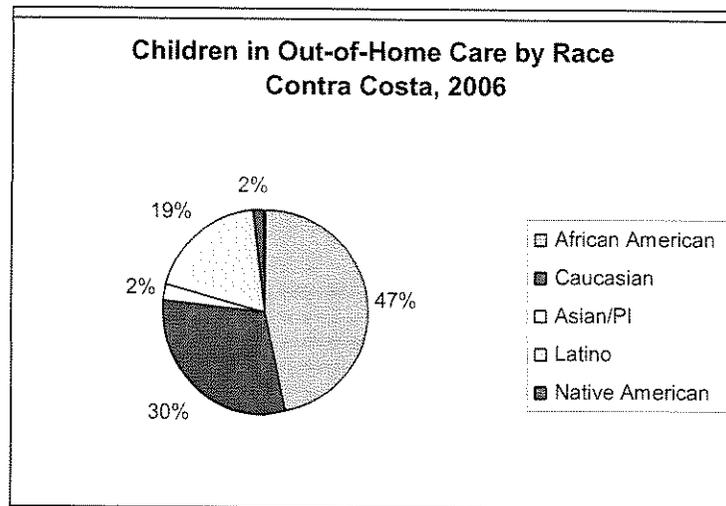
Source: Children Now, Children in Immigrant Families, 2007.

- Two-thirds of Contra Costa children living in immigrant families are bilingual (67% speak another language at home, and 63% speak two languages well).⁶
- 20% of Contra Costa children live in linguistically isolated families, compared to 29% statewide.⁶
- 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%).²
- English learners (students whose primary language is not English) in public schools have increased from 14% in 2003 to 16.3% in 2007.⁵



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.⁵⁸
- 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.⁷



- 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.⁷

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 2004.⁵⁹
- 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 2004.⁸
- 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.⁸
- 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.⁸
- 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.⁸

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%).⁶

- 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.⁶ (See *Children’s Data for detail*)
- English learners are less likely to pass the California High School Exit Exam.⁶

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.⁶⁰

10-17 year olds	% of 2000 Population	% of 2005 Arrests
Richmond – West County		
African American	42%	70%
Latino	30%	18%
White	11%	6%
Asian	12%	2%
Pacific Islander	1%	<1%
Native American	<1%	<1%
Other	4%	1%
Monument Corridor – Concord Central County		
African American	5%	16%
Latino	41%	41%
White	37%	32%
Asian	9%	1%
Pacific Islander	1%	1%
Native American	1%	0%
Other	7%	8%
Bay Point - East County		
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%

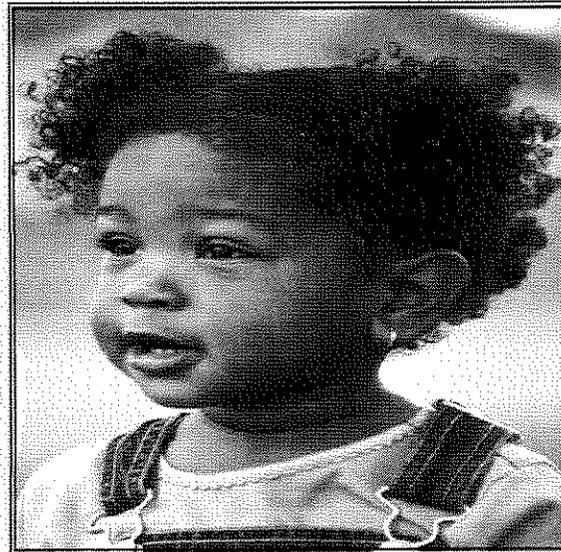
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CONTRA COSTA COUNTY
Children & Family Services

*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.

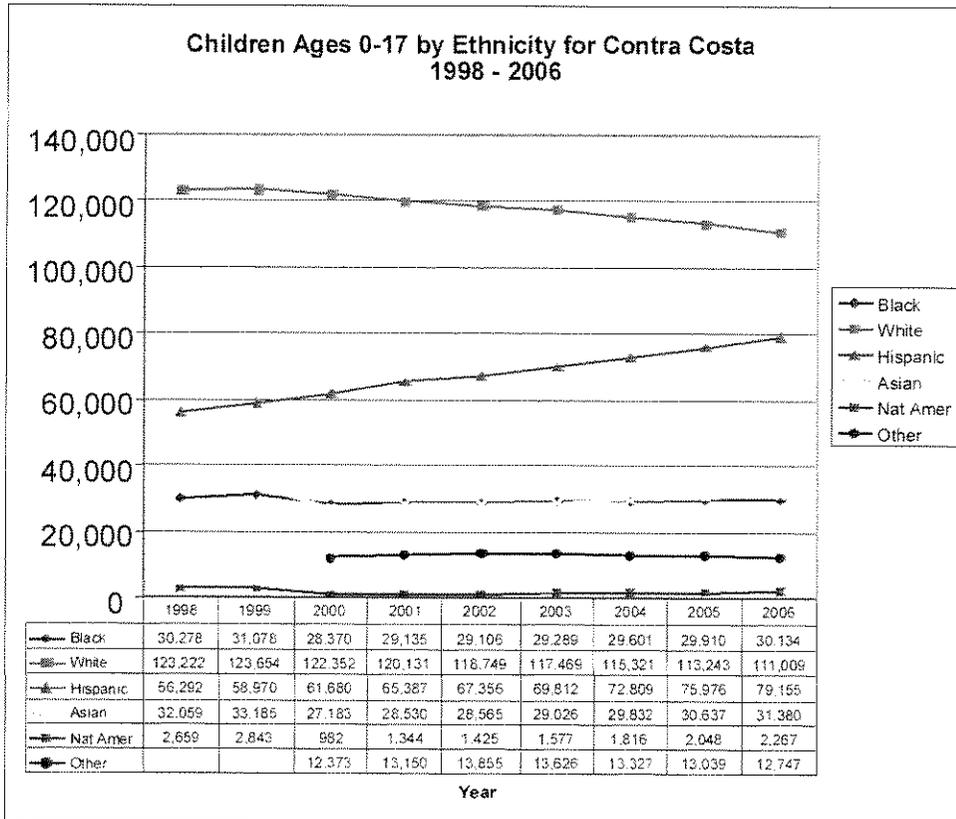
Eastern Contra Costa County includes the cities of Bay Point, Antioch, Pittsburg, Oakley, and Brentwood. Eastern Contra Costa is one of the fastest growing regions of the County. This is the site of the third Children’s and Family Services district office.

Looming over the entire County is the picturesque Mt. Diablo, its 3,849 foot summit the highest point in the entire San Francisco Bay.

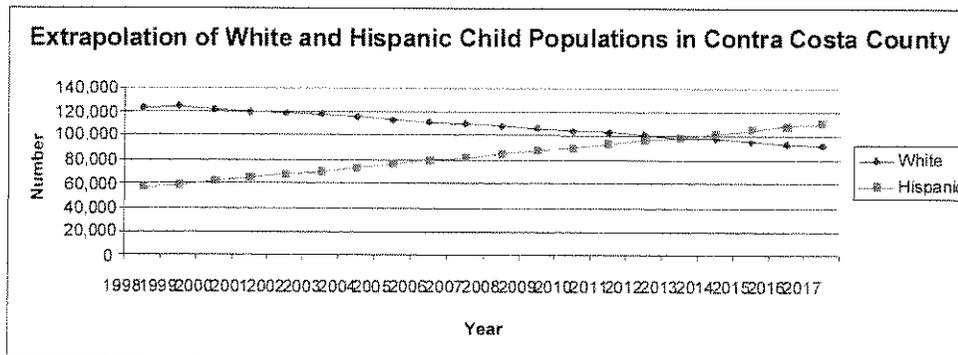
Demographics of General Population

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 9th 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

Community	2005 Average Unemployment Rate
Antioch city	5.3%
Bay Point CDP	9.5%
Bay View – Montalvin CDP	8.8%
Bethel Island CDP	8.5%
Concord city	5.2%
East Richmond Heights CDP	5.6%
El Cerrito city	4.2%
Martinez city	3.8%
Pacheco CDP	4.6%
Pinole city	3.0%
Pittsburg city	7.4%
Richmond city	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

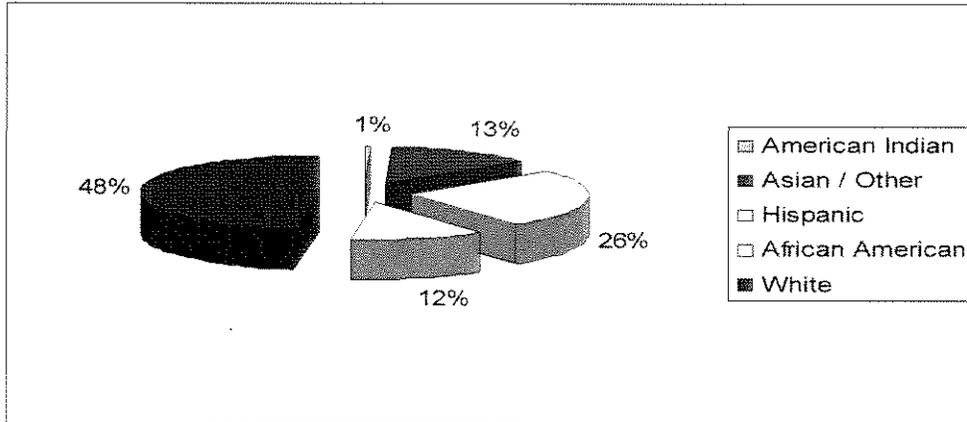
Background

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.ccoec.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
Number of Students	118,311	166,024	40.3%
Minority Students	30,643	84,063	174.3%
ELL Students	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).

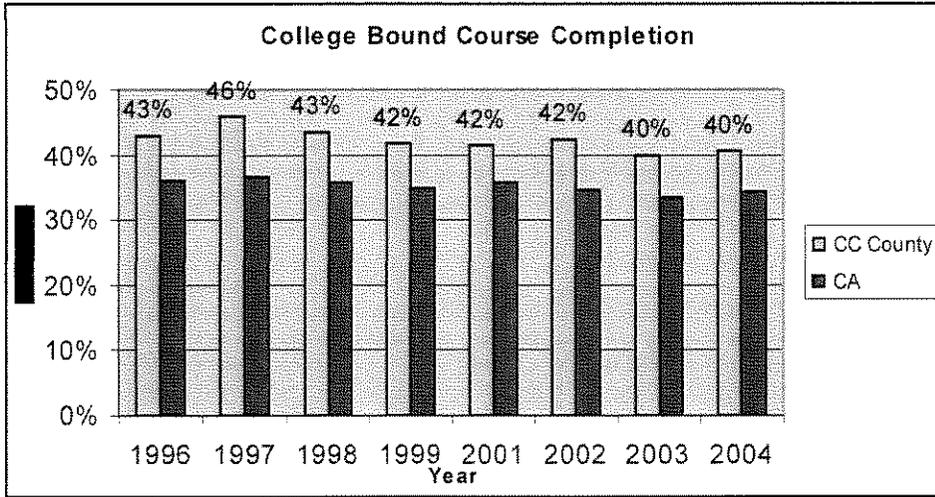
Student to Teacher Ratio/Class Size

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>
1. Families in need of parenting knowledge and skills	
□ 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
2. Immigrant families with communication and parent/child relationship challenges	
□ 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
3. Residents of high violence areas of Contra Costa County traumatized by that violence	
□ 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
4. Families experiencing domestic violence	
□ 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
5. Infants and young children of trauma exposed parents	
□ clinical interventions – EI	15
□ peer support for parents– S	14
□ screening and referral/gate-keeper training – S	12
6. Children, youth and young adults with early signs of mental illness	
□ 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
7. Children, youth, young adults entering or in the justice system	
□ 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
8. Children, youth and young adults at risk for suicide	
□ 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

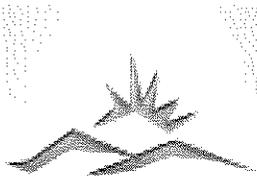
11. Adolescents aging out of public systems

- 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>
1. Isolated families in underserved cultural populations lacking connections with their communities	
▫ 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
2. Individuals/families with early signs of mental illness including psychotic illness and co-occurring disorders	
▫ 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
3. Individuals/families/communities experiencing stigma or discrimination due to mental illness	
▫ 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
4. Individuals and families living with poverty and homelessness	
▫ 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
5. Isolated older adults	
▫ 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
6. Individuals at risk for suicide	
▫ 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**

**Findings
from
Community Forums, Focus Groups and Survey**

March, 2008

**Contra Costa Mental Health
2008 MHSA Prevention/Early Intervention Planning**

- 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**

**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 not 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

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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 Resource (Current or Past)	Other Programs, Models 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 (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 Resource (Current or Past)	Other Programs, Models 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 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 over the years	X	
JJ Ranch	X	

	CCC Resource (Current or Past)	Other Programs, Models or Curricula
John Muir Hosp	X	
Kids Turn- offered by some private providers 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 and Gays)	X	
PIQUE - English immersion programs for parents through schools	X	
Planned Parenthood - School-based express sites	X	
Pleasant Hill Senior Center	X	
Posters with early warning signs		X
Preschool MH Consultation		X
Project Hope at Anka	X	

	CCC Resource (Current or Past)	Other Programs, Models 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.		
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.

- 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.

Contra Costa County Conservatorship Program Countywide

- 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.

Contra Costa Health Plan County-wide

- Especially working collaboratively on a number of projects, not the least is the HCI. County-wide

Contra Costa Interfaith Housing Countywide

- Our Social Service Director provides crisis intervention, advocacy, case management and conflict resolution.
- On site counseling available.
- Volunteers and staff provide tutoring, social activities and educational forums.
- Coordinated efforts with schools & CFS supports youth from challenged families.

Contra Costa Office of Education County-wide

- School based counseling, enhanced classes.

Diablo Behavioral Healthcare

- Evaluate children from age 3 up.

Education Countywide

- Education and County Mental Health work collaboratively providing support to in-school youth and families.

Employment and Human Service Department (EHSD) County-wide

- Senior Peer Counseling.
- There is a mental health liaison in the office; however, no direct work is done.
- Adult Protective Services.

El Cerrito HS Community Project El Cerrito

- Outreach & ed, youth dev program, crisis assessment, intervention, indiv. Counseling.

Eskaton Lodge Brentwood

Familias Unidas W, Far E. Cty

- We provide some education for adults and children about mental health issues.

Families First County-wide+

- Day treatment (high schools).
- We have Differential Response (Path 2).

Family Stress Center Countywide

- C PEP, Mentor Programs, Counseling, Proud Fathers, Kinship, Parent Education and Family Support Services.

Helms Community Project	
<ul style="list-style-type: none"> • Coordinate several CBO's providing on site MH counseling services. 	
Inpatient/crisis stabilization CCCRMC	County-wide
<ul style="list-style-type: none"> • Evaluation and treatment referrals. 	
Jewish Family and Children's Services of the East Bay	County-wide
<ul style="list-style-type: none"> • Provide counseling to MediCal clients/referrals from county SW's. • CM & groups social ed for refugee & immigrant seniors, CAP, Caregiver support, clinical counseling. 	
John Swett Unified School District	West County
<ul style="list-style-type: none"> • Special Education Services, Counseling, Student Success Team. 	
Kaiser Permanente	County-wide
<ul style="list-style-type: none"> • Outpatient psychiatric treatment. • Community Benefit and in-house Behavioral Medicine. 	
La Cheim, Inc.	County-wide
<ul style="list-style-type: none"> • We are a Medi-Cal service and TBS provider. 	
La Clinica de La Raza, Inc.	County-wide
<ul style="list-style-type: none"> • Brand New services- just beginning behavioral health integration. • Behavioral health intervention. • Currently planning for expanded older adult services. 	
Lincoln Child Center	County-wide
<ul style="list-style-type: none"> • School based family resource centers. 	
Marchus School CCCOE	County-wide
<ul style="list-style-type: none"> • Counseling enriched program for school age kids. 	
Mental Health Commission	County-wide
Mental Health Consumer Concerns	County-wide
NAMI	County-wide
<ul style="list-style-type: none"> • Family-to-Family: a twelve week educational and Peer to Peer program. • In Our Own Voice: Living with Mental Illness, and several support groups. • Support to parents of children with emotional disabilities. 	
Pittsburg Pre-School and Community Council	East County
<ul style="list-style-type: none"> • Intervention in that resources are sought to help families meet their own going needs. 	
Private practitioner, MFT (also working with JMBHC, Concord)	County-wide
<ul style="list-style-type: none"> • I work with families ...with mentally ill loved ones to guide them through services if possible. I also have taught NAMI classes since 2000. 	
Probation	County-wide
<ul style="list-style-type: none"> • Chris Adams Girls center. 	

- 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

County-wide

- Therapeutic pre-school, play therapy, one on one mental health services.

Welcome Home Baby

County-wide

- We do PPD assessments, referrals for counseling, therapy, education on mental health in adults and children.

YMCA of the East Bay

County-wide

- We provide mental health services in the public schools, including early intervention.

Agencies that *Could Adapt* to Provide PEI in Contra Costa County

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

- SAA.

Aging and Adult Services CCC

County-wide

- 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

- 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.

- Provide case management and mental health services to diverse populations.

Brentwood Union School District

Brentwood

Burrus-Wright Holistic Counseling Services

- 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

- Adult Services.

CCC A&OD Advisory Board

CCC Probation

County-wide

CCC Adult Mental Health

Countywide

- County clinics, hospitals, community based organizations.

CCHS TeenAge Program (TAP)	
CCRMC - Child Development Clinic/CCS	Countywide
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Serves adolescents, young adults, underserved minorities. 	
Contra Costa Health Plan	County-wide
Contra Costa Health Services	County-wide
Contra Costa Interfaith Housing	County-wide
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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**