

CONTRA COSTA HEALTH SERVICES

Contra Costa Mental Health Prevention and Early Intervention Plan

Executive Summary November, 2008

I. Background

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

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

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

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

II. Planning Process

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

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

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

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

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

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

III. Projects and Programs

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



Programs and Projects recommended for funding at this time include:

The Fostering Resilience in Communities Initiative

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

The Fostering Resilience in Older Adults Initiative

5. Supporting Older Adults

The Fostering Resilience in Children and Families Initiative

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

The Fostering Resilience in Youth/Young Adults Initiative

9. Youth Development

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

IV. Budget

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

**Contra Costa Mental Health
Prevention and Early Intervention Plan**

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Community Planning Process

County: Contra Costa

Date: November 12, 2008

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

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

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

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

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

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

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

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

Background

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Consumers and their Families/Loved Ones

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

Underserved Cultural Communities

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

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

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

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

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

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

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

Additionally, we had representation from:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. The date of the public hearing:

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

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

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

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

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

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

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

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

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

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

d. The estimated number of participants

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

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

Background

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

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

1. Fostering Resilience in Communities

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

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

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

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

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

- ✓ Intensive Early Psychosis Intervention

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

2. Fostering Resilience in Children and Families

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

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

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

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

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

3. Fostering Resilience in Older Adults

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

- ✓ Supporting Older Adults

4. Fostering Resilience in Youth/Young Adults Initiative

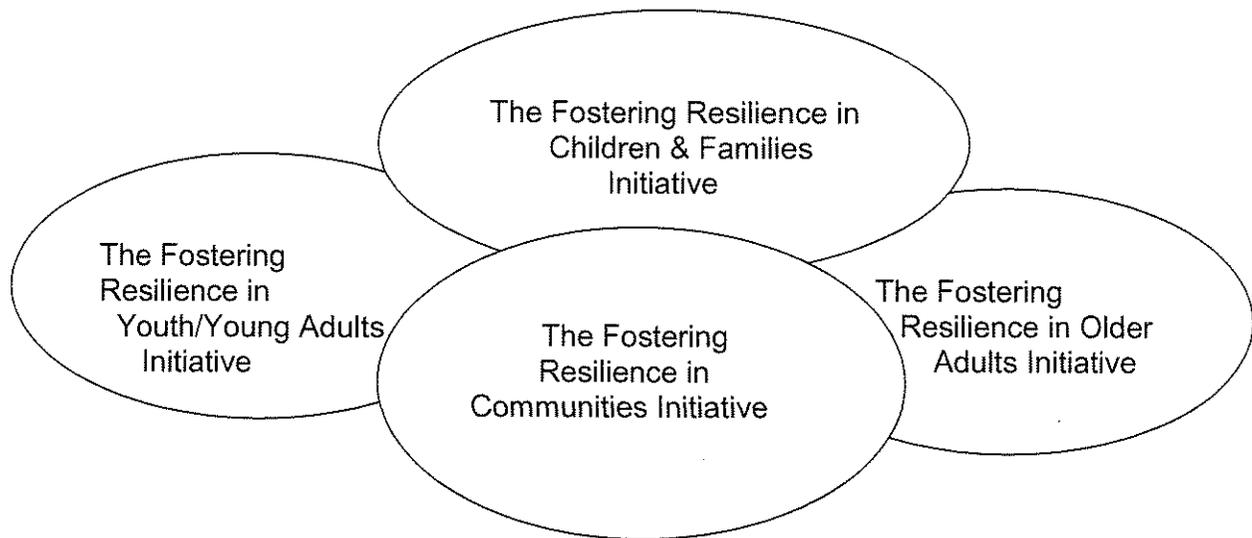
Adolescence and young adulthood are times when youth are naturally pulling away from their families of origin. During this period, they may not be living with their family. They may be experiencing the bulk of their growth and daily life away from their family. For a variety of reasons they may not be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

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

- ✓ Youth Development

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

Contra Costa County PEI SUMMARY



The Fostering Resilience in Communities Initiative

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

Intensive Early Psychosis Intervention Project – *Delayed for development*

The Fostering Resilience in Older Adults Initiative

5. Supporting Older Adults

The Fostering Resilience in Children and Families Initiative

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

The Fostering Resilience in Youth/Young Adults Initiative

9. Youth Development

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

Date: November 12, 2008 (Fostering Resilient Communities Initiative)

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

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

PEI PROJECT SUMMARY

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

Selected Priority Populations

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

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

DATA

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

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

Quickscan Data

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

PEI PROJECT SUMMARY

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

Focus Groups and Forums

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

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

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

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

PEI PROJECT SUMMARY

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

Survey

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

3. PEI Project Description:

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

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

Summary Project Description:

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

d. Highlights of new or expanded programs

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

To be defined by applicants.

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

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

4. Programs

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

PEI PROJECT SUMMARY

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

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

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

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

c. Describe how resources will be leveraged

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

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

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

7. Intended Outcomes

a. Describe the intended individual outcomes

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

b. Describe intended system and program outcomes

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

c. Describe other proposed methods to measure success

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

PEI PROJECT SUMMARY

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

8. Coordination with Other MHSA Components

a. *Describe coordination with CSS, if applicable*

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

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

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

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

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

PEI PROJECT SUMMARY

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

Date: November 12, 2008 *(Fostering Resilient Communities Initiative)*

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>1. PEI Key Community Mental Health Needs</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Disparities in Access to Mental Health Services Psycho-Social Impact of Trauma At-Risk Children, Youth and Young Adult Populations Stigma and Discrimination Suicide Risk 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>2. PEI Priority Population(s)</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Trauma Exposed Individuals Individuals Experiencing Onset of Serious Psychiatric Illness Children and Youth in Stressed Families Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement Underserved Cultural Populations 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

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

Selected Priority Populations

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

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

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

DATA

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

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

Quickscan Data

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

PEI PROJECT SUMMARY

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

Focus Groups and Forums

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

Survey

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

3. PEI Project Description:

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

PROJECT 2: Coping with Trauma Related to Community Violence

This Project contains two Programs:

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

This Project contains two new Programs:

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

PEI PROJECT SUMMARY

4. Programs

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

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

PEI PROJECT SUMMARY

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

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

- c. Describe how resources will be leveraged*

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

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

These programs will be sustained through future PEI funding.

7. Intended Outcomes

- a. Describe the intended individual outcomes*

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

- b. Describe intended system and program outcomes*

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

- c. Describe other proposed methods to measure success*

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

PEI PROJECT SUMMARY

- d. *What will be different as a result of the PEI project and how will you know?*
- ✓ The funded community in West County will be more/differently engaged in coping with trauma through the program.
 - ✓ Systems in Contra Costa County will be more "trauma informed" in their care and more collaborative in how they address individuals and communities facing trauma.
 - ✓ More individuals in Contra Costa County will receive early intervention to cope with trauma due to community violence.

8. Coordination with Other MHSA Components

- a. *Describe coordination with CSS, if applicable*

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

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

No use of WET funds is expected for this Project.

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

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

PEI PROJECT SUMMARY

County: Contra Costa
Date: November 12, 2008

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

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>1. PEI Key Community Mental Health Needs</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Disparities in Access to Mental Health Services Psycho-Social Impact of Trauma At-Risk Children, Youth and Young Adult Populations Stigma and Discrimination Suicide Risk 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>2. PEI Priority Population(s)</p> <p>Note: All PEI projects must address underserved racial/ethnic and cultural populations.</p> <p>Select as many as apply to this PEI project: <i>A Community-wide Project</i></p> <ol style="list-style-type: none"> Trauma Exposed Individuals Individuals Experiencing Onset of Serious Psychiatric Illness Children and Youth in Stressed Families Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement Underserved Cultural Populations 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

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

Selected Priority Populations

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

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

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

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

DATA

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

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

Quickscan Data

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

PEI PROJECT SUMMARY

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

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

Focus Groups and Forums

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

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

Survey

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

3. PEI Project Description:

PROJECT 3: Reducing Stigma & Awareness Education

(Fostering Resilient Communities Initiative)

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

d. *Highlights of new or expanded programs*

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

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

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

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

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

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

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

4. Programs

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

PEI PROJECT SUMMARY

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

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

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

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

c. Describe how resources will be leveraged

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

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

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

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

7. Intended Outcomes

a. Describe the intended individual outcomes

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

PEI PROJECT SUMMARY

b. Describe intended system and program outcomes

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

c. Describe other proposed methods to measure success

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

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

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

8. Coordination with Other MHSa Components

a. Describe coordination with CSS, if applicable

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

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

No use of WET fund is anticipated for this Project.

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

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

PEI PROJECT SUMMARY

County: Contra Costa
Date: November 12, 2008

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

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>1. PEI Key Community Mental Health Needs</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Disparities in Access to Mental Health Services Psycho-Social Impact of Trauma At-Risk Children, Youth and Young Adult Populations Stigma and Discrimination Suicide Risk 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>2. PEI Priority Population(s)</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Trauma Exposed Individuals Individuals Experiencing Onset of Serious Psychiatric Illness Children and Youth in Stressed Families Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement Underserved Cultural Populations 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

PEI PROJECT SUMMARY

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

Selected Priority Populations

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

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

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

DATA

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

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

Quickscan Data

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

PEI PROJECT SUMMARY

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

Focus Groups and Forums

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

Survey

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

3. PEI Project Description:

PROJECT 4: Suicide Prevention
(Fostering Resilient Communities Initiative)

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

Task Force, Strategic Plan, Prevention Campaign

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

Increased Language/Cultural Capacity for Crisis Lines

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

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

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

³ Accredited by the American Association of Suicidology

PEI PROJECT SUMMARY

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

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

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

d. Highlights of new or expanded programs

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

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

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

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

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

4. Programs

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

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

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

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

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

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

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

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

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

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

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

c. Describe how resources will be leveraged

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

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

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

7. Intended Outcomes

a. Describe the intended individual outcomes

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

PEI PROJECT SUMMARY

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

b. Describe intended system and program outcomes

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

c. Describe other proposed methods to measure success

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

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

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

8. Coordination with Other MHSA Components

a. Describe coordination with CSS, if applicable

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

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

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

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

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

PEI PROJECT SUMMARY

County: Contra Costa **PEI Project Name:** Supporting Older Adults
 (Fostering Resilience in Older Adults Initiative)

Date: November 12, 2008

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>1. PEI Key Community Mental Health Needs</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Disparities in Access to Mental Health Services Psycho-Social Impact of Trauma At-Risk Children, Youth and Young Adult Populations Stigma and Discrimination Suicide Risk 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>2. PEI Priority Population(s)</p> <p>Note: All Older Adults Older Adults PEI projects must address underserved racial/ethnic and cultural populations.</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Trauma Exposed Individuals Individuals Experiencing Onset of Serious Psychiatric Illness Children and Youth in Stressed Families Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement Underserved Cultural Populations 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

PEI PROJECT SUMMARY

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

Selected Priority Populations

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

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

DATA

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

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

Quickscan Data

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

Focus Groups and Forums

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

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

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

PEI PROJECT SUMMARY

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

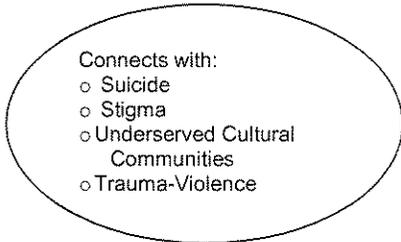
Survey

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

3. PEI Project Description:

PROJECT 5: Supporting Older Adults

Summary Project Description:



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

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

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

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

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

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

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

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

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

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

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

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

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

d. Highlights of new or expanded programs

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

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

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

f. Key milestones and anticipated timeline for each milestone

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

PEI PROJECT SUMMARY

4. Programs

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

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

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

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

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

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

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

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

c. Describe how resources will be leveraged

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

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

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

7. Intended Outcomes

a. Describe the intended individual outcomes

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

PEI PROJECT SUMMARY

b. Describe intended system and program outcomes

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

c. Describe other proposed methods to measure success

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

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

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

8. Coordination with Other MHSa Components

a. Describe coordination with CSS, if applicable

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

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

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

PEI PROJECT SUMMARY

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

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

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

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

PEI PROJECT SUMMARY

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

Date: November 12, 2008

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>1. PEI Key Community Mental Health Needs</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Disparities in Access to Mental Health Services Psycho-Social Impact of Trauma At-Risk Children, Youth and Young Adult Populations Stigma and Discrimination Suicide Risk 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
<p>2. PEI Priority Population(s)</p> <p>Note: All PEI projects must address underserved racial/ethnic and cultural populations.</p> <p>Select as many as apply to this PEI project:</p> <ol style="list-style-type: none"> Trauma Exposed Individuals Individuals Experiencing Onset of Serious Psychiatric Illness Children and Youth in Stressed Families Children and Youth at Risk for School Failure Children and Youth at Risk of or Experiencing Juvenile Justice Involvement Underserved Cultural Populations 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

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

Selected Priority Populations

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

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

DATA

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

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

Quickscan Data

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

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

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

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

Focus Groups and Forums

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

Overarching Values for Individuals and Families:

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

Most Commonly Identified Strategies:

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

Survey

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

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

Stakeholder Priorities

Preferred Stakeholder Target Populations included:

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

Connects with:

- Suicide
- Stigma
- Underserved Cultural Communities
- Trauma-Violence
- Youth/Young Adults

3. PEI Project Description:

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

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

There are three programs as a part of this Project:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d. *Highlights of new or expanded programs*

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

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

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

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

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

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

4. Programs

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

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

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

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

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

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

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

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

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

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

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

6. Collaboration and System Enhancements

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

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