

**III. PEI Community Forums**

Martinez (Central County) – February 12, 2008.....CF· 1

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**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

Martinez  
February 12, 2008

**Forum Summary**

**KEY THEMES**

- √ Prevention and early intervention (PEI) efforts should focus on youth and their parents, and include school-based strategies that identify and serve students early, before the onset of more serious issues and before youth enter the juvenile justice system.
  - √ Good places to identify at-risk youth and implement PEI efforts are alternative/community schools, community clinics like La Clínica de la Raza, Brookside, Planned Parenthood, and juvenile detention facilities.
  - √ Seniors are isolated and experience multiple losses, which contributes to depression. PEI efforts need to focus on reducing this isolation and could include peer support groups and mutually beneficial senior-youth relationships.
  - √ Immigrants face many stressors including poverty, language barriers, lack of stability due to illegal status, and generation gaps within the family.
  - √ There is both a lack of services available to families in Contra Costa County and a lack of coordination and collaboration amongst the existing service systems and providers.
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**PUBLIC COMMENTS**

**What do you think causes emotional and mental distress in your community?**

- There is a lack of mental health care in juvenile justice facilities. There is a dire need amongst incarcerated youth for mental health services; the rate of mental health issues is 60-100% among the incarcerated youth population vs. 20% in the general youth population. Our county is doing a poor job with this population; there is one mental health worker per 90 youth. These kids are an at-risk population; they are a PEI target population.
- Causes are depression, suicide, post-traumatic stress disorder, and (“legal”) children who are stressed over raids on family members who are illegal immigrants and don’t know whether they will come home to a family.
- Families don’t know how to access help when in crisis, and help isn’t available.
- In the Monument Corridor in Concord, we are in the second densest area in the Bay Area, next to SF’s Chinatown; frequently, you see 2-3 families are living in a one unit apartment complex. Parents are working more than one job. Grandmothers are brought in from other countries and are watching their teenage grandchildren who are assimilating quickly. There is a generation

gap. Families are living in poverty and are having trouble getting jobs. We have an at-risk, low-income, stressed senior population.

- There is a lack of coordination of services. We often serve families who are in multiple systems and it's embarrassing that the left hand doesn't know what the right hand is doing. We need to foster integration to maximize impact.
- Seniors are isolated, which causes depression.
- There are no support services in Contra Costa County.
- Some areas are underserved by community health centers/providers. Immigrants without jobs and with language barriers are stressed.
- There is a lot of stress at times of transition, and there is a lack of space to provide services.
- It is challenging getting good enough people to provide services.
- Kids with oppositional defiance disorder don't have good modeling in their families.
- Poverty correlates to many issues and stressors. Reduce poverty!
- Depression is not just in low-income families. A lot of families are in denial. There may be mixing of illegal drugs and psych medications.
- Youth in minority families may end up on the street when the family refuses to acknowledge their mental illness and rejects them. When family crises aren't dealt with – like domestic violence, teenage pregnancy, substance abuse, witnessing trauma – youth can develop oppositional defiance and mental illness.
- I'm concerned about access to services. Sometimes professionals plan things without consideration for those who walk and don't have transportation.
- Monument Community Partnership's target population faces multiple losses (loss of life, spouse, family, friends, health, houses, etc.). We need support groups at times of transition/stress.

### **What can be done to prevent this distress from making someone worse?**

- Spend funding on priority populations like juveniles in our institutions. Bring prevention and early intervention efforts to community centers to stem the tide of youth entering juvenile justice facilities.
- Focus prevention and early intervention efforts in community and alternative schools that have many at-risk, stressed youth.
- Make sure it's really meaningful and improve coordination and collaboration to get the best bang for our buck.
- Programs need to be research-based, rooted in the community and easily accessible.
- Focus interventions on times of transition, early childhood. We also need ways to keep seniors connected and reduce isolation.
- We need to collaborate and get all of the agencies together to figure out their missions. We have a chance to show that we can work together. We need forums like this one.

- Focus on youth, 6-12 years old. The middle school years are an important time of transition.
- Planning efforts should include all areas. Come to the nonprofits; we'll work with you.
- Prevention efforts need to happen before youth enter the juvenile justice system. Alternative schools are a good place to start. Also, community clinics can reach people, like pregnant and parenting teens who go to Planned Parenthood. Many undocumented, monolingual immigrants go to La Clínica de la Raza, and in West County, people go to Brookside Community Health Center.
- Support or "affinity" groups are very important at times of transition. People who belong to groups are healthier.
- It would be great to get a mental health mobile unit. We also need meeting space in the Monument Corridor.
- Prevention efforts should occur in schools and with parents.
- We need to develop a shared theoretical framework and foster processes that bring service-providers together. We also need to include families and groups, and create integration teams.
- Need to counsel children in child care centers and deal with family problems (e.g., domestic violence, neglect, trauma, etc.) before children begin acting out.
- We have to work with parents, and look to Planned Parenthood to reduce teen pregnancy.
- Do more with the drug piece. More than 50% of my (child care) clients have drug addiction at home.
- Keep in mind cultural differences and meet people where they are (i.e., utilize community leaders and churches).

### **What resources are in your community that could help?**

- Facilities with relatively stable juvenile populations or "captive audiences" (e.g., the "ranch" which serves 100 boys, ages 14-20, average length of stay is 3 months) could be a great place for prevention and early intervention. Youth who are there have the time and energy to focus. There is already a mental health plan in place, we just need money to implement it.
- In the Monument Corridor we have resources (e.g., 1,000 members/volunteers) and are looking at our assets. We have partnerships and work together. Our seniors are the best bets for interpersonal and connected relationships. We have a senior peer counseling group that connects seniors to each other and to resources. Where there's hope, mental health is better, and in the Monument, we have hope.
- Team Decision Making – already used in the foster system.
- Community clinics are a great way to identify and reach people, and refer them to other resources.
- Youth volunteering to work with seniors – this would be mutually beneficial.
- Schools are a good place for prevention and early intervention efforts because they afford access to priority populations. West County has a Safe and Drug Free Schools grant at the elementary level and one clinician per school site, but this is not enough.

- A senior advice group at Pleasant Hill Senior Housing Center. It helps seniors feel needed and wanted.

### **The Parking Lot**

- There are cultural barriers. Latinos are more likely to trust service providers, the African American community less likely to trust or believe providers. To reach the AA community, need to go through trusted leaders, like churches.
- Monument is a walking community and La Clínica is actually located in Pleasant Hill, not the Monument.

**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

Bay Point  
February 13, 2008

**Forum Summary**

**KEY THEMES**

- √ Poverty, crime and substance abuse arose as significant causes of mental and emotional distress, especially when found together or combined with other stressors.
  - √ There is concern over the lack of resources available and a lack of access to those resources.
  - √ Noted at-risk populations included seniors, youth, and immigrants. PEI efforts need to focus on these populations, the multiple stressors they face, and could include peer support groups and mutually beneficial senior-youth relationships.
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**PUBLIC COMMENTS**

**What do you think causes emotional and mental distress in your community?**

- Seeing the homeless and mentally ill on the street is very traumatic for children. There was an alcoholic woman who slept in the park and was freezing. We need to think about community environment (e.g., broken glass, prostitutes, etc.) This is traumatic for children to see. Children see everything.
- The elderly are becoming depressed in homes and senior housing complexes because it is an unfamiliar environment for them. They are isolated, alone on holidays and have nothing to look forward to. Depression can lead to suicidality.
- There are no peer groups in East County. We don't have facilitators or funds to secure them, but with funding, we could train willing volunteers.
- Poverty is a major issue.
- Being a monolingual immigrant is stressful, especially combined with poverty.
- Pregnant and parenting young women are stressed, especially those who are immigrants.
- There is not a lot of housing for the mentally ill 25-40 population.
- The sexual molestation of kids.
- I'm very concerned about kids and gangs.
- We're stressed in all locations; no place feels safe. Crime is increasing. Antioch used to be considered so much safer than Bay Point, but it's not. We're all stressed out. (e.g., physical attacks on seniors after dark.)

- Alcohol and drug use is an issue for youth. There's not much to do in this county so people stay at home. Where do young people go? This leads to drinking on weekends. Many families are low-income and there is alcohol and/or drug use occurring, which creates a cycle for the family.
- There is a lack of information and access to it.
- There is a lack of community resources, like a community theater. Where can teenagers go to spend time?
- Children are lacking interaction with adults.
- A big stressor is the commute from East County to Oakland, etc. This puts a lot of stress on the family (e.g., lack of time to spend with kids)

### **What can be done to prevent this distress from making someone worse?**

- Create a sound bite for television on how to recognize mental illness and its early signs.
- Work with social directors of senior housing complexes so seniors have place to go. Form a senior peer group in the Pittsburg area on depression and bipolar disorder. This would help with reducing isolation and increasing knowledge of resources and hope.
- I would like part of the community center to be dedicated to seniors.
- Utilize the community clinics for PEI (i.e., La Clínica, Brookside and Planned Parenthood). Community clinics are trusted, and they can provide opportunities for assessment, and models for engaging the Latino and African American communities in prevention. Chronic disease also leads to depression and clinics are primed to address the mind/body connection.
- Create more housing for the mentally ill. The housing that exists is with those who have substance abuse issues, and this is not appropriate for those with mental illness.
- Parenting – help parents identify causes of mental illness and intervene with stressed families (e.g., sexual molestation, parental substance abuse). If you can't change the parents, there's not much you can do.
- Programs that work with youth, like after school programs.
- Make a decision about the sanctity of the family versus the right of the child to grow into a healthy adult.
- Enforce curfews for youth under 18 years of age.
- Increase access to information and services.
- Create peer groups and support groups that provide information and training.
- Create programs that connect isolated youth with isolated adults.

## **What resources are in your community that could help?**

- The community clinics. They are visible and low cost. The promotores and health conductors are good resources for the monolingual.
- Prop. 63 has already put \$1.6 million toward housing, including three developments and more shelters and transitional housing for youth.
- There are a lot of cheap, empty houses in Bay Point that could be turned into housing for those with mental illness. (But they would need mandated support services.)
- Kindergarten teachers are in a good position to identify children and families under stress.
- 4H Afterschool program.
- The Concord Police Department's (9 Years) domestic violence program. This can force an abuser to get help.
- The East County Senior Coalition.
- Libraries are a good resource, especially for information distribution.
- Seniors – they are available to spend time with youth. To prevent mental illness in kids, they need adult attention, possibly from isolated seniors (i.e., team middle school kids with seniors).
- Jewish Family Services' Senior Peer Outreach works with Latinos, and there is a need for more of this resource.

## **The Parking Lot**

- We need more information and data to enable us to identify the needs of the community. Otherwise, I can only speak to my own needs and perspective.

**Contra Costa County  
Mental Health Services Act Community Forum  
Prevention and Early Intervention**

San Pablo  
February 20, 2008

**Forum Summary**

**KEY THEMES**

- √ Prevention and early intervention (PEI) efforts should focus on youth and their parents, both separately and together. It is important to reach parents by offering them services and training, and recognizing their stressors.
  - √ Schools and school based health centers are good places to identify at-risk youth and offer services. They have the infrastructure and access to at-risk youth. Teachers need to be trained and supported in creating safe spaces for youth and identifying mental illness. Safe schools are especially critical for youth of color and LGBTQ youth.
  - √ Stressors such as poverty, violence and immigration status put people at risk for mental illness. When the stressors are combined, they present an even bigger challenge. Youth are regularly exposed to gun violence. Poverty affects the majority of youth and families in West Contra Costa. Immigrants face language barriers and generation gaps within the family.
  - √ The PEI approach needs to be community-based and developed by the community so that it is family-centered and culturally relevant.
  - √ Institutional oppression and a lack of cultural competency, especially in schools, is a stressor for youth and families.
  - √ NAMI and the training curricula they offer are good resources on which PEI efforts can be built.
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**PUBLIC COMMENTS**

**What do you think causes emotional and mental distress in your community?**

- Mental illness is often a result of a genetic predisposition. How can you prevent this? State laws also prevent parents from intervening with mentally ill children after they turn 18; this is a huge stressor for families with mentally ill adult children.
- Gun violence – we're so used to this trauma that we forget how it affects youth. Four blocks from here, a bullet hit a child at school; just south of here, a principal had gunfire right outside her office... Teachers and principals see this trauma in kids every day.
- Poverty is an incredible stressor. A high percentage of children are living in poverty; the free and reduced price lunch population in some West Contra Costa County schools approaches 100%. Poverty also renders one invisible.

- Violence, poverty and immigration status. In our community clinics, 50% of our clients have signs of mental illness/trauma. Also, 70% of our clients are living in poverty. 70% of our clients have language barriers.
- The Asian and Pacific Islander community often does not recognize signs of mental illness and they struggle with linguistic and cultural isolation. Sometimes people are prevented from seeking mental health help due to stigma. At the same time, there are many refugees and survivors of war with histories of trauma.
- Intergenerational cycle of violence - Through working in the schools with pregnant and parenting teens, I see the link between mental illness, violence and poverty. There is also a link between domestic violence, substance abuse and mental illness. The cycle of violence is passed down through generations and violence is learned at home.
- Poverty and racism lead to low self-esteem, which then lead to illness.
- Kids experience trauma everyday.
- There are no Native American specific services or mental health providers and no infrastructure for them. School curricula are also stressors for Native American youth, especially history classes. Native American values and culture are important protective factors, but often families have to go in to Oakland to access them.
- Post-traumatic intergenerational distress. It can go back centuries. Students in my class didn't know Frederick Douglas or his significance. Language from the past holds us back.
- Stress links to physical illness, and it can take years for primary care providers to diagnose the true cause of illness.
- Korean seniors are living alone. They come to the U.S. with high hopes, but they become babysitters for grandchildren, then they are sent to live alone. They physically survive through services like HUD housing, but they are not mentally surviving. They are not eating a balanced diet and are malnourished. There is a lack of happiness. Some experience hallucinations, but no one speaks their language in the hospital environment. Translating may not be effective. People are also in denial and say, "I'm not crazy; you are!"
- Youth of diverse communities in Contra Costa are dealing with the stressor of navigating multiple systems, like the schools, health system, juvenile justice, etc. Using the paradigm of "at-risk" youth is troubling because it is deficiency-based, and doesn't recognize acting out behavior as a sign of resiliency. Youth also face a history of oppression and disengagement. We have to get out of reaction mode and change how we do business.
- Violence-induced trauma, along with homophobia. LGBTQ is not even an indicator in the Contra Costa Health Indicator Report. Youth are coming out at younger ages and therefore are experiencing anti-gay bullying and violence at younger ages. Educators don't know how to create safe classrooms.
- Lack of cultural competency by school staff can be a huge stressor. For example, they invited my daughter to share her Native American history and culture, and then confiscated the sweet grass she brought to school as part of her sharing because they thought it was drugs; the police escorted her from the premises.
- Nonviolent criminals are being released (from prison) into the community and they will have trauma post-release.

## **What can be done to prevent this distress from making someone worse?**

- Let parents have an influence on what happens to their kids. Find a way to engage the African American parent in services.
- Offer support services in schools related to gun violence and trauma.
- Provide services in schools where children aren't treated as lost or invisible.
- Take a community approach to working with the Asian and Pacific Island community. Work with whole families and with youth in a non-threatening way.
- Teach skills in schools that help undo negative modeling seen in the home.
- Provide more culturally-relevant, language-specific safe spaces in schools and the community.
- Non-clinical case management (for youth) can help mitigate stressors through access to a caring and supportive adult.
- Use solutions developed by the community.
- Access to jobs and education that build self-esteem and educate parents.
- Provide education to families who have a propensity towards mental illness.
- Provide teachers with in-service training to identify trauma and work with churches with youth programs to identify trauma.
- We need to statistically measure the effectiveness of our resources.
- De-stigmatize therapy through a media campaign. Educate people that therapy doesn't mean you're crazy!
- Develop programs that fit families' needs and offer classes in parenting skills. There's nowhere to learn to be a good parent.
- Incorporate Native American values as a protective factor. Create a place to gather together.
- Allow sweat lodges back into the community.
- Address lost cultural identity development with new language and methodologies.
- Think about youth, but also parents. Relieve their stress and help them see the light at the end of the tunnel (e.g., a parent losing his home due to the mortgage crisis).
- Collaborate with law enforcement. There is a blurred line between mental illness and antisocial behavior. Sometimes what we see as mental illness is really an appropriate coping mechanism.
- Examine the stress factors of the parents.
- Be reflective, not reactive.
- Educate parents on the symptoms of mental illness.
- Support people who work with students to create safe environments and to, in the classroom, acknowledge the reality of trauma.
- Schools need to better address anti-LGBTQ violence and bias.

- We need a language to talk about oppression and privilege, and the intersection of sexuality, religion, etc. Don't leave LGBTQ people behind.
- Include programs with support for those being released from incarceration.
- Don't demonize families and family members in the process of working with the mentally ill member. Give them support.
- Speak up; remove the shame.

### **What resources are in your community that could help?**

- Schools are a wonderful place to provide services, especially high schools with community-based health centers.
- Schools provide an infrastructure to offer services. Children are often at school for meals and into the evening, providing a good opportunity for screening and intervention.
- The Board of Education will see that there is space for services and will work with mental health on behalf of 30,000 youth, 70% of which are living in poverty.
- Community clinics can help identify those in need of services, and can provide space for support groups. They are especially skilled at serving immigrant populations. Primary care providers are on the front lines with patients, and can be trained to do early intervention.
- Partner with the schools. We can guarantee space and clients.
- A youth center is being developed in Richmond.
- There is a good curriculum called "Domestic Violence No More," which trains the trainer, is put on by Proteus, and is geared toward second language learners.
- There are a lot of safe spaces, but not enough.
- Asian Pacific Psychological Services (APPS) and Familias Unidas (they have a MHSA-funded partnership in Brentwood).
- Ma'At Youth Academy in Richmond.
- The closest Native American-specific resources are in Oakland, not in Contra Costa
- There is a workshop in the history of Richmond and San Pablo with intergenerational tours that show where resistance to oppression occurred. This makes a huge difference to youth.
- There is a National Alliance for the Mentally Ill (NAMI) Family to Family program that educates family members on all types of mental illness, and "In Our Own Voice" which trains teachers, nurses and newly released consumers. The closest NAMI affiliate is in Albany.
- NAMI will be forming a mental health task force with the Greater Richmond Interfaith Partnership (GRIP).
- There is karaoke at the Asian Senior Center that helps reduce isolation.
- Ally Action and the CC Safe Schools Coalition (for LGBTQ).

## **Parking Lot**

- As a person of color, how much of this process can we trust? Decisions will ultimately be handed over to the State.
- We need to look at how we are defining mental illness.
- How do we engage the parent? It is a challenge at Grant School to involve the African American parent. It looks like they don't care, but it's a matter of having too many other pressing priorities.
- We're losing mental health money because of cuts, but we're gaining Prop. 63 money. It's like building an addition on a crumbling foundation.

## **V. Focus Groups for PEI**

**V. PEI Focus Groups - By Type of Group**  
 (Groups may be referenced in more than one category.)

***Children 0-5***

Children’s Managers – Contra Costa Mental Health ..... FG · 15  
 Child and Family Services – Contra Costa EHSD ..... FG · 17  
 Community Contractors for Children’s Mental Health Services..... FG · 21  
 First Five – Center Directors ..... FG · 39  
 First Five – Home Visitors..... FG · 42  
 Perinatal Substance Abuse Partnership..... FG · 58  
 Safe and Bright Futures for Children Exposed to Domestic Violence ..... FG · 67

***Children, Youth & Schools***

Calli House – Homeless Youth..... FG · 11  
 Children’s Managers – Contra Costa Mental Health..... FG · 15  
 Child and Family Services – Contra Costa EHSD ..... FG · 17  
 Community Contractors for Children’s Mental Health Services..... FG · 21  
 Middle College High School – Youth ..... FG · 50  
 Safe and Bright Futures for Children Exposed to Domestic Violence ..... FG · 67  
 School-Based Health Centers ..... FG · 69  
 SELPA Directors ..... FG · 76  
 West County Youth (RYSE Center) ..... FG · 79

***Older Adults***

Area Agency on Aging – Advisory Council..... FG · 6  
 Monument Community Partnership Older Adult Committee ..... FG · 53  
 Older Adult Committee of MH Commission ..... FG · 56

***Health Care Providers***

African American Health Conductors ..... FG · 1  
 African American Health Initiative ..... FG · 3  
 Community Clinic Consortium..... FG · 19  
 La Clínica de La Raza Promotores – Pittsburg..... FG · 46  
 La Clínica de La Raza Providers ..... FG · 48  
 Reducing Health Disparities Workgroup (CCC) ..... FG · 64  
 School-Based Health Centers ..... FG · 69

***Mental Health/Substance Abuse/Social Service Providers***

CCMH - MHSA Steering Committee..... FG · 13  
 Children’s Managers – Contra Costa Mental Health..... FG · 15  
 Child and Family Services – Contra Costa EHSD ..... FG · 17  
 Community Contractors for Children’s Mental Health Services..... FG · 21  
 Contra Costa Crisis Center ..... FG · 23  
 Contra Costa MH Access Line ..... FG · 25  
 Contractor’s Alliance of Contra Costa..... FG · 32

Perinatal Substance Abuse Partnership.....	FG · 58
Safe and Bright Futures for Children Exposed to Domestic Violence.....	FG · 67
School-Based Health Centers .....	FG · 69
SELPA Directors .....	FG · 76

***Justice System Providers***

Contra Costa Probation Department.....	FG · 29
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***Community Collaboratives***

Bay Point Partnership .....	FG · 9
Greater Richmond Interfaith Program (GRIP) .....	FG · 44
Monument Community Partnership.....	FG · 53
Perinatal Substance Abuse Partnership.....	FG · 58

***Mental Health Consumers***

East County Community Center – MH Consumers .....	FG · 35
Family Involvement Steering Committee – CCMH.....	FG · 37
West County Community Center – MH Consumers .....	FG · 78

***Faith-Based Organizations***

Greater Richmond Interfaith Program (GRIP) .....	FG · 44
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***Underserved Cultural Communities***

***Latino***

La Clínica de La Raza Promotores – Pittsburg.....	FG · 46
La Clínica de La Raza Providers .....	FG · 48

***African American***

African American Health Conductors .....	FG · 1
African American Health Initiative .....	FG · 3
Greater Richmond Interfaith Program (GRIP) .....	FG · 44

***Asian/Southeast Asian***

SE Asian Generation 1.5 Women’s Group.....	FG · 72
SE Asian Youth & Family Alliance .....	FG · 74

***Native American***

Contra Costa Native Americans .....	FG · 27
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***LGBTQ***

Rainbow Community Center .....	FG · 61
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## IV. PEI Focus Groups – In Alphabetical Order

African American Health Conductors .....	FG · 1
African American Health Initiative .....	FG · 3
Area Agency on Aging – Advisory Council.....	FG · 6
Bay Point Partnership .....	FG · 9
Calli House – Homeless Youth.....	FG · 11
CCMH - MHSA Steering Committee.....	FG · 13
Children’s Managers – Contra Costa Mental Health.....	FG · 15
Child and Family Services – Contra Costa EHSD .....	FG · 17
Community Clinic Consortium.....	FG · 19
Community Contractors for Children’s Mental Health Services.....	FG · 21
Contra Costa Crisis Center .....	FG · 23
Contra Costa MH Access Line .....	FG · 25
Contra Costa Native Americans .....	FG · 27
Contra Costa Probation Department.....	FG · 29
Contractor’s Alliance of Contra Costa.....	FG · 32
East County MH Consumers .....	FG · 35
Family Involvement Steering Committee – CCMH.....	FG · 37
First Five – Center Directors .....	FG · 39
First Five – Home Visitors.....	FG · 42
Greater Richmond Interfaith Program (GRIP) .....	FG · 44
La Clínica de La Raza Promotores – Pittsburg.....	FG · 46
La Clínica de La Raza Providers .....	FG · 48
Middle College High School – Youth .....	FG · 50
Monument Community Partnership.....	FG · 53
Older Adult Committee of MH Commission .....	FG · 56
Perinatal Substance Abuse Partnership.....	FG · 58
Rainbow Community Center .....	FG · 61
Reducing Health Disparities Workgroup (CCC) .....	FG · 64
Safe and Bright Futures for Children Exposed to Domestic Violence.....	FG · 67
School-Based Health Centers .....	FG · 69
SE Asian Generation 1.5 Women’s Group.....	FG · 72
SE Asian Youth & Family Alliance .....	FG · 74
SELPA Directors .....	FG · 76
West County Community Center – MH Consumers .....	FG · 78
West County Youth (RYSE Center) .....	FG · 79

**Focus Group:** African American Health Conductors – Bay Point  
**Attendance:** 3  
**Led By:** NF  
**DATE:** February 6, 2008

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**Target:** African American  
**Geog. Area:** Bay Point  
**Other:** Trained Peer Providers

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### Summary/Key Themes:

- ✓ Empower.
  - ✓ Engage.
  - ✓ Help people build identity, self esteem and mental healthiness.
  - ✓ Those doing the helping need to look like the community being served.
  - ✓ Someone to talk to 1-1, groups.
  - ✓ Offer supports and education in places where people go.
  - ✓ Strengthen families, strengthen communities.
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### How do you promote mental wellness in your community?

- People need to be in touch with their identity. They need to rediscover cultural values, gain self esteem, feel empowerment.
- You need to teach mental wellness. There are generations of having lost it that need to be overcome.
- Someone to talk to.
  - They need to live in a culture that mirrors them.
  - Promote being mentally healthy. Mentally strong. Talk about how that impacts your life positively.
  - People need a bridge – an outlet – they need to “escape” or “rise above” their stresses.
  - Coping skills could be re-discovered. *From psychological bankruptcy of racism, your assets become untouched!*
  - Change the way we talk about our mental healthiness.
  - Richmond has a lot of resources, Bay Point does not.
  - We don’t identify our trauma the way mental health people might. We have post-traumatic stress disorder (PTSD) without “knowing it.” It is our survival mechanism.
  - In our population, it’s hard to uncover trauma or stress until a person “breaks.” We don’t ask for help from the people around us because they are broken too.
  - You don’t have to deal with the trauma to build wellness and move forward. Well, eventually you have to deal with some of it. But you can start moving forward today.
  - *Talk about going forward!*
  - Strengthen families. But you have to have an example of a healthy family to do that. *I got an example of that when I was sent to live with my uncle...*
- People need access to support groups.

### More specifically, where/how do you do this?

- Somewhere where kids can talk to someone – could be in schools, churches, anywhere BUT not in

- a mental health office or clinic.
- Hire more people that reflect the community.
- Lots and lots of promotion, events. People want to know that they can be a part of something. And a part of planning for transformations.
- You go to: Churches, beauty shops, social networks, the music world.
- Support groups.
- Mentoring.
- Schools.
- Through activities, events, services, you encourage, support, build.
- Hotlines.
- *One kid had a chain of teachers who brainstormed a way to help her – in a school. It was accepted there.*
- If you can't put someone to talk to in every school, then at least have a floater that can cover several schools.
- *The way parenting classes have been promoted is all wrong. Make it more of an informal setting.*
- *We don't have extended family around us right now. But you can create that in group settings.*
- Build on it. In the context of collectivity. Share your experience with your peers.
  - How do you call together a group like that? *Create them where families go: Childcare, doctor, school.*
  - Can you do parenting education in churches? *Churches don't work that way....*
- *We need to be "a part" of things rather than "apart" from them.*
- *People feel better when they are doing something to help others!*

### **Existing Resources or Models**

- Boys and Girls Clubs.
- After school programs.
- Ambrose Recreation Center – could enhance this.
- Schools as hubs for supports.
- Health Conductors.

**Focus Group:** African American Health Initiative  
**Attendance:** est. 9  
**Led By:** NF  
**DATE:** February 21, 2008

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**Target:** African Americans  
**Geog. Area:** Countywide  
**Other:** Providers

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### **Summary/Key Themes:**

- ✓ Need a culturally appropriate vision and understanding of wellness in the African American Community (and strategies to get there).
  - ✓ Trust is a HUGE issue. Supports need to come from people who know us.
  - ✓ Don't keep funding the same old people. They aren't delivering.
  - ✓ Go to where people are.
  - ✓ Stigma: Don't use "mental health" words.
  - ✓ Address violence, domestic violence.
  - ✓ Build something that will stay in the community after the funding has gone.
- 

### **What are the biggest barriers to strong mental health?**

- Lack of access to appropriate health care
- Violence:
  - Street violence
  - Domestic violence
- Neglect
- *I have a family – just yesterday – where 25 members of an extended family have been diagnosed with cancer. There is nobody to take care of the children!*
- Stigma about mental health services.

### **How do we deal with the stigma of MH care/illness?**

- Supports and services MUST come from people who look like them/relate like them.
- Through churches – work with the leaders.
- Go straight to the community.
- Don't use MH words.

### **What do we do to prevent/improve mental health?**

- Providers and community need a sense/vision of what good mental health is. In the context of post-traumatic slave disorder. We need to define and validate what is good mental health for us!
- Must be culturally competent.
- Must allow trust. Must acknowledge that distrust is part of the problem.
- Start in the most uncommon places.
- Lets look at new strategies, figure out how we can talk about it.

- We are already doing some stuff, but we need to be able to point to the healthy things in our community that already contribute to a culture of wellness. We need to be able to point to these things and say *This is good stuff*.
- There should be models/approaches to African American therapy that takes into account not only who we are as African *Americans*, but who we are as African people as well.
- Need strategies of engagement where community can begin to practice the skills needed. *For example, African American fathers are proud fathers, they'd love to talk about their kids, but there aren't many opportunities where it is permissible to talk about their kids. We need to create those opportunities.*
- Let people know that they have options. That there are resources out there.
- Opportunities to get together:
  - Churches.
  - Barbershops.
  - Pool halls.
  - Street corners.
- Opportunities to educate and support
  - We trained beauticians to talk to women about breast cancer!
  - Natural Helpers – regular conversations.
  - We talked to kids in group homes about domestic violence. And then they talked to their parents.
  - Schools.
  - Churches (Be mindful of limits or potential resistance in some churches).
  - Support groups.
  - Fraternities, associations.
- Who will be the navigators? Can't have a one-solution fits all approach
- Numbered health conductors (Harriet Tubman model)
- Tap into existing resources (in the face of budget cuts – its bad)
- We need to build something in the community that will be there after the funding is gone! *When the bus leaves the neighborhood, will those concepts take root and get growing?*
- We need unique ways of attracting bi-lingual/bi-cultural staff to the county (e.g., via community colleges).
- Funds us here at the grass roots level. We know our communities. *They keep funding the same people and the same things keep not happening!* Help small groups become competitive. Identify new groups that can be mentored to be partners.

## **Target Populations within African American Community**

- Community-wide – Vision of wellness and community.
- Parents.
- Children.
- Families.
- Those experiencing domestic violence.
- Older adults:
  - Sex, drugs and alcohol doesn't work well to being healthy mentally.
  - They've already got medications for diabetes, heart – then mixing things.
  - Street drugs and sexually transmitted diseases are on the rise.
  - There is depression, grief, loss.
  - Grandparent (and great grandparent) caregivers!

- Seniors need events that give them a break, or a meal, or something of interest, an opportunity to mix with others.
- Adult men without children. And boys. There are no services for them.

### **Existing Resources or Models**

- Health Conductors.
- Promotores (model).
- Rubicon.
- North Richmond Health Center.
- Proud Fathers.
- East Bay Works!
- Richmond's Office of Community Wellness.

**Focus Group:** Area Agency on Aging Advisory Council  
**Attendance:** 27  
**Led By:** HP  
**DATE:** February 20, 2008

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**Target:** Older Adults  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Grief, loss and isolation.
  - ✓ Integration of screening/support with physical health care – Need broad-based screening for depression.
  - ✓ Mobilize senior participation in community by promoting volunteerism and provide transportation to increase senior access to community activities.
  - ✓ *We love the youth, but don't forget the seniors!*
- 

### What are the key contributors to mental illness in the older adult population?

- Grief from multiple losses – deaths, loss of mobility; independence; sudden, unexpected loss of health.
- Isolation.
- Mind-body connection – the interaction of prescriptions can cause physical problems, leading to depression.
- Many risks lead to high suicide rates, especially for older white males.
- Elder abuse (e.g., by family members).
- Society's attitudes towards, and myths about, aging. Elders feel devalued.
- Dementia – there is a *false split* between dementia viewed as a biological/health problem vs. as a mental health problem. Funds have been denied for dealing with the interconnected mental health issues (depression, etc.) associated with dementia.
- Immigration assimilation problems – Many older adults emigrate to this country with their families, can't adjust. Even with their families around, they are isolated by language and culture barriers.
- Lack of meaningful activities and community participation; lack of purpose.
- Alzheimer's – We're seeing people even in their 50s with Alzheimer's and in the early stages especially, there is a big risk of depression.
- Improper nutrition – Many elders don't get proper nutrition due to lack of access or affordability, and emotional stability is affected by diet.
- Financial stress – Many elders don't have retirement savings, only Social Security.
- Elder abuse - Small senior residential facilities (4-6 beds) are unregulated by the state, and often have under-qualified staff. There have been many stories of elders being under-fed (bread and water), restrained with straps, and otherwise not being cared for properly. These elders are at high risk for mental health issues. *Restraints can be depressing.*
- Homeless elders – *Homelessness really impacts mental health.*
- Lack of transportation – makes services and community participation inaccessible, leading to depression.

- Scams – Many seniors are taken advantage of and lose their savings; this is a huge stressor. They need to be educated about potential scams and rip-offs.
- Premature institutionalization – Many otherwise healthy and functional elders are institutionalized too soon, e.g., after they can't drive anymore. This is a major cause of depression.
- Lack of insurance – Un- or underinsured seniors get inadequate health and mental health care, e.g., they may scrimp on prescriptions to save money.
- The intentionally isolated - *Some elders will simply just not walk out their front door no matter how you encourage them and I don't know how you engage them.* These are the really at-risk ones; sometimes even their families can't engage them. Sometimes depression causes this.

## **What could be done to prevent mental health problems?**

- Integration of screening/support with physical health care - Primary care doctors need to screen for depression. Too many ignore the signs and think it's just a normal part of aging. Identification and intervention are key.
- Broaden screening base - *Many MDs are willing to do the screens but they are simple and can be performed by laymen in nursing homes, Board and Cares, etc.* After screens, there needs to be referral to a geropsychiatrist.
- Help seniors access the community – Many are retired but have a wealth of experience. They need outreach and transportation to become mobilized in the community. *We need to invest resources in this. We always have to beg!*
- Employ a countywide senior volunteer coordinator to recruit and place senior volunteers.
- Prevent financial abuse - There is state senate bill requiring all financial planners to be licensed. We should educate seniors about this and publicize reputable planners for seniors to use.
- Change the mindset about aging – Aging affects all of us and if you understand what it means, this can prevent mental health problems, along with promoting diet, exercise, mental agility, community participation, volunteerism, etc.
- Need a geriatric outreach team with ability to perform case management. (This program used to exist but has been discontinued.)
- Geropsychiatrist workforce shortage – There are very few geropsychiatrists like Dr. Ahmed at CCC. *We need more Dr. Ahmeds!*
- Develop a policy and find solution for homeless elders.
- Licensed Recreational Therapists – Hire more to help disabled elders achieve their optimum potential, in retirement homes, etc. These are under-employed, under-utilized masters-level professionals who can make a big difference.
- Put volunteer notices in Social Security mailers – This is a tremendous potential resource, but we never do it. *But then of course, we need transportation for volunteers.* Or advertise volunteer positions at DMV when seniors go to renew licenses.
- Advocate for the mental health component of dementia to go into the DSM.
- Post-hospital contact program – There should be a daily phone follow-up program for seniors just released from the hospital. John Muir Hospital and the Crisis Center are looking into this.
- *Universal Health Care!*
- Fall prevention programs – Falls can lead seniors into the hospital or convalescent homes, and sometimes to depression or even death.

## **Resources and Models**

- Senior Helpline Services:
  - Reassurance Phone Friends – a daily free phone call.

- Rides for Seniors program.
- They are starting up home safety and fall prevention programs.
- Many independent living facilities have vans with valuable transportation services (e.g., for field trips, to Trader Joes, etc.).
- The VA is a mental health resource – There is a range of outpatient mental health services in Martinez for any vet with an honorable discharge. There is a board-certified geropsychiatrist, substance abuse treatment, traumatic brain injury services.
- Center for Elders Independence - They are located in Alameda County, but do work in West County, and want to establish services in Richmond. (Pace Program).
- Caring Hands – Transportation and weekly home visiting.
- San Ramon Senior Center has a regular joke telling day with comedians. It makes a big difference to the seniors.
- The County's Kinship Program – Funds are made available to CBOs to support grandparent caregivers.
- Osher Lifelong Learning Institute (part of Cal State East Bay) – They offer a variety of courses for people 50+.
- Senior Legal Services.
- High CAP Program – through county. They help elders who are experiencing problems with health insurance.
- AARP Money Management Program – in Richmond at Opportunity West.
- HUD supported housing – all over the county.

## **Other**

- There is frustration in the council because the Older Adult MHSA CSS funding has not been released yet.

**Focus Group:** Bay Point Collaborative  
**Attendance:** est. 20 collaborative members  
**Led By:** NF  
**DATE:** January 10, 2008

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**Target:** All ages  
**Geog. Area:** Bay Point  
**Other:**

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### Summary/Key Themes:

- ✓ It starts in the schools. The need for school resources and youth programs was mentioned repeatedly.
  - ✓ Bay Point is a community in rapid transition. Cultural differences – and differences like sexual orientation - must be addressed and respect for differences taught.
  - ✓ At the same time, Bay Point residents often have deep ties, with families living there for generations.
  - ✓ Immigrants are stressed and difficult to reach.
  - ✓ There is a real need for more one-on-one adult involvement in the lives of youth as they deal with risks like violence and drugs.
  - ✓ Few local PEI resources were mentioned.
- 

### Who's at risk for Serious Mental Illness/Severe Emotional Disturbance in Bay Point?

- School System and Teachers - Many teachers aren't familiar with their students' cultures and kids get frustrated, taking it out on each other (through bullying, etc.) *Teachers need to be taught, too. - First, second and third grade teachers often know which kids are in trouble, but they aren't empowered to do anything!*
- Immigrants - Stressors include: Acculturation stress, language barriers; kids coping with two cultures and monolingual parents (ESL families).
- People of different cultures thrown together by rapid demographic change - *I like the diversity.* Others said there was tension between African American and Latino kids who can't adapt to rapidly changing diversity in East County, and said there's ganging up on kids of different cultures in schools. Also fights among Latinos: "born here" vs. "wet backs."
- Foster Youth.
- Low-income families/stressed families affected by: Foreclosures, alcohol and drug abuse, especially parental substance abuse affecting children, violence and exposure to violence, domestic violence.
- Older homeless people - living in parks, self-medicating with alcohol and drugs.
- Kids who live at Love a Child Ministries, a family drug rehabilitation residential facility. There is a lot of abuse there.
- Student Attendance Review Boards discuss the stigma still attached to mental illness and how parents are hesitant to use medications.
- Single parent homes, especially the low-income. In these families, *kids can fall into depression because they can't keep up with other kids.*

- Youth in the Juvenile Hall System - including kids in group homes where you can see patterns forming, young girls beginning to prostitute themselves. There's no psychological support in Juvenile Hall, contributing to recidivism.
- Neighbors - They often see which kids in the neighborhood are in trouble. *What can I, as a neighbor, do?* They need an outreach worker to call on.

### **Among the people we've talked about, what will prevent mental illness or intervene early?**

- Work *in schools* as early as Head Start, with a focus on cultural acceptance and respect for each other. Need more caring and accepting adults in the schools providing one-on-one interaction and focusing on each kid's potential.
- *There are no school counselors anymore. They need to come back.*
- School nurses – There's a lack of nurses to identify problems.
- Need to teach respect – address sexual orientation of kids; some kids are beat up because they're gay or bisexual.
- Need good teachers, principals – there's a lack of qualified school staff.
- People of different generations need to learn each other's styles. *Kids text everything now. They don't communicate well.*
- Parental Training.
- Kids need cultural role models, leaders who look like them.
- *We could use more adult volunteers in schools.* A model cited was 4H Programs for kids 5-19; they train youth to serve as mentors to younger youth.
- Disproportionate Minority Contact (DMC) Initiative – They interviewed youth and found they need something to do, e.g., basketball leagues, mentoring, etc.

### **What resources are available in Bay Point?**

- 4H Programs were mentioned above.
- DMC Report (based on the survey above) could be an informational resource.

### **Who are the hardest-to-reach and how do you serve them?**

- The African American community – You often can't get them to "come out." There are trust issues.
- Hispanics and Tongans/Asian Pacific Islanders and immigrants in general. People afraid of immigration ramifications won't even use sign-in sheets for services.
- There are cultural outreach workers like the African American Conductors – They go with community members (e.g., to the doctor) and bridge communication gaps.
- The elderly living alone are at risk for depression. One attendee said most elders in the community live with their families. There are often several generations in one home; families tend to settle in Bay Point for generations. Drivers for the elderly and meals on wheels programs were mentioned.

### **Other Comments**

- Drugs! There's a lot of ecstasy and other drug use among kids.

**Focus Group:** Calli House  
**Attendance:** 13  
**Led By:** NF  
**DATE:** February 8, 2008

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**Target:** Homeless Youth  
**Geog. Area:** West County  
**Other:** Some TAY Full Service Partners

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### Summary/Key Themes:

- ✓ Youth need a place to live, counselor they can relate to and trust.
  - ✓ Kids need to get a grip and take care of their stuff.
  - ✓ Need school, jobs, money in their pocket, fun things to do.
- 

### What takes away from your mental well-being?

- Being homeless. *Waking up at Brookside (adult shelter) brings me down. But at the end of the day, after I work, I am much more than where I sleep.*
- *What I've been through makes me stronger.*
- *Staying in a shelter makes you paranoid. People are arguing and bickering.*
- *It's an up day when you've got some money in your pocket.*
- Being bored
- *Don't do drugs. Don't trust abusive people.*

### What would help?

- Someone to talk to/Counseling
  - *My counselor (TAY FSP) has my back. When you don't have one of these, you feel truly alone.*
  - *You need the right person to talk to. Someone who will push you toward your goals positively. Help you find a sense of direction.*
  - *But they need to be close to your age – like a 20-year old.*
  - See your counselor more than once a week.
  - Individual mentoring – not in a group.
  - Peer counseling..
  - Not “therapy,” but play.
  - *Lots of people don't feel comfortable talking to a counselor!*
- Housing! Transitional housing.
- Start helping younger – 12 year olds are already in trouble.
- Taking walks.
- Things to do. Outings are good.
- A job. *If I had a job, I know I could keep it.*
- Ideas and leads for finding work.
- *You need to learn to manage your stuff. Grow out of it. You need something positive around you.*
- *Let your anger out.*
- Work on your temper.
- Stop going to parents.

- Bring families together.
  - I know my parents did their best.
  - Counseling would help.
- *Be a leader, not a follower.*
- *School is very important.*
- *Think about where you were and how far you've come.*
- Prevent suicide? People need someone they prefer to talk to. They have to want the help. They need to be able to analyze themselves.

**Resources/Models: What other groups are doing PEI work?**

- Calli House!

**Focus Group:** CCMH MHSa Steering Committee  
**Attendance:** 8  
**Led By:** NF  
**DATE:** January 14, 2008

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**Target:** Providers  
**Geog. Area:** Countywide  
**Other:** Public Services

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### **Summary/Key Themes:**

- ✓ Broad range of interventions needed for very broad range of needs/target populations.
  - ✓ Get out into the community.
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### **Target Populations**

- Juvenile Justice Involvement – High correlation w/ mental illness, largely undiagnosed.
- Trauma exposed.
- Inability to read and other risks for school failure.
- Stressed families.
- Older adults: Higher suicide rates, fast growing population, males at higher risk for suicide
  - Under identified: Substance abuse and domestic violence among older adults.
- Immigrants: Culture gap/intergenerational conflicts.
- Domestic violence exposed.
- Young adults in poverty with limited education.
- Single parents.
- Substance abusers.
- Young adults showing symptoms of first break.
- Children whose parents have MI.
- Undocumented immigrants.

### **Needed Interventions**

- Substance abuse prevention.
- Domestic violence prevention.
- Suicide prevention.
- Earlier identification and intervention.
- Assessment and screening in schools (consents a problem).
- Collaboration across bureaucracies (silos).
- Expand Senior Peer Counselors Program – Especially beef up MH part, add Spanish speaking. It's cheap, it's trusted.
- Intervene with older adults at passing of spouse.
- Caveat with screening and assessment...If we ID, we are obligated to treat. HUGE capacity issue!
- Foster Care: Host young mothers, stress kinship placement rather than foster care but give families funds and support.
- Need language, cultural capacity to provide a continuum of resources to the underserved.
- Need culturally specific outreach teams.
- Outreach through religious communities.

- Need responsive and supportive environments for LGBTQ kids.
- Need to offer supports in a way/place that doesn't feel like government.
- Reduce stigma and discrimination across all communities.
- Public education on early identification – low cost and effective.
- Need community hosts for efforts that are embedded in cultural communities – more effective.

## **Resources and Models**

- Programs in Contra Costa that have been dismantled over the years – especially in jails.
- EDAPT imaging – can get by satellite.
- Senior Peer Outreach/Counselors Program.
- State models: Need models for short term care. Need a continuum of options.
- Incredible Years.
- Parent Project.
- Promotores.
- Health Conductors.
- Posters with early warning signs.
- Faith-based groups.

## **Other Comments**

- You need to create a presence around the community and you can't do that if you aren't paid to be there.
- CBOs do a good job.
- Most early interventions that work are not MediCal reimbursable. Need to develop all new eligibility systems.
- Aging MI adults living with aging parents (60% of MI adults live with a parent).

**Focus Group:** Children's Services Managers Meeting – CCMH  
**Attendance:** 11 managers  
**Led By:** NF  
**DATE:** December 10, 2007

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**Target:** Children/TAY  
**Geog. Area:** All  
**Other:** Providers

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### **Priority Populations/Issues**

- Trauma exposed.
- Stressed families
- Children of adult MH consumers.
- Kids at risk of juvenile justice involvement
- Children of divorce.
- Kids of incarcerated parents.
- Youth in the Juvenile Justice System
- Sexually exploited minors (teen prostitutes) – AWOL foster kids, kids of single moms.
- Grandparent caregivers.

### **Key Needs**

- Prevention of trauma – primary prevention to whole population.
- Violence prevention – Community and in JJ system including Ranch
- Anti Stigma efforts
- Go through Social Services to get to kids at risk of juvenile justice involvement.
- Triage youth entering juvenile justice system
- Gang prevention programs (148 active gangs in CCC).

### **Programs/Resources in County**

- Early MH Intervention Program – Rochester, K-3 mild to med. Behavior problems. Trained aide, quasi-play therapy (1982).
- Parent Project – Secondary prevention, could tweak it. Geared toward kids already w/ problems.
- Los Padres – Spanish speaking father's group. Evolve into community action.
- Born Free – connected with hospital. Perinatal Substance Abuse Prevention.
- TAP – Teen Age Parents program (state funds).
- Crisis and Suicide – grief groups.
- Teen Esteem Group (not sure of effectiveness – abstinence based).
- Neat Family Project – CHD.
- Pacific Center for Gay/Lesbian issues.
- Incredible Years – Pilot – Head Start, classroom based.
- Second Step – through EMI program (Early MH Initiative), K-5 anger management, social skills training. Could be adapted.
- "BEST" Positive Cultures – in Mt Diablo, Pittsburg, West CC school districts. Comes out of Univ. of Oregon.
- School based programs (TRIBES and other) – anti-bullying, film, video, multi-cultural.
- Filial Therapy – had as a grant – train parents to play w/ kids.

- Private fee providers offering “Kids Turn” Divorce and sequelae.
- “Street Soldiers” in West County – gang prevention.
- MACEE – tool at Juvenile hall to triage kids re: stressed families

### **Best Practices/Models/Programs/Programs Elsewhere**

- Cyber bullying – Piedmont.
- PIP – Alicia Lieberman’s program at SF General – Parent Infant Project.
- PCIT – Parent Child Interactive Therapy.
- Sexually exploited minors: Sage in SF, Special Victims Unit in Oakland.
- Grandparent caregivers –Pittsburg Coordinating Council, Kinship Care, Edgewood, UCB model.
- Also see resources above.

### **Reaching Hard to Reach Populations**

- East County: Faith groups.
- Migrant Ed – day laborers. Day labor center in Concord.
- Asian cultures in West County – Our services are not in line with what they want to receive.

### **Other**

- This is really early secondary prevention.

**Focus Group:** Children and Family Services  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 12, 2008

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**Target:** Children and Families  
**Geog. Area:** Countywide  
**Other:** County Providers

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### **Summary/Key Themes:**

- ✓ Support/serve whole families.
  - ✓ Build community capacity to support families.
  - ✓ Get in there before the BIG crisis.
  - ✓ Work within the different cultural communities – Cultural competence.
- 

### **What are the biggest barriers to strong mental health?**

- Stressed families.
- Family discord.
- Substance abuse.
- Domestic violence.
- Trauma exposed.
- Isolation:
  - Of families.
  - Of single parent families.
  - Low income families.
- Genetic factors and the confluence of genetic and environmental factors
- Latino population: Being undocumented and having language barriers are huge stressors
- Stigma about MH care – even in foster care as you try to develop supports

### **What do we do to prevent MI/improve mental health?**

- Family support in the community setting.
- Get in there and help out before the BIG crisis.
  - Whole family.
  - Use something like TBS/wrap around for less extreme cases. Short term, intensive.
- Someone to talk to/relationship. Redefine what family support looks like.
- Parenting education – Parenting skills are required to deal with children with special needs. Parents experience years of stress and frustration.
- Reduce the number of moves a kid experiences when in out of home placement.
- Reduce the inflexibility of the “system”.
- Provide supports AFTER the adoption – mental health issues arise much later.
- Provide interactive nurturing of whole families.
- Need ways/supports to work with teenagers in crisis. We don’t have anything for working with families at that point. Probation has also lost the resources they once had.
- More family support. We have classes but that isn’t enough.
  - Somewhere to refer to.
  - Education and support on how to live with MI.

- Build the capacity of the community itself to help those who are struggling:
  - Help them navigate the system.
  - Help them with stressors.
  - Help them connect with existing resources.
  - Contract out to the community.
  - Help community clinics be more responsive to the MH needs of their communities.
  - Work with faith communities.
  - If community efforts were effective, they would not need county services.
- Work within the different cultural communities – in the community, with the family.
- Entering our system is a trauma in itself. Families need support with that.
- Prevention programs are the first to get cut. They may not save \$\$ but they sure help the quality of people’s lives.
- Need holistic approach – be able to accept a range of different practices or solutions (“treatment” so to speak).
- Accept Evidence Informed practices in addition to Best Practices.
- Positive social marketing – Change the norms.

### **Existing Resources or Models**

- Something like Parent Partners.
- Diversion programs – wks with all the factors including DV and substance abuse.
- Team decision making.
- Shared family care.
- Family to Family – Casey Program.
- Adjunctive Family Therapy.
- Mobile teams.
- Wrap around.
- Therapeutic Behavioral Services (TBS) – Extreme wrap around for extreme situations.

**Focus Group:** Community Clinic Consortium  
**Attendance:** 3  
**Led By:** NF  
**DATE:** December 17, 2007

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**Target:** Primary Care Providers  
**Geog. Area:** Countywide  
**Other:** *Note: This was more of an introductory conversation than a focus group, some notes provided here...*

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### Summary/Key Themes:

- ✓ Integrated MH and Primary Care models are very promising, now piloting.
  - ✓ There are primary care providers/resources throughout the county that have front-line access to underserved populations.
  - ✓ Need more for isolated seniors – clinics are now doing planning.
  - ✓ Need more for teens.
- 

### Needed Resources

- Solve MediCal billing problems for integrated services (e.g., you can't bill a primary care and a mental health visit on the same day).
- Need support groups around isolation and aging.
- Work with faith-based organizations and fraternal structures, associations.
- More of *everything* needed in West County.
- Need places to meet people one-on-one in a way that allows exchange of information.

### Primary Care Resources

- La Clínica now implementing BEHIP – Behavioral Health Integration Process funded by John Muir. This will allow placing a mental health provider in the primary care setting at the Monument Clinic to work together for integration, warm handoffs to mental health professionals.
- Now conducting a strategic planning process for Older Adults.
- Serving large uninsured populations – e.g., 65% of Monument clients uninsured.
- La Clínica – Monument and Pittsburg.
- Brookside – West County (San Pablo, Richmond) – primary care and dental.
- Planned Parenthood – concerned with satellites.
- Brookside interested in replicating La Clínica BEHIP model. Had early stage planning funding from Kaiser for behavioral health integration, but no space.
- Planned Parenthood – Had MFT interns for a year.
- Stigma issues.
- Prenatal care for teenagers – with county – want a lot more activity with teens.
- Youth Programs:
  - La Escuela de la Promotora.
  - Youth Promotora Program.
  - Monument Clinic.
  - Diablo High School.
  - High risk kids.

- Sweet Success at Brookside.
- Prenatal Care.
- Leadership development – kids did project, credit at school.
- 90 promotoras – adult included, also serving seniors.
- Coming up the pike – Casa en Casa.
- West County -- Brookside would like to present mental health work with Familias Unidas.
- Existing: Planned Parenthood, school-based express sites.
- Planned Parenthood in West County exclusively high risk (Hilltop?).
- Brookside will open full service clinic at El Cerrito High School in January 2009.
- Y Team – West County.

**Focus Group:** Community Contractors for Children's Mental Health  
**Attendance:** est. 14  
**Led By:** NF  
**DATE:** December 18, 2007

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**Target:** Children  
**Geog. Area:** Countywide  
**Other:** Providers

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### Summary/Key Themes:

- ✓ Serve whole families.
  - ✓ Focus on trauma exposed.
  - ✓ Focus on youth who are not eligible for other services.
  - ✓ More in schools.
  - ✓ Community approaches should focus on accessing people where they go
- 

### What are the priority populations for PEI in Contra Costa County?

- Trauma exposed youth and their extended families.
  - Especially domestic violence exposed.
- Children who are not getting anything – and not eligible for what is there.
- Children with a parent who has a MI diagnosis.
- Children in CFS system.

### What is needed?

- Maintain and build resiliency.
- More in schools.
  - Bring back school nurses, expand school health centers.
  - *Schools are better at getting the kids. We aren't good at getting whole families because of: Hours, access, insurance. Those not insured get nothing.*
  - There is less stigma to interventions in schools.
- More outside of schools. Get to kids wherever you can!
  - Community hosts – Look for the informal leaders.
  - Faith-based hosts and approaches.
  - Access people in beauty parlors.
  - Need charm school for adolescent girls – something that will pull them in.
- Home-based work with families. Builds trust, opens up family issues.
- Focus on working poor.

### What programs and models for Children's prevention and early intervention currently exist in Contra Costa?

- EPSDT Contract – intensive in-home family therapy – IP, siblings and families.
- Brief Strategic Family Therapy.
- Family Institute of Pinole .
- Incredible Years.

- Young Fathers – parental education.
- Parents Project.
- Family Stress .
- Y Team – Pro-social skills. In schools .
- Mentoring programs.
- West County – Each One Teach One.
- Domestic Violence.
- Parenting education.
- School health centers.
- Familias Unidas – Family life education curriculum – holistic approach.

**Focus Group:** Contra Costa Crisis Center  
**Attendance:** 15  
**Led By:** NF  
**DATE:** January 22, 2008

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**Target:** Crisis Line, Information & Referral  
**Geog. Area:** Countywide  
**Other:** Providers

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### Summary/Key Themes:

- ✓ Crisis Center prevents suicides, educates, supports, saves cities and counties money.
  - ✓ People call for help at all levels of crisis – not just end stage.
  - ✓ People need to deal with grief after loss, they need to deal with trauma.
  - ✓ Isolated seniors need someone to talk to.
  - ✓ Immigrants are isolated by cultural differences even within their own families.
  - ✓ Need to teach community, kids, how to see warning signs, how to get help.
- 

### What are the priority populations in need of MI prevention and early interventions?

#### NEED HEAT - ●●

- Families with histories of suicide, psych hospitalization, depression.
- Seniors – Much grief, isolation. We usually transfer them to Senior Information and Assistance (English).
- Most immigrant groups - Experience crisis and don't have support systems, but don't trust support systems in dominant culture.
- Youth 10-25 – Caucasians, Filipinos, LGBTQ at highest risk. Risk for African Americans and other Asians is on the rise.
- Homeless (adult and youth) – Many are depressed and refuse services, but don't know what depression is.
- Asians – Have not come forward. If they do call, they are usually second generation with split allegiances between old world and new life. They feel unsupported in their family system – especially with stigma re: mental illness in their culture.
- Undocumented – Calls from counselors who have someone who is suicidal but won't go for help.
- There are support groups for young adults who have attempted suicide. But their parents can't force them into the groups. Parents are frustrated and they see their child going downhill.
- Evictions, homeless. Maybe combine counseling with tenant's assistance. With education to look at things differently – empowering, building coping skills.
- Violence: *Got a call today with a mom with 3 kids and 2 grand kids. Her home got shot up today. Can't stay there. Now looking for shelters. Mom was SO depressed, she couldn't talk.*
- West County violence – It's crisis intervention there. How do you do early intervention? *If you live there, that's your life! How do you plan for a future when you can't think you'll live past your 20s? But you can do something. There are resources.*
- Teachers can't teach because of the trauma level in kids.
- Kids need to talk to someone about their situations.
- Parents know they need to get their kids out of Richmond but don't have the money to do it.

## What is needed?

- Hotlines work across the board – from people in early stages of crisis to high lethality. Often people are on the edge of a psychiatric illness with no medical care due to cost.
- Can't say enough about the prevention quality of a suicide line. Keeps people safe, helps them stay out of the system, saves money.
- Spanish speaking population is most difficult to serve – as there are no places to send them for follow-up supports. They encounter high costs, wait lists and travel distance.
- There is a lack of resources available in the community about what resources are available for someone with MI.
- Make things like the Crisis Center known countywide.
- Early intervention: Train counselors better for competency on suicide issues. Few mental health professionals have training on suicide and they haven't been required to take it.
- Community education Help people to identify their own mental health status – tips, support. This was done in the 70s and we need it again!
- Need simple public education for young adults, children, homeless.
- Get to every school with education.
- Need: Outreach in schools – huge.
- Need: Outreach and supports in multiple languages – Not just Spanish, English.
- School counselors – that's where young people can turn. There is lack of school counselors.
- Hard to reach, isolated seniors are at risk for suicide but will never call. Or may not know that service exists.
- Parent workshops are essential – equip parents to deal. Prevention.
- Primary care – need strong link between MDs and MH care. Especially for seniors.

## Existing Resources or Models

- Safe Schools Coalition – LGBTQ.
- 211 Phone line is good resource for getting out into the community, e.g., a teacher called for resources for teenager who was raped. *You don't have to look so hard to find resources.*
- The Crisis Center offers:
  - Hotline.
  - 211 Referrals.
  - Grief Support groups: After death of a loved one – adults and youth.
  - Education in schools. We provide:
    - Issues for young people: self esteem, bullying, stress, prevention, warning signs.
    - Teach kids how to be a friend if someone confides in them – when/how to intervene.
    - But we need commitment from schools to let us come. *Lots of principals don't want to deal...* It should be part of the curriculum
    - Schools then get reactive after a death. Need to be proactive.
    - We provide follow-up with the school, leave our phone number and names for people to turn to as well.
  - What we do is a cycle, not a line. We do prevention, intervention, post-vention and then prevention again.

## Other Comments

- Convincing people that they need MH services is not easy.
- Concern that these new PEI funds won't really be contracted out to community....

**Focus Group:** Contra Costa Mental Health Access Line  
**Attendance:** 6 Staff  
**Led By:** NF  
**DATE:** February 5, 2008

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**Target:** All  
**Geog. Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Education: of kids and staff in schools, families: self care, parenting, how to get help.
  - ✓ Dedicated staff in schools to provide MH support.
  - ✓ Earlier intervention with groups of individuals who don't get public funding or MediCal until they are in a full-blown crisis, especially uninsured and underinsured older adults.
  - ✓ Need multi-lingual, multi-cultural services.
  - ✓ Prioritize those with language and cultural barriers.
- 

### **What is needed to help prevent mental illness?**

- We need mobile response teams! Other communities have them. Avoids escalation, avoids people waiting for help until it results in an acute hospitalization. Allows for help without involving the police.
- Aging caretaker of a MI adult cannot manage the stress. Both caretaker and consumer need supports to reduce stress and future/escalated MH problems.
- Older adults who need mental health intervention get ruled out of senior I & R. Help should start there.
- General community needs education about MI, about how to identify it, how to get help. There are people out there who would help if they knew how to.
- The person who isolates alone in a room needs intervention. Families need support to intervene. Even more difficult to reach in some cultures – e.g., Latino.
- Need bilingual, bicultural help throughout the system!
- More education is needed for youth – especially TAY. They need self-care knowledge.
- Elementary school teachers need education.
- Someone needs to bring mental health support into the schools. Need actual positions for people whose job it is.
- Also need education, early identification in vocational programs. Not just the college-bound.
- Seniors are really ignored. There used to be a senior clinic that was integrated with primary care.....Could have MH-types at senior centers, through Meals on Wheels. Not just crisis-type response. Need multidisciplinary teams.
- Need an access-type person at schools – or shared between schools.
- Parenting Education is needed. Regional Centers used to provide parent education twice a year...What to expect in the years to come.
- Parenting Education for parents of any child who has experienced a trauma – before waiting for MH problems to surface.
- NAMI has an education program for family members of the MI. But it's only one person. Teach families: Don't wait until there is a crisis....
- *I recently had a call about a 23 year-old with a history of ADHD who hadn't been able to work in years. He didn't have the organizational skills to hold a job. He needs someone to help him sort*

*through his issues, get his ADHD under control, and check back in with him regularly. One year of support could go a very long way with this gentleman!*

- A top priority: The uninsured. *Everyone wants MediCal clients!* Community agencies used to take people whether they were insured or not! *When they are uninsured, you can't serve them until they hit rock bottom! That's not right.*
- A top priority: Those older adults with Medicare only. Our system doesn't serve them unless hospitalized and their co-pays are too high to get help in the private sector.
- A top priority: Those on emergency MediCal. You can have a new mother who has just had a baby but isn't in a full blown crisis and you can't serve them. Early intervention could avoid a lot.
- A top priority: Those with language and cultural barriers. Undocumented immigrants.
- Stigma: Who doesn't access MH because of stigma? Non-English speaking, those with dual diagnosis.
- Need more detox centers! Psych inpatient is practically the only detox available! AOD Access line doesn't really work any more. *You have to leave a message and be available for a callback. And maybe get a callback.* There are no beds!
- Need supports for grandparent caregivers.

### **Resources/Models to Build On**

- GRIP – faith communities – could collaborate with psych support.
- Promotores.
- Senior Peer Counselors.
- Homeless Outreach.
- Years ago we had consulting psychiatrists who wore beepers – consulting to primary care providers in the county. They were highly utilized! Then the dedicated positions went away and the workload was too high to be added on to existing positions.

**Focus Group:** Contra Costa Native Americans  
**Attendance:** 16  
**Led by:** NF w/ Janet King  
**Date:** February 2, 2008

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**Target:** Native Americans  
**Geographic Area:** Countywide, emphasis W. County  
**Other:**

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### Summary/Key Themes:

- ✓ Start in the schools. Native American (NA) counselors, cultural competency training for teachers, counselors, principals. Teach history that fairly reflects NAs.
  - ✓ Need a place in the community where we can connect with each other, help ourselves. We need NA counselors available in the community.
  - ✓ We have skills and resources to conduct cultural competency training in the schools and elsewhere.
  - ✓ We are invisible in the mainstream culture. We feel isolated, disconnected. This leads to low self-esteem and self-destructive behaviors. Help connect NAs to NAs.
- 

### Needs of the Native American Community for Wellness

- Need Native American counselors in schools.
- Need an office, or a place where NAs can go and talk to/trust other NAs for help.
- They teach a European viewpoint about History - Columbus Day, about Thanksgiving. *They are lies! They are not teaching the truth. I wasn't brave enough to go over there and tell them the truth. Want my daughter to know the real truth.* The way this is taught causes psychological damage to our kids.
- Low self-esteem. *Nobody cares what we think.* Low self esteem causes self-destructive behavior. Intergenerational violence.
- *If there was a place for us here in Richmond, someone would have told you that you were eligible for Victims of Crime funds. Instead, they leave you to fend for yourself.*
- Dealing with the stress of violence – kids drop out of school because of stress.
- Suicide prevention.
- In the church setting, a lot of families come forward with stories of personal trauma – rape, molestation, abuse, incarceration, substance abuse and they don't know how to get over it.
- If your counselor is Native, you feel like family and you can share, bond, heal.
- Teachers and school principals need cultural education about Native Americans. *My child took sage to school to share as part of NA life and nobody believed her. They thought she had brought drugs.*
- *My daughter is the only NA in her school.*
- *I went to a therapist and I had to train her about NAs!*
- I am scared for my child in the Richmond school system. Things are different now. Safety.
- Raising grandchild – not support system. No support system when sick. *I try to take my child to Friendship house so that she will have a support system. But when I am sick, I can't even travel that far.*
- The effects of poverty and violence.
- Richmond had an Indian Village years ago. Values and families were together. *Then we had to move out and it was hard to be on our own in the mainstream culture.*

- Older children can help younger children.
- Start in the schools.
- If parents don't know their own culture, they are lost.
- *Until we hear the truth, everything will be the same.*
- Est. 12,500 NAs in West County. 2002? 2004?
- We don't know how to be our own advocates.
- There is no reflection of us in mainstream culture. Need to make visible the Indigenous People's views.
- Professional development for teachers, counselors, school principals is key. Cultural competency. We have our own ways of learning/knowing.
- We have had to learn to associate with any culture.
- We are isolated. Or we go to Oakland to connect.
- Daughter in Concord is also isolated.
- The school can really create the mental health problem!
- The term "mental health" scares our people. It needs to be worded better.
- We feel disconnected.

### **Desired Interventions**

- Native American counselors to help kids in school.
- A place to go to find other NAs and supports. Including counselors. In the community.
- Ability to train others about NA ways.

### **Existing Resources**

- Must go all the way to Friendship House in Oakland, or to Vallejo – nothing in between.
- 9 NAs participating in tent city against violence last year.
- NA congregation – Pastor and wife in focus group. *We try to let people know you can go through trauma and you can get over it. But you need help. - Youth leaders at church are dealing with gang life. Just doing what we can with what we have.*
- There are NAs in the community with the skills and credentials to provide cultural competency training to others in schools, elsewhere, to help them understand native ways.
- Diablo Schools are serving large numbers of NAs. Are there any resources there?

**Focus Group:** Contra Costa Probation Department  
**Attendance:** 20 providers  
**Led By:** NF  
**DATE:** January 29, 2008

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**Target:** Justice System  
**Geog. Area:** Countywide  
**Other:** Adults and youth

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### **Summary/Key Themes:**

- ✓ Need early assessment and the ability to follow up with resources through diversion programs or in the system. No longer have this.
  - ✓ Need interventions before the BIG crisis.
  - ✓ Much stronger resources used to be in place, and now they are gone. Grants ended or budgets cut.
  - ✓ Need to address the entire family – parents, all kids.
  - ✓ Need multi-lingual, multicultural resources.
  - ✓ Best to start prevention in the community.
  - ✓ Bureaucracies are the biggest barrier to collaboration.
- 

### **What are the things that would help most to prevent MI in your populations?**

- We need appropriate screening and follow-up EARLY – at intake. With availability of deeper evaluation after that. And resources to refer to if needed.
- We need parent involvement. No parent involvement, no success with the kids.
- Broader, multi-systemic therapy – whole family.
- We need basic services available. Boys Ranch has nothing. Juvenile Hall.
- Need counseling BEFORE crisis.
- Our families need access to counseling in the community at affordable rates for children and families.
- We used to have “out-of-custody intake.” Part of diversion services (which are now gone).
- We need to bring back and build on the old diversion efforts.
- More multi-lingual, multi-cultural treatment availability.
- Need to partner with disproportionate minority programs.
- Staff need manageable caseload sizes so they can spend time with people.
- Educate parents. IN THE COMMUNITY. Be reachable. Create a mental health presence in the community.
- Need continuity from Juvenile Hall to wherever they go after that. The break adds to the problem.
- Need do reduce stigma about mental health care! Break down stereotypes.
- We need better working relationship with education. Kids skip schools. Their supports get lost and information about them gets lost.
- AB3632 students – territorial.
- Sometimes the kid is the highest functioning member of the family.
- You need a team to assess and weave a family’s needs together.
- Watch kids in families with unsubstantiated abuse allegations.
- Providers need really current, updatable resource lists.
- Undocumented individuals unwilling to ask for/accept help.

- Assessment is not so much the problem. Having quality and available referrals is the hard part! Counseling should be 1) easy to access, 2) not student therapists, 3) have continuity – even if a family drops out for a while.
- Addressing stigma: Need really skilled outreach professionals, in the community, of the community. Who can go to homes. Start there and ease them into services. Can't have cost barriers.
- Need to get help before the BIG crisis. Often just requires medication.
- No-one is there to actually do therapy any more.
- No-one is there to actually do the real work that needs to be done!
- With adults, it's like you've given up hope.
- Fix the adults to help the kids!
- Need services for dually and multiply diagnosed. Treatment, day treatment.
- Kids decompensate in custody. Adults, on the other hand, get it together. They get meds, therapists, sobriety. And then they decompensate after release. The meds and therapy go away and the poverty sets in.
- Adults need PTSD counseling available to them. Violence, ongoing loss. There is a ripple effect
- Need collaboration, wrap-around supports for whole families. Several agencies at once.
- Often, families lose services if they use too many services. So you find them being secretive, not wanting to open up about what help they are getting for fear of losing services.
- You also lose services depending on your status in the system. As a child gets older, they age out of certain services.
- Need ad-hoc committees who can do team decision making for a specific kid. But you are literally pulling favors to work across systems. And someone has to pay for it. *One time I had to drop a kid's probation status just to get them help!* Bureaucracy.
- Regional collaboration?
- Regional Centers? (Very difficult)
- Back to adults: We need a Conservation Corps type program where young adults 18-25 can get a GED, get work habits, maybe get a job reference.
- Both with diversion and MH treatment, there will be stumbling blocks. There will be stumbles along the way. Programs have to accept this as a part of progress.
- Treat the whole person, not just the mental health.
- Females, adults/kids, need education about the impact of drugs on pregnancy.
- Big buzz right now: Gender specific programming.
- Build self-esteem.

Before youth hit the JJ system:

- Kids need help while still in the community.
- Kids need help at schools.
- Grief counseling.
- Anger management.
- Parenting Skills.
- Substance abuse supports – for parents and/or kids.
- Mentors.
- Sports. Affordable sports.
- Parents involved in their lives.
- Community supports.
- PTSD care.
- Some mental illness is genetic. Parents with family histories should get support and education to keep an eye on their kids.

- Proper nutrition.
- Self-care knowledge.
- Medical care – including vision, hearing, dental.
- Mobile crisis units for teens.
- Some gateway assessment for the whole family.
- Consistent services and supports over time.
- Public health is part of the pie!
- Summer camp for at-risk youth! Where they can fill a void, get some education, group support, fun! If they need more help, get them help right away.
- Train teachers to ID and refer.
- Get services down into middle and elementary schools, too.
- Adults: Every once in a while you see someone who just goes off. You think: *Oh my gosh, what happened here?* Person doesn't qualify for MIOCR because he's already entered a plea. This person needs services NOW. Not prison. We need better adult diversion. *I can't even get a case manager for this person because he is not hospitalized!*
- Housing. *Oh, he's lived in 47 places this year...*
- All the appointments it takes to get the resources that are available.
- Need supports for teen parents.

## Resources and Models

- In Marin, every kid in juvenile hall gets a therapist. Our MH is overloaded! (*Closer to 2 therapists for 200+ kids...*) Kids decompensate in the Hall.
- A few years back, kids got hands-on help in diversion programs.
- In the past, we had much more attention to mental health for young men in residential program.
- Berkeley used to have a mobile crisis unit for teens.
- Our intake unit was vital for assessment. We no longer have that. Assessment, chance for community-based help.
- In the past we had family interventions – serving probationers and kids in the home.
- Project Hope at Anka finds and directs people with MI to resources.

**Focus Group:** Contractors Alliance of Contra Costa  
**Attendance:** est. 20  
**Led By:** NF  
**DATE:** January 16, 2008

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**Target:** MH service providers  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Whole family interventions.
  - ✓ Start as early as possible.
  - ✓ Improve ability to work across systems.
  - ✓ Cultural competence.
  - ✓ Focus on trauma exposed.
  - ✓ Focus on immigrants.
  - ✓ Focus on youth not eligible for other services.
- 

### What are the priority populations for PEI in Contra Costa County?

- Trauma exposed immigrants – need help for kids, parenting support. Hard to engage.
- Violence exposed.
- Linguistically isolated.
- Youth who don't have MediCal – especially in the school system.
- 0-5 families who are not eligible for MediCal.
- Families of children 6 and up who are Spanish speaking with no services available.
- Pregnant and parenting teens.
- LGBTQ youth.
- First break – adolescents and young adults.
- Focus on African American families – the earlier the better. Address trust issues.
- Highest risk time for TAY is the week after they are discharged from an inpatient setting. *Risk is 75 times higher than before!*

### What is needed?

- Whole family interventions – from the earliest time possible.
- In-home interventions.
- Collaborations that support interdisciplinary work, systems change, reducing silos.
- Increased cultural competency.
- Resources for men and boys – especially E. County.
- More supports for people in limbo, in transition.
- Outreach and case management for trauma exposed immigrants.
- Holistic model that includes transportation.
- More training of staff for cultural competency.
- More training of 0-5 providers.
- Adapt services for specific cultural populations – NOT one size fits all. *Its who makes up THAT family.*

- Strength-based approach – not problem focused.
- In current system, we must have diagnosis first, but engagement involves building trust first.
- Flex funds.
- New models for first break.
- Mobile response teams.
- Better ways to do hand-offs across agencies.
- Train professionals about suicide prevention! *MDs, RNs are not required to take training in this area.*
- Increase/make universal:
  - Screening of pregnant women for depression.
  - Stronger/smoothed referral systems in place.
  - Community-wide training on the signs of MI.
  - Good screening tools.

### **What programs and models for Children’s prevention and early intervention currently exist in Contra Costa?**

- Brighter Beginnings.
  - Parent support groups.
  - Bonding, attachment nurturing.
- Early Childhood MH – *Everything we do is early intervention!*
  - Supportive parenting groups:
    - Spanish speaking domestic violence.
    - Grandparent caregivers.
    - Spanish speaking fathers.
    - English speaking fathers with young children.
  - Preschool MH consultation (3 agencies).
- Community Violence Prevention (3 FTE).
- New Connections – Substance abuse prevention, youth.
- CHD – Substance abuse prevention, LGBTQ youth east county.
- Stand Against Violence – prevention in schools K-12 and youth offenders programs.
- Crisis Center – Suicide prevention – some work in schools.
- Asian Psychological Services:
  - Community organizing W. County – funded by Drug Free Communities federal grant.
  - AOD prevention.
  - Had youth grant for early intervention coming out of JJ.
  - Youth leadership program.
  - Work with parents: parenting, enhancing marriage.
- Family Stress Center:
  - Mentor program with youth and parents.
  - Fathers program – especially Spanish Speaking.
  - Prevention of child abuse, work with nursery school and child care centers.
- Families First:
  - School-based mental health.
  - Family preservation.
  - Kinship services.
  - Parenting.
- Asian Community Mental Health:

- Asian Family Resource Center – West County.
- SE Asian CalWorks recipients.
- Time Out.
- Had a contract for DV.
- Ujima:
  - Kids groups – prevention.
  - After school 6-14, high risk for AOD.
- Community Clinics – La Clinica launching integrated care.
- Safe and Bright Futures.
- Perinatal model (should be replicated).

**Focus Group:** East County Consumers - E. County Community Center  
**Attendance:** 14  
**Led By:** HP  
**DATE:** February 6, 2008

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**Target:** Mental Health Consumers and Center staff  
**Geog. Area:** East County  
**Other:**

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### **Summary/Key Themes:**

- ✓ Children in schools. Screen and intervene.
  - ✓ Reduce stigma associated with mental illness and “NIMBY” issues through public education.
  - ✓ The people with mental illness need more and easily accessible facilities.
  - ✓ Get the money into the community ASAP.
- 

### **Thinking of yourself and people you know, what are the things that would help most to prevent mental illness?**

- *It starts with the schools.* There should be screening questions on school registration forms so that teachers will be aware of any potential problems. This does not currently happen. The child acts out and is suspended. Parents should inform school staff about any mental health or behavioral issues up front so that intervention can take place.
- *We need school psychologists to nip it in the bud.* Funds for school psychologists are critical. (concern about usage of state lottery money mentioned – *where is the money going? When will it be enough to meet school needs?*)
- Better facilities/space is needed. There are not enough meeting/treatment spaces and accessibility is a big concern. *This building is not handicapped accessible and we need to take care of the needs of all the mentally ill.*
- *Take your medicine and don't cheek it.*
- Support – it's important that people are there for you in crisis. *We teach WRAP here (Wellness Recovery Action Planning).*
- Physical and mental wellbeing – know what you need and want, and where to get help. Keep our body healthy.
- Counseling – it helps to bounce ideas off someone else with knowledge, along with WRAP.
- It's good to know your family history. Some people/children don not, especially those in foster care. Some children are abandoned so they are not aware of family history (around mental illness).
- *You should plan your day every day so you won't get bored or stressed.*
- Getting enough sleep.
- People should eat right. *It helps you think properly.*

### **What groups or resources in Contra Costa County have helped the most? What groups or resources are needed?**

- *This Center.* *We have WRAP here, Spirit group and empowerment in this center.*  
More activities to help people take care of themselves, money for field trips and transportation. *So we can be self-sufficient.*

- Prevent stigma through awareness. Educate the public about mental health problems. *Our Center has an open house. If people would come in and meet us, that would change a lot of minds.*
- *Stigma is a really big problem.*
- Centers need to be in locations which are accepted in the neighborhood, in a locations conducive to mental health. (There was a lawsuit against the City of Pittsburg and extensive “clean up” of drug use and homelessness before the Center was able to open in Pittsburg.)
- *There aren't too many.*
- Wellness Behavior Centers generally. There's one here and in Concord.
- Need Therapists and psychologists
- *When I lived in Concord, I went to a Counseling Center (Concord Day Treatment) and I liked it there.*
- Concord Clinic on Willow Pass Road. *They had some groups there. We were encouraged to go to Anger Management class and to alleviate stress. This year, they got the Spirit Program going on there.*
- *We need that over here, too. A lot of mental health patients want to get into Spirit Program, but it has to be accessible. (Spirit Program is a group about WRAP, and it includes a job training/résumé writing component. It takes place at different locations each year, wherever they can get room).*
- *Housing!*

## **Other Comments**

- *We could use more information about how the (county and PEI) money is distributed. We feel overlooked. There's not enough representation of this (mental health consumer) community.*
- *There was a comment that the state MHSA planning process is too slow and takes too long. We're tired of being forgotten people and the problem is just growing. Get the money out now. We know what the problems are.*
- *Waiting for help causes stress, too!*

**Focus Group:** Family Involvement Steering Committee  
**Attendance:** est. 25  
**Led By:** NF  
**DATE:** January 9, 2008

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**Target:** Family Members of MI  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Earlier recognition/intervention – especially in schools.
  - ✓ Stigma: Help people to accept that this is an illness.
  - ✓ Lack of agreement whether all MI is genetic.
  - ✓ Need more collaboration across bureaucracies.
  - ✓ Need more collaboration with families of adult MI and community.
- 

### Risk Factors for Mental Illness

- Stressful environments..
- Passed through families intergenerationally.
- People are wrong. You can't prevent a biological disease.
- Situational MI is not true MI.
- Not all MI is genetic.
- Far more severe when late intervention or wrong intervention – Can reduce the severity of the illness.
- Looking back, there were signs that were missed from much earlier ages. Should have been picked up earlier. Doctors, schools. *I asked for an assessment and they told me there wasn't a big enough problem.*
- Families in denial.
- People don't know it's a treatable disease!
- Marijuana triggers MI that's there....
- Pressure to not get involved. *I've seen teachers reprimanded for giving advice.*
- MI as link to suicide.
- Trauma – Returning vets. Hi suicide rates.

### Needed Interventions

- Schools more aware of signs/signals earlier, ability to do something about it. *Looking back, I can see that there were zero counselors in my kid's school who were trained to recognize MI. They kept saying my child was "going through a phase."*
- More cooperation/collaboration across bureaucracies.
- Funding for earlier intervention, services. *By the time I paid out of pocket, he was smoking pot in the 8<sup>th</sup> grade!*
- Less stressful environments.
- Counseling during pregnancy when there is family history of MI – *I had no idea it ran in families.*
- Intergenerational risks need to be better understood.
- A test for bi-polar disorder.

- Statewide education: What is MI, what to do when you see symptoms.
- Include MI in health education classes in schools.
- Earlier assessment! Child and family services should be trained, assess earlier.
- There is software available. People can self-test.
- Reduce stigma! *Children don't take their meds because its stigmatizing. They need to meet and talk to kids who do take meds.* Help people accept that this is a lifelong illness.
- Not enough therapists to provide information and support to families (Brentwood).
- Educate the public.
- Early intervention: Functional imaging – coming (sort of a brain scan).
- Need more parent and school psychologists.
- At the time of first break: Educate the parent!
- Mandated reporters should be required to screen!
- Earlier/more/better interventions for substance abuse.
- More police training. They get 8 hours of training for all disabilities.
- Need crisis intervention teams!
- Collaboration between family and community is missing.
- The deaf have no services.
- Disappointed not to have relapse prevention.

**Focus Group:** First Five Center Directors  
**Attendance:** 7  
**Led by:** HP  
**Date:** January 16, 2008

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**Target:** Families with young children 0-5  
**Geographic Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Many PEI activities (parenting classes, etc.) already take place at the County's five First 5 Centers in Antioch, Bay Point, Brentwood/Oakley, Concord, and San Pablo. These are trusted community locations and there's an opportunity to build on current offerings.
  - ✓ First 5 Centers reduce isolation; they are also connected to other child and family resources (schools, mental health programs) in their communities.
  - ✓ Families with young children of any race and in any income bracket can need PEI, but the poor and homeless are at special risk.
  - ✓ The African American and Asian/Southeast Asian communities can be hard to reach, as can Spanish-speaking immigrants.
- 

### **Within the 0-5 population which groups most need PEI services?**

- Spanish-speaking clients – Their immigration status often prevents them from seeking services. Their children have to be in the school system for two years before they get school-based services, so this leaves the 0-5 population out. They often can't read or fill out forms for services, so the language barrier becomes a service barrier.
- Asian/Southeast Asian Families - They often won't seek/accept Western mental health services.
- The low income.
- Homeless families.
- Teen Parents.
- Families suffering from Domestic Violence - DV is up in our community. Often, immigration pressures or unemployment can fuel DV.
- Single Moms - *Sometimes they 'loose it,' and have no outlet to go to.*
- Low literacy families - They find it hard to navigate the system because they can't read and have little confidence to seek services.
- Families in overcrowded housing or "doubled up" families.
- Parents affected by substance abuse - They don't parent and children are in unstable environment.
- Families in isolation - Those with no or poor relationships with extended families, few friends.
- Some higher-income mothers – who have traveling, frequently absent husbands. They are essentially parenting alone. In Far East County, many (White) families have higher incomes, stressful lifestyles. There are often 2+ kids in these families, little support and lots of stress.

### **Which populations are the hardest to reach for services, especially mental health-related services?**

- In Bay Point, it's the African American community. *Most aren't comfortable coming into the center. We have mostly Hispanic families come in.* Maybe because Hispanic families have never

had an opportunity for services, they grab the chance. African American families have a lot of opportunities, so they tend to pick and choose.

- For African American families, a lot of F5 services and classes are during the workday, and they already have their kids in daycare, Head Start, etc. They may need weekend classes.
- Fathers - They often have a phobia about seeking help. *If we could reach dads, we could really impact family health.* Hispanic dads work Saturdays too, although some dads could access weekend services.
- Homeless Families - Sometimes they are shuttled around between shelters, churches, etc. which means there is no place to reach them. With the mortgage crisis, many shelters are bracing for a new round of homelessness, financially stressed families who have never been homeless before. These first-time homeless families won't know where to go, and will have special mental health stressors.
- Teens - *They don't want to associate with adults and need special classes.*
- Parents with disabilities – e.g., parents in wheelchairs, those with borderline IQ. They need support to keep their kids. Parenting challenges can lead to major depression and suicidal ideation.
- Grandparents as kin caregivers - Centers have seen kin caregiving increase and these grandparents are stressed because they also face the challenges of aging as they raise their grandchildren. Custody battles with the parents can also be a major stressor. At one center, a grandmother kin caregiver was in a bitter custody dispute with her son's former partner (the child's mother). The two kept reporting each other to CPS, leaving the child caught in-between as they decide who's going to get custody.
- Southeast Asian families - They tend to deal with mental health issues inside the family.

## **What services and PEI services does a First 5 Center provide?**

- Centers offer services in 4 core areas: 1) literacy, 2) early childhood education, 3) parent education and 4) tobacco education. Other projects and classes include: science classes, cooking/nutrition classes, dance/movement classes, baby sign language, field trips and community events, parenting classes by age group (0-1, 1-2, 2-3, etc.), and community outreach (for hard to reach groups). Services are provided to *all* families with a child 0-5 regardless of income, race, ethnicity, etc.
- Child development classes based on stages and parenting education classes that focus on attachment and bonding. This gives parents the opportunity to learn about what is normal, and behaviors that may need intervention.
- Parenting Classes – This includes *Parents Raising Children in a Safe Environment* classes, based on an American Psychiatric Association curriculum. This is a 10 week course for both parents about preventing violence and trauma in the home. There are also parenting classes related to communication and discipline. Curricula used include Dare to be You and Nurturing Parents (this is a class for teen parents offered in Antioch).
- Child safety classes - This is for kids and lets them know what to do if they're lost and need to approach a stranger, how to protect themselves from sexual abuse, etc.
- Temperament class – why your child behaves the way s/he does, what's typical and when you should seek help. *Most classes end up acting as support groups with parents offering each other tips and support.*
- For children with special needs, centers make referrals for mental health services to We Care which has three early childhood mental health providers across the county. This is good, but not enough.
- *Almost everything we do is prevention.* Specific problems are addressed through referrals.

## What PEI interventions would you recommend to reach the groups which most need them?

- *Families get a lot of prevention just by coming into the center.* This addresses the isolation which leads to depression. *Coming in makes them feel like they can build relationships and get support.*
- *Having a mental health provider at the center would be great.* Centers are a trusted place in the community and would be great for psychoeducational groups, parent training, etc. Centers also need more staff training in behavioral health signs and symptoms and how to intervene.
- *Classes - In classes no one feels 'singled out.' We can reach out to everyone.*
- *Center staff are getting some training to identify sadness, depression, anxiety so they can directly ask someone if they need help. This way they do a lot of informal intervention. We can often see progress with families as they come to the center more often.*
- *Sometimes F5 Center staff are invited to participate on Family Strategy Teams or Team Decision Making (TDM) through the child welfare system. The Monument Community Partnership has active FSTs. F5 Centers are participating in Child Welfare Redesign (one Center is co-located with Brighter Beginnings which uses TDM).*
- *The family surveys we do after each class are another way to find out how families feel and what they need.* They also use the initial Center application to identify concerns and make referrals.

## How do you reach hard-to-reach groups? What strategies, programs or community partners are needed to reach them?

- *In Antioch, Center staff go into five elementary schools with a Spanish-language parenting class curriculum on self-esteem, communication, dealing with behavioral issues, and tobacco education. Even if the parents have kids in grades K+, they often have a second younger child.*
- *Centers conduct street outreach and attend community fairs, present at low-income sites in the community, like Kaiser's teen clinic, and the Richmond Health Center which is attached to WIC. We try to be a presence at locations where low-income families go.*
- *We need to collaborate with the people who do the mental health assessments and referrals. We need someone to call on.* E.g., a therapist available to all five F5 centers.
- *Staff feel they need the ability to initiate FSTs/TDMs (mentioned above), at least by referral.*
- *We sometimes use or go to a Wraparound Program called Families Forward for Asian families.* It was pointed out that this was a program funded in the first round of MHSA.
- *We need to use the faith communities.* This could ease introduction to hard to reach families.
- *Peer mentoring/peer parenting programs. When families are isolated, this can help.* Like the "Comadres" Program: participants learn, *I'm not the only one experiencing this problem.*
- *The Promotoras program (at La Clínica de la Raza) is helpful. They do classes on different health topics in the Hispanic community. Right now, they're doing AIDS/HIV, and have done health and nutrition. These classes often have a child component, too.*

## Other Comments

- *A lot of people can't afford child care, have too many kids and no time for themselves. This can be a stepping stone to frustration (and mental health problems). We need more funding for child care!*
- *There is more stress now in all income brackets. With the recession, they foresee a lot more stress, among homeowners, etc. Once the middle class bracket is affected, we'll see the money flowing.*
- *At F5 Centers, parents have to be involved in services. They can't just drop off kids and leave. Parents are the first teachers of children. This provides a ripe opportunity for intervention.*

**Focus Group:** First 5 Home Visitors  
**Attendance:** 3  
**Led By:** NF  
**DATE:** January 8, 2008

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**Target:** Children with families 0-5  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Serve whole family – includes treating parents.
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### What are the greatest risk factors or contributors to Mental Illness in your populations?

- High risk infants at risk for serious delays need long term services to ensure brain development.
- Parents of high risk infants are at risk for depression.
- Trauma: Women often have a lifetime of accumulated trauma – which are heightened when they become mothers. Mental health needs of the mother must be addressed.
- Gangs: Children of gang members need support. They are exposed to ongoing violence.
  - Children of gang members now having babies. Need support, role models.
- Uninsured: Immigrants – Need relation-based therapy and can't qualify for it.
- Undocumented: Live in fear of raids, deportation and won't present for services.
- Some out of control homes – Need assessment, potential hospitalization – but there are no services.
- Violence/Trauma: W. County, Monument.
- Post-partum depression – With restricted MediCal, there is no way to get MH services *except* medication. Also restricted MediCal ends too soon to pick up much post-partum depression.
- Lesbian mothers don't get support within our system. Have to go to Pacific Center. There aren't parenting groups either place. Need non-English groups as well.
- Isolation: Immigrants are isolated, domestic violence isolates families, lack of transportation.
- Rampant racism in communities highly related to rapid growth in these communities. Racial groups are needing to learn to co-exist rapidly.

### What is Needed for these Populations?

- Ability to *treat* the parent as *prevention* for children – Family approach. Especially important for 03 because MediCal MH diagnosis codes don't fit this age group. Need to get started early.
- Relationship-based interventions.
- Crisis team.
- Earlier intervention: Kids who are beginning to be identified in pediatric clinics as having problems, but can't be seen by MH because not serious enough.
- Parent education.
- Parent support.
- Extended families as support.
- Peer groups, mentorships.
- Community education – other providers – to recognize signs and risks of MI, how and when to refer.
- Supports in other languages.

## **Existing Resources and Models**

- Gang prevention program (used to have in CC, went away).
- Didactic Therapy (relationship-based). Link the adult to the newborn rather than drawing a line between the two. Especially newborn period – support bonding.
- Seed Project (Center for Vulnerable Children, Children’s Hospital, Oakland) – Partners MH with child welfare, offers guidance to child welfare on best decisions for mental health of child.
- Wrap around – reduce duplication.
- Home visitors – several departments, FF coordination. Must be able to serve whole family.
- Santa Rita Jail has strong mom’s program but not much support after release.

**Focus Group:** Greater Richmond Interfaith Program (GRIP)  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 13, 2008

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**Target:** Faith Communities  
**Geog. Area:** West County  
**Other:**

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### **Summary/Key Themes:**

- ✓ Want care as well as assessment and early intervention in jails.
  - ✓ Trauma is a huge issue.
  - ✓ More supports for youth in schools.
  - ✓ Parenting education and support.
  - ✓ Teach compassion, alternatives to violence.
  - ✓ Don't forget adults over 25.
  - ✓ Provide mental health supports in non-MH settings to de-stigmatize.
  - ✓ Churches would like to help.
- 

### **What are the factors that lead to mental illness in your communities?**

- Involvement with juvenile justice system (both a cause and effect).
- Homelessness (both a cause and effect).
- Trauma – Trauma exposed youth in Richmond.
- Dropping out of school.
- Drugs.
- Stressed families.

### **What is needed?**

- Assessment and services in jails.
- Support in schools.
- Parents engaged with kids, and with schools.
- Adults (26+) with families who have histories of mental illness in their families, or show early signs.
- Parent education and role models.
- Help for youth to deal with the stress in their environment – their relationships with friends, families, school. Handling violence.
- Need higher adult-kid ratios in schools.
- More interventions in schools (schools don't carry stigma of MH).
- Deal with stigma related to mental health care.
- Deal with trauma.
- Comprehensive pre-school that involves parents and teaches parenting.
- Community approach to child abuse.
- A safe, healthy climate for kids to grow and communicate in. Their environment breeds alienation and violence.
- Re-introduce schools to (non-religious) spiritual values – compassion.

- Stress of ICE raids. Tremendous trauma for community, families, kids.

### **Existing Resources or Models**

- Sojourner Truth is trying to start a support group for the mentally disabled in W. County.
- Southern Poverty Law Center has a model for teaching tolerance, non-violent alternatives, decreasing bullying, etc.
- Churches are existing resources that work for families. As an institution, they teach compassion, tolerance, open doors. Is there a model here? Something that can move from church to church – sharing in-kind resources?
- Need to look at Council of States Consensus Project and what they know.
- Human Rights Watch (mentally ill in jails).

**Focus Group:** La Clínica de la Raza Promotores  
**Attendance:** 14  
**Led By:** NF  
**DATE:** February 19, 2008

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**Target:** Spanish-speaking Latinos  
**Geog. Area:** Pittsburg  
**Other:** Peer Providers

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### Summary/Key Themes:

- ✓ Poverty and lack of acculturation are the biggest stressors.
  - ✓ Need supports for kids.
  - ✓ Immigrants need help with acculturation issues – Language, how to access resources, how to raise kids in this culture, how to work the school system and other service systems.
  - ✓ Spanish speaking providers are needed.
  - ✓ Information about resources for non-English speaking and low income are needed.
  - ✓ Promotores could help if trained.
- 

### What are the stresses that cause/add to mental illness?

- Poverty - not working and no money.
- Not speaking the language of the dominant culture.
- Being away from home and family – lack of family support systems.
- Getting sick. Not getting medical care or not refilling prescriptions because can't pay.
- Substance abuse, drug addiction.
- Discrimination, racism.
- Children speaking English when the parents do not – changes roles.
- Culture gap between parents and children. Parents don't know how to help the kids. Things work differently than they did in the old country. *Not just communication, it's more profound than that.* Need role models for kids living in this culture.
- Lack of discipline from parents.
- Education gap between parents and children. Some parents can't read or write.
- No supports or process for acculturation.
- Lack of access to social services – for lack of money, or lack of information.
- Violence, no safety (like in parks).
- Domestic violence.
- Parents don't know how to “work the system” with schools.
- Kids feel excluded in school. They live in a culture that doesn't accept them.
- Lack of community relationships, community organizations.
- Obesity.
- For kids: Low self-esteem leads to bad behavior.
- The kids don't feel fulfilled and they get depressed.
- Language, trust, and financial issues make people unwilling to access system when they need to.
- We live in a country that does not understand community. Very individualistic values.
- Latinos losing their mortgages. Very bad!

## What is needed?

- Tutors for youth.
- Reduce violence in schools. Kids don't want to go to school.
- Help kids avoid gangs.
- English classes for adults. *When kids act as interpreters for parents, they can block important information.*
- Scholarships for adults.
- Support groups.
- Affordable insurance, especially for kids.
- Information to parents (e.g.: regarding schools, how to help their children). *Some people think that the teachers are the educators and forget that the parents are!*
- Inform parents about preschools.
- Training/classes should be for people from the same country – customs vary from country to country for Spanish speakers.
- Kids need to learn to respect the culture of their parents.
- Mental health care (and other service) options in Spanish. *My father was mentally ill and we called for help. The doctor told us to call the police and ask for a 5150. But that just made things worse. Now, all the help he gets is a 10 minute appointment every 3 months to refill his prescription. We need counselors, doctors and supports for families in Spanish.*
- Civic activities in Spanish, too.
- Translators in existing systems. *When the daughter translates, the father won't say what he wants to say to the doctor.*
- Promotores need information on resources and about mental health in order to help others. *I can't change the world but maybe I can help you with your problem. Power in action.*
- Promotores would like more training in MH issues. Need orientation, information, options to give people.
- Promotores need written information that can be handed out, with addresses and phone numbers.

## What resources currently exist in Contra Costa?

- La Clínica.
- Promotores.
- PIQUE – Parents Immersed in Quality Education, English immersion program for parents.
- *I am getting medical services from the county and I don't have to pay.*
- C.A.B.E.
- Adult school.
- Basic health care from county.
- After school programs.
- Counseling at JFK.

## Other

It is the Promotores' job to listen. *We sympathize. We are more human. We make referrals – for social services, financial services, psychological services. We are involved in the community.*

**Focus Group:** La Clínica de La Raza (Pittsburg, Bay Point)  
**Attendance:** 6  
**Led By:** NF  
**DATE:** February 13, 2008

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**Target:** Latinos  
**Geog. Area:** East County  
**Other:** Medical and MH Providers

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### **Summary/Key Themes:**

- ✓ Immigrants under great stress – present with medical problems. Integrated MH and primary care looks like it will be a good solution. But there are systemic barriers – e.g., billing.
  - ✓ Children face culture gap – At risk for school failure, teen pregnancy. Need supports at school as well as at home.
  - ✓ Parents need parenting education to be successful in this county, to support their children, to interface with schools.
  - ✓ Older adults need a place to belong in society. Peers, social life, supports.
  - ✓ Need to reach people out in the community where they live.
  - ✓ Need culturally/language appropriate mental health supports.
  - ✓ Stigma and fees related to mental health care can be avoided/reduced by pairing with primary care and getting out into the community in culturally appropriate ways.
- 

### **What are the factors that lead to mental illness in your communities?**

- Culture Gap.
- Low income.
- Children are at risk for school failure – Not enough support in traditional school setting, parents do not know how to support kids around school and expect that schools will do this. Many kids end up at alternative schools or dropping out.
- Parents are overwhelmed with new culture, work. Not enough involved in children's' lives. Language barriers. Schools need to be more aware this is going on.
- Stress and depression from working so much.
- Youth: Not getting the support and classes they need at school. Need help with emotional issues
- Culture gap between parents and schools. Parents are afraid to call schools.
- Unstable families: Divorce, domestic violence.
- Older children face great stress as caregivers to younger children – cook, clean, childcare and to translate for parents.
- Surprised at the number of men who come in for medical problems related to anxiety. They would never have sought MH care.
- Sub-prime mortgage crisis – people losing their homes. Physicians are seeing this in clinics. They are also going to emergency rooms thinking they are having heart attacks.
- Psychological counseling viewed as a luxury.
- Older adults are depressed. Forced to live with family, take care of the house and children. Not living the life they want. Culture gap. They want to be out in society. Church? Sunday only.
- Barriers to integrated care: Can't bill MediCal for a medical and mental health visit in same day. No support or cooperation within the system.

## What is needed?

- Integrated services – MH with primary care.
- Stronger support for youth in schools – to stay in school, to deal with emotional issues.
- Parenting education – How to raise kids in this culture, interface with schools.
- Home visits.
- More Spanish speaking therapists and counselors!
- Lower fees.
- Parenting Education Classes created toward:
  - Adolescents.
  - Parents with young kids.
- Pregnancy prevention classes.
- Ideally a full time education specialist for just behavioral health.
- Room – square footage in our clinics for these new services!
- Culturally appropriate screening tools and educational materials.
- Support for acculturation, setting reasonable goals and expectations.
- Older adults: Support groups, a network, a place to go (There is a senior center but it is English speaking).

## Existing Resources or Models

- *Note:* La Clínica is in the first month of a pilot to integrate a MH provider into the primary care setting to advise and support physicians, and to assess, counsel and/or refer clients in that setting. So far, response is positive but this is very new.
- La Clínica – Has promotores out in the community for all ages – including for older adults.
- Counseling at JFK, New Connections.
- La Clínica – In Oakland, has the only outpatient facility for seriously and persistently mentally ill Spanish speaking adults. None in Contra Costa County.

**Focus Group:** Middle College High School (Empowerment Direction Program)  
**Attendance:** 17  
**Led By:** HP  
**Date:** January 23, 2008

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**Target:** High school students in Richmond and San Pablo  
**Geog. Area:** West County  
**Other:**

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### Summary/Key Themes:

- ✓ Family stress and pressure from parents creates a mental health risk for kids.
  - ✓ Kids are unsatisfied with the level of resources in their schools and the connections with their teachers.
  - ✓ Kids desperately want free or low-cost in-school, after-school and community activities (e.g., sports leagues, community fairs).
  - ✓ Communication barriers due to ethnicity, culture, and stereotyping weigh on kids' minds.
  - ✓ Many kids don't talk to their parents or adults in general. Many rely on themselves when they feel sad.
- 

### When you look around at your classmates and yourselves, what are the big factors that affect kids' mental health?

- Stress – mostly from school, commitment to family and siblings; doing housework vs. homework. These conflicts lead to stress.
- *Violence is a big one. If you see people getting killed, you're used to it, so you think it's OK.* Several students knew someone who had had a family member killed and didn't think they were getting the help they need.
- Family Problems – When someone in your family has a friend you don't like and that affects your life negatively. Parents who can't take care of themselves, and the kids have to take care of the parents.
- Parental Pressure – To have certain grades or careers. *I don't want to be a doctor or a lawyer – It's always a doctor or a lawyer! – My dad gets really upset if I get a "B"!*
- Working parents – *They can't watch kids so they're running around Richmond and getting into trouble.*
- When parents take their anger and stress out on kids.
- Siblings – *The older ones pick on you and the younger ones you have to watch all the time.* Also some parents have favorites, and that can leave the other kids feeling left out.

### Can you describe which kids, or which groups of kids have the poorest mental health? Why them?

- Kids in poor or underperforming schools – There's not enough money for materials (e.g., for science experiments) and that leads to less motivation to learn. *I don't want to learn because it's boring.* Also at these schools, the teachers are "not nice." They don't expect you can do the work and the low expectations affect all the students.

- Kids neglected by their parents – (or by school staff). Adults don't interact enough so kids might feel very alone or depressed.
- *The ones who are insecure and who constantly question themselves, especially if they aren't good at something.*
- Broken or single-parent families – with just one parent or grandparent. In these families, kids don't get enough support. *But that's like half the kids!*
- When a kid has one parent, they act differently, especially if it's the opposite sex parent. They might not have a role model for being a man or a woman, sometimes values are different.
- Low-income families - With less resources, they don't know where to get help. Also parents are really stressed all the time. *It's hard to keep your feet on the ground.*
- Problems at School - *Staff don't care. They're just there for the money. – What money?! – Or maybe they just have bad attitudes. Some people who teach just don't like kids! – Many kids feel that the staff think, "I can get paid for not doing anything."*
- Kids who get teased a lot. *Sometimes it makes them stronger, but sometimes it brings them down.* School shootings were mentioned as an outcome of bullying.
- *It's hereditary sometimes.*
- People affected by racial stereotyping – Like African Americans are athletic and not good in school, Asians are smart. Sometimes if a stereotype tells you that you can't do something, you believe you can't. *They say African American girls are loud, and if you're an accomplished African American woman, they call you white-washed.*

### **What do you think could be done to prevent kids from becoming mentally ill or hurting themselves, or suicidal?**

- More recreational centers, more activities at school and after school – *so they're not in the streets.*
- Everyone needs a good role model (someone like themselves) to know they can succeed.
- A lot of kids want to talk but have no one to go to. So if there was a youth center, kids would need to be approached and encouraged to go. It would have to be confidential. Otherwise they might be embarrassed to go into the center.
- Very quiet kids need to be talked to, helped to make friends. Sometimes they are shy because of cultural issues; some just don't want to approach someone and be rejected.
- *Looks can be deceiving. Someone who 'dresses ghetto' can actually be great. – But you can't make someone change their appearance; they have to be themselves. – It's easier to change our minds and stop being judgmental of others. - We each need to change ourselves, and be a role model for the way you act towards others.*
- Drug Prevention – we need to get kids active.
- In our middle school we had afterschool stuff – like sports, photography.
- Talk to parents. Some discourage their kids from activities when they need to get them involved. They say 'Back in my day' and they don't get how it is now. They don't go on computers or understand change.
- *Animals make people happy. We should have a zoo at school or a community petting zoo. - Parents are always saying they're allergic, but they aren't really. - When I had a dog, I was much nicer!*
- More field trips. The same old routine is boring and depressing. *We used to have field trip money to do a trip every month, but there's no money now. – We should take field trip to a pet vet!*

### **Are there things already going on in your school, at home, or in the community that will help kids have better mental health? Like what?**

- *School is boring and that makes people sad. It doesn't have to be that way.* There was a lot of discussion about the need for younger teachers (*They relate more.*) and teachers of color. *Young teachers know new things, the latest stuff that helps kids.* – *Teachers should have to take a test every 5 years, all their teaching methods are too different!* – With teachers of color, kids feel less discriminated against. (The program advisor remarked that the group was very passionate about the teacher issue.)
- *More free community events, fairs like the El Sobrante Stroll.* Parades for difference celebrations.
- Kids need free things to do, because a lot of kids work to make money for their parents. *Free sports leagues or teams. The Mt. Tolvan Manor costs \$100 to be in an afterschool program and other than that, there's no sports.*
- *This program (Empowerment Direction) - We pick a topic and work towards it; now it's need teen pregnancy. - We help the community. - This program should get money to help with mental health.*
- More summer camps/pools close by, that are low cost or free.
- Escape Club at Adams Middle School – they had fields trips to get away into nature (e.g., Pt. Reyes) – *Getting away really helped, someplace you've never been before.* – *The school paid us to do the recycling and that helped pay for the trips.* – *Adams was the best school ever.* (Many kids went to Adams for MS, some to Westlake.)
- Challenge Day at Westlake Middle School *where you got all the kids together to talk about their feelings.* There would be a speaker on a topic (like anorexia) and kids could have a confidential talk. Also, Westlake had a good afterschool program with tons of music and electives. – *You could take geometry in the 8<sup>th</sup> grade, and that was a good challenge.*
- *Middle school can make you feel stupid, because teachers and adults don't know what to do with kids that age, the "in-between."*

### **Who do you turn to if you are feeling blue, anxious, worried or depressed?**

- *Myself! – I listen to music by myself. – I think in my head. I tried to write (a letter) but my parents found it and I got in trouble.*
- *Sometimes you can't talk to parents cuz they don't understand. – Never parents. They don't get it. – One girl disagreed: I don't know about you guys, but my mom is cool! – Parents aren't helping, and teachers talk to parents!*
- *I talk to my family about friends and my friends about my family.* (But this respondent meant her cousins, not her parents.)
- *My little sisters.*
- *I also talk to my dog!*
- *Other than friends, I wouldn't talk to anyone at school.*
- People at church – the adult or youth pastor. *They help a lot.*
- *Religion helps with mental health a lot. I pray and that helps.*
- Sometimes religion and culture prevents kids from talking to their parents: *My parents are from Nigeria and they don't get it here. They're always talking about the way things are done in Nigeria and they don't like it that I'm the most independent one in my family. – My parents are from Columbia but the people I talk to were born here. They know what I'm thinking and what it's like. – My mom always says she'll send me back to Mexico as a threat.*

### **Other Comments**

- One girl said it helped to have someone come to the group to listen to their ideas, and that they want people to come and listen more often. Being listened to helps their mental health.

**Focus Group:** Monument Community Partnership (MCP)  
**Older Adult Committee**

**Attendance:** 14

**Led By:** HP

**DATE:** February 4, 2008

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**Target:** All ages

**Geog. Area:** Concord – Monument Corridor

**Other:** Older adult emphasis

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### Summary/Key Themes:

- ✓ For years, Monument Corridor has needed a one-stop shopping community resource center.
- ✓ The needs and stresses faced by immigrants – especially Spanish speaking immigrants – are huge. Isolated elders and those impacted by multiple loss are another high need group.
- ✓ To effectively work in the Monument Corridor, partnership with MCP is key. There is a huge dedicated volunteer base ready to be mobilized.
- ✓ More and centralized coordination of resources and services is needed.
- ✓ Family needs must be addressed holistically – children and parents together.

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### What are the key contributors to mental illness in elders and other populations in the Monument Corridor?

- *With seniors, I think it's depression caused by many losses – e.g., of spouses, relatives, friends, health, a social network. There's isolation and grief due to loss.*
- *New cultures immigrating to the MC – there are language barriers and problems communicating across cultures.*
- *Stress, financial or domestic*
- *Peer pressure for kids at school*
- *Jobs aren't good besides low-end jobs.*
- *Gang activity – I used to be able to wear what I wanted; now we can't wear red or blue.*
- *Lack of resources and services.*
- *ICE (immigration) raids – there's a lot of fear among immigrant. I can't take my kids to school because what if they pick me up?*
- *Lack of support groups for people caretaking for sick relatives in Spanish.*
- *With newcomers, we approach mental health in a very Anglo way, but there can be an incredible amount of stigma. 'Terapista' is a scary word in Spanish. If you go to a therapist, people think you're crazy.*
- *We need free resources. People don't look for help if they think it will cost money.*
- *Need information – put flyers about services where people will access it, e.g. Laundromats.*
- *Juvenile Justice Issues - Disproportionate representation of minority kids in the juvenile justice system. We need to do the work in middle school. You make it or break it at that age. That's when they're being tempted. Need strong prevention for grades 6-8.*
- *A lot of the problems and needs are correlated with poverty.*
- *U.S. born/raised children of immigrant parents – Kids have tons of homework, and parents don't have good English so they can't help. Sometimes I have to ask the neighbor to help.*

## What could be done to prevent mental illness?

- *There's no place to go for group activities, nothing for seniors or kids in the Monument! – For seven years, we have been trying to get a store front. We have failed. The nearest community space or center is across town and it can take 1.5 hours on public transportation to get there. A MCP community could be used for: health activities and groups, intergenerational and cross cultural activities, and many other supports. We need a 'one-stop shopping' community resources center.*
- Master list or calendar of resources is needed – there are some homework clubs at various apartment complexes (Palm Terrace) but some people don't know about them. *We really need to communicate and disseminate information. There is no way to get resources out.*
- Centralized coordination of all mental health efforts – *We need a person who would coordinate all these services for the Monument area.*
- A Police Sgt. came in for a minute and when asked about preventing mental illness he said, *We have traditionally used a law enforcement approach and that doesn't work. It's a Band-Aid. With the transient homeless, the police need to team up with mental health providers and approach the homeless together.* There used to be a homeless outreach program with one officer and one county mental health practitioner approaching the homeless as a team. This is not currently active, but could be renewed.
- Any PEI strategy has to include the whole family, children and parents – Some U.S. born/raised children of immigrant parents (*they become the MTV generation*) clash and act out with their parents. *I've had kids tell me they take advantage of their parents, like they'll threaten to call CPS on them. The parents are intimidated because they don't speak English.* So we need a multi-layered approach that works with parents and kids together.
- *We need more volunteers teaching each other English and Spanish.*
- Connectedness - Everyone, of all ages, needs group support and to feel like part of a community. Support groups and community activities would get people involved and support connection.
- There are no services/resources on Meadow Lane or on Detroit.
- Some schools have La Platicas groups - a coffee klatch for parents to support each other.
- Teach immigration rights – *If people knew their rights, they'd feel less intimidated and would have less stress.*
- Family Success Teams – these are inter-agency teams that work holistically with a family to intervene and prevent more problems. (*Some families facing mortgages problems are nearly suicidal!*)
- MCP participates in the Team Decision Making model in partnership with County CFS. This model is like the Family Success Team but only for families already enrolled in the child welfare system.
- Oral communication and storytelling to help people and disseminate services – *80% of people are oral learners so we don't need more brochures.*
- Principal meetings – *I've heard good things about principal meetings* (school-based, coordinated care teams connected to Student Success Teams). These are in some, but not all, schools.

## What resources already exist in MCP?

- Monument Corridor Senior Resource Guide – Available for resources
- There are Senior Peer Counselors throughout the County, but only one is Spanish speaking. We need Spanish-language Peer counselors.
- Human Relations Committee.
- Some churches have good groups, like Young Life. This is a Christian group for Middle and High School students.

- Monument Crisis Center – has a range of services, e.g., food delivery for seniors, homework club.
- The First 5 Center *does some incredible work.*
- Monument Futures Job Center – they recently had the Mexican Consulate come in and 300 people were provided with “matricula” (papers) and ID cards.
- Friendship Line for seniors (24 hour)
- Jewish Family Services
- Caring Hands (friendly visiting for seniors)
- *There’s no Boys or Girls Club here!*
- Child and Youth Center (CYC) recreation for kids with classes in dance, boxing etc. *But it’s far away off Concord Ave, and I can’t get there!*
- La Liga Latina - a soccer league for all (but mostly Latino) kids.
- The annual October MCP Community Health Fair.
- Catholic Charities – They have senior services. They produced the Resource List and have an outreach worker for isolated seniors.
- Family FSTs and TDMs (for families in the child welfare system) meet at Keller House and six other community hubs.
- Resource Network – a group of providers, school district, City – meet monthly and work together to solve problems and barriers.
- *It seems like we have a lot, but it’s not enough!*

## **Other Comments**

- There was general concern that no Community Forum was scheduled in the Monument Corridor, the *second densest area in nine Bay Area Counties and 1/3 of Concord’s population.* There are tremendous needs and many problems. *We feel left out of the process.*
- All of these resources (above) are because of MCP. There is a lot of volunteerism and grassroots support to tap into, talented committed people ready to work. *The key to coming into the Monument is partnering with MCP. That is the key to successful ongoing programs.*

**Focus Group:** Older Adult Committee – Mental Health Commission  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 1, 2008

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**Target:** Older Adults  
**Geog. Area:** Countywide  
**Other:**

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### **Summary/Key Themes:**

- ✓ Grief, isolation.
  - ✓ Need socialization and support systems.
  - ✓ Need screening for depression – integrated into other types of contacts e.g., medical care.
  - ✓ Stigma: Use different words!
- 

### **Risk Factors for Mental Illness**

- Loss, Grief.
- Isolation.
- Lack of support system.
- Stress.
- Substance abuse – prescription drugs and other.
- Organic brain changes.
- Age discrimination.
- Stigma: Not wanting to seek or accept treatment (*I'm not crazy!*).

### **Needed Interventions**

- Depression screening.
- Integration of screening/support with physical health care.
- Stigma: Don't use "the words".
- Reach people through senior services, housing, churches.
- *We had a terrific video...*
- Need caregiver support groups.
- More congregate living units, supported housing.
- Train people who come into contact with seniors: e.g., Meals on Wheels delivery folks, post office!

### **Resources and Models**

- Senior Peer Counseling – located in Aging and Adult Services.
  - Needs to be expanded.
  - Need Spanish speaking groups in E. County.
  - Need Asian language groups.
- There was a program in SF to educate against poly-pharmaceutical use/dangers.
- Talk to folks at American Society on Aging – They will have ideas.
- Case management – Non-profits do some of that, especially for immigrants.
- Culture-Culture organization.

- Elder Friendship line -- in the 1970's, suicide prevention effort in SF.
  - Our crisis line could do that but they don't like regular callers
- Senior Helpline Services – here – Telephone support and reassurance.
- Churches: Some have hired RNs and have phone lines.
- Cultural Groups: Laotian group, La Clínica – telephone reassurance.
- Familias Unidas has senior support group.
- Mount Diablo Adult Day Health Center – has multi-lingual groups.
- Family Caregiver Alliance – funded by Catholic Charities/Jewish Family Services.
- On-site resources in congregate living/supported living environments.
- IHSS – trains caregivers.

**Focus Group:** Perinatal Substance Abuse Partnership (PSAP)  
**Attendance:** 8  
**Led By:** NF  
**DATE:** February 7, 2008

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**Target:** Perinatal Substance Abuse  
**Geog. Area:** Countywide  
**Other:** Providers

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### Summary/Key Themes:

- ✓ Assess and intervene early with pregnant women, post-partum – it is a moment of contact and openness to change for women who do not appear elsewhere in the “system.”
  - ✓ Youth in schools. Educate and intervene.
  - ✓ Seriously underserved populations -- There are many, easy to reach people who are elsewhere in the system who need mental health screening and care – especially substance abuse treatment programs.
  - ✓ Reduce stigma – don’t call it mental health services.
  - ✓ Supports for those who are suffering from grief and trauma – whole families.
  - ✓ Family focused, integrated services.
  - ✓ Collaborate across silos.
- 

### Who in the community is most at risk for mental illness? What target populations?

- Undocumented immigrants – keeps them from getting help for fear of deportation. Language barriers.
- Folks who use SamWorks, Familias Unidas, CalWorks won’t come forward for mental health services because of the stigma of it. They say: *It’s not a part of our culture. You keep your problems in the family.*
- Stigma a big issue with Asian immigrant populations as well. They keep it in the family.
- Some won’t come forward for help because their fear losing their children.
- Children have great fear when their parents have a mental illness or substance abuse. They don’t want to end up like their parent.
- Communities of color – Need to reduce health disparities in general. Like African American Health Initiative.
- African American boys are killing each other. They have a history of trauma, grief and poverty. That becomes the onset of mental illness. Simultaneously, we need to deal with their mothers, their children, and their families.
- People who self-medicate because of grief and trauma.
- Youth ages 14-17 who can’t articulate what they are experiencing.
- High risk youth – There is a lot of shutting down.
- Trauma feeds all the other risks.
- Moms in drug treatment – with babies. They are also often victims of sexual abuse, rape. They’ve never been treated. Suicide risk.
- *Women at Corvin House may never get a psych. assessment!*
- Victims of sexual abuse – huge for both boys and girls.
- Tobacco use as predictor of family violence. Gateway drug.

- For women, substance abuse has even more of a mental health component than with men. They are self-medicating.
- Isolated single parents without support.
- Post partum depression presents in at least 1/3 of women and is not diagnosed. Our state gives MediCal coverage up to 6 weeks post partum and then cuts them off. You lose contact. The kids fail to thrive. You get shaken babies.....

## What is needed?

- Pregnancy is a moment to reach women who don't appear anywhere else in the system. Potential for screening, early assessment, early intervention.
- There are many, many people who are already in one of our systems who are terribly underserved because they don't get mental health assessment and intervention. Drug tx, jails, family services, alternative schools. Reach them.
- Collaborate across systems. Break down silos
- Strong outreach.
- Build trust.
- Address stigma.
- Serve kids and their families.
- Collaborate to address the violence.
- Help in the school setting: Need counselor full time on campus in areas with high trauma and poverty.
- Need linkages to other services in school settings.
- Pump up services to the populations who we (providers, "the system") have already identified and give them what they need. They are too underserved and they are right in our hands.
- More availability of screening. *It is enormously difficult to get a MH assessment when people enter drug treatment. And then they fail drug treatment. And then we can't prevent them from losing their kids...*
- Comprehensive treatment for co-occurring disorders
- *I have spent two years trying to get screening and brief intervention for substance abuse and I can't get it off the ground! It could have a mental health component as well...*
- Literature states that for substance abuse, just 5-6 contacts could make a huge difference for some people. Just having the conversation.
- *Just a listening person can activate a person's strengths!*
- Early intervention with targeted populations (e.g., Integrated Services Teams).
- *I am not interested in going after people who are completely off the radar screen – unless they have children.*
- We have such a large population of people being underserved and our moment with them is so brief.
- Biggest gap throughout the system is lack of mental health services! Treatment as well as prevention.
- Need integrated services.
- Try to keep them from coming in the BIG door by offering them little doors.
- Educate and assess in the schools before a kid dies. There is huge under-diagnosis of anxiety and depression in adolescents. Suicide of teens usually not pre-diagnosed (except usually the friends knew).
- Perinatal period is the magical time to stop cycles of DV, SA, child abuse.
- There isn't really a good model that works for perinatal SA/MH problems.

- Serve the whole family – who aren't pregnant – yet. Who aren't substance abusing – yet.
- Its cheap to educate medical providers about post-partum depression.
- Caseloads of social workers are too high e.g., Healthy Start

### **Existing Resources or Models**

- Ujima.
- African American Health Initiative.
- Corvin House for SA but no MH care.
- Integrated Services Teams.
- Healthy Start but caseloads too high.

**Focus Group:** Rainbow Community Center  
**Attendance:** 11  
**Led By:** HP  
**DATE:** February 4, 2008

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**Target:** LGBTQ community  
**Geog. Area:** Countywide, located in Concord  
**Other:** The group was comprised of gay men, with one lesbian joining late.

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### Summary/Key Themes:

- ✓ Impression that resources are concentrated in SF and that the LGBTQ community needs to make itself known and recognized in CCC.
  - ✓ Stigma and discrimination related to sexual identity – from both the mainstream community and inside the LGBTQ community – creates stress and depression.
  - ✓ LGBTQ youth and elders are at high risk for mental illness and suicide.
  - ✓ Connection within and visibility of the LGBTQ community – as well as better information about LGBTQ resources – are critical to PEI.
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### What are the key contributors to mental illness in the LGBTQ community in Contra Costa County?

- Stigma related to sexual identity
- Lack of family support across the age spectrum – from youth coming out to seniors
- For gay (male) seniors, there no support, sometimes no families or friends. Many women have kids, but the males are isolated and may not be accustomed to talking about feelings.
- Many gay men have moved to the Bay Area to be in a supportive environment, but now they're far from their families.
- No access to or knowledge about resources
- AIDS - Lack of support resources for people losing partners or friends to AIDS. *Kaiser doesn't like to discuss this.*
- Primary care providers are not culturally competent and the majority of HIV+ people in the county are gay men of color. There's no sensitivity.
- County providers don't know which CBOs are serving the LGBTQ community. They just can't tell us. *It's time for us to make our mark here.*
- Alcohol, drugs and sex - (Male) gay cultural norms promote alcohol, drugs and sex – this can create mental health problems.
- Gay men who retire from SF (where there are rich resources) come here and then the supports and social activities aren't there. Transportation for seniors also needed.
- Ageism - The gay community discriminates against seniors (*In bars or on-line, you're a senior if you're over 30 or 35!*) so older gay men may be isolated, feel a lack of connection and being needed.
- Physical appearance/body image – After coming out, gay males will be judged if they aren't muscular enough, skinny enough, etc. *There's a lot of pressure to fit a mold.* Not feeling masculine or good enough can lead to self-hate or depression.

- Racism – *We have the same racist and classist views in our community (as the mainstream community). One Asian man talked about racial slurs he'd experienced even in SF. People of color struggle with this.*
- Gender Separation - In the CCC LGBTQ community, genders are separated. *There are no women here tonight!* This is not the case in SF. *Lesbians may have separate issues and we can't speak for them.*
- Lack of therapist understanding of LGBTQ issues and even in the medical community – *Your doctor will write 'gay' in your medical chart and the assumption is that AIDS is your problem. You come in for tonsillitis and they give you an AIDS test!*
- Violence against LGBTQ community - There's tremendous fear. One young girl in middle school was thrown in a dumpster for being 'queer.'
- Young gay people rejected by families for coming out – this is a trauma. Can lead to drugs and drinking. *If they get HIV, then they really can't tell their parents!*
- Schools - Some high schools have a Gay Straight Alliance but some don't. There are none in the middle schools, and that's when sexual awareness starts.
- We need better school bullying policies. And Assembly bill was passed (537?) but it needs better implementation.
- Discrimination in churches – one Catholic man told about being discriminated against by a rector.
- Stress for Transgendered people – One female to male teen has to use the nurse's bathroom at school, because he's not allowed in girls or boys. Parents are also stressed because they have to ask questions like, *should I allow my child to take hormones?* There is complete lack of sensitivity to transgendered people across the board.
- Suicide risk – 75% of youth suicide is in the LGBTQ community. *And elders commit suicide too, even in passive ways like quitting meds or stopping eating.*
- Shame - The one lesbian in the group shared that some women feel shame and become shut down. There's a lack of access to information and outreach. More mental health outreach is needed.

## **What could be done to prevent mental illness?**

- More social support and connection, especially like at our community center. *We don't have traditional families.*
- More financial support - Rainbow raises \$150-180,000 per year but has almost no governmental support. They just got their first county grant for HIV prevention.
- Promoting acceptance in the heterosexual community – If the majority group is accepting, there will be less youth trauma in coming out. *I'm just a normal person, but I'm different in this way. –We need the dominant culture to look at its role in promoting stigma.* – It was noted that 'Don't Ask Don't Tell' and marriage laws are examples of government sponsored discrimination.
- Kaiser is beginning to recognize retirement as a trauma. *You go from a full schedule to nothing to do.* This will become a bigger problem as baby boomers age.
- Intergenerational connection - There's a LGBTQ tendency to self-segregate by age, but when you're a senior, you really need to be connected to younger people.
- Visibility – First, services and resources have to be known and visible. *Just knowing can help someone ask for help.* Next there needs to be more visibility of the LGBTQ community in CCC. *Each of us are activists. It's on our shoulders to get financial support to do more outreach.* Could be at street fairs, cultural celebrations, flea markets, etc.
- For LGBTQs with serious mental illness, there are no supports at all.
- Middle school intervention – have counselors trained in sensitivity or better yet, a LGBTQ counselor present in different schools, just like there are counselors of different ethnic

backgrounds. This identification would help LGBTQ kids talk about their problems. *Some school counselors still say 'it's just a phase.'*

- Resources for parenting gays and lesbians – It's common for people in the LGBTQ community to be parents but there's only one support group by a private therapist in Lafayette (for a fee). No free support except in SF. *I'm doing a dissertation on the trend of gay men being encouraged to adopt special needs kids. But once you do, there's no resources to support you!*
- Need a centralized information bank – CCC is too spread out and it's hard to know which resources are located where.
- If you call CCC Mental Health Services, the first question you're asked is 'do you have insurance?' If yes, you're encouraged to seek help from a private practice. But some insurance doesn't pay so many people forgo any services. CC Mental Health should be open to people who need acute or prevention services.

### **What resources already exist in to prevent mental illness?**

- *Most of the money for queer services is in the city! (SF)*
- Rainbow Community Center – support groups, drop-in services, etc.
- Ally Action (used to be Glisten)
- Workshops Organized Against Homophobia (WHOA) – this is an annual LGBTQ conference for youth away from the school site (*It's too dangerous to come out at school.*) Ally Action use to sponsor it, then Center for Human Development. They both lost funding, so now we sponsor it. But it's hard to find funds for. *I came out because of one of these conferences.*
- 12 Step Programs – *They have made efforts to outreach to the gay community*
- Peer Support – For elders in Martinez.
- The Internet – it's a great source of information *Gay people know how to use the internet and create on-line connections.* But school internet filters prevent kids from accessing any LGBTQ information. *Rainbow is blocked!* Poorer people also have trouble accessing the internet.
- PFLAG – for parents of LGBTQ.
- Social Groups – East Bay Network (Fremont), Vallejo Gay Network, Gaymoor (gay men of Rossmoor), gay interest groups (camping, knitting, etc.) – *Gays are good at organizing themselves. You can find a group for just about any interest. That's how we've survived.*
- There was a LGBTQ Youth mental health program (downstairs) at New Connections, but they lost funding. There is a danger in funding non-LGBTQ groups to do LGBTQ services. *The minute the money goes, there's no commitment to keep it up.*
- There is a CCC Safe Schools Coalition with 10 members

### **What PEI models do you recommend?**

- New Leaf in SF – has a whole gamut of mental health services, and are interested in expanding. *I had a friend who tried to commit suicide and they helped him turn his life around.* It's also free or sliding fee scale – no deterrent to services. *This would be an incredible asset to CCC and outlying areas.*
- We are based on the Spectrum Center in Marin.
- LYRIC in SF – support and recreational services for LGBTQ youth under 25
- Lavender Seniors in San Leandro – they combat loneliness, alcoholism and depression with a friendly visitor program.

**Focus Group Questions:**      **Reducing Health Disparities Group (County Health staff)**

**Attendance:**                      est. 20  
**Led by:**                              SE (Notes by HP)  
**Date:**                                  January 15, 2008

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**Target:**                                Culturally diverse populations  
**Geographic Area:**                Countywide  
**Other:**

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**Summary/Key Themes:**

- ✓ The mind-body connection. Primary care and behavioral health services need to be *integrated*. This is especially important for the elderly and people with chronic conditions.
  - ✓ It's important to intervene with young children, but don't forget the teens, especially foster care youth and those in the juvenile justice system.
  - ✓ The aging have unique stressors and suicide risks.
  - ✓ Reach out to diverse populations in *nontraditional* settings (e.g., churches, physicians' offices).
  - ✓ An approach to assessment that is integrated and considers the "whole person" is critical.
- 

**Among traditionally underserved populations (in the health and mental health care systems), which most need PEI interventions?(Priority Populations)**

- Preschool children - especially African American kids in Oakley, Pittsburg, and W. County need Early Intervention. They experience a lot of trauma early. *It's almost like being in Iraq*, with regard to blood on sidewalks, ambulances, etc. Need to intervene young before they become one of those kids who are *shooting people and they don't even know why*.
- Foster Care Youth - One nurse said that when she worked in foster care she had a caseload of 700-800 kids. She stressed that mental health tends to be separated from the physical body, and how important it was to assess and treat the whole body. *If there's no integration, how do you know mental health services will help?* Assessment needs to look at the "whole child" and his/her needs. Many foster kids have been raped, starved, neglected, and these can present as *physical* ailments, but there are a host of underlying mental health issues. *I know you can't change the whole model with \$7 million, but we have to have integration.*
- The Aging - Early symptoms of dementia include anxiety, agitation, depression - symptoms look like mental health conditions. With the physical vs. mental balkanization no one really takes ownership of the problem. We need to catch and treat the symptoms sooner, prolong the onset of deterioration, so people can age in place as long as possible. The primary care/behavioral health care integration is also critical. Data cited: most elder suicide takes place soon after a visit to a primary care provider; 20% saw their primary care physician the same day of their suicide, 40% within one week, and 70% within one month.
- Young parents - *The average age for a grandmother in W. County is about 30!*
- Isolated families - The families most at risk tend to isolate themselves. You might not be able to reach them through health or mental health services. Need to reach them through vocational and other services. When assessing children it's important to also assess the family: *we can't do the status quo thing.*
- Teens - *I know we need to start younger, but I hope we're not too late for teens.* Suicide prevention, juvenile justice system diversion and teen pregnancy were concerns. Good youth

empowerment programs mentioned were the youth-based health centers at Mt. Diablo and El Cerrito High Schools.

- Pregnant Women - *These are the people who will be raising at-risk kids, and we need to educate them.* (There were also concerns about primary care treatment: No clinics in W. County for pregnancy. They have to go to Alta Bates in Alameda County.)
- The Homeless - both adults and youth.
- People with HIV/AIDS - especially disproportionately affected women and African Americans. Again, health care integration is critical; collaborate with the County AIDS/HIV Department.
- Youth in Juvenile Hall - They get only one initial mental health assessment at entry. They need ongoing comprehensive, holistic assessment. This is critical to preventing prison in adulthood.

### **What types of PEI interventions do you envision for these populations? Are there any currently in operation?**

- Team Decision Making (TDM) - This more integrated approach to assessment and treatment is *close to the right way* and is practiced in different settings throughout the county. You assess physical condition, history, family structure, other parts of the puzzle all at once. We need to find new models that are non-fragmented and multi-disciplinary. *I've never seen a fragmented approach work.*
- Guardian - A day program for elders in W. County on San Pablo Ave. They work to keep seniors' brains active, help with maintenance so they don't deteriorate.
- Youth empowerment programs – e.g., those at Mt. Diablo and El Cerrito High Schools.

### **What are the best ways to reduce barriers and reach priority populations? Who is doing this well?**

- Behavioral health/primary care integration models - Including models for people with chronic disease. Primary care providers should understand there is usually an underlying mental health component to chronic conditions. We need whole history, body/mind, integrated health assessments in. We should work with community health centers (clinics) on this.
- A Personal History Mapping Model (assessment tool) - You look at personal history and determine points where intervention *could* have taken place.
- Go to churches, primary care provider offices and other nontraditional locations - Raise mental health awareness in these settings.
- Connect with physicians, especially Dr. Ernst at Concord Health Center. He works with elders and prioritizes the mind/body connection.
- African American Males Project (in Oakland) - They have an effective mentoring center.
- Omega Boys Club - Joe Marshall and "Street Soldiers" program.

### **Other Comments**

- Anecdote regarding Stigma - One of the emerging African American community leaders in W. County (a younger woman) had a few car accidents in a short period of time, and in addition to physical concerns, was feeling down mentally. Her doctor referred her to a therapist, and her response was, *I'm not crazy. Only crazy people go to a therapist.* This is a common response to the term "mental health." It is very stigmatized, and the terms we use can be frightening. Communities need a lot of education in this arena.

- There was concern about diverse participation in the PEI planning process. The CCC Health Disparities chief had suggestions for focus group populations (promotoras, navigators, churches, seniors, etc.). One participant said that a white person, especially a white male, shouldn't lead focus groups in West County because we won't get the information we need. We should train a community member to lead these groups.

**Focus Group:** Safe & Bright Futures for Children (Collaborative)  
**Attendance:** 11 agency representatives  
**Led By:** NF  
**DATE:** Jan 28

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**Target:** Children  
**Geog. Area:** All  
**Other:** Domestic Violence

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### **Summary/Key Themes:**

- ✓ Stop the violence.
  - ✓ Intervene with the kids who have been exposed, lived in the households.
  - ✓ Prevention, early intervention for Domestic Violence will prevent and provide early intervention for mental illness among exposed kids.
  - ✓ Educate and support “gatekeepers” (teachers, community, service providers, medical doctors) to identify and refer exposed kids.
  - ✓ Conduct aggressive communitywide training and education.
  - ✓ There are strong, community-based models that work.
  - ✓ Focus on the traditionally underserved, isolated, low income populations.
- 

### **How do you prevent mental illness in your population? (Children exposed to domestic violence)**

- Provide safety.
- Adequate intervention.
- Early intervention: Clinical services.
- Strengthen the family to continue to work without the intervention.
- Educate/train people who have contact with kids to recognize signs of exposure to violence in kids
- Universal screening.
- Don't be put off by talk of legal barriers to screening and reporting – that's a red herring.
- Customize assessments for each sector.
- Train on what to do when a problem is recognized.
- It's not enough to address the DV, but must also learn to recognize kids living in that environment -- Its not the violence, but the context in which they are living. Getting clarity on that is critical.
- The entire system is unaware of kids' exposure to DV. It's unreported, unrecognized.
- Need aggressive training and education.
- We believe that DV is the cause of all of mental illness.
- Strengthen the family with a combination of things: 1-1 therapy, focus on what a family needs as a whole and get services for parents, kids, extended family, the perpetrator.
- Educate preschool providers.

### **Are there specific models of prevention/early intervention that you support?**

- We need funds to demonstrate that our community-based models work!
- Incredible Years.
- Parent-Child Interaction Therapy.
- Most models are missing the kid piece.

- We can outline the principles that need to be in place...but the field has not agreed on models.
- Capacity building – give gatekeepers the skills to ID, address DV.

### **Target Populations for our Efforts?**

- Disparities in health care populations.
- The younger the better.
- High poverty.
- Young kids not yet in preschool where they might be noticed.
- Any population where communication is an issue – e.g., immigrants, those who speak different languages, rural areas.
- At the other end – the wealthy have an unusual ability to hide. Their providers need more training too!

### **Other Recommendations and Comments**

- Reconsider the idea of primary prevention – there might be more we could do to change social norms among young people, or a media campaign to prevent DV. The DV prevention piece is the least funded.
- A person/office that could carry forth policy discussion about DV.
- Intervention after the fact is a short view!
- Prevent DV and you could be saving so much \$\$ in mental health care later.
- We need concrete statistics on DV, child exposure to DV.
- Evidence shows that non-intervention on DV creates serious and persistent MI.

**Focus Group:** School-Based Health Centers Staff  
**Attendance:** Est. 15  
**Led By:** NF  
**DATE:** January 15, 2008

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**Target:** School-Based Services  
**Geog. Area:** Countywide  
**Other:**

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### Summary/Key Themes:

- ✓ Youth are reeling over the violence.
  - ✓ Youth need somewhere to turn.
  - ✓ School Based Health Centers (SBHCs) create connectedness and community at the school.
  - ✓ SBHCs need more space, staff, and youth development opportunities. SBHCs need *permanent infrastructure*.
  - ✓ Mental health services for kids without MediCal are entirely insufficient.
  - ✓ Create a Prevention Coordinator position to develop a prevention and wellness infrastructure at each school - invaluable resource.
  - ✓ Strengthen linkages between schools and community based organizations - e.g., for substance abuse treatment - would be important PEI resource.
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### Needs and Risk Factors (As they present at SBHCs)

- Youth need somewhere to turn. The school health center is a community of care created through outreach by both adults and youth.
- Someone to talk to.
- Violence – In Richmond, the kids are reeling from violence, gang violence. They may feel unsafe or be grieving over friends and family.
- Conflict mediation – some can't regulate their feelings and come in looking for help, 'I'm about to go off.' Some have become acculturated to ask for help.
- Trauma – Some have trauma in their pasts (e.g., parents incarcerated), and know they want to do work on it.
- Trauma – Some kids are triggered by something that happens at school, they become emotional and the teacher sends the kid to the health center.
- Some are looking for access to reproductive health care and confidential place to ask questions.
- At risk youth are identified and referred for supportive youth development services.

### What types of PEI can you do at the health centers?

- Nurture student strengths, connecting kids to after school and enrichment activities, field trips, etc.
- Increase kids' connectedness to school and SBHCs.
- Kids come in looking for counseling. Sometimes they are referred by teachers and others. Centers also see kids who are angry or defiant.
- Provide anger management -- Anger Management – There are probation officers on-site (at high schools) so frequently kids are mandated to have anger management training.