
Cultural Competence Plan Update

Contra Costa
Behavioral Health
Services

Ethnic Services & Training

As updated for EQRO
2018-19



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2018-19 Plan Update Summary

Pending the release of the new Cultural Competence Plan Requirements (CCPR) from the Department of Healthcare Services (DHCS), Contra Costa has historically provided annual updates to the 2010 Cultural Competency Plan. Until the new plan requirements are released, the progress of the County's existing Cultural Competency Plan has been provided in this document, pending availability of program data. The current CCPR also reflects Contra Costa's recent formation of the Contra Costa Behavioral Health Services (CCBHS) Division, merging information from Alcohol and Other Drug services, and will include any new strategies that address areas that need to be revisited and/or improved in order to reduce identified disparities.

Objective

Contra Costa Mental Health established Cultural Competence Plan Requirements (CCPR) in 2010 that provide guidelines to develop and sustain the most culturally and linguistically competent programs and services to meet the needs of the diverse racial, ethnic, and cultural communities in Contra Costa County. The County's original CCPR in 2002 addressed only Medi-Cal Specialty Mental Health Services, while the revised 2010 version of the CCPR addressed all mental health services and programs throughout the County's public mental health system. Outcome measures have been created for all strategies in the revised 2010 Cultural Competence Plan.

Strategies

This document contains strategies and summary updates of the activities identified in Criterion 3 of the current Cultural Competence Plan. Strategies are listed for reducing disparities that have been identified in the Mental Health Services Act (MHSA) components of Community Services and Supports (CSS); Prevention and Early Intervention (PEI); and Workforce, Education and Training (WET). Strategies for each of these components were designed using draft guidelines from the California State Department of Mental Health. These strategies were designed to identify priority populations and meet key community needs in Contra Costa County.

For each targeted area as noted in Criterion 2 of the Cultural Competency Plan identified strategies in the following sections are:

I. Medi-Cal population

The county target goal is to bring all underserved groups to the current average penetration rate of 8.27 percent. This means the penetration rates for the two underrepresented groups, Hispanic and Asian/Pacific Islander, will need to increase by 4.4% and 3.3% respectively, to meet the current average penetration rate. We plan on meeting these goals with our county-run services and MHSA programs, which has created avenues of community outreach and engagement, and a broader range of community mental health services.

II. Poverty population

Similar to the Medi-Cal population of clients served, there is an underrepresentation of persons of Hispanic and Asian/Pacific Islander origin. Strategies to increase the penetration rate of these underserved groups would include partnering with community organizations and also providing services in areas where these groups are prevalent. We currently have contractors providing services to the Hispanic population, such as La Clinica de la Raza. They have implemented two programs serving the Latino Community; one is an assessment screening tool to identify social isolation, depression, substance

abuse and domestic violence and to provide immediate intervention and group follow up for those identified. They are also providing parenting classes to support families.

III. CSS/MHSA population

The goal is to reduce the ethnic disparities that are evident in all age groups. Efforts to meet this goal will include the work plan strategies identified in the MHSA Three Year Program and Expenditure Plan. Strategies to reduce identified disparities include cultural and gender-sensitive outreach; services located in racial/ethnic communities with linkages to the full range of supports, such as transportation, services and supports provided at school, in the community and at home. In another example of key strategies, keys to the cultural competency of programs serving transition age youth are the embedding of its outreach/personal service coordinators in community-based agencies serving ethnic populations that are often not reached by county systems. Because persons identifying as Latino and Asian/Pacific Islander are the most significantly underserved populations, CCBHS will focus its efforts in these areas and with these language capacities.

IV. PEI priority populations

The strategies identified for the PEI population are structured around four initiatives: (i) Fostering Resilience in Communities; (ii) Fostering Resilience in Older Adults; (iii) Fostering Resilience in Children and Families; and (iv) Fostering Resilience in Youth/Young Adults. Under each of these initiatives there are a total of nine (9) projects that are geared towards reducing the disparities for the selected populations. These projects are outlined above in Section III (A).

V. Additional strategies not included in the above populations

- 1) The Community Program Planning Process (CPPP) has resulted in our ability to expand services to many ethnically, culturally and age diverse groups. We have been successful at holding regional community forums in order to share resources, open dialogue and work toward integrating and collaborating the provision of services in our system of care. With the addition of new PEI regulations in October 2015, providers have aligned their programs with one of the identified PEI categories for the purposes of reporting and finding innovative approaches to connecting and/or integrating consumers they serve into our system of care.
- 2) For Workforce, Education and Training (WET), CCBHS conducted a quantitative assessment of public mental health needs in preparation for developing the Fiscal Year 2017-20 Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan and re-allocation of WET funds. The data driven analysis complements the Community Program Planning Process (CPPP), where interested stakeholders provided input on priority needs and suggested strategies to meet these needs. Data analysis supports that CCBHS is serving the number of clients that approximate the estimated number of individuals requiring services, and serves more eligible clients than the majority of counties in California. However, the quantitative needs assessment suggested attention in the areas of a) outreach and engagement strategies for identified underserved populations across the county, b) improving capacity to assist consumers move from locked facilities to community-based services, and c) exploring strategies to recruit and retain psychiatrists and staff representing underserved populations.
- 3) Finally, CCBHS has continued to apply to various accrediting agencies, and has been granted approval to provide continuing education units. We have in-house specialists that review and approve course content to see if it meets the requirements of offering CEUs. CCBHS has been approved as a Continuing Education (CE) Provider with the following boards:

- Breining Institute Accredited (BIA) program;
- Board of Registered Nursing (BRN);
- California Association for Alcohol/Drug Educators (CAADE);
- California Association of DUI Treatment Programs (CADTP);
- California Consortium of Addiction Programs and Professionals (CCAPP);
- California Psychological Association (CPA); and
- California State Association of Public Administrators, Public Guardians and Public Conservators (CAPAPGPC);

Methodology to Monitor Effect of Strategies

The county will use various mechanisms to measure and monitor the effect of identified strategies to reduce disparities. For all strategies identified the county has developed reporting requirements that include outcome statements; measures of success; and tools to measure success. For example, the PEI component uses different measurement and evaluation tools based on the program outcomes that are being measured, such as surveys, questionnaires, patient health questionnaire (PHQ-9), parent/caregiver information forms, and program specific evaluation tools.

Measurement and evaluation tools under the WET component include personnel reports, intern lists, awardees list with demographic details, training lists; personnel records, sign-in sheets, pre-and post-tests, and training evaluations.

Measurement and evaluation tools under the CSS component include: partnership assessment forms (PAF), quarterly assessment forms (3M), key event tracking forms (KET), child and adolescent needs and strengths (CANS), patient health questionnaire (PHQ-9), and consumer satisfaction surveys.

Based on the results of each measurement of success, efforts will continue to be made in setting and meeting goals and objectives.

Prevention and Early Intervention (PEI) Strategies

The strategies identified for the population served by PEI programs are structured around the initiatives of fostering resilience in, (i) underserved cultural communities; (ii) older adults; (iii) children and their families; and (iv) at risk youth and young adults. Under each of these initiatives there are a total of nine strategies that are geared towards reducing disparities in service for the selected populations.

1: Building Connections in Underserved Cultural Communities
This strategy is designed to strengthen traditionally underserved cultural communities in ways that are specific to increase wellness and reduce stress and isolation, decrease the likelihood of needing services of many types, and to help support strong families. This is accomplished through a contracting process that allows members of underserved cultural communities, in conjunction with CCBHS, to strengthen communication and provide mental health education and system navigation support.
2: Coping with Trauma Related to Community Violence
This strategy includes coping with community violence by linking with community mental health first responders to trauma. Youths and families of inner city African American and Latino communities that are exposed to trauma are the target groups for this strategy, and include providing immediate direct early crisis intervention, being available in the community to law enforcement, and identifying and offering linkages to other trauma-related resources.
3: Stigma and Discrimination Reduction Awareness
Development of stigma and discrimination reduction and awareness include the efforts of the Mental Health Reducing Health Disparities Workgroup, and stakeholders and CCBHS staff sponsoring recovery-based, culturally diverse forums for local providers, consumers and family members that address stigma reduction in the mental health system.
4: Suicide Prevention
This strategy has the elements of: <ul style="list-style-type: none"> • A Suicide Prevention Committee that collaborates and coordinates with state and regional efforts, and maintains a county-wide Suicide Prevention Plan. • Crisis Line Capacity – a local nationally certified suicide crisis line that operates on a 24/7 basis with multilingual staffing capacity.
5: Supporting Older Adults
This strategy consists of two programs: (i) the Senior Peer Counseling Program is based on the senior peer counseling model from the Center for Healthy Aging, and (ii) Community Based Social Supports for Isolated Older Adults. CCBHS contracts with several community providers for social supports and activities for isolated older adults. The community based organizations demonstrate their access to the target population, along with an understanding of the methods for successful participation by seniors in their communities
6: Parenting Education and Support
This strategy is designed to educate and support parents and caregivers in high risk families to support the strong development of their children and youth. There are three programs, (i) Partnering with Parents Experiencing Challenges (ii) Parenting Education and Support; and (iii) Multi-Family Support Groups.
7: Families Experiencing the Juvenile Justice System
This is an early intervention strategy with two programs to identify youth in the juvenile justice system and provide family supports that will help at risk youth to become healthy, law abiding members in their communities. Interacting programs for this project include: (i) Community Supports to Youth on Probation; and (ii) Screening, Early Intervention, and Discharge Support at the Orin Allen Boys Ranch.
8: Families Experiencing Mental Illness
This strategy includes two programs with out-of-home activities for mental health consumers that would allow respite for family caregivers, to include provision of transportation to consumers from home, to include evening and weekends.
9: Youth Development
CCBHS funds youth service entities to implement and carry out youth development projects that are relevant to their target population. Youth development projects are defined as strength-based efforts that build at risk youths' wellness and resiliency, especially in underserved cultural communities.

Community Services and Supports (CSS) Strategies

Below are CSS strategies for reducing identified service disparities for children, youth, adults and older adults who are most compromised by the effects of mental illness. These strategies are integrated into four service programs and one housing service, with cultural competence and reducing mental health service disparities integrated into each CCBHS service work plan.

1: Children’s Full Service Partnerships (FSP)
This strategy advances the goals of MHSA through supports and services to improve resilience for children with emphasis on access, consumer/family involvement, a personalized, age specific support plan for each child/family, strong cultural and linguistic competence, community partnerships, and peer led services. This is accomplished through 24 hour/7 day a week service teams serving Contra Costa County. These interagency, multi-disciplinary, ethnically diverse community response teams will provide cultural and gender sensitive outreach and engagement, crisis stabilization, community linkages, family education and advocacy, and long term case management.
2: Transition Age Youth (TAY) Full Service Partnerships (FSP)
This strategy is to create a positive youth development environment in which youth, ages 16-25 with a serious emotional disturbance or serious mental illness can take personal responsibility and make good choices about their lives when provided with needed services and supports. In reference to the previously identified disparity that African American and Latino youth are likely to be disproportionately involved in the juvenile justice system, this strategy aims to prevent admission to jail, institutionalization and unnecessary lives of poverty. This is done by supporting consumers to address mental and physical health issues, substance abuse, housing instability and critical social, education and vocational needs. Keys to the cultural competency of this strategy are the embedding of personal service coordinators in community-based agencies serving ethnic populations that are often not reached by county systems. Because Latinos and Asians/Pacific Islanders are the most significantly underserved populations, CCBHS focus efforts in these areas and language capacities.
3: Adult Full Service Partnerships (FSP)
The Adult FSP strategy serves adults living within Contra Costa County. The goal is to support individuals to address, reduce and/or resolve the psychological issues and sociological conditions that are often linked to homelessness, and to attain hope, self-sufficiency, wellness, and a life of quality in the community. Consumers’ stated needs and goals define the services and supports that are provided, allowing for the development of participants’ self-direction and personal responsibility. The FSP assists persons with severe psychiatric disabilities move from the street, homeless encampments and situations that put them at serious risk of homelessness into permanent housing with full access to both clinical and consumer-driven supports. Culturally specific outreach efforts engage the target population.
4: Older Adult System Development
The older adult strategy advances the goals of MHSA by establishing an integrated service delivery for seniors. Services are consumer friendly, culturally competent and client-driven. Culturally competent outreach and engagement helps to identify and engage consumers where they live, and brings mental health service to them, when appropriate. Health and mental health care are integrated and coordinated to improve coordinated access to care.
5 – Housing Services
This strategy funds a continuum of housing services to support the aforementioned FSPs, and consist of several housing specific elements, to include permanent supportive housing, master leasing, shared housing, augmented board and care, shelter beds, and the housing specific services and supports to enable consumers to move in and maintain housing most suited to their situation.

Workforce Education and Training (WET) Strategies

The following strategies are designed to align the CCBHS workforce, including contractors, paid and volunteer, to better represent the multi-varied cultural communities that make up Contra Costa County.

1. Workforce Staffing Support
<ul style="list-style-type: none"> A. Provide a dedicated County staff person to perform all aspects of Workforce Education and Training coordination that furthers the five general standards specified in statute and regulations. B. Implement a Family Volunteer Support Network to recruit, train and support a cadre of volunteers to provide support and navigation for family members whose loved ones are experiencing mental health issues.
2. Training and Technical Assistance
<ul style="list-style-type: none"> C. Offer training and education opportunities for staff from both county and community based organizations that enhance cultural competency and linguistic proficiency in non-dominant languages. D. Through Mental Health First Aid and Crisis Intervention Training increase law enforcement and first responder’s capacity to better respond to crisis and trauma events with better cultural awareness.
3. Mental Health Career Pathways Programs
<ul style="list-style-type: none"> A. Continue to support and enhance the Service Provider Individualized Recovery Intensive Training (SPIRIT) for persons with lived experience as a consumer and/or family member that leads to paid and volunteer positions in the public mental health system. Provide a pathway for internships, education and employment experiences leading to a career in mental health care. Provide a SPIRIT alumni network for graduates to offer continuing support, mentorship and resource sharing.
4. Internship Programs
<ul style="list-style-type: none"> E. Place and provide stipends for graduate level interns and trainees throughout county operated programs and community based organizations providing mental health care. Emphasize recruitment of bilingual and bicultural individuals with consumer/family member experience.
5. Financial Incentive Programs
<ul style="list-style-type: none"> B. Implement a County administered Loan Repayment Program for positions designated as hard to fill or retain, such as psychiatrists and nurse practitioners. C. Utilize the Loan Repayment Program to incentivize County Community Support Workers with lived experience as consumers/family members to stay employed with the County while pursuing higher education in mental health fields.

Status of Implementation: Prevention and Early Intervention Updates

Statewide PEI Regulations were established in October 2015. Programs in the PEI component now focus their programming on one of the following seven PEI categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Prevention
- Early Intervention
- Access and Linkage to Treatment
- Improving Timely Access to Mental Health Services for Underserved Populations
- Stigma and Discrimination Reduction
- Suicide Prevention

All programs contained in this component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved. PEI regulations also have new data reporting requirements that will enable CCBHS to report on the following outcome indicators:

- Outreach to Underserved Populations
- Linkage to Mental Health Care

A total of 25,024 consumers of all ages were served by PEI programs in Contra Costa County for FY 17-18. Below are updates of the programs currently under the PEI component. The list below is sorted according to the new PEI program categories and data collected during FY 17-18.

Please note that the demographic data collected represent input provided by consumers who volunteered to participate in self-reporting personal information on these standardized demographic forms. Thus, the data reflected in the tables for each PEI program category represents only a sample size of the total number of clients reported to be served by the programs.

Early Intervention

First Hope

The mission of the First Hope program is to reduce the incidence and associated disability of psychotic illnesses in Contra Costa County through:

- Early Identification of young people between ages 12 and 25 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as “at risk”, while maintaining progress in school, work and social relationships.
- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family counseling, case management, occupational therapy, supported education and vocation and psychiatric management within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.

Early Intervention (Category Demographics) Total Served FY 17/18 = 528

Table 1. Age Group

	# Served
Child (0-15)	35
Transition Age Youth (16-25)	34
Adult (26-59)	0
Older Adult (60+)	0
Decline to State	0

Table 2. Primary Language

	# Served
English	61
Spanish	8
Other	1
Decline to State	0

Table 3. Race

	# Served
More than one Race	11
American Indian/Alaska Native	0
Asian	5
Black or African American	9
White or Caucasian	19
Hispanic or Latino/a	23
Native Hawaiian or Other Pacific Islander	0
Other	1
Decline to State	1

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	6
Asian Indian/South Asian	1
Cambodian	0
Chinese	3
Eastern European	1
European	10
Filipino	2
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	1
More than one Ethnicity	10
Decline to State	4
Other	2

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	0
Central American	1
Mexican/Mexican American /Chicano	21
Puerto Rican	0
South American	4
Other	2

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	50
Gay or Lesbian	25
Bisexual	2
Queer	1
Questioning or Unsure of Sexual Orientation	0
Another Sexual Orientation	1
Decline to State	7

Table 7. Gender Assigned at Birth

	# Served
Male	29
Female	38
Decline to State	1

Table 8. Current Gender Identity

	# Served
Man	26
Woman	34
Transgender	2
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	0
Decline to State	0

Table 9. Active Military Status

	# Served
Yes	0
No	64
Decline to State	1

Table 10. Veteran Status

	# Served
Yes	0
No	60
Decline to State	1

Table 11. Disability Status

	# Served
Yes	13
No	46
Decline to State	2

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0
Chronic Health Condition	1
Other	11

Table 13. Cognitive Disability

	# Served
Yes	5
No	0

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	90
Clients who Participated/ Engaged at Least Once in Referred Service	75

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	47
Clients who participated/ engaged at least once in referred service	38

Table 16. Average Duration Without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	45

Table 17. Average Length of Time Until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	1.5

Prevention

Building Blocks for Kids

Building Blocks for Kids Richmond Collaborative is a place-based initiative with the mission of supporting the healthy development and education of all children, and the self-sufficiency of all families, living in the BBK Collaborative Zone located in downtown Richmond, California. The Collaborative consists of member residents, member organizations, and working groups that work toward community change in the area of wellness and health, education, and community engagement. BBK Zone families gain knowledge and access to a network of supportive and critical health and mental health information and services.

- Linkage with East Bay service providers
- Family engagement activities
- Train and support families to self-advocate and directly engage the services they need
- Parent partners who work out of elementary schools support families and model advocacy skills
- Sanctuary support groups for women focusing on topics such as ‘healing from domestic violence’, ‘using social support’, ‘recognizing serious mental illness’, ‘building confidence’
- Provide a range of parent support services for parents/primary caregivers, including cumulative skills-based training opportunities on effective parenting approaches

New Leaf

New Leaf is an integrated, mental health focused, learning experience on the Vicente Briones High School campus for students of all cultural backgrounds. Key services include student activities that support:

- individualized learning plans
- mindfulness and stress management interventions
- team and community building
- character, leadership, and asset development
- place-based learning, service projects that promote hands-on learning, ecological literacy, and intergenerational relationships
- career-focused preparation and internships
- direct mental health counseling

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, civic engagement, social and emotional literacy, and wellness oriented activities. All students have access to a licensed Mental Health Counselor for individual and group counseling.

People Who Care

The mission of People Who Care Children Association (PWC) is to empower children to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances. Through its After-school Program, PWC will provide work experience for 200 multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as, programs aimed at increasing educational success among those who are either at-risk of dropping out of school, or committing a repeat offense. Key activities include job and job-readiness training, mental health counseling (screening for mental health problems, individual, group, and family therapy), as well as civic and community service activities.

Putnam Clubhouse

Putnam Clubhouse provides a safe, welcoming place, where participants (called “members”), recovering from mental illness, build on personal strengths instead of focusing on illness. Members work as

colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

Project Area A: Putnam Clubhouse’s peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. In collaboration with the Office of Consumer Empowerment, the Clubhouse hosts Career Corner, an online career resource blog for mental health consumers in Contra Costa. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduce stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.

Project Area B: Putnam Clubhouse assists the Office of Consumer Empowerment (OCE) in developing a new, comprehensive peer and family-member training program in Contra Costa County that will expand upon the existing SPIRIT courses and prepare students to be certified as peer and family providers in California.

Project Area C: Putnam Clubhouses assists the Department of County Mental Health in a number of other projects, including organizing community events and the administering consumer perception surveys.

RYSE

The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates a number of city and system-wide trains and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

**Prevention
(Category Demographics)
Total Served FY 17/18 = 2,110**

Table 1. Age Group

	# Served
Child (0-15)	300
Transition Age Youth (16-25)	911
Adult (26-59)	259
Older Adult (60+)	1
Decline to State	10

Table 2. Primary Language

	# Served
English	1364
Spanish	314
Other	63
Decline to State	58

Table 3. Race

	# Served
More than one Race	305
American Indian/Alaska Native	29
Asian	49
Black or African American	552
White or Caucasian	370
Hispanic or Latino/A	715
Native Hawaiian or Other Pacific Islander	23
Other	8
Decline to State	34

Table 4. Ethnicity (If Non-Hispanic or Latino/a)

	# Served
African	87
Asian Indian/South Asian	2
Cambodian	0
Chinese	7
Eastern European	11
European	284
Filipino	9
Japanese	1
Korean	2
Middle Eastern	11
Vietnamese	0
More than one Ethnicity	99
Decline to State	45
Other	2

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	0
Central American	13
Mexican/Mexican American /Chicano	156
Puerto Rican	1
South American	3
Other	6

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	1,258
Gay or Lesbian	31
Bisexual	62
Queer	7
Questioning or Unsure of Sexual Orientation	19
Another Sexual Orientation	3
Decline to State	94

Table 7. Gender Assigned Sex at Birth

	# Served
Male	879
Female	548
Decline to State	32

Table 8. Current Gender Identity

	# Served
Man	992
Woman	891
Transgender	7
Genderqueer	2
Questioning or Unsure of Gender Identity	0
Another Gender Identity	3
Decline to State	39

Table 9. Active Military Status

	# Served
Yes	0
No	1,244
Decline to State	11

Table 10. Veteran Status

	# Served
Yes	9
No	1,441
Decline to State	11

Table 11. Disability Status

	# Served
Yes	98
No	1,153
Decline to State	210

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	13
Difficulty Hearing or Having Speech Understood	8
Physical/Mobility	18
Chronic Health Condition	13
Other	1

Table 13. Cognitive Disability

	# Served
Yes	34
No	533

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	402
Clients who Participated/Engaged at Least Once in Referred Service	313

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	53
Clients who participated/ engaged at least once in referred service	54

Table 16. Average Duration without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	260

Table 17. Average Length of Time Until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	27.25

Outreach for Increasing Recognition of Early Signs of Mental Illness

Asian Community Mental Health Services

Asian Community Mental Health Services' Asian Family Resource Center (AFRC) in Richmond provides comprehensive, culturally-sensitive and appropriate education and access to Mental Health Services to Asian and Pacific Islanders immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC employs multilingual and multidisciplinary staff from the communities in which they serve, including bilingual/bicultural peer navigators for mental health outreach, engagement, system navigation, and stigma reduction. Staff provides the following Prevention and Early Intervention activities: community outreach, home visits to senior housing sites, medication compliance education, community integration skills, older adult care giving skills, basic financial management, survival English communication skills, travel training, health and safety education, computer education, mental health workshops, structured group activities on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services, and health and mental health system navigation. Services are aimed at assisting consumers in actively managing their own recovery process.

COPE Family Support Services

C.O.P.E.'s mission is to prevent child abuse, by providing comprehensive services in order to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units by creating an optimal environment for the healthy growth and development of parents and children through parent education. In partnership with First 5 Contra Costa Children, Family Commission and County Behavioral Health, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children age 0 – 17.

Contra Costa Interfaith Housing

Contra Costa Interfaith Housing provides on-site, on-demand, and culturally appropriate delivery of an evidence-based Strengthening Families Program to help formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill. Goals of programming are to improve parenting skills, child and adult life skills, and family communication skills among residents. This program is designed to help families stabilize; parents achieve the highest level of self-sufficiency possible, and provide early intervention for at-risk youth in these families. Homeless youth are frequently exposed to violent and traumatic events and are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key program activities include: family support, support for sobriety, academic 4-day-per-week homework club, support for families of children aged birth to 5, teen support group, and community building events.

CCIH also provides afterschool programming and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg, and at one site in Concord: Lakeside Apartments. An on-site case manager and youth enrichment coordinator is available at these permanent affordable housing sites. At Lakeside Apartments 12 units are set aside for families with special needs including mental health challenges. These housing units are integrated into a 124 unit complex, and services are offered to all families, in Spanish and English, reducing the stigma and discrimination related to the families in the 12 supportive housing units.

All services are accessible on a daily basis and case managers are available for urgent or crisis support as needed at these housing sites.

Jewish Family and Community Services – East Bay

Jewish Family and Community Services – East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino,

Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.

Latina Center

The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high risk families utilizing the evidence based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support and assistance in navigating social service and mental health systems.

Native American Health Center

Native American Health Center provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the county regarding mental illness, identify those at risk of developing a serious mental illness, and help them access and navigate the human service systems in the county. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings for Native Americans and Alaskan Natives and their allies.

Outreach for Increasing Recognition of Early Signs of Mental Illness (Category Demographics)

Total Served FY 17/18 = 1,329

Table 1. Age Group

	# Served
Child (0-15)	233
Transition Age Youth (16-25)	128
Adult (26-59)	860
Older Adult (60+)	100
Decline to State	183

Table 2. Primary Language

	# Served
English	726
Spanish	326
Other	298
Decline to State	102

Table 3. Race

	# Served
More than one Race	86
American Indian/Alaska Native	47
Asian	30
Black or African American	205
White or Caucasian	167
Hispanic or Latino/A	576
Native Hawaiian or Other Pacific Islander	10
Other	220
Decline to State	161

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	4
Asian Indian/South Asian	1
Cambodian	0
Chinese	0
Eastern European	16
European	5
Filipino	2
Japanese	2
Korean	0
Middle Eastern	199
Vietnamese	0
More than one Ethnicity	17
Decline to State	161
Other	0

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	0
Central American	15
Mexican/Mexican American /Chicano	52
Puerto Rican	0
South American	3
Other	0

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	521
Gay or Lesbian	11
Bisexual	0
Queer	2
Questioning or Unsure of Sexual Orientation	1
Another Sexual Orientation	0
Decline to State	970

Table 7. Gender Assigned Sex at Birth

	# Served
Male	448
Female	908
Decline to State	149

Table 8. Current Gender Identity

	# Served
Man	431
Woman	883
Transgender	0
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	0
Decline to State	193

Table 9. Active Military Status

	# Served
Yes	4
No	574
Decline to State	877

Table 10. Veteran Status

	# Served
Yes	7
No	911
Decline to State	553

Table 11. Disability Status

	# Served
Yes	106
No	823
Decline to State	524

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	11
Difficulty Hearing or Having Speech Understood	3
Physical/Mobility	30
Chronic Health Condition	37
Other	35

Table 13. Cognitive Disability

	# Served
Yes	14
No	268

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	163
Clients who Participated/ Engaged at Least Once in Referred Service	141

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	68
Clients who participated/ engaged at least once in referred service	36

Table 16. Average Duration without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	8

Table 17. Average Length of Time until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	39

Access and Linkage to Treatment

James Morehouse Project

The James Morehouse Project (JMP) is a wellness center at El Cerrito High School that provides services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. JMP provides a wide range of youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improve students' well-being and success in school include: Alcohol and Other Drug Use/Abuse Prevention; Culture Keepers (a youth leadership/school climate initiative in collaboration with school administrators and teachers), Youth Health Workers; Bereavement Groups; Skittles (queer youth of color); Discovering the Realities of Our Communities (DROC) – environmental and societal factors that contribute to substance abuse; Migrations and Journeys (Immigrants' Acculturation); Social Skills Group for youth on autism spectrum.

Mental Health Probation Liaisons and Orin Allen Youth Ranch Clinicians

County mental health clinicians strive to help youth experiencing the juvenile justice system become emotionally mature and law abiding members of their communities. Services include screening and assessment, consultation, therapy, and case management for inmates of the Juvenile Detention Facility and juveniles on probation, who are at risk of developing or struggle with mental illness or severe emotional disturbance.

Orin Allen Youth Rehabilitation Facility (OAYRF)

OAYRF provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric services (pilot expected to begin fall 2015), case management and transition planning.

Mental Health Probation Liaison Services

MHAPS has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.

Stand! Against Domestic Violence

Stand! utilizes established curricula to assist youth in addressing the debilitating effects of violence occurring both at home and in teen relationships. Fifteen-week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.

Access to Linkage to Treatment Total Served FY 17/18 = 1,450

Table 1. Age Group

	# Served
Child (0-15)	608
Transition Age Youth (16-25)	634
Adult (26-59)	2
Older Adult (60+)	0
Decline to State	383

Table 2. Primary Language

	# Served
English	889
Spanish	38
Other	11
Decline to State	0

Table 3. Race

	# Served
More than one Race	277
American Indian/Alaska Native	4
Asian	216
Black or African American	515
White or Caucasian	212
Hispanic or Latino/A	929
Native Hawaiian or Other Pacific Islander	33
Other	53
Decline to State	393

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	0
Asian Indian/South Asian	142
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
More than one Ethnicity	277
Decline to State	392
Other	50

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	0
Central American	0
Mexican/Mexican American /Chicano	0
Puerto Rican	0
South American	0
Other	801

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	0
Gay or Lesbian	1
Bisexual	0
Queer	0
Questioning or Unsure of Sexual Orientation	0
Another Sexual Orientation	0
Decline to State	0

Table 7. Gender Assigned Sex at Birth

	# Served
Male	184
Female	224
Decline to State	5

Table 8. Current Gender Identity

	# Served
Man	884
Woman	949
Transgender	4
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	3
Decline to State	385

Table 9. Active Military Status

	# Served
Yes	0
No	413
Decline to State	0

Table 10. Veteran Status

	# Served
Yes	0
No	0
Decline to State	0

Table 11. Disability Status

	# Served
Yes	0
No	0
Decline to State	0

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0
Chronic Health Condition	0
Other	0

Table 13. Cognitive Disability

	# Served
Yes	0
No	0

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	643
Clients who Participated/Engaged at Least Once in Referred Service	573

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	47
Clients who participated/ engaged at least once in referred service	38

Table 16. Average Duration without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	24

Table 17. Average Length of Time until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	1

Stigma and Discrimination Reduction

Office for Consumer Empowerment

The Office of Consumer Empowerment is a County operated program that supports the entire Behavioral Health System, and offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goals are to increase access to wellness and empowerment for consumers of the Behavioral Health System.

- The Mental Health Service Provider Individualized Recovery Intensive Training (SPIRIT) is a recovery-oriented, peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Mental Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed by the County.
- The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speaker's Bureau develops individuals with lived mental health and co-occurring experiences to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, schools, law enforcement, and other community groups.
- Staff lead and support the Committee for Social Inclusion. This is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
- Staff provides outreach and support to consumers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- Staff partner with NAMI Contra Costa certified facilitators to offer self-help groups for people diagnosed with mental illness who want to get support and share experiences in a safe environment.

Suicide Prevention

Contra Costa Crisis Center

Contra Costa Crisis Center provides services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide at a time when people are most vulnerable, enhances safety and connectedness for suicidal individuals, and builds a bridge to community resources for at-risk persons. Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; assisting callers whose primary language is not English or Spanish through the use of a tele-interpreter service; conducting a lethality assessment on each call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide; and training all crisis line staff and volunteers in CC Crisis Center's Suicide risk assessment model.

Suicide Prevention Category Demographics Total Served FY 17/18 = 9,983

Table 1. Age Group

	# Served
Child (0-15)	332
Transition Age Youth (16-25)	1,424
Adult (26-59)	5,132
Older Adult (60+)	2,262
Decline to State	7,456

Table 2. Primary Language

	# Served
English	5,793
Spanish	716
Other	4
Decline to State	93

Table 3. Race

	# Served
More than one Race	971
American Indian/Alaska Native	7
Asian	86
Black or African American	703
White or Caucasian	6,690
Hispanic or Latino/A	1,159
Native Hawaiian or Other Pacific Islander	27
Other	0
Decline to State	6,963

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
More than one Ethnicity	0
Decline to State	0
Other	0

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	0
Puerto Rican	0
South American	0
Other	0

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	1,365
Gay or Lesbian	19
Bisexual	0
Queer	0
Questioning or Unsure of Sexual Orientation	6
Another Sexual Orientation	0
Decline to State	5,216

Table 7. Gender Assigned Sex at Birth

	# Served
Male	5,271
Female	6,094
Decline to State	5,231

Table 8. Current Gender Identity

	# Served
Man	5,271
Woman	6,094
Transgender	19
Genderqueer	0
Questioning or Unsure of Gender Identity	6
Another Gender Identity	0
Decline to State	5,216

Table 9. Active Military Status

	# Served
Yes	36
No	80
Decline to State	6,490

Table 10. Veteran Status

	# Served
Yes	0
No	0
Decline to State	0

Table 11. Disability Status

	# Served
Yes	0
No	0
Decline to State	0

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0
Chronic Health Condition	0
Other	0

Table 13. Cognitive Disability

	# Served
Yes	0
No	0

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	0
Clients who Participated/Engaged at Least Once in Referred Service	0

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	0
Clients who Participated/ Engaged at Least Once in Referred Service	0

Table 16. Average Duration without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	0

Table 17. Average Length of Time until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	0

Improving Timely Access to Mental Health Services for Underserved Populations

Child Abuse Prevention Council

The Child Abuse Prevention Council of Contra Costa provides “The Nurturing Parenting” program. This is an evidence-based curriculum that is culturally, linguistically, and developmentally appropriate parent education class. Classes are provided to Spanish speaking families in East County and Central County’s Monument Corridor. CAPC provides four 22 week classes, serving approximately 15 parents and 15 children each session. The Nurturing Parenting Program is a family-centered, trauma-informed initiative, designed to foster positive parenting skills as an alternative to abusive and neglecting parenting practices. The classes are offered free to the community.

Parents and children attend separate groups that meet concurrently. Group sessions are designed to build self-awareness, positive concept and increase level of empathy; teach alternatives to hitting and yelling; enhance family communication and social connections; replace abusive behavior with nurturing behaviors that promote healthy physical and emotional development.

Center for Human Development

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting positive growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

Wellness Program. Provide mental health outreach and engagement, as well as system navigation support to a minimum of 150 individuals in Bay Point, Pittsburg, and surrounding communities. Increase client emotional wellness, reduce client stress and isolation, and link clients to community resources in a culturally competent manner. Key activities include culturally appropriate education on mental health topics through mind, body, and soul support groups and community health education workshops, outreach at community events, and navigation assistance for culturally appropriate mental health referrals.

Youth Empowerment Program. Provide strength-based educational support services that build on youths’ assets and foster their resiliency to a minimum of 80 unduplicated LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities. Key activities include: a) two weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills, b) a leadership group that meets a minimum of twice a month to foster community involvement, and c) referrals to culturally appropriate mental health services.

La Clinica

Vías de Salud (Pathways to Health) serves Latinos residing in Central and East County with: a) 3,000 screenings for mental health risk factors; and b) 1,000 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional disturbance; and c) psycho-educational groups facilitated by a social worker for 68 adults to address isolation, stress, communication and cultural adjustment.

La Clinica implements *Familias Fuertes* (Strong Families), to educate and support Latino parents and caregivers living in Central and East County in the healthy development of their children and youth. Project activities include: 1) Screening for risk factors in youth ages 0-18 (1,000 screenings); 2) 250 assessment and/or parent coaching sessions provided to parents/caretakers of children ages 0-18; 3) 48 parents/caretakers participating in individual education/support sessions with a social worker to include

psycho-education, support and/or case management regarding psycho-social and behavioral health stressors; and 4) 24 parents/caretakers participating in parent education and support groups. The group utilizes the evidence based and culturally relevant curriculum entitled Los Niños Bien Educados

LAO Family Development

LAO Family Development provides a comprehensive and culturally sensitive integrated system of care of Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services that include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing and other services both within and outside the agency.

LifeLong Medical Center

Lifelong Medical Care reaches isolated and underserved older adults in West Contra Costa County through door-to-door outreach in public housing and referrals from other community and county organizations, such as Senior Peer Counseling and Adult Protective Services. Services are social and educational in nature, designed with consumer input to build community connections, promote feelings of wellness and self-efficacy, address feelings of anxiety and depression, reduce the effects of stigma and discrimination, and provide timely access to consumers who are reluctant or unable to access other mental health services.

LifeLong's *Senior Network and Activity Program* (SNAP) brings therapeutic and life-changing drama, art, music and wellness programs to public housing residents in Richmond nine (9) times per month. Recent efforts culminated in two consumer-directed murals depicting the distress and resiliency experienced by Richmond seniors, as well as a live performance "Getting to Know Us," performed at the Iron Triangle Theater, in which seniors shared their stories of struggle, discrimination, hard work, recovery and redemption. Other recent SNAP workshop topics have included Mindfulness, healthy cooking, arts and crafts, Spanish language, and cultural celebrations. Services include screening for depression and isolation, and information and referral services.

The *Elders Learning Community* (ELC) is an arts, education, and engagement program for low-income, socially isolated seniors in West Contra Costa County. The ELC encourages lifelong learning and creativity and provides opportunities for reducing the depression, dementia, and social isolation associated with aging. Trained volunteers are connected with seniors as Learning Partners and meet in their homes to focus on a project of their choosing. Volunteers also facilitate two monthly groups: a History Group and an art making group. These linkages bring participants together to share their collective histories, reduce loneliness, encourage friendships, and to focus on an interest to offset their negative feelings. Also provided are case management services, which connect seniors to local resources as a way to help them remain living independently. Together these two parts of the program - the Learning Community and the case management - help reduce stigma and discrimination by reaching participants in a holistic, wrap around approach.

Rainbow Community Center

The Rainbow Community Center of Contra Costa County (RCC) builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are the main office in Concord and in East and West County in locations by arrangement with partner organizations.

Outpatient Services: RCC works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case

management and linkage/brokerage services. Services are available in English, Spanish, and Vietnamese. Onsite translation support is available in Tagalog.

Pride and Joy: Three tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).

Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.

Inclusive Schools: Community outreach and training involving school leaders, staff, parents, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

**Improving Timely Access to Mental Health Services for
Underserved Populations
(Category Demographics)
Total Served FY 17/18 = 9,624**

Table 1. Age Group

	# Served
Child (0-15)	1,488
Transition Age Youth (16-25)	1,094
Adult (26-59)	4,884
Older Adult (60+)	1,167
Decline to State	1,179

Table 2. Primary Language

	# Served
English	2,918
Spanish	4,913
Other	298
Decline to State	1,451

Table 3. Race

	# Served
More than one Race	97
American Indian/Alaska Native	33
Asian	621
Black or African American	500
White or Caucasian	1,220
Hispanic or Latino/A	5,770
Native Hawaiian or Other Pacific Islander	101
Other	134
Decline to State	1,103

Table 4. Ethnicity (If Non- Hispanic or Latino/a)

	# Served
African	115
Asian Indian/South Asian	139
Cambodian	1
Chinese	42
Eastern European	12
European	39
Filipino	144
Japanese	1
Korean	18
Middle Eastern	126
Vietnamese	15
More than one Ethnicity	119
Decline to State	1,395
Other	62

Table 5. Ethnicity (If Hispanic or Latino/a)

	# Served
Caribbean	6
Central American	437
Mexican/Mexican American /Chicano	3,233
Puerto Rican	12
South American	148
Other	9

Table 6. Sexual Orientation

	# Served
Heterosexual or Straight	1,144
Gay or Lesbian	181
Bisexual	101
Queer	16
Questioning or Unsure of Sexual Orientation	28
Another Sexual Orientation	71
Decline to State	1,174

Table 7. Gender Assigned Sex at Birth

	# Served
Male	3,168
Female	5,118
Decline to State	1,153

Table 8. Current Gender Identity

	# Served
Man	425
Woman	786
Transgender	80
Genderqueer	13
Questioning or Unsure of Gender Identity	8
Another Gender Identity	39
Decline to State	1,126

Table 9. Active Military Status

	# Served
Yes	1
No	682
Decline to State	1,513

Table 10. Veteran Status

	# Served
Yes	9
No	6,091
Decline to State	1,530

Table 11. Disability Status

	# Served
Yes	249
No	1,663
Decline to State	1,459

Table 12. Description of Disability Status

	# Served
Difficulty Seeing	5
Difficulty Hearing or Having Speech Understood	11
Physical/Mobility	50
Chronic Health Condition	42
Other	0

Table 13. Cognitive Disability

	# Served
Yes	12
No	172

Table 14. Referrals to Services

	# Served
Clients Referred to Mental Health Services	812
Clients who Participated/ Engaged at Least Once in Referred Service	452

Table 15. External Mental Health Referral

	# Served
Clients Referred to Mental Health Services	156
Clients who participated/ engaged at least once in referred service	39

Table 16. Average Duration without Mental Health Services

	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	600

Table 17. Average Length of Time until Mental Health Services

	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	12.3

Status of Implementation: WET Updates

1. Workforce Staffing Support Action Items:
A. A dedicated County staff person has been assigned to perform all aspects of Workforce Education and Training coordination that furthers the five general standards specified in statute and regulations.
2. Training and Technical Assistance Action Items:
A. Contra Costa County Behavioral Health Services offered a total of 41 in-person trainings to Behavioral Health staff as well as contract staff, and continued to utilize the Relias online learning system to offer web-based learning for staff.
B. A wide array of trainings were offered, including training in cultural competency. Trainings to increase cultural competency included: <ul style="list-style-type: none"> • Clinical Responsiveness for our Diverse Communities: Addressing the Complexities of Asian and Pacific Americans • Senior Peer Counseling training on “New Beginnings: Thriving during the Constancy of Change” • May is Mental Health Awareness Month: Moral Injury • Achieving Health Equity for LGBT People
C. Other trainings that were offered included: <ul style="list-style-type: none"> • Two sessions for Crisis Intervention Training (CIT) during FY 2017-18 in partnership with the county’s Sheriff’s Department to provide training to law enforcement officers to better respond to crisis situations and responding to mental health needs. • Mental Health First Aid Training was also offered twice during the fiscal year to first responders, community and faith based organizations. • Ongoing training was offered to family members and care givers of individuals experiencing mental health challenges through NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia. • Ongoing Senior Peer Counseling was offered throughout the year. Older adults received training to become volunteer peer counselors to other older adults experiencing mental health challenges and became another form of support to one another.
3. Mental Health Career Pathways Programs Action Items:
A. MHSA has continued to support and enhance the Service Provider Individualized Recovery Intensive Training (SPIRIT) for persons with lived experience as a consumer and/or family member that leads to paid and volunteer positions in the public mental health system. A pathway was provided for internships, education and employment experiences leading to a career in mental health care. During the fiscal year 2017-2018, 50 students graduated from the SPIRIT program. These individuals were then eligible to become community or family support workers in our system and utilize their lived experience to better create a client and family centered approach within our system of care.
4. Internship Programs Action Items:
A. Graduate level interns and trainees were placed and provided stipends throughout county operated programs and community based organizations providing mental health care. Recruitment of bilingual and bicultural individuals with consumer/family member experience were emphasized. <ul style="list-style-type: none"> • In 2017-2018 there were at least 74 interns placed throughout the county operated programs and community based organizations that received stipends funded through MHSA.
5. Financial Incentive Programs Action Items:
A. CCBHS participated in the state level workforce education and training Mental Health Loan Assumption Program (MHLAP) that has allowed hard to fill positions to be retained. Although the program ended in 2018 it has helped strengthen this county’s workforce. <ul style="list-style-type: none"> • 29 Individuals participated in the Contra Costa County MHLAP Program working in the county.
B. CCBHS implemented a county administered Loan Repayment Program for positions designated as hard to fill or retain, such as psychiatrists and nurse practitioners. <ul style="list-style-type: none"> • To date, there have been ten Loan Repayment Agreements that have been utilized to recruit

and retain and staff in difficult to fill positions in our county.

- The Loan Repayment Program is also available to incentivize County Community Support Workers with lived experience as consumers/family members to stay employed with the County while pursuing higher education in mental health fields.

Status of Implementation: CSS Updates

WORK PLANS #1-3: FULL SERVICE PARTNERSHIP PROGRAMS	
Program	Status of Implementation
WORK PLAN #1 Children's Full Service Partnership Program	260 Personal Service Coordination clients were enrolled during fiscal year 2017-2018. MDFT = 61 unique clients enrolled during FY 2017-2018 MST =139 unique clients enrolled during FY 2017-2018
WORK PLAN #2 TAY Full Service Partnership Program	During fiscal year 2017-2018, Fred Finch Youth Center and Youth Homes collectively served 96 unduplicated participants. Fred Finch serves the West and Central regions of the county and served 56 unduplicated participants. Youth Homes serves the East and Central regions of the county and served 40 unduplicated participants. Both programs had program participants with an average age of 20 years old and majority identifying as African American (42% Fred Finch, 43% Youth Homes) and this number stayed consistent for fiscal year 2017-2018.
WORK PLAN #3 Adult Full Service Partnership Program	The Adult Full Service Partnership Programs provide services to adults in all regions of the county with clinic sites in Concord, Richmond and Pittsburg. There were 249 active participants who received services during FY 2017-2018.
Program	Status of Implementation
WORK PLAN #4 Older Adult Systems Development	During fiscal year 2017-2018, there were 218 active participants in IMPACT and 245 active participants in the Intensive Care Management Program
Program/Agency	Status of Implementation
WORK PLAN #5 Housing Program	No housing changes to report.