



Three Year PEI Evaluation Report

Contra Costa
Behavioral Health
Services

Mental Health Services Act

As submitted for MHOAC
FY 2018-2021

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EXECUTIVE SUMMARY

Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

First approved in 2009, with an initial State appropriation of \$5.5 million, Contra Costa's Prevention and Early Intervention budget has grown incrementally to \$9.1 million for FY 2019-20 in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was like that conducted in 2005-06 for the Community Services and Support component. Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs.

The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year. New regulations and demographic reporting requirements for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories:

- 1) Outreach for increasing recognition of early signs of mental illness
- 2) Prevention
- 3) Early intervention
- 4) Access and linkage to treatment
- 5) Improving timely access to mental health services for underserved populations
- 6) Stigma and discrimination reduction
- 7) Suicide prevention

All programs contained in the PEI 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.

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 18-21, over 29,000 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCBHS to report on the following outcome indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity, primary language, and sexual orientation, enable an assessment of the impact of outreach and engagement efforts overtime.
- Linkage to Mental Health Care. Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental healthcare.

Evaluation Component

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSa Three Year Program and Expenditure Plan; c) ensure compliance with statute, regulations, and policies. Each of the MHSa funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

- Delivering services according to the values of MHSa
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed upon
- Assuring quality of care
- Protecting confidential information
- Providing sufficient and appropriate staff for the program
- Having sufficient resources to deliver the services
- Following generally accepted accounting principles
- Maintaining documentation that supports agreed upon expenditures
- Charging reasonable administrative costs
- Maintaining required insurance policies
- Communicating effectively with community partners

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI

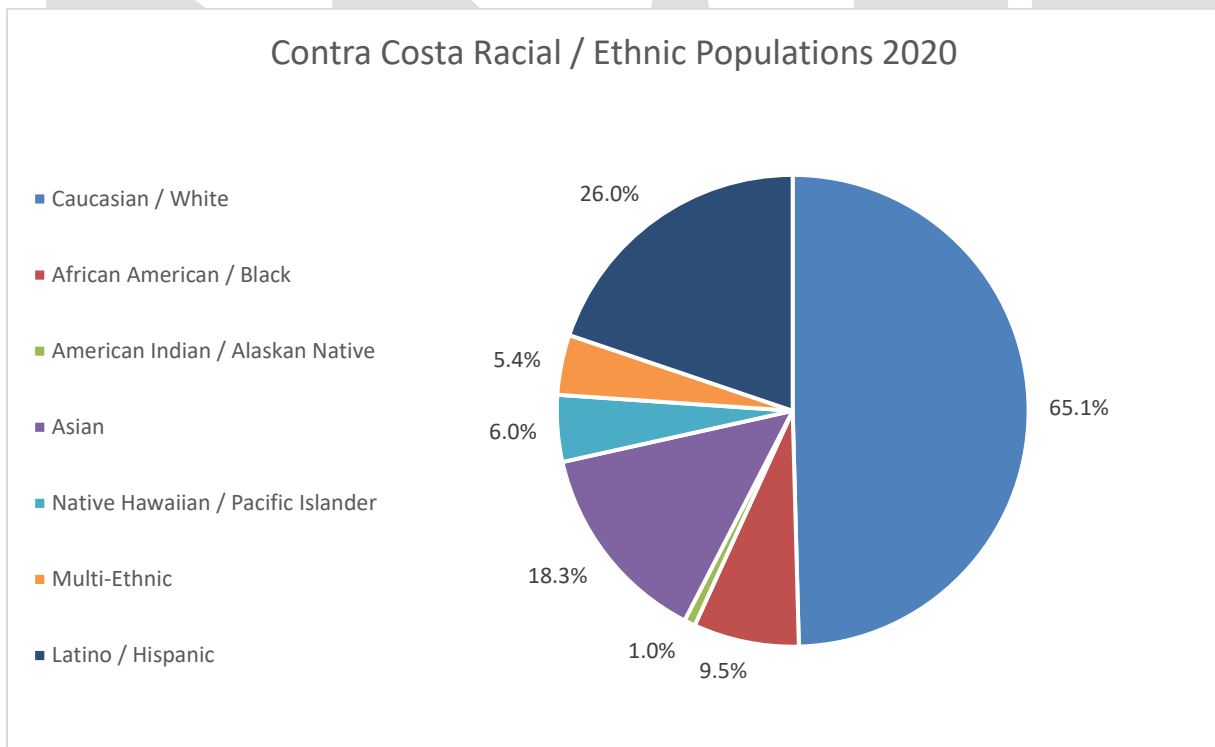
program and fiscal reviews can be found [HERE](#). During FYs 18-20, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019, August 1, 2019, January 9, 2020, February 6, 2020. Reviews for FY 20-21 were not completed due to the COVID-19 pandemic.

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PEI AGGREGATE DATA FYs 18-21

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the [United States Census Bureau](#) and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 29,000 individuals per year during the previous three-year period, FYs 18-21. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup (CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 18-21. Please note that the below figures are not a full reflection of the demographics served, particularly for the latter half of FY 19-20 and FY 20-21. Data collection was greatly impacted by the COVID-19 pandemic. A notable amount of data was not captured for most participants for two primary reasons: a significant number of participants declined to respond to demographic information, and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 18-19: **32,949**; FY 19-20: **32,442**; FY 20-21: **29,105**

Table 1. Age Group	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Child (0-15)	2,530	1,395	831
Transition Age Youth (16-25)	5,207	4,514	2,944
Adult (26-59)	10,831	9,096	7,204
Older Adult (60+)	2,684	2,623	3,185
Decline to State / Data Not Captured	11,700	14,814	14,941

Table 2. Primary Language	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
English	20,471	24,071	22,766
Spanish	6,181	1,959	1,522
Other	642	1,033	891
Decline to State / Data Not Captured	5,655	5,393	3,926

Table 3. Race	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
More than one Race	1,014	646	318
American Indian/Alaska Native	94	348	136
Asian	1,866	1,932	1,512
Black or African American	3,697	3,262	2,251
White or Caucasian	11,393	7,537	8,270
Hispanic or Latino/a	8,377	3,849	2,812
Native Hawaiian or Other Pacific Islander	103	618	55
Other	409	248	142
Decline to State / Data Not Captured	5,996	14,104	13,842

Table 4. Ethnicity (If Non-Hispanic or Latino/a)	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
African	190	443	309
Asian Indian/South Asian	150	1,036	754
Cambodian	7	3	2
Chinese	50	195	37
Eastern European	29	135	27
European	273	304	128
Filipino	143	33	30
Japanese	8	3	5
Korean	13	2	6
Middle Eastern	238	12	14
Vietnamese	23	152	185
More than one Ethnicity	173	463	109
Decline to State / Data Not Captured	3,002	28,453	26,650
Other	940	153	110

Table 5. Ethnicity (If Hispanic or Latino/a)	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Caribbean	11	4	3
Central American	590	101	100
Mexican/Mexican American /Chicano	3,784	1,251	713
Puerto Rican	15	9	14
South American	162	8	23
Other	23	23	95

Table 6. Sexual Orientation	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Heterosexual or Straight	14,997	11,553	16,400
Gay or Lesbian	220	99	198
Bisexual	133	156	132
Queer	24	18	21
Questioning or Unsure of Sexual Orientation	40	25	52
Another Sexual Orientation	168	82	111
Decline to State / Data Not Captured	17,367	20,509	12,193

Table 7. Gender Assigned at Birth	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Male	10,289	10,113	7,031
Female	11,925	11,311	10,822
Decline to State / Data Not Captured	18,339	9,495	11,252

Table 8. Current Gender Identity	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Man	8,699	10,263	6,846
Woman	8,801	11,281	10,696
Transgender	149	146	91
Genderqueer	13	11	14
Questioning or Unsure of Gender Identity	14	8	15
Another Gender Identity	68	15	68
Decline to State / Data Not Captured	15,205	10,718	11,377

Table 9. Active Military Status	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Yes	52	31	81
No	3,049	2,873	2,894
Decline to State / Data Not Captured	29,848	29,073	26,132

Table 10. Veteran Status	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Yes	75	103	178
No	8,045	3,427	3,173
Decline to State / Data Not Captured	24,829	28,912	25,756

Table 11. Disability Status	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Yes	360	558	965
No	2,660	1,768	1,410
Decline to State / Data Not Captured	29,929	30,094	26,730

Table 12. Description of Disability Status	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Difficulty Seeing	33	88	101
Difficulty Hearing or Have Speech Understood	38	77	66
Physical/Mobility	91	219	252
Chronic Health Condition	126	163	225
Other	406	36	62
Decline to State / Data Not Captured	-	25,320	28,399

Table 13. Cognitive Disability	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Yes	116	144	115
No	987	1,327	1,983
Decline to State / Data Not Captured	-	25,387	27,007

Table 14. Referrals to Services	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Clients Referred to Mental Health Services	1,850	1,120	964
Clients who Participated/ Engaged at Least Once in Referred Service	1,681	883	794

Table 15. External Mental Health Referral	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Clients Referred to Mental Health Services	18,464	22,025	20,397
Clients who participated/ engaged at least once in referred service	191	21,849	214

Table 16. Average Duration Without Mental Health Services	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	17.6	55.9	67.5

Table 16. Average Length of Time Until Mental Health Services	FY 18-19 # Served	FY 19-20 # Served	FY 20-21 # Served
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.4	4.5	5

PEI PROGRAMS BY COMPONENT

PEI programs are listed within the seven categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating, and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services, and faith-based organizations.

Seven programs are included in this category:

- 1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish several seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
- 4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre-school, and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.

- 5) Jewish Family Community Services of the East Bay (JFCS) 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.
- 6) The Native American Health Center (NAHC) 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 for 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 of Native Americans.
- 7) 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.

In addition, the Needs Assessment and Community Program Planning Process identified children ages 0-5 with serious emotional disturbances as underserved. The FY 17-20 MHSA Three-Year Plan substantially increased funding, and subsequently treatment capacity, in the Children's System of Care in order to provide prevention and early intervention services to families with young children experiencing serious emotional disturbances.

In FY 20-21, We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP (with services beginning FY 21-22). We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP, called The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Asian Family Resource Center	Countywide	50	\$159,567
COPE	Countywide	210	\$268,660
First Five	Countywide	(Numbers included in COPE)	\$89,343
Hope Solutions	Central and East County	200	\$408,952
Jewish Family Community Services	Central and East County	350	\$185,112
Native America Health Center	Countywide	150	\$265,486
The Latina Center	West County	300	\$133,184
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	\$128,750
Total		1,359+	\$1,639,054

PREVENTION

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

Five programs are included in this category:

- 1) The Building Blocks for Kids Collaborative (fiscal sponsor Tides) located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
- 2) Vicente Alternative High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff,

parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.

- 3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program’s premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social, and behavioral treatment through individual and group therapy.
- 4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive, and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) 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 several city and system-wide training 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.

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Building Blocks for Kids	West County	400	\$238,280
Vicente	Central County	80	\$197,076
People Who Care	East County	200	\$243,789
Putnam Clubhouse	Countywide	300	\$718,777
RYSE	West County	2,000	\$533,653
Total		2,980	\$1,931,575

EARLY INTERVENTION

Early intervention provides mental health treatment for persons with a serious emotional disturbance or mental illness early in its emergence.

One program is included in this category:

- 1) The County operated First Hope Program serves youth who show early signs of psychosis or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists, and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
First Hope	Countywide	200	\$2,719,036
Total		200	\$2,719,036

ACCESS AND LINKAGE TO TREATMENT

Programs in this category have a primary focus on screening, assessment, and connecting children and adults as early as practicable to necessary mental health care and treatment.

Three programs are included in this category:

- 2) The James Morehouse Project (fiscal sponsor Bay Area Community Resources -BACR) at El Cerrito High School, a student health center that partners with community-based organizations, government agencies and local universities, provides a range of youth development groups designed to increase access to mental health services for at-risk high school students. These on-campus groups address mindfulness (anger/stress management), violence and bereavement, environmental and societal factors leading to substance abuse, peer conflict mediation and immigration/acclturation.
- 3) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address 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.

- 4) Experiencing the Juvenile Justice System. Within the County operated Children’s Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children’s involvement with the law. Three clinicians are out stationed at juvenile probation offices. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.

The allocation for the Access and Linkage to Treatment category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
James Morehouse Project	West County	300	\$112,442
STAND! Against Domestic Violence	Countywide	750	\$146,548
Experiencing Juvenile Justice	Countywide	300	\$404,992
Total		1,350	\$663,982

IMPROVING TIMELY ACCESS TO MENTAL HEALTH SERVICES FOR UNDERSERVED POPULATIONS

Programs in this category provide mental health services as early as possible for individuals and their families from an underserved population. Underserved means not having access due to challenges in the identification of mental health needs, limited language access, or lack of culturally appropriate mental health services. Programs in this category feature cultural and language appropriate services in convenient, accessible settings.

Six programs are included in this category:

- 1) The Center for Human Development fields two programs under this category. The first is an African American wellness group that serves the Bay Point community in East Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. The second program provides mental health education and supports for LGBTQ youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.
- 2) The Child Abuse Prevention Council of Contra Costa provides a 23-week curriculum designed to build new parenting skills and alter old behavioral patterns and is intended to strengthen families and support the healthy development of their children. The

program is designed to meet the needs of Spanish speaking families in East and Central Counties.

- 3) La Clínica de la Raza reaches out to at-risk LatinX in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic violence, and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.
- 4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.
- 5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.
- 6) Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity. Key activities include reaching out to the community to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

The allocation for the Improving Timely Access to Mental Health Services for Underserved Populations category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Child Abuse Prevention Council	Central and East County	120	\$136,709
Center for Human Development	East County	230	\$171,488
La Clínica de la Raza	Central and East County	3,750	\$306,573
Lao Family Community Development	West County	120	\$208,073
Lifelong Medical Care	West County	115	\$142,914
Rainbow Community Center	Countywide	1,125	\$828,312
Total		5,460	\$1,794,069

STIGMA AND DISCRIMINATION REDUCTION

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion, and equity for individuals with mental illness and their families, and 3) advocate for services that are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to several initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness.

- 1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice's vision is to enable people to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.
- 2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.
- 3) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness.
- 4) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- 5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County's integration of

available statewide resources on stigma and discrimination reduction and suicide prevention. CCBHS partners via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County’s capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

The allocation for the Stigma and Discrimination Reduction category is below:

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 22-23
OCE	County Operated	Countywide	\$232,189
CalMHSA	MOU	Countywide	\$78,000
Total			\$310,189

SUICIDE PREVENTION

There are three plan elements that support the County’s efforts to reduce the number of suicides in Contra Costa County: 1) augmenting the Contra Costa Crisis Center, and 2) supporting a suicide prevention committee. Additional funds are allocated to dedicate staff trained in suicide prevention to provide countywide trainings, education, and consultation for a host of entities such as schools, social service providers, criminal justice and first responder community-based organizations to know the signs of persons at risk of suicide, assess lethality and respond appropriately.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller’s consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline’s trained multi-lingual, multi-cultural response.
- 2) In FY 20-21 The Contra Costa Crisis Center was awarded the Suicide Prevention focused RFP for their proposed PES Follow Up Program. This new Follow Up Program is designed for patients with suicidal ideation/attempt being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Associate of Suicidology

(AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral

- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County’s suicide prevention efforts. In 2021, a subcommittee was convened to address Youth Suicide Prevention. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below:

Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 22-23
Contra Costa Crisis Center	Countywide	25,000	\$401,603
Contra Costa Crisis Center Suicide Prevention RFP (PES Follow Up Program)	Countywide	TBD	TBD*
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,050	\$401,603

*These funds are already rolled into Contra Costa Crisis Center’s funds allocation for FY 22-23

PEI ADMINISTRATIVE SUPPORT

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA.

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	\$389,491
Total		\$389,491

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2022-23

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,639,054
Prevention	\$1,931,575
Early Intervention	\$2,719,036
Access and Linkage to Treatment	\$663,982
Improving Timely Access to Mental Health Services for Underserved Populations	\$1,794,069
Stigma and Discrimination Reduction	\$310,189
Suicide Prevention	\$401,603
Administrative, Evaluation Support	\$389,491
Total	\$9,849,000

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