

- Build relationships between staff, students, etc. Because SBHC staff can respond on-site, school staff/teachers are very engaged with the SBHC; it makes them feel less overwhelmed. *This is at the root of prevention.*
- Provide a safe environment with known and trusted providers.
- Provide a pro-social environment. Kids form relationships first, and then move into services.
- Support for dealing with the violence - Lots of kids are numb. E.g., shooting on-site at Kennedy, and some kids moved *towards* the violence and/or had little reaction. Kids may need a screen on the impact of trauma so they don't walk around numb, e.g., education in classroom on risks of exposure to violence.
- Suicide Prevention – Going into classrooms to talk about suicidality. (Can't do full screening w/o parental consent. Can only do a mini screening based on referral.)
- Educating and supporting teachers -- Teachers want more information on mental health and how problems present in the classroom, but there's so much pressure to perform on academic tests that they can't take time from curriculum. Need administration support to get this training.
- Health Education -- At Mt Diablo HS they will have a daylong event in April of health related workshops, role plays, etc. It's *not business as usual*. But there can be resistance from teachers because of time involved.
- In-class education – At El Cerrito HS, CBOs come to talk about violence, teen pregnancy in a 9th grade core Cultural Geography class. This gets all the 9th graders talking about suicide, domestic violence, homophobia, suicidality, etc. Sometimes student groups give presentations to their peers.
- Wellness Counselors (mental health providers on campus) and you can refer for as assessment of needs. There may be counselor follow-up. Sometimes you can't get parental permission, but the assessment can go on over the course of several sessions w/o specific consent. The law is that if the kid is at risk, there must be an effort to secure parental consent, or the counselor can provide services through child consent.
- Primary care as a way to get kids into mental health services – *we break down silos.*
- Drop-in services.
- SBHCs leverage many resources (greater than the sum of their parts). They create a net of supportive adults (Staff, administration, sometimes parents) and create synergy on campus.

What is needed?

- Need a Prevention Coordinator at each school – to find curricula, models, leverage resources and put it all together. This would develop the infrastructure for wellness and prevention programs. Could be LCSW or MFT who can provide clinical supervision to interns – like the Wellness Coordinator position in San Francisco Unified. This position could work at several school sites or be centered at a CBO.

I think my job was to be kind of a Prevention Coordinator. But I'm the only social worker at one high school so I coordinate everything we offer at the SBHC. Coordinating the center activities is a handful as it is. I would like a clinical coordinator separate from health center activity coordination. But both positions should go to staff meetings, after school meetings. Prevention should be a thread through everything with full integration in the school community.

- Provide services for non-MediCal eligible kids – Kids are turned away or receive useless referrals. Huge gap between pure prevention and care.
- Strengthen youth development programming – conflict resolution, groups on racism, traumatic loss. Provide more opportunities for marginalized students to get involved in the school community, and opportunities for connections with adults.

- Funding for SBHCs ends next year (2009) in West County –There is a real need for permanent infrastructure.
- Need partnership between school-based services and community (e.g., after-school programs); need to bring partner agencies onto campus and strengthen capacity to refer students- (School-linked services v. school-based services).
- Supports for Substance Abuse – Some youth numb and self-medicate themselves *Can we integrate this money to address behavioral health – i.e., not just mental health?* This is key to parent/guardian work as well. SBHC staff, school resource officers (linked to police), parents, etc. don't know how to cope with alcohol and other drug abuse. *There's a big gap on what to do about AOD and we're flailing.* Need clearer process for referrals and a place to send families for support
- Need more staff (counselors) and counseling space.
- Need youth development activities infused with mental health supports, meaningful programs with positive relationships with adults. Schools *are* the home for the PEI targeted young people.
- Reduce marginalization of some kids through engagement.
- Support wellness -- SBHCs are there to create awareness of student wellness. *This has everything to do with PEI* and schools can't do it. SBHCs can.
- Concern about equity of distribution of services and programs across schools. Some missed.
- Ideally, more parent education and support classes – e.g., Change, how to work with teens, communication.
- More services in Spanish, for both youth and parents.
- Need more teacher support – training and education for school staff about behavior, what happens in student counseling and how that might affect student conduct in class (e.g., a kid in anger management training might need to step into hallway for a timeout).

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

- Asian Pacific Psychological Services (APPS) runs juvenile drug court.
- SW interns come to schools for internships. This is invaluable. They become part of the team for a year and increase mental health service capacity – must be trained and supervised. 7 per year at Mt. Diablo HS. This is also a workforce development opportunity, because some of the interns stay on in the schools.
- Grant-funded programs – Occasionally come thru the schools – here and there.
- El Cerrito is starting an AOD group but struggling on who to include. Just adjudicated kids? They want to be a supportive resource for all, not just a consequence of wrongdoing. Mandated services less effective.
- Wellness Coordinator position in San Francisco Unified.

Focus Group: SE Asian 1.5 Generation
Attendance: 6
Led By: NF
DATE: February 7, 2008

Target: SE Asian Immigrants
Geog. Area: Countywide
Other:

Summary/Key Themes:

- ✓ Recognize the huge diversity within the SE Asian immigrant populations.
 - ✓ Culture gap between generations is root cause of so much isolation, risk behavior, depression, MI.
 - ✓ Go to where people are.
 - ✓ Break isolation and provide support to older adults: Churches, associations, groups.
 - ✓ Give youth a multicultural place to go, people to talk to.
 - ✓ Youth need to learn about their parents/grandparents' world as well as how to grow strong in this world.
 - ✓ Adults need parenting education and support – how to parent their kids in this culture.
-

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

- Culture and language gap between generations.
- Isolation.
- Lack of infrastructure within communities.
- Dispersion.
- Poverty.
- The fact that people aren't getting treatment really pulls whole families down.
- Kids who live in homes with adults with MI.
- Parents who aren't providing leadership and resources.
- Laotian teens have the highest rates of teen pregnancy in the state.
- Girls as well as boys have high rates of drugs, criminal activity. On the rise in girls.
- School drop-out – Very high rates in SE Asian pops.
- Anti-social behavior in girls. They have traditional mothers, they are isolated without role models. They need to learn how to be a woman in this country. Lonely.
- There are 10,000 Laotians in W. County! A lot of these folks are illiterate.
- They are crying for help. We hear that parents are desperate.
- They don't want another system to come in and fail them again.
- Youth isolation and detachment leads to shame, acting out, depression.
- There needs to be a way for youth to look at what happened to parents, grandparents in the old world.
- There are suicides around sexuality issues. There is so much miscommunication.
- When parents don't speak English, the kids become the translators. The roles change.
- What parents bring as strengths aren't valued in this culture. So you get oppositional to this culture.
- Cultural inoculation is prevention.

What is needed?

- Parenting support and skills.
- Youth development, a space for kids.
- Recognize the huge diversity and variability within the SE Asian population.
- You don't reach people in central places – you need to go where they are in many places.
 - They all go shopping.
 - Their kids are in schools.
 - Sometimes they go for health care.
 - Many go to churches, others belong to associations.
- Knowing about resources.
- *Just a little money could make so much difference!*
- Raising awareness of the importance of mental health treatment is prevention.
- You have to have something to offer. Know the gatekeepers, provide materials, educate staff.
- Transport them to support activities. Feed them.
- Get to people before the crisis!
- A lot of them have given up. We need to empower them again.
- There is a lack of resources for kids. They have literally no place to go! Need a multi-racial space for kids.
- Youth need help with their relationships – within themselves/who they are, friends, family.
- Need to help kids identify the resiliency they see in adults around them. They need to see the ways that they are like the adults around them – not just the differences. What are the points of convergence between the generations?
- We need to talk about how we handle grief in our community.
- Pride.
- Kids need both – to learn about old cultures guidance to be in this world. To explore and be strong in both worlds.
- Older Adults – the problems are even more compounded. They are even more removed. They are totally not valued.
- Re: Education – You come from a culture without books.

Existing Resources or Models

- First 5 – But no materials available in SE Asian languages!
- Lao Family and APPS – Have Asian family outreach model (parenting training and relationship building).
- Lao temple.
- RYSE Center – *Thank you so much for youth groups!*

Focus Group: SE Asian Youth & Family Alliance
Attendance: 12
Led By: NF
DATE: January 24, 2008

Target: SE Asian
Geog. Area: All
Other: Providers

Summary/Key Themes:

- ✓ All ages of Asians must be addressed within a cultural context – learning to survive in a new culture, kids caught between cultures, different languages across generations, inability to interface with dominant culture.
 - ✓ Need social approach – build trust, communicate in own language, do something together, don't try to just sit there and talk.
 - ✓ Must reach them in their own languages.
 - ✓ Older adults quite isolated.
 - ✓ Focus on parenting, family dynamics, communication skills.
 - ✓ Peer models needed.
 - ✓ Build supports through natural communities.
 - ✓ Top priority should be traditionally underserved populations.
-

What are the key target populations within the Asian Community for prevention/early intervention?

- Refugees – There is high level of PTSD in adults (warfare, migration). There is depression, alcohol use.
- Youth – Living in dysfunctional families with huge communication and culture gap issues.
- Those living in poor neighborhoods.
- There is a lot of dysfunction related to inability to/difficulty in adapting to dominant culture

How do you address issues of mental health in Asian populations?

- There is a low level of community readiness to deal with mental illness due to stigma and shame
- Can't take a traditional (western medicine) approach. They don't like just "talking."
- Need more of a psycho-social approach – where communicating is secondary to "doing" something together.
- You need a DSM diagnosis and MediCal eligibility to get help. And there is stigma associated with the diagnosis.

What is needed?

- Early assessment: Biggest challenge is getting kids an initial assessment. *I can't get someone qualified to do an assessment on a kid unless the kid is already having symptoms of mental illness!*
- Challenge: Getting kids to be open to assessment and therapy. Larkin Street has the best model – the counselor just hangs out with the kids.

- Its almost a First 5 sort of thing – its about family dynamics. If parents understand how to raise their kids and function in this society...Parents can come together to learn healthy parenting style, how to navigate the system, handling stress and conflict, communication.
- Don't compartmentalize, isolate mental health. Integrate handling of MH issues into health centers, youth centers, school-based services.
- Train teachers, primary care providers, etc. for early ID.
- Build a more competent community.
- Work with whole families.
- Dedicate energy to natural supports in the community – faith, ethnic, associations, clans, tribes -- natural social supports the way the community defines them.
- SE Asians may be isolated from mainstream but are not isolated within their natural communities.
- Older adults, however, are very isolated: By alcohol and prescription drug abuse, disconnected from the newer American generations. Sometimes can't even speak to own children and grandchildren, stuck at home, no services.
- Elders need connectedness.
- Medicare limits who older adults can see for help. There are very few LCSWs who speak Asian languages.
- People cannot qualify for services if they can't be assessed in their own language.
- Need a workforce that can reach these folks.
- Favor a consumer recovery model – hire peers as cultural navigators. Help folks interface with dominant community to get what they need.
- Like the Conductors, Promotores models. There are currently no Asian equivalents. But Promotores model would work well.
- Natural helping systems.
- If you work with youth, you've got to work with the whole family.
- For youth, best approach is not imposing a service on them, but offer a place to have music, fun, work together and slowly talk about other things.
- Important: Building trust and rapport. Then it opens doors to talking about other things like MH.
- Step Ahead did a series of community picnics. Last time over 100 people.
- Vallejo uses the FAST model (Families and Schools Together) which includes parents and school staff. It's about improving communication.
- Support cultural connectedness within families across generations.
- Kids on probation: Almost a guarantee to fail if you can't connect with their friends (*They say: Why don't you work with my friends as well?*) First contact, always ask: Who are you hanging out with?
- SEAL – trying to develop leadership skills among youth. *They don't have a lot of control over their lives.* Program builds self esteem, leadership skills, voice, control. There is a cultural component – Increasing their understanding of where they come from, what their culture is all about. This is a protective factor. They must gain an understanding of other peoples' cultures as well.
- These kids are living in both worlds, dealing with racial cliques.
- With limited amount of funding, we should prioritize the traditionally underserved populations as #1!

Focus Group: SELPA Directors (*Special Education Local Planning Area*)
Attendance: 6
Led By: NF
DATE: January 24, 2008

Target: Education
Geog. Area: Countywide
Other: Special Ed

Summary/Key Themes:

- ✓ Can't do it without parents.
 - ✓ Kids and families in most need are hardest to reach.
 - ✓ Feel positive about "Effective Schools Together" which is in 19 schools.
-

Most Important to Prevent Mental Illness

- Parent education and skill-building.
- Access is really the challenge – The easy-to-reach parents and kids are not who need us the most.
- By the time kids exhibit acting out behaviors, they already have serious problems.
- Hard to reach those for whom "mental health" has a bad name.
- Parents don't want their kids to get services – stigma.
- Language capacity needs to be broader.
- Kids flow in and out of the school system. They become alienated from the school system and we can't reach them.
- There's no particular age, race, language. The problems go right down into the elementary grades. Violence in the 4th grade! Violence from kids who have not previously been identified!
- It is a challenge to motivate teachers to ID and refer kids to help. Their immediate need is to just get them out of the classroom. I would rather support those kids to be able to stay in the classroom.

Ways to Meet those Needs

- Mobile health units work well and face least resistance.
- When MediCal clinic and school staff work together.
- Child welfare and attendance liaisons working closely together. And a counselor. Dealing with attendance issues uncovers social/emotional issues. The six we have are stressed to the max!
- We need to support teachers – Give them support and skills to ID kids who need help
- Need support for behavior management in the special education system – supporting kids to be successful outside of that system.
- We need good strategies starting at an early age.
- For kids who have been kicked out of preschools, classes would be more beneficial if staff were more like "Parent Partners" who could convince parents to come, be connected to the community, take parents by the hand.
- Moving classes out to the community domain has not worked in Monument Corridor.
- You are going to have to get out of the schools.
- Catholic Church in Bay Point and Monument Corridor. Broad sweep – Not family specific.
- Coordinated care teams.
- Parents become more and more isolated as you move up through the grades.
- Some cultures less likely to take advantage of opportunities.

Models and Programs

- “Effective Schools Together.” It’s working. Includes RTI but we haven’t been able to fully implement. 19 schools trained.
- Counseling Rich Program – 2 psychiatrists, 2 SW interns, behaviorists.
- Coordinated Care Teams at school to ID, coordinate resources to school sites. We attempted to bring counseling supports and interns to the schools.
- We have parenting classes and programs but don’t reach down into preschool and elementary years.
- Parent Project.
- Loving Solutions.
- Rainbow Program – 11 of 20 elementary schools in San Ramon – grant with matching funds by school sites. Raised it with a bake sale! 6-week intervention. Services with trained peer-educators, psychologists, County MH. The parents are coming in. Parent component, play-based. (The parents involved in this are not as “system phobic.” Would love to expand the number of schools).
- Social skills project at middle schools. Was very successful and we ended up with wait lists. Good for kids who don’t fit the mold. They need strategies and skills and parents don’t have skills to help them.
- “Building Effective Schools Together” is the umbrella for everything we do.
- Next layer below BEST is collaboration with MH MediCal clinic.

Hardest to Reach Populations

- Parents who have had a bad experience. Afraid of being “in system.”
- Parents who don’t know how to access/work with the system.
- Drug and alcohol involved families.
- Families with domestic violence issues.
- Parents with their own mental health problems.
- Geographically: N. Richmond/San Pablo area. What has worked here is “wrap around.” Need to go out into the community and reach the parents.
- Russians – don’t tend to let their kids into the system.
- There are 51 languages being spoken by many, many immigrants.
- Foster kids – their hopping around isolates them, hurts their school performance and then they are gone. Can’t have continuity with them.
- Homeless – Hard to have continuity with them.

Focus Group: West County Consumers – Richmond Day Program
Attendance: 15 consumers
Led By: NF
DATE: January 29, 2008

Target: All
Geog. Area: W. County
Other: Consumers

Summary/Key Themes:

- ✓ Educate, educate – community, teachers, parents to recognize signs, to feel ok about dealing with MI, to know how to get help.
 - ✓ Educate/support kids to have someone to talk to.
 - ✓ Early intervention – Start treatment much sooner. Don't wait until it is so bad.
 - ✓ Work with dysfunctional families – Reduce violence, reduce stress on kids.
-

What are the things that would help most to prevent mental illness?

- Educate families to recognize symptoms in their kids.
- Educate families to not be afraid to get mental health help for their kids.
- Get counseling sooner. *Something was wrong when I was a kid and my parents and the school just ignored it.*
- Get meds sooner.
- Get more time with counselors.
- Go to the doctor when signs first appear. *My parents couldn't afford a doctor.*
- *Nobody knew I needed help. There were signs but I left home early. And then I was on the street and there was so much stress. I just couldn't cope as a young adult (age 16).*
- *They wanted me on medications when I was 5 after my father died. But my mother said no.*
- Education is really big. Especially in other cultures where they don't talk about mental health.
- *I was sick as a teenager and it was ignored by my family.*
- Somebody to notice it.
- Talk therapy.
- No drugs.
- Yes drugs.
- Listen.
- Parents could have helped.
- Nobody to talk to.
- *I was asking for help.*
- Traumatized out on the street -- *Being homeless makes the voices even worse.*
- *I started hearing sounds back in junior high school.*
- *I didn't know I needed help but my relatives recognized it.*
- Need more child psychiatry.
- Need better communication between parents and kids.
- In schools – have counselors, ways for a kid to check in with someone, someone to go to.
- Need to educate teenagers that it's OK to ask for help.
- Teachers sure have influence over kids....
- Stopping bullying.
- Half of group had violence in their home. A family with violence is a dysfunctional family.

Focus Group: West County Youth (at RYSE Center)
Attendance: 18
Led By: David Young (APPS) with NF notes
DATE: February 21, 2008

Target: Transition Age Youth
Geog. Area: Richmond
Other: Underserved cultural communities

Summary/Key Themes:

- ✓ Violence, poverty, instability.
 - ✓ Need trust. Need help from people who know our struggle.
 - ✓ Need resources, need to know where to turn.
 - ✓ Need adult allies around them.
 - ✓ Would like parents to know that kids want to be talked to. Parents need help with this.
-

Note: This was a different type of group with many 14-18 year-old participants never having had a discussion about mental health before. There was a good warm-up discussion about what mental health is, and what mental illness is. The notes on these items are abbreviated here.

What is mental health?

Disabled, psychotherapy, psychological, psycho.

What is mental illness?

A mental deficit, drastic memories, ADD/ADHD, OCD, EOD, disorder, bi-polar, imbalance, depression, stress, schizophrenia, downs, Tourette's, stress around sexual issues.

What's the opposite of mental illness? Wellness

Healthy, positive, optimistic, normal, balanced, sober, strength, intelligent, food, interaction.

What does it mean when people are struggling?

- Violence.
- Poverty.
- Hunger.
- Domestic Violence.
- Homophobia.
- Chevron – affects our physical health and causes anxiety.

What describes a wellness lifestyle?

- Family.
- Boyfriend/girlfriend.
- Being successful.
- Inspirational teachers and people who help me.

Barriers to Wellness

- Poverty.
- You want/need something and feel like you've got to have it and you'll do anything you need to do to get it.
- Parents who are working so hard they have no time to spend with their kids.
- Moving around a lot.
- You lose your friends when you move around a lot.
- Unstable.
- Stress/imbalance.
- Not having adult allies.

Who do you turn to?

- RYSE Center
- Asian Pacific Psychological Services (APPS).
- Health coordinator.
- Mentor.
- Friends.
- *School counselors? No! They have a million kids to see and they haven't been through what you've been through and they don't understand!*
- *Doctor? No!*
- Fellow members of my gang (*I know they've got my back*).

What type of help do you need?

- Job training.
- Resources – health care.
- Counselors – if they were good!
- Groups.
- Help with sexual orientation issues.

How is the best way to let kids know that resources are available?

- Referrals from trusted sources.
- Start where young kids hang out.
- Hotline – *but it would have to be someone actually here in Richmond who knows the struggle.*
- Train youth to be on hotline and to be mentors.
- On-line.

What about parents? What do parents need to help their kids?

- Parents work during the day. They need supports that are available after work.
- Or to get supports/education while at work.
- They need help to learn how to talk to their kids. *We need parents that will talk to us! But I can't tell him that. I want him to just know that I want him to talk to me.*

Existing Resources or Models

- RYSE.
- APPS.
- Asian Family Resource Center.

VI. Community Survey for PEI

Contra Costa Mental Health MHSA Prevention/Early Intervention Planning

Community Survey

Findings

March 2008

Background

In preparation for the community planning process, Contra Costa Mental Health (CCMH) issued a survey to the community to gain input on priorities and interests for prevention and early intervention efforts with MHSA funding in Contra Costa County. Completed surveys were accepted during the first three weeks of February 2008.

They survey was issued in Spanish and English. Surveys were available: 1) To be taken on-line – with links available on the Health Services home page as well as the Mental Health and MHSA home pages; and 2) To be hand-written using hard copies distributed throughout the community. Hard copies were handed out at meetings and focus groups with mail-in instructions. Notice of on-line availability as well as electronic copies of the hard-copy survey were distributed via blast-emails throughout the County and using staff contact lists. Hard copies were also available in Mental Health administration.

Hard copies of the survey are available as an Attachment to this report.

Who Answered the Survey

A total of 392 surveys were returned with at least one question answered. Partial surveys were accepted. 17 or 4% of surveys were returned in Spanish. However additional participants reported on the English survey that their primary language was Spanish. By race/ethnicity, the survey was fairly reflective of the County. However, by interest area, responses were skewed slightly towards individuals focused on older adults.

Strengths and Limitations of the Survey

Questions 1, 2 and 3 were not well utilized and do not provide comprehensive data from all survey participants. The first two questions asked respondents to prioritize their interests for prevention and early intervention (community needs and target populations). Unfortunately, both the terms used and the format for the questions appear to have been too complicated for a community-level survey and both questions were often answered incorrectly or skipped entirely. While 75% of respondents answered the first question on Community Needs, only 56% answered the question on target populations. In Question 3, respondents most commonly reiterated their priority community needs or populations. Findings from these three questions are provided here but should not be a primary consideration in decision-making. The questions were biased toward English speakers with strong survey-taking experience.

However, response to Question 6 – Desired Interventions – was quite complete and a great deal of data on both desired interventions and the target populations for those interventions was provided. Much of the data for analysis of the survey comes from Question 6.

Question 1: Ranking of Community Prevention/Early Intervention Needs in order of priority based on size of need or importance of need in Contra Costa County.

n=286, or 73% of all survey respondents	Top or Second Priority
Disparities in access to mental health services	30%
At-risk children, youth and young adult populations	25%
Psycho-social impact of trauma	22%
Suicide risk	16%
Stigma and discrimination about mental illness	8%

Discussion:

Note: As discussed above in the section on “Limits of the Survey,” this question had a low response rate (73%) and a high dropout rate in the middle of the question. The validity of findings is limited.

The relatively low response to this question makes fair analysis of the answers difficult. However, it does seem that top community concerns among those who did respond were disparities in access to mental health services, psychosocial impact of trauma, and at-risk children, youth and young adults. Conversely, the lowest ranked concerns were suicide risk and stigma and discrimination about mental illness.

Question 2: Ranking of Key Priority Populations in order of priority based on the size of need or importance of need in Contra Costa County

n=220, or 56% of all respondents	Top or Second Priority
Individuals experiencing onset of serious psychiatric illness	25%
Trauma exposed individuals of any age	24%
Children and youth in stressed families	17%
Underserved cultural populations	16%
Children and youth at risk for school failure	10%
Children and youth at risk of or experiencing juvenile justice involvement	9%

Discussion:

Note: This question had an even lower response rate than the previous question (56%) and a high drop-out rate in the middle of the question. It is important to understand that underserved cultural minorities were the least likely to answer this question and are underrepresented in the findings.

With these serious limitations in mind, we see that the most frequently cited Key Priority Populations were individuals experiencing onset of serious psychiatric illness and the trauma-exposed.

Question 3: Looking at smaller risk groups of special importance within the top-ranked target populations

If more than one response

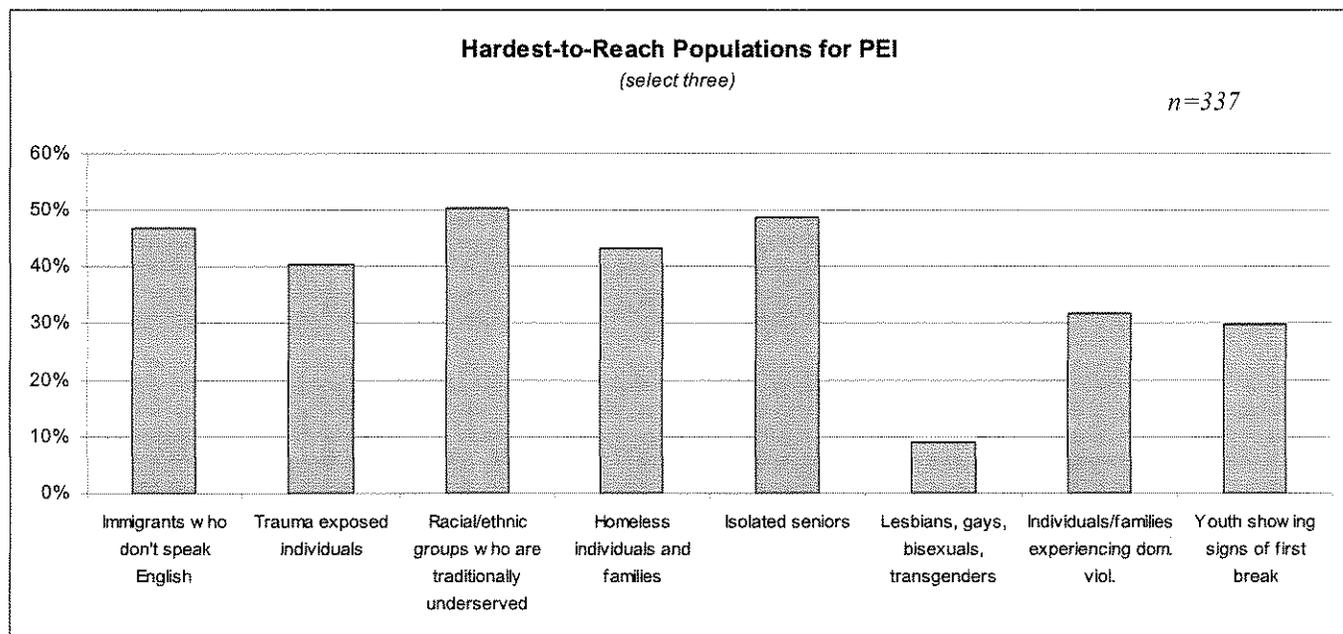
Adults: And emancipated youth who are homeless	2
Adults: Dependent	
Adults: With developmental disabilities	
Adults: Veterans	
Adults: Women and young women	
Early intervention: Schizophrenia	
Families: And individuals with no health insurance, no access to other services	9
Families: Homeless or that move around a lot	6
Families: Living with substance abuse	6
Families: Pregnant/post-partum women esp: Trauma, SA, DV-exposed	4
Families: Caregivers of individuals with dementia or MI	2
Families: Monolingual, not native speakers	2
Families: Low income, living in poverty"	2
Families: Single parent households, W. County	
Families: Women experiencing domestic violence	
Geog: West County, W. County violence exposed	2
Geographic: Monument Corridor	
LGBTQ of all colors, all ages	3
Older adults: General and isolated	33
Older adults: With alzheimers or dementia	11
Older adults: with unaddressed mental issues, abuse, trauma	3
Older adults: Non-English speaking	2
Older adults: 85+	2
Older Adults: Dependent	
Older adults: Homeless	
Older adults: Pacific Islanders	
Older adults: Substance abusing	
Older adults: With physical disabilities	
Underserved Cult. Communities - Specific: Latinos, African Americans	3
Underserved Cult. Communities: Refugees w/ trauma from homeland	
Youth: Living in violent communities, Violence exposed, exposed to DV	7
Youth: Youngest - 0-6, 0-7, 0-10	5
Youth: Living with someone with MI	4
Youth: In kinship care, in foster care, emancipating from foster care	4
Youth: LGBTQ	4
Youth: Sexually or mentally abused, exploited	2

- Youth: Violence, trauma exposed
- Youth: Abused or have witnessed trauma
- Youth: At risk of gangs
- Youth: in continuation schools
- Youth: In households with substance abuse
- Youth: Living with traumatized parents
- Youth: Of undocumented parents
- Youth: With inadequate parent involvement
- Youth: With incarcerated parents
- Youth: With learning disabilities
- Youth: Drug addicted newborns
- Youth: In child welfare system
- Youth: Pregnant and parenting teens
- Youth: Young adult males
- Youth: At risk adolescent females ages 13-17 years of age
- Youth: In child welfare system

Discussion:

Many open comments for this question reiterated the priority target populations defined by the state and addressed in Questions 1 & 2. Those comments are not included here. Once those comments were removed, response to this question was fairly low. As with Questions 1 & 2, it is important to remember that the results are incomplete.

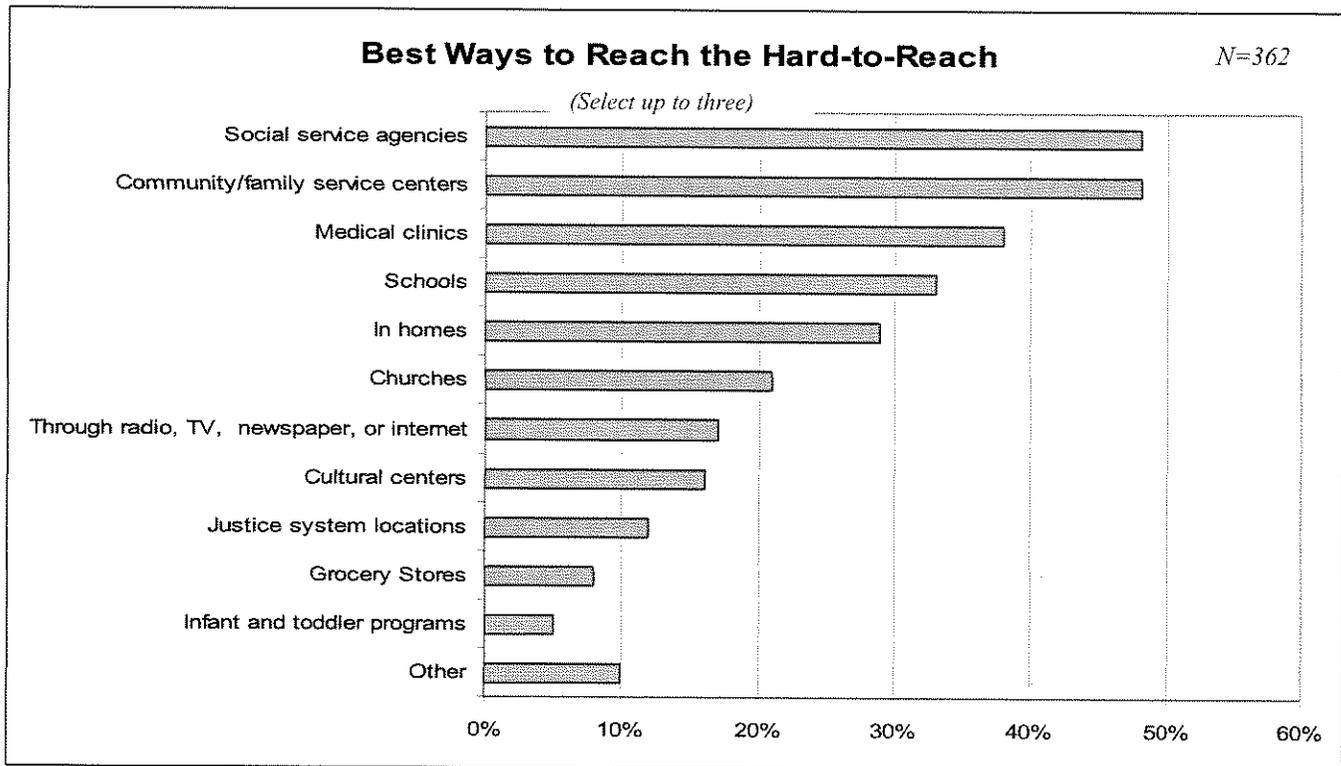
Question 4: Identifying the hardest-to-reach populations for mental health prevention/early intervention efforts



Discussion:

Those who completed the survey showed greater focus on immigrants, underserved racial/ethnic groups, isolated seniors, trauma exposed and homeless individuals as the hardest to reach populations.

Question 5: Identifying the BEST ways to make contact with the hard-to-reach populations *(Multiple answers allowed)*



Discussion:

Respondents cited social service agencies, community centers, family service centers, medical clinics, schools, homes and churches as the top ways to reach the hard-to-reach populations. These findings are consistent with opinions expressed in focus groups.

Suggestions in the “Other Category” included:

- Bars and clubs
- Domestic violence and homeless shelters
- Street outreach/homeless outreach
- Institutions like hospitals and jails
- Hotlines, bilingual hotlines – well advertised
- Youth programs
- Hospital psychiatric wards, therapy
- Parks, recreation programs, after school programs
- Forums and speakers

- Mobile crisis units, PET teams
- Nutrition sites
- Through community leaders, community activities, informal avenues
- Senior centers, senior peer counseling
- Text messages, My Space, Facebook

Question 6: Identifying specific prevention/intervention Programs or Types of Interventions Respondents would like to see with MHSA PEI funds

Many comments for this question reiterated priority target populations stated earlier. Others focused on care for the mentally ill which is not allowed with these funds. Comments in these areas have not been included in this summary. Additionally, because of the high volume of comments, some statements have been shortened or paraphrased in order to shorten them. Rough groupings have been developed for ease of reading. A few items with multiple comments are noted with numbers of comments in place of bullets.

Youth and Families, LGBTQ Youth, Juvenile Justice, Schools

- 3 After school programs & sports. Things to keep kids active and more ways (contact with kids) to be able to screen for disorders/problems. After-school functions besides sports.
- 3 Increased counselors in Junior/senior high schools.
- 2 Welcome Home Baby, a program of Aspira Net.
- 3 Training and TA for educators and school-based staff that ensures effective and comprehensive implementation of the California Student Safety & Violence Prevention Act of 2000 (AB 537) ensuring that all school staff are culturally competent re: adequately meeting LGBTQ youth needs, and ensuring safe learning environments for all students, regardless of sexual orientation and/or gender identity/expression).
 - Without funding, school districts are not implementing LGBTQ-specific interventions and/or programming. As a result of a lack of targeted programming and interventions for this youth population, school drop out, substance abuse, depression, self mutilation, eating disorders, and attempted suicide - among other health.
 - Schools should provide training to staff and students on GLBT issues. There should be GLBT/straight alliance or similar safe space for GLBT students. There should be zero tolerance for bullying. Staff/admin need to be held accountable. ALL students suffer (gay or straight) when homophobia/transphobia is allowed on campus.
 - A mentor program for the youth.
 - Community centers oriented to work with families.
 - Comprehensive wrap around for families referred to CPS.
 - Contra Costa Child Care Council Inclusion Program and Child Care Solutions, which both serve children under five years of age. The earlier the intervention the better the results.
 - Counseling for families.
 - Depression screenings - 7th graders, and college freshmen
 - Domestic violence workshops for young teenage children....allow not only expression of ideas but a chance for the facilitator to be able to see the extent of abuse and abusing and to have some real impact in changing behavior.
 - Early childhood intervention and screening that will allow access to services easily.
 - Easy access for families to receive help when a worker believes that they need it.
 - Early prevention in schools.
 - Early screening in schools.

- Case management services for pregnant and parenting teens.
- Groups for LGBT youth.
- School based intensive mental health services.
- There are no programs for children with emotional disturbance during the summer. They are not able to function in regular camps and there are no alternatives. This means they get worse over the summer.
- School-based education and leadership development programming.
- Teen pregnancy prevention and teen parenting support.
- A support group for young African American males.
- A Grieving camp for children and teens who are mild mannered. Forty-five children and teens have already been signed up by their parents who are directly affected by senseless violence. Need therapists to make this happen. To help reduce and change the patterns of the cycles of violence in African American neighborhoods.
- More facilities or placements designed to assist children and youth juvenile hall residents who suffer from major trauma / mental illnesses.
- Juvenile Hall Mental Health.
- Programs that target juveniles and their families...to divert them from entering the criminal justice system.
- Individual counseling & groups for youths housed in JV & Orin Allen Youth facilities. Some issues to address are grief, trauma, anger management as well as individual mental health issues.
- Prevention services for pregnant & post partum women and families exposed to trauma/loss/death due to violence.
- Youth support. Community Based Organization (CBOs) already in place could offer MH services.
- Parenting programs for consumer parents, as well as the general population parents that are reflective of Relational Work with their children.
- The Contra Costa Child Care Council's Inclusion Project is already serving children at risk of special needs or are diagnosed with disabilities. Many of these children suffer from trauma and or co-morbid disorders. I would like to see the service offer to families include mental health support within the Inclusion Project in order to make the service more seamless.
- Peer counseling programs for youth at risk.
- Public Service Announcements - reaching youth in the media sources they use.
- Counseling for young fathers (*comment in Spanish*).
- Prevention and Early intervention services through school based health centers.
- Need more in home intervention - social work that remains with the family for an extended period of time to make change and get families involved with services long term.
- Parenting groups for immigrant parents. Cultural adjustment bridge building groups between immigrant adults and their children.
- Parenting Support
- Obesity in Children carries its own mental illness.
- More treatment options for juveniles in custody with follow-up support in community after release.
- Education for parents about what is "normal acting out behavior" and what is not. Include education dealing with stigma about getting help.
- Parent /child therapy programs.
- Therapeutic preschools.
- More training of psychotherapists in specific trauma treatment: EMDR (eye movement, desensitization) is time efficient and user friendly for victims/witnesses who do not want to talk -- notably adolescents take a long time or preadolescents who hardly ever want to talk. Also specific use of sand tray /art out rate (avoidance as well as group treatment for adolescent & young adults.
- More options for the homeless woman and men and children.

- Early intervention programs with school age children available at school settings and in-home services are extremely important to reach consumers who are underserved.
- Early intervention training for child care workers and pediatricians.
- More parenting programs that could begin in the schools about childhood growth and development and the various stages. Videos/DVD's developed that could be part of a lending library for parents and youth. More family life put into class instruction.
- More counselors at the public schools.
- Family interventions and services through schools & social service agencies.
- Group treatment for children who have family difficulties.
- Support groups for families of those with mental problems.
- Education on signs and behavior change ...for teachers, community center staff ...what to do and where they could go to get help for trouble youth.
- In- school programs...should be supported. Counseling in school rather than relying on parents to provide the information.
- Mentoring and support groups for runaways adolescent girls -- Alternative programs vs. incarceration when appropriate for the population so they are not punished for trying to survive many times running to escape abuse which leads to delinquent serious behavior.
- Kinship programs.
- There should be prevention/intervention programs in all schools ranging from elementary to college. You never know what these young people have been or are going through. It is very tough to get a child/teenager to express themselves or want to talk to anyone as they feel they have no trust in that individual depending on their home environment.
- "Street" programs that target pre-teens and teens.
- Intensive family preservation- such as Families First type programs.
- Interventions in the community, especially emancipating youth.
- Pro-social programs in the schools.
- Basic mental health services in the schools for students not eligible for MediCal-funded services.
- Inter-generational programs.
- Intervention with high risk families.
- Providing mental health assessment of children and youth.

Older Adults

- 63 Expansion of the Senior Peer Counseling program (including the addition of bilingual staff).
- 4 Counseling – for isolated seniors – in home, with their families.
- 2 Support groups for older adults.
- 2 We need an Elder Court.
 - Include health coaches to senior citizens
 - Provide psychiatric services to aging adults.
 - Geriatric psychiatric clinics.
 - Ability to identify seniors who are depressed, isolated, and at risk of suicide or ETOH or substance abuse. Interventions - better training for physicians, nurses, community workers, clergy and even the local bank tellers to look for some specific signs of the above and then how to respond to them
 - Alcohol and Other Drug prevention programs for seniors.
 - Assessment of older adults, especially those who are isolated, for substance abuse behaviors and other signs of depression or MH problems - and for suicide risk.
 - We need volunteer counselors who speak the languages of our diverse populations and understand their cultures and who can go to where these seniors are located -- in their homes -- to provide them help.

- More awareness of mental health problems in Senior Centers.
- Training for law enforcement and anyone else who comes in contact with confused, possibly demented, elderly so that they are not 5150'd and then returned to their isolated situation where the scenario will repeat itself many times over.
- Geriatric mental health services available in all areas of the county, prevention, intervention etc.
- In home visit or volunteer calling for the older adult.
- Transportation to get older adults out and about where they could hear about what is offered.

Integrated Care, Health Care settings

- 5 Behavioral health programs/early intervention programs in primary care settings/community clinics
- 2 Screening/universal screening at health centers

Early Intervention, Crisis Prevention

- Brief crisis stabilization counseling to people w/mental health issues who are not dx'd w/chronic mental health problems.
- Crisis Hotlines.
- Mental Health Hotlines.
- Youth intervention for suicides. They need a 24hr call line where we can allow the minors to speak to them.
- Early diagnosis and preventative treatment like the model in Sacramento run by UC Davis (EDAPT) satellite location and Contra Costa outreach to schools.
- Mobile crisis units.
- More MH/Psychiatric services for mothers involved in child welfare who have dual diagnosis; who are newly in treatment and need to be stabilized with medication/therapy, etc.
- I doubt that early intervention can do much to prevent severe mental illnesses...

Stigma and Public Awareness Education

- Educational messages that dispel the myths of seeking help.
- Populations with disparity in access: Education programs to reduce stigma, which is a big barrier to services.
- Pamphlets developed and put in churches, community centers, schools, etc. Behaviors to look for and how to talk to family and give referrals to program designed for this population.
- Change the word 'stigma' which is a polite word for what it REALLY is... DISCRIMINATION is the word that NEEDS to be used.....
- Populations with disparity in access: Education programs to reduce stigma, which is a big barrier to services.

Adults, Adult Justice, General, Other

- 2 Permanent housing sites for homeless families that provide on-site, supportive services including mental health counseling, conflict resolution, addictions counseling, and social support groups.
- 2 Comprehensive wrap around, more wrap around
 - Housing.
 - Access and visibility for LGBT people.
 - PhD level evaluation and counseling services offered to adults suffering a gender identity conflict. This population has categorically been denied services.

- Gay and Lesbian Community Centers.
- Outreach (visibility), providing support groups, and one-on-one therapy for free or at least sliding-scale fee for gay, lesbian, bisexual and transgender individuals.
- I would like to see the Mobile Response Team have more funds to hire enough trained staff to take care of the many crisis situations. NO ONE should have to wait 2-3 days to receive help and assistance.
- NA/MA & AA groups.
- ESL and Spanish or Asian language programs.
- More places involved in reporting concerns about individual's mental health status.
- A way to train therapist to relate to the community more than the text book out of which they were trained. A way for therapist to respect cultures and traditions.
- Education, Education, Education, regarding abuses, treatments, supports, hand ups, not handouts.
- Funding for a grassroots community newsletter that would outreach and attract underserved populations in West County.
- Wrap around teams available to all regardless of income, not just for Medical recipients.
- Populations with disparity in access: Reduce isolation.
- Trauma intervention, treatment programs
- Interventions to reduce the severity of symptoms related to trauma exposure.
- Also outreach to the veterans' community through the media and homeless populations.
- Community interagency networking/ roundtables/fairs
- Spanish support and therapy groups for women and couples. Support for programs at the Latina Center re: recovery from domestic abuse, culturally centered parenting support.
- Services to meet the needs of people with physical or cognitive disabilities who are likely to experience trauma and violence as part of domestic abuse or violence outside the home.
- Education and support groups for caregivers.
- Self-esteem workshops, free & open to the public.
- PET team connected to law enforcement with ability to triage - connect families to Family Support centers.
- Prevention/Intervention Alcohol & Other Drugs/Older Adults.
- Transportation to clinics/homes.
- Community outreach efforts.
- Clearer and more defined assessment tools.
- More funding for community centers that provide at-risk groups with a place to have healthy social interactions and resolve their problems without intensive mental care.
- Expand information through existing programs i.e.: meals on wheels, PAL, latch key, SARB, WIC.
- Expand peer counseling to managing finances. It's necessary to establish new counseling services by volunteers who are qualified to do so. e.g., retired managers and business persons.
- Establish psychiatric evaluation services for referral by peer counseling to provide diagnoses to help peer counseling supervisors make decisions re counseling.
- More MFTs hired at the hospitals, clinics, and serving in more visible areas in the social service arenas. Social workers are not capable of providing the counseling services needed to those who are in desperate need of counseling services.
- More community outreach programs in East County.
- Middle aged population and homeless individuals who have nowhere to go and also provide ways to change jobs and to get training.
- Outreach (visibility), providing support groups, and one-on-one therapy for free or at least sliding-scale fee for Asian and Pacific Islanders.
- Train the police to be more than just for boxers to the spectrum of tough kids and others such as kids and young adults who could follow a wayward path.

- Life skills filling out resumes & interviewing etc. Anger management.
- Language-specific help lines.
- Learning centers.
- It would be helpful to talk to other people my age with the same issues.
- Violence prevention in our communities.
- Consumers should be at EVERY point of entry into the mental health system as an advocate and make suggestions...

Specific Agencies and Programs

- 2 The "In Our Own Voice" program currently sponsored by the National Association on Mental illness is an educational and anti-stigma program FREE to the public, which includes, community groups, schools and universities, churches, providers of MH services, consumers, family members, and in-home support personnel.
 - M.A.S.K. INC.
 - APS.
 - Rubicon Programs, Inc.
 - Parent Project.
 - Fresh Start Program.
 - ESL programs thru Acalanes School District.

Discussion: The responses to this question offer a very rich array of desired interventions – as well as highlighting desired target populations. Once priority populations are narrowed by the Stakeholder Planning Process, it would be useful to return to this list to identify and summarize desired interventions that address those priorities.

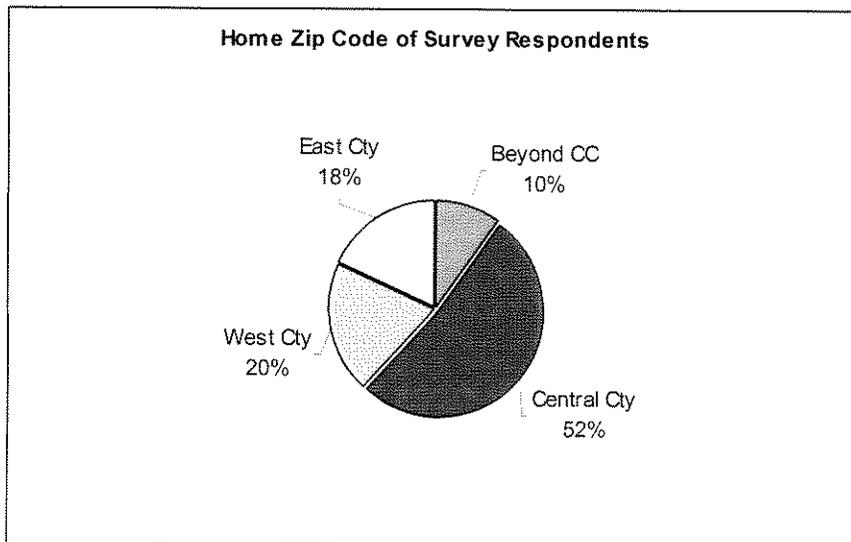
Questions 7-10: Who answered the survey

These questions asked about respondents' home zip code, race/ethnicity, primary language, and sectors of the community that they represent.

7. Location in County

Respondents were asked to provide their *home* zip codes to identify what community they live in. This recognizes, however, that some providers who work in Contra Costa County live elsewhere.

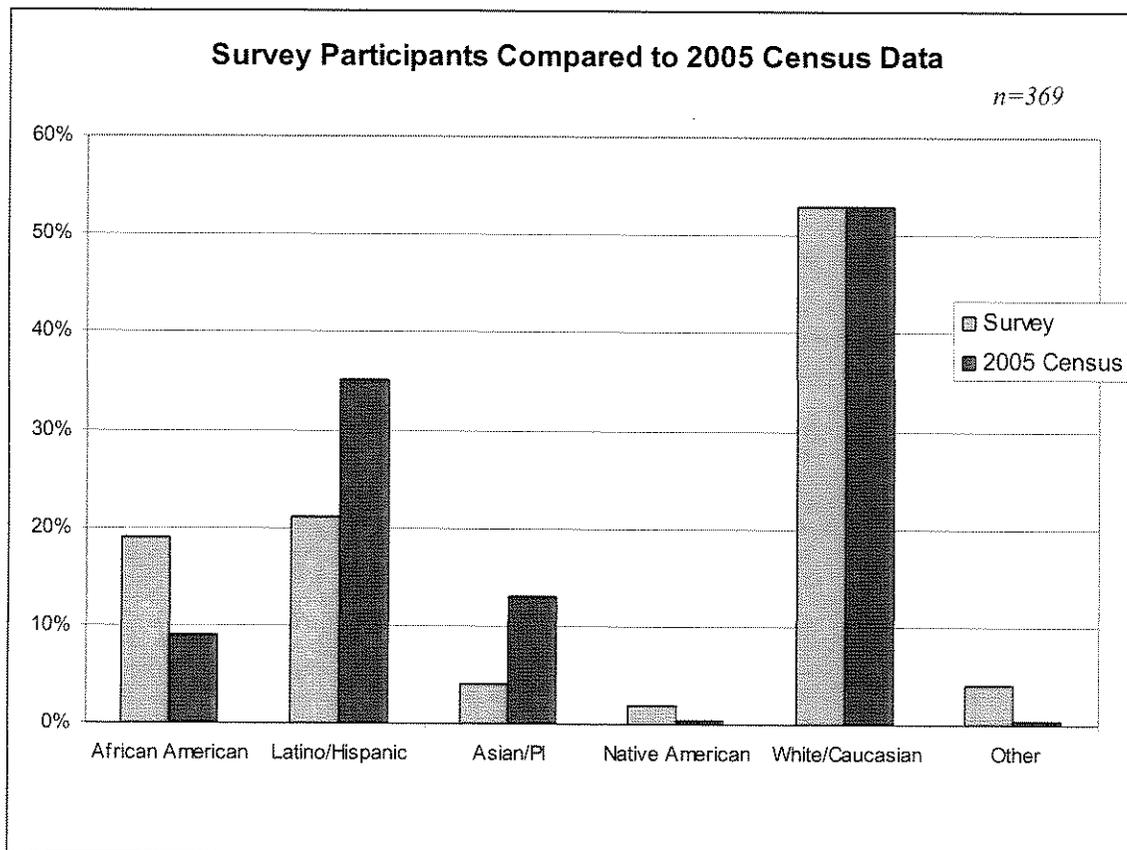
Respondents reported coming from 64 zip codes throughout the Bay Area with 90% living in Contra Costa County. They have been divided into East, West and Central County for review.



- Within West County, the highest concentrations of surveys came from Richmond, Hercules and El Cerrito.
- Within East County, the highest concentrations of surveys came from Bay Point, Antioch and Brentwood.
- Within Central County, the highest concentrations came from Martinez, Clyde and Concord.

8. Race/Ethnicity *(Up to three responses allowed)*

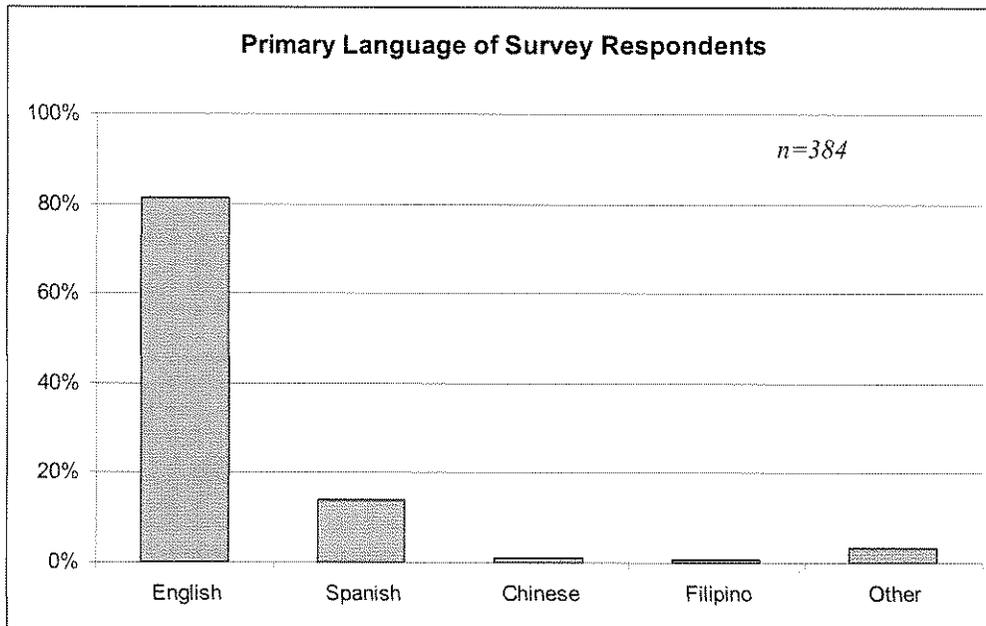
Survey respondents were fairly reflective of the county with some overrepresentation of African Americans and underrepresentation of Latinos and Asian/Pacific Islanders.



9. Primary Language

The primary language of respondents was overwhelmingly English. There were 17 surveys submitted in Spanish although additional individuals identified Spanish as their primary language in the English-language survey. The limitations of survey access due to language barriers must be acknowledged when reviewing the findings.

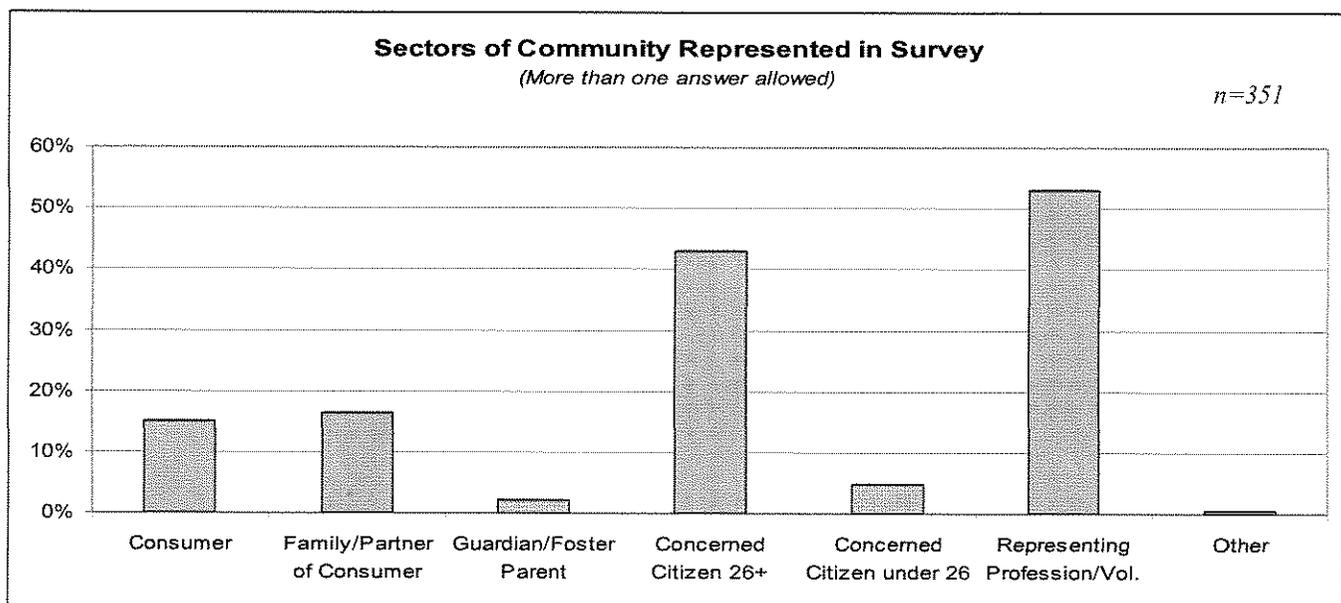
“Other” primary languages reported included: Arabic, ASL, Chinese, Farsi, French, German, Korean, Laotian, Pilipino, Tagalog, Thai, and Vietnamese.



10: Sectors of the Community that were represented

Respondents were asked to identify themselves by a few select community characteristics that are relevant to this type of planning. It would not be possible to gather data on all of the roles that individuals play in their community.

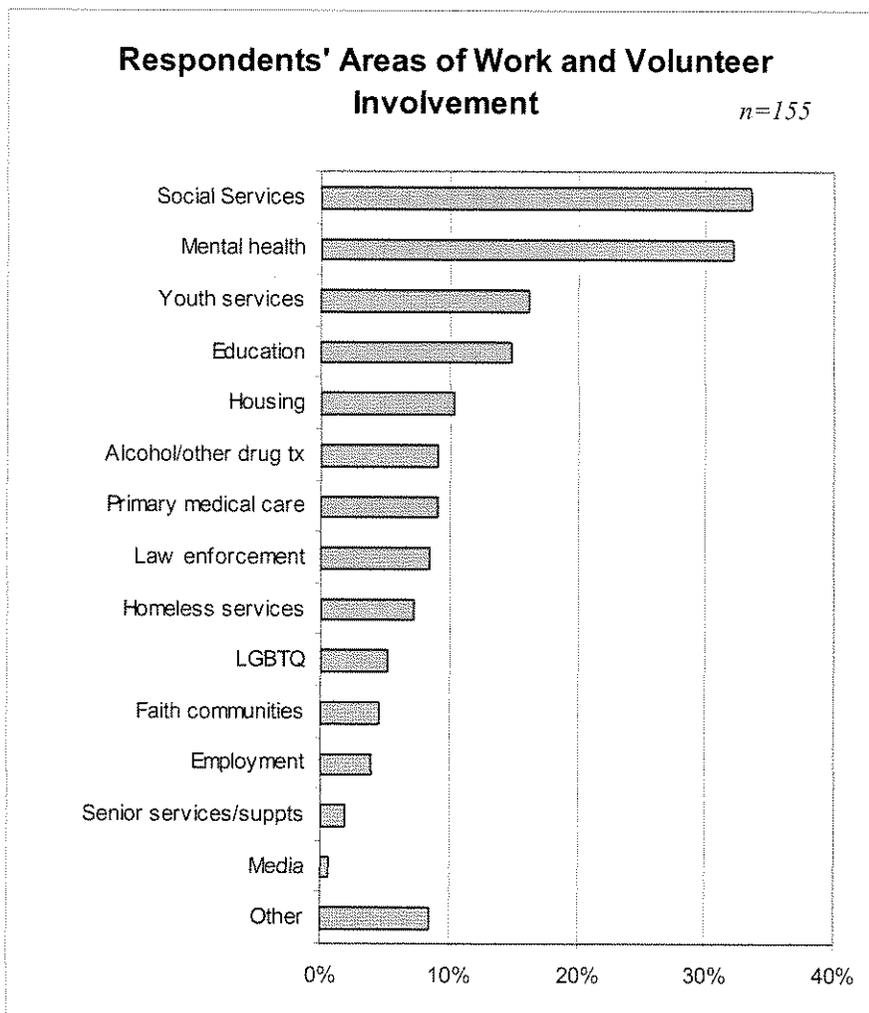
With a high response rate, we can see that the majority of respondents are providers of services or community supports of some sort – whether through their job or volunteer activity. However, it is important to note that consumers, family members/partners of consumers and community members were also represented among respondents answering this question.



Questions 11 – 17: About Work and Volunteer Resources

Those who reported that they were responding to the survey from the perspective of their work or volunteer activities (as well as personal knowledge and experience) were asked additional questions about their workplace/volunteer organizations.

11. Work or Volunteer Focus



“Other” areas included: Types of health care other than primary care, unnamed non-profits, a group home, mothers and children, money management, nutrition, refugee and immigrant services, and Victims of Violent Crime.

12 & 13. Name and Service Area of Organizations

Respondents representing organizations were asked to identify their organizations. Duplicate listings (if recognized as duplicate) have been removed. Represented agencies providing information are:

AARP	Contra Costa and other counties
Adult Day Services Network of Contra Costa	County-wide
Adult Protective Services	County-wide
Advisory Council on Aging	County-wide
Ally Action	County-wide
Anka Behavioral Health, Inc.	Contra Costa and other counties
Area Agency on Aging	County-wide
Brentwood Union School District	Brentwood
Burrus-Wright Holistic Counseling Services	West County
California Children Services	County-wide
Caring Hands John Muir Medical Ctr.	C,E,Far E Cty
Carquinez Vista Manor Senior Housing	Crockett
Center Point of Richmond & Richmond Arts & Culture Commission	West County
Church	West County
City of Brentwood, Parks & Recreation	Far East County
City of Walnut Creek	Walnut Creek
Commission on Aging	Central County
Community Clinic Consortium	Contra Costa and other counties
Contra Costa A&OD Advisory Board	County-wide
Contra Costa Adult Mental Health	County-wide
Contra Costa ARC - Adult Services	Contra Costa and other counties
Contra Costa Child Care Council	County-wide
Contra Costa County	County-wide
Contra Costa County Aging & Adult Services	County-wide
Contra Costa County CFS	County-wide
Contra Costa County Conservatorship Program	County-wide
Contra Costa County Health Services	County-wide
Contra Costa Family/Mat & Child Health, Perinatal Services Coordination Team	County-wide
Contra Costa County Mental Health	County-wide
Contra Costa EHSD	County-wide
Contra Costa EHSD-Children & Family Services(CPS)	County-wide
Contra Costa FPD	County-wide
Contra Costa Health Plan	County-wide
Contra Costa Health Services	County-wide
Contra Costa HS Teen Age Program (TAP)	W,C,E Cty
Contra Costa Reg. Med Ctrs Inpatient/Crisis Stabilization	County-wide
Contra Costa Interfaith Housing, Inc	County-wide
Contra Costa Jewish Community Center	Central County
Contra Costa Juvenile Justice System	County-wide
Contra Costa Juvenile Hall	County-wide
Mental Health Consumer Concerns	County-wide
Contra Costa Office of Education	County-wide
Contra Costa Office of Education - Marchus School	County-wide
Contra Costa Probation	County-wide

Contra Costa RMC - Child Development Clinic/ CCS	County-wide
Contra Costa Safe Schools Coalition	County-wide
Contra Costa SELPA	County-wide
Contra Costa Probation	County-wide
Diablo Behavioral Healthcare	Contra Costa and other counties
Education	County-wide
El Cerrito HS Community Project	West County
Eskaton Lodge Brentwood	E, Far E, other counties
Familias Unidas	W, Far E County
Families First	County-wide
Family Stress Center	County-wide
Girl Scouts of Northern California	Contra Costa and other counties
Helms Community Project	San Pablo, Richmond
Hercules Senior Center	West County
Jewish Family and Children's Services of the East Bay	County-wide
John Swett Unified School District	West County
Juvenile Justice Commission	County-wide
Kaiser Permanente	Contra Costa and other counties
Korean Seniors in Alameda County	Contra Costa and other counties
La Cheim, Inc.	County-wide
La Clinica de La Raza, Inc.	Contra Costa and other counties
Lincoln Child Center	County-wide
Contra Costa Mental Health Commission	County-wide
Monument Crisis Center	C, E County - Monument
MSSP - Dept of Aging & Adult Services	County-wide
Mt. Diablo Adult Education	County-wide
NAACP	County-wide
NAMI	County-wide
Oakley School District	Oakley
Pittsburg PreSchool and Community Council	East County
Pleasant Hill Senior Center	County-wide
Private practitioner, MFT - Also working with JMBHC, Concord	County-wide
Rainbow Community Center	County-wide
RSVP	
Rubicon	County-wide
SaveTYouth	County-wide
Senior Helpline Services	County-wide
Senior Outreach Services	C, E County
SRVUSD	Danville/San Ramon
St. Anthony Foundation Bay Area	
Sutter Delta Medical Center	E, Far E County
The Church of ST. John the Baptist	
The Commons at Dallas Ranch RCFE	Contra Costa and other counties
The Ryse Center	West County
Victim Witness Assistance Program	County-wide
We Care Services for Children	Central County
Welcome Home Baby	County-wide
YMCA of the East Bay	West County

14. Organizations that currently do mental health prevention/early intervention

72 or 55% of respondents to this question reported that their organization(s) are currently doing some prevention or early intervention work. A listing of those organizations and the services that they provide is included in the Resources section of this report.

15. Organizations whose work would easily lend itself to mental health prevention or early intervention

71 or 60% of respondents to this question indicated that that their organization(s) have programs that would easily lend themselves to mental health prevention or early intervention work. Information on these providers is included in the Resources section of this report.

16: Organizations that have access to hard-to-reach populations

86 or 74% of those who responded to this question indicated that their organization has access to hard-to-reach populations. Information on these providers is included in the Resources section of this report.

17: Follow-up identification

Names and contact information was requested from agency representatives in case more information was desired about their agency. Contra Costa Mental Health has that information on file.

18: Additional Comments

Respondents were given the opportunity to add any additional comments that they had. For manageability, comments on mental health services (care) which are not a part of this planning process have been removed. Comment include:

- Focusing on the children will help the community become more production and responsible in the coming years.....
- During my ten years living in Contra Costa County after moving from Santa Cruz, I worked for one agency in Oakland and then for the Contra Costa County Mental Health Board before St. Anthony. I would very much like to be involved in my own County again as I will soon be retiring. Please keep me informed.
- Foster Children, homeless children, students with disabilities, at risk students.
- Even this survey was NOT widely disbursed. I know many mental health consumers who knew NOTHING about this survey and would have liked to fill it out, if they had more time. Mental Health Consumers, copy from the system we are fighting against. I hear the same, medical language; I see a hierarchy which works to separate instead of coming together.

- Homes.
- I appreciate the outreach you have done in soliciting feedback about the PEI.
- As a mental health patient/consumer, the stigma of mental health is constantly rearing its head in the media and my own family. Being dismissed as, "'oh, she's crazy'". I wish the word could be erased from peoples vocabulary but I know that is impossible because people will judge and put people in a box if it's convenient for them.
- As a resident of Contra Costa County and former public school teacher, I'd be very interested to hear where funding goes. Thank you for this opportunity.
- Both - workers mandated to try to see client within 10 days of receiving referral
- Educate everyone including current staff. Engage the community. Develop safe, long-term residential centers for the purpose of transition (6 months won't do it - it take years with evenutal decreasing quantity of service).
- I am excited that these resources are available to mental health for ongoing services in the community. Many community based organizations do not have the means and tie-in to mental health resources. If possible, this will be of great service to the client community.
- I believe that early intervention needs to be through a pre-pregnancy and early trimester information source. Since the population that I believe need the information most haste are youth and young adults at risk, psychosocial trauma victims, and homeless.
- African American and Hispanic families traditionally visit their churches at some point during the year. Therefore, to partner with churches that have an active youth program will provide access to those youth.
- I feel that it is imperative that Consumers of MH services must be included in the planning for provision of services. Additionally, the intervention with children at the youngest age, especially in communities that are experiencing violence is preventative. Access to QUALITY MH services is one of the greatest disparities that I have seen in families.
- I have personally seen marked improvement in neighbors who have benefited from the services of a senior peer counselor. Older adults are reluctant to seek mental health services because of stigma. Having a peer listen to their problems without judgment has a tremendous healing effect.
- I have read most literature available in the last seven years as it pertains to mental health issues. One category that has peeked my interest especially is suicide prevention and anti-stigma campaigns. Several times I have read that education is the key for both the consumers and families experiencing first episodes from stressful situations like college and to inform the public of all ages of the myths vs. truths regarding mental illness.
- Educate early on everything from first noticing the signs of suicidality in themselves or others to knowing where to seek help when trauma or major stressors impacts their lives.
- Articles have addressed the bewildering fact that people do not seek treatment because of the public's attitudes of shame towards people who are having problems. People have actually chosen death as preferable to being labeled mentally ill and all that entails.

- Meeting consumers of MH services face to face was given as the most productive way to change the public's stigmatizing beliefs and discriminating actions.
- Thank you for this consideration.
- I hope the money will go to accountable programs that make a difference such as permanent supportive housing does. Permanent supportive housing is a win-win for low income special populations. The client gets affordable housing and support on site with interventions as needed. The family gains support, stability, and much needed help when they need it. If a challenged family is ever going to make it, this is a model that works. Affordable, appropriate, and respectful support for those in need.
- I need to know more information about mental illness and the best way to solve it.
- I realize many other age groups have issues and concerns about mental health, but my specialty is working with seniors and their families and especially those suffering with various dementing illnesses. So many people, including those in the medical community, are misinformed about the symptoms of dementia and how to help a person with Alzheimer's or other dementias.
- I REALLY hope that during this community planning process as well as when the final decisions are made regarding the funds that the agencies awarded funds are inclusive of LGBTQ youth and are culturally competent at addressing the whole person while taking into account the intersections of identity. Thank you!
- I think that this type of funding is invaluable and much needed in the Communities that we serve.
- I think this your program is both innovative and timely.
- It is difficult actually to answer these questions because I am devoid of hands-on knowledge of the services existing that are effective or that exist and are not effective. I have been exposed via my son to existing services that seem very disconnected to the actual populations that need them. But quickly drawn conclusions are not very helpful without a clear understanding of the whole.
- I would be interested in obtaining the results.
- I would like to be an active participant in ensuring the families that are being served obtain culturally relevant interventions.
- Isolated older adults
- Isolated seniors
- Isolated seniors culturally diverse groups & individuals
- It is important that these funds be spent well.
- It is now time for action not more talk. There was another preventable suicide in the community this last week.
- It is time to address the large and growing problem of older adults with mental health/emotional problems in the community.
- When will the County get its act together with this population? With the baby boomers entering later life.....it is almost too late already.

- It would be better if we have more community and programs to support the needs
- It's a very hard work to do, but necessary to help them.
- Many of the underserved populations don't have computers in their homes. There is only one main Library in Richmond, California. You need outreach workers in order to have surveys completed by hand outs or hard copies. This information won't reach most of them.
- More early intervention would save money overall, and decrease unnecessary suffering for all affected by multiplicity of problems.
- Need a public education program for children, teens, families, teachers, school counselors, masters counseling programs, school principals, psychologists, MFT's, MSW's, physicians, priests, ministers, and coaches on the potential dangers of smoking marijuana which can trigger psychosis in people who have a genetic brain dysfunction.
- No More cuts to the Mental Health Program!!! If anything, the County supervisors need to feed more into this system as families and individuals are desperate for respite, for care, for understanding, for proper intervention NOT MORE RED TAPE!
- One of our Psychologists is Bilingual.
- Outreach and early intervention is badly needed for the older adult population in need of mental health services.
- Please add Mental Health services with 24hr access for the minors at juvenile hall.
- Please make sure the Asian and Pacific Islander and Gay, Lesbian, Bisexual, and Transgender communities get their share of mental health services by providing access (free or sliding scale fees, transportation, etc...) and providing culturally-sensitive interventions (outreach, support groups, one-on-one therapy sessions).
- PLEASE see that seniors get their fair share!
- Please use the MHSA money wisely!!!!!!!!!!!!!! Thank You.
- Please, please -- if this area can spend millions upon millions on UNNECESSARY muni and county attractions (to the wealthy), then you should be treating your mentally ill far, far better.
- Please, please consider early intervention with youth. My husband attempted suicide 8-months ago. His family has chosen not to recognize the mental illness that he has been struggling with since his youth. If early intervention had occurred he would likely have had the necessary coping mechanisms that he has learned now.
- Prevention & Early Intervention are KEY components to Wellness. Medication without Therapy is NOT a solution. Medication manages symptoms, but is not a cure. Two weeks ago a MH client committed suicide. He received letters from Social Security & Medi-Cal questioning his eligibility. This final straw sent someone in a delicate state over the edge. If he had been able to immediately reach out to a therapist or peer supporter for help, his suicide may well have been prevented. He did not want to be hospitalized again or lose his freedom. He just needed a helping-hand -- someone to offer Hope and Support. A place to feel safe while he could work out in his head how to regain his wellness. Financial pressures, expectations of others and ourself, disappointment, feeling overwhelmed are things that can push people over the edge. We need STRONG, non-invasive

intervention supports that are easily accessible by EVERYONE -- Not just the poor and ethnic populations -- Suicide does not discriminate!

- Providing prevention services for cultural populations in user friendly culturally sensitive and linguistically accessible models is effective. Community based agency may be able to provide services in a range of settings & in a flexible format.
- Rainbow Community Center and the LGBT community is in need of mental health services. The trauma imposed from before coming out and the lack of family support are of great concern. Youth are often left homeless/marginally housed. People of color must deal with being a person of color and LGBT, a CHALLENGE.
- Rubicon is an excellent resource in the community of Contra Costa County.
- Senior Peer Counselors are the best way to help seniors in this county. We need more of them
- Services for seniors, disabled and African Americans continue to be inadequate in West Contra Costa County.
- That their school should be professional laundry workers hired here because I heard a laundry worker say that he pisses on peoples laundry like it's funny.
- The Contra Costa County population of juveniles in custody are seriously underserved in the area of mental health care and treatment. US Government studies suggest that over 60 and up to 100% of kids in juvenile custody suffer from mental illness or serious behavioral disorders. Early intervention with this group will be able to change some of these behaviors and help these juvenile offenders from graduating to adult offenders.
- The definition of mental illness is much too narrow!!
- The health care system, particularly the Mental Health Care system in our "great" country is in shambles, a terrible mess, and the unfortunate thing about it is that the Health Care Industry doesn't give a damn about it. to them, the only thing that matters is the bottom line, that's It, trust me, I know what I'm talking about, I've experienced It for the last ten years of my life and my family member.
- The mental health services in this county need to improve greatly!
- The youth of parents who are mentally ill and have drug addiction problems are often invisible to the systems of care. They do not emerge into the systems until they themselves have developed mental health and drug addiction problems. By working with families that have been homeless due to their mental illnesses, we are able to access the children and youth that are at high risk to continue these patterns of failure. By providing on-site support services we can help break a multi-generational pattern of problems, and support the youth and children to thrive.
- There are few mental health services for older adults in Contra Costa County. With the State budget cutbacks, a program like senior peer counselors that uses volunteers is an economically prudent way to serve many more seniors. Targeting specific ethnic communities, such as the Asian, Hispanic and African American community is important.
- There are so many people that we see that need help from the young homeless white youth and veterans to the stressed out immigrant families to the lonely seniors - concrete intervention needs to happen soon

- There are thousands of homeless. Putting them in secure housing will prevent future problems
- Think long and hard about where this money is going.
- This money to help seniors in Contra Costa.....not just young people
- Vital that some of these funds be used to address Alcohol & Other Drug issues, especially in Older Adult populations.
- We go into people's homes who meet the APS criteria
- While LGBTQ youth exist across the various at-risk populations prioritized in the County's Community Health Indicators report (people living in low income communities of color), they still face stark disparities in accessing culturally competent interventions and programs that address their specific mental health and safety needs.
- The County has a vital opportunity to ensure that LGBTQ-focused and/or inclusive programs and interventions are prioritized for funding support through Prop 63 resources. On behalf of Ally Action and the Contra Costa Safe Schools Coalition, please do not leave these youth and their families behind.
- I appreciate the outreach you have done in soliciting feedback about the PEI.
- Good luck!
- Good luck!
- Thank you for asking.
- Thank you for offering support!

Attachments



CONTRA COSTA HEALTH SERVICES

We Want Your Input!

Contra Costa Health Services, Mental Health Division, is currently conducting a strategic planning process to decide how to use new funding from Prop 63, also known as the Mental Health Services Act—MHSA—that was passed by California voters in 2004. The MHSA defines how these funds are to be used. The State Department of Mental Health distributes and oversees the use of the funds to counties.

Contra Costa Mental Health is eligible for up to \$7.1 million dollars for the first two years to develop new programs and strategies to help prevent serious mental illness and serious emotional disturbance, known as Prevention & Early Intervention.

The overarching goal for Prevention and Early Intervention services is: Prevention of serious mental illness and serious emotional disturbance AND reducing disparities.

The State Department of Mental Health has defined prevention and early intervention as: Programs at the early end of the spectrum. They have also provided some menus of Key Community Needs and Priority Populations to be targeted for prevention/early intervention efforts with these funds. We will be asking you about your priorities within these categories in this survey.

We will be accepting new survey responses until February 23, 2008.

Hard copy surveys can also be mailed or delivered to:

PEI Planning
Contra Costa Mental Health
1340 Arnold Drive, #200
Martinez, CA 94553

1. Please rank the following five Key Community Prevention/Early Intervention Needs in order of priority based on size of need or importance of need in Contra Costa County.

	Top Priority	Second Priority	Third Priority	Fourth Priority	Fifth Priority
Disparities in access to mental health services	<input type="checkbox"/>				
Psycho-social impact of trauma	<input type="checkbox"/>				
At-risk children, youth and young adult populations	<input type="checkbox"/>				
Stigma and discrimination about mental illness	<input type="checkbox"/>				
Suicide risk	<input type="checkbox"/>				

2. Please rank the following Key Priority Populations in order of priority based on the size of need or importance of need in Contra Costa County.

	Top Priority	Second Priority	Third Priority	Fourth Priority	Fifth Priority	Sixth Priority
Underserved cultural populations	<input type="checkbox"/>					
Individuals experiencing onset of serious psychiatric illness	<input type="checkbox"/>					
Trauma exposed individuals of any age	<input type="checkbox"/>					
Children and youth in stressed families	<input type="checkbox"/>					
Children and youth at risk for school failure	<input type="checkbox"/>					
Children and youth at risk of or experiencing juvenile justice involvement	<input type="checkbox"/>					

3. Looking at the top Priority Populations you have selected, are there smaller risk groups within these populations that are of specific importance to you?

4. Which of the following populations are hardest to reach for mental health prevention/early intervention efforts? (Pick up to 3)

- Immigrants who do not speak English
- Trauma exposed individuals
- Racial/ethnic groups who are traditionally underserved in the health care and mental health care systems
- Homeless individuals and families
- Isolated seniors
- Lesbians, gays, bisexuals, transgenders, questioning (LGBTQ)
- Individuals and families experiencing domestic violence
- Youth showing signs of a first psychotic break

5. What are the BEST ways to make contact with the hard-to-reach populations you have selected above? (Pick up to 3)

- Medical clinics
- Social service agencies
- Grocery stores
- Churches
- Community centers/Family service centers
- Cultural centers
- Schools
- Infant and toddler programs
- Justice system locations
- In homes
- Through radio, television, newspaper or internet
- Other (Please specify): _____

6. Are there specific prevention/intervention PROGRAMS or TYPES OF INTERVENTIONS that you would like to see supported with these funds?

Now we would like to ask you a few questions about yourself. If you are representing an organization, we would like to ask about your organization as well.

7. What is your home zip code? _____

8. How do you describe your race/ethnicity? (Check up to three that you most identify with)

- Black/African American
- Latino/Hispanic
- Native American/Alaskan Native
- White/Caucasian
- Asian/Pacific Islander (Please specify): _____
- Other (Please specify): _____

9. What is your primary language?

- English
- Spanish
- Other (Please specify): _____

10. Which of the following groups do you PRIMARILY represent? (Check all that apply)

- Mental health consumer
- Family member or partner of a MH consumer
- Guardian/foster parent
- Concerned community resident – I am an adult over 25
- Concerned community resident – I am under 26 years of age
- Representing my profession, organization or my volunteer workplace
- Other (Please specify): _____

Do you have any additional comments to share with us?

(Please use the space below to share your comments)

If you are an individual and not representing an organization, you have now completed this survey. Thank you for your time! Your response is very important to us. To learn more about Contra Costa County's MHSAs activities, go to www.cchealth.org. Click on "Mental Health" and then select MHSAs for more information.

If you are representing a profession or organization, we will now ask you a few questions about your organization. **Please continue to next page.....**

11. If you are responding to this survey in a work/volunteer-related capacity, what is your service focus?

- Mental Health
- Alcohol and/or drug recovery
- Social services
- Homeless services
- Youth services
- Primary medical care
- Education
- LGBTQ Community
- Housing
- Law Enforcement
- Faith Communities
- Employment
- Media
- Other *(Please specify)*: _____

12. What is the name of the organization you represent?

13. What is the service area of your organization? *(More than one answer allowed)*

- Contra Costa County-wide, or
- West County
- Central County
- East County
- Far East County
- Contra Costa and other counties
- Serve clients in specific city/cities *(please specify)*: _____

14. Does your organization currently do mental health prevention or early intervention work?

- No
- Yes *(Please describe briefly)*:

15. Does your organization currently do work that would easily lend itself to PEI?

- No
- Yes (*Please describe briefly*):

16. Does your organization have access to especially hard-to-reach populations?

- No
- Yes (*Please describe briefly*):

17. May we follow up with you if we have more questions?

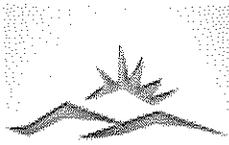
- No
 - Yes (Please provide name and email address):
-

Thank you for taking our survey.

Again, your response is very important to us. To learn more about Contra Costa County's MHSA activities, go to www.cchealth.org. Click on "Mental Health" and then select MHSA for more information.

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¡Queremos Su Opinión!

La Sección de Salud Mental del Departamento de Servicios de Salud de Contra Costa actualmente está realizando un proceso de planificación estratégica para decidir cómo usar nuevos fondos de la Propuesta de ley número 63, también conocido como la Ley de Servicios de Salud Mental (Mental Health Services Act, MHSA) que fue aprobada por los votantes de California en 2004. La MHSA define cómo se deben usar estos fondos. El Departamento Estatal de Salud Mental distribuye y supervisa el uso de los fondos por los condados.

La Sección de Salud Mental de Contra Costa podrá recibir hasta \$7.1 millones de dólares durante los primeros dos años del programa con el fin de desarrollar nuevos programas y estrategias para ayudar a prevenir las enfermedades mentales serias y trastornos emocionales serios, programas conocidos como programas de Prevención e Intervención Temprana.

La meta principal de los servicios de Prevención e Intervención Temprana es: La prevención de enfermedades mentales serias y de trastornos emocionales serios Y también reducir las disparidades que se encuentran en gente que padece de estas enfermedades.

El Departamento Estatal de Salud Mental ha definido prevención y la intervención temprana como: Programas dirigidos a individuos antes de que padezcan de una enfermedad mental o muy temprano en la manifestación de una enfermedad. También han proporcionado algunos menús de lo que llaman "Necesidades Claves de la Comunidad" y "Poblaciones con Prioridad" de los que debemos escoger para dirigir los esfuerzos en nuestro condado de prevención e intervención temprana utilizando estos fondos. Estaremos preguntándole acerca de sus prioridades dentro de estas categorías en la presente encuesta.

Estaremos aceptando nuevas respuestas a la encuesta hasta el 23 de febrero de 2008.

También se pueden entregar o enviar por correo las encuestas impresas a:

PEI Planning
Contra Costa Mental Health
1340 Arnold Drive, #200
Martinez, CA 94553

1. Por favor califique las siguientes “Necesidades Claves de la Comunidad” en el área de Prevención/Intervención Temprana en orden de prioridad, tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)

	Primera Prioridad	Segunda Prioridad	Tercera Prioridad	Cuarta Prioridad	Quinta Prioridad
Disparidades en el acceso a servicios de salud mental	<input type="checkbox"/>				
Impacto psico-social del trauma	<input type="checkbox"/>				
Poblaciones de niños, jóvenes y adultos jóvenes en riesgo	<input type="checkbox"/>				
Estigma y discriminación con respecto a la salud mental	<input type="checkbox"/>				
Riesgo de suicidio	<input type="checkbox"/>				

2. Por favor califique las siguientes “Poblaciones de Prioridad” Claves en orden de prioridad tomando en consideración qué tan grande es la necesidad y su importancia en el Condado de Contra Costa. (Marque solo uno por cada columna)

	Primera Prioridad	Segunda Prioridad	Tercera Prioridad	Cuarta Prioridad	Quinta Prioridad	Sexta Prioridad
Poblaciones culturales desatendidas	<input type="checkbox"/>					
Individuos que experimentan comienzos de enfermedades mentales serias	<input type="checkbox"/>					
Individuos de cualquier edad expuestos a traumas	<input type="checkbox"/>					
Niños y jóvenes en familias estresadas	<input type="checkbox"/>					
Niños y jóvenes en riesgo de fracaso escolar	<input type="checkbox"/>					
Niños y jóvenes involucrados o en riesgo de verse involucrados con la justicia juvenil	<input type="checkbox"/>					

3. Tomando en consideración las Poblaciones con mayor Prioridad que usted haya seleccionado, ¿hay otros subgrupos que forman parte de esas poblaciones que estén especialmente en riesgo para desarrollar enfermedades mentales y que tengan una particular importancia para usted? Especifique.

4. ¿Cuáles de las siguientes poblaciones son las más difíciles de alcanzar para los esfuerzos de prevención/intervención temprana en el campo de salud mental? (Elija hasta 3)

- Inmigrantes que no hablan inglés
- Individuos expuestos a traumas
- Grupos raciales/étnicos que tradicionalmente no son atendidos en los sistemas de cuidados de la salud y de cuidado de salud mental
- Familias e individuos sin hogar
- Personas mayores aisladas
- Lesbianas, homosexuales, bisexuales, transexuales y personas que cuestionan su sexualidad
- Individuos y familias que experimentan violencia doméstica
- Jóvenes que muestran signos de un primer episodio sicótico

5. ¿Cuáles son las MEJORES formas de hacer contacto con las poblaciones difíciles de alcanzar que usted haya seleccionado anteriormente? (Elija hasta 3)

- Clínicas médicas
- Agencias de servicio social
- Tiendas de abarrotes
- Iglesias
- Centros comunitarios/centros de servicios a las familias
- Centros culturales
- Escuelas
- Programas para bebés y niños pequeños
- Ubicaciones del sistema de justicia
- En residencias
- A través de la radio, televisión, periódicos o Internet
- Otro (Por favor especifique):

6. ¿Hay algunos PROGRAMAS o TIPOS DE INTERVENCIÓN en específico que le gustaría que sean promovidos con estos fondos?

Ahora nos gustaría hacerle algunas preguntas acerca de usted. Si representa a una organización, también nos gustaría preguntarle acerca de la organización.

7. **¿Cuál es el código postal de su domicilio?** _____

8. **¿Cómo describiría su raza/grupo étnico?** *(Marque hasta 3 con los que más se identifique)*

- Negro/Afro americano
 - Latino/Hispanico
 - Nativo americano/Nativo de Alaska
 - Blanco/Caucásico
 - Asiático/de las Islas del Pacífico (Por favor especifique): _____
 - Otro (Por favor especifique): _____
-

9. **¿Cuál es su lengua principal?**

- Español
- Inglés
- Otro (Por favor especifique): _____

10. **¿A cuáles de los siguientes grupos representa PRINCIPALMENTE?**

(Marque todos los que apliquen)

- Consumidor de salud mental
 - Miembro de la familia o pareja de un consumidor de salud mental
 - Padre de cuidado temporal/tutor
 - Residente de la comunidad interesado – Soy un adulto mayor de 25 años
 - Residente de la comunidad interesado – Soy menor de 26 años
 - Represento a mi profesión, organización o centro de trabajo voluntario
 - Otro (Por favor especifique): _____
-

¿Tiene comentarios adicionales para compartir con nosotros?

Si usted se representa a sí mismo y no a ninguna organización, acaba de terminar esta encuesta. Gracias por su tiempo. Su respuesta es muy importante para

nosotros. Para conocer más acerca de las actividades del MHSA del Condado de Contra Costa, visite www.cchealth.org. Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.

Si representa a una organización, también nos gustaría preguntarle acerca de la organización. Por favor, continúe en la página siguiente.

11. Si responde a esta encuesta en su capacidad de trabajo o de voluntario, ¿cuál es el enfoque de su trabajo?

- Salud mental
 - Recuperación del abuso de alcohol y/o drogas
 - Servicios sociales
 - Servicios para las personas sin hogar
 - Servicios para jóvenes
 - Cuidados médicos primarios
 - Educación
 - Comunidad de lesbianas, homosexuales, bisexuales, transexuales y personas que se cuestionan su sexualidad (LGBTQ)
 - Vivienda
 - Cumplimiento de la ley
 - Comunidades de fe
 - Empleo
 - Medios
 - Otro (Por favor especifique):
-

12. ¿Cuál es el nombre de la organización que representa?

13. ¿Cuál es el área de servicio de su organización? (Se permite más de una respuesta)

- Por todo el Condado de Contra Costa, o
- Condado Oeste
- Condado Central
- Condado Este
- Condado del Lejano Este
- Condado de Contra Costa y otros condados
- Servimos clientes en ciudad(es) específica(s) (Por favor especifique): _____

14. ¿Su organización actualmente realiza trabajos de prevención o de intervención temprana en el campo de salud mental?

- No
- Sí (Por favor especifique):

15. ¿Su organización actualmente realiza trabajos que fácilmente se prestarían para los fondos designados para la prevención o intervención temprana en el campo de salud mental?

- No
- Sí *(Por favor especifique):*

16. ¿Su organización tiene acceso a poblaciones que son especialmente fuera de alcance?

- No
- Sí *(Por favor especifique):*

17. ¿Podemos ponernos en contacto con usted si tenemos más preguntas?

- No
 - Sí *(Por favor, proporcione su nombre y dirección de correo electrónico):*
-

Otra vez, gracias por completar esta encuesta.

Para conocer más acerca de las actividades del MHSA del Condado de Contra Costa, visite www.cchealth.org. Haga clic en "Mental Health" (Salud Mental) y luego seleccione MHSA para obtener más información.