Contra Costa Council on Homelessness

2016 Point in Time Count

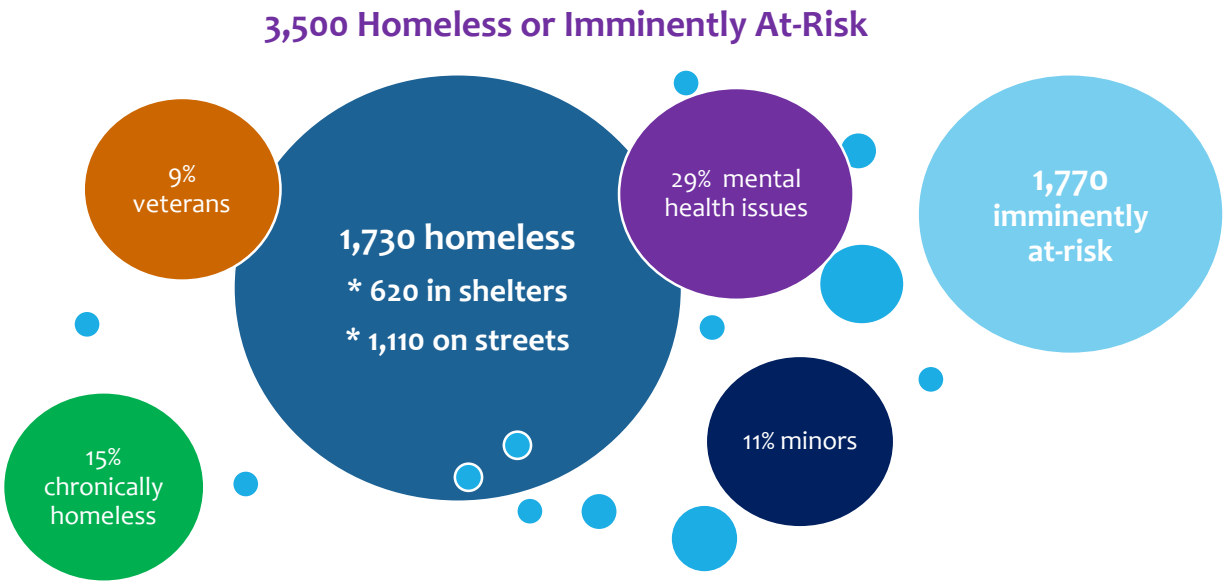
SUMMARY

Each January, Contra Costa's Homeless Continuum of Care (CoC) conducts a comprehensive point-in-time count of families and individuals experiencing homelessness. The Point in Time (PIT) Count tallies information about people sleeping in emergency shelters and transitional housing as well as people sleeping in cars, in abandoned properties, or in other places not meant for human habitation. It provides a one-day snapshot of homelessness and includes data about families, youth, chronically homeless, and veterans, as well as demographic data about gender, ethnicity, and race.

PIT data collection is conducted by CoC service agencies, community partners, and volunteers. PIT methodology is provided in Appendix A. Data collection took place the evening of January 27th and continued through the next two days at community sites and through outreach efforts.

Results Overview

On the evening of January 27, 2016, there were 3,500 individuals identified as homeless or at risk of homelessness in Contra Costa County through the annual Point in Time (PIT) Count. Slightly less than half (1,730) of these individuals were literally homeless and 1,770 were at risk of homelessness. Among the literally homeless, there were 620 people in shelters and another 1,110 were sleeping on the streets. Youth under the age of 18 made up 11% of the homeless population and two-thirds of those youth were residing in shelters the night of the count. Two-thirds of the population are male.



* Sub-population data is self-reported and collected only for literally homeless adults.

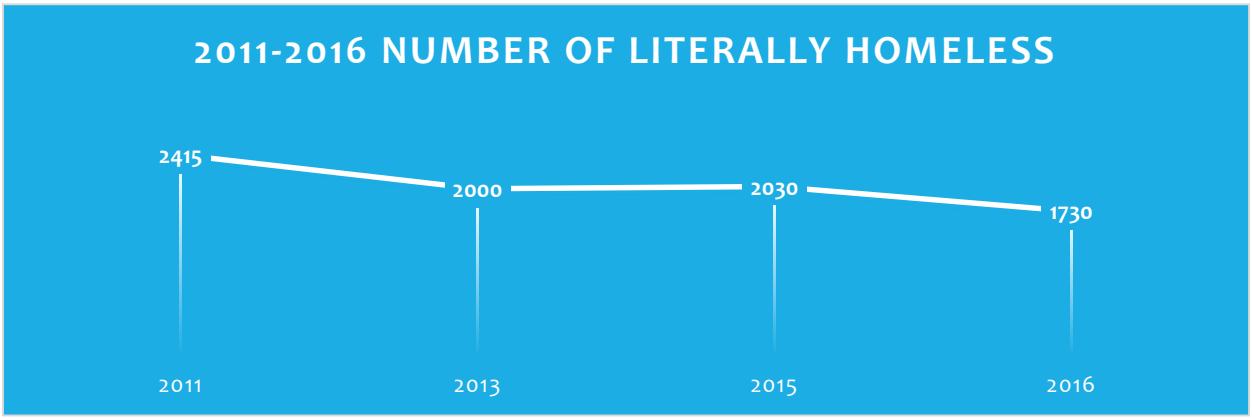
The 1,730 homeless individuals made up 1,437 households (households refer to the number of single adults or family units that need housing); 7% of these households were families with minors. There were an additional six unaccompanied minors, five in youth shelters and one living on the streets.

Two-thirds of homeless families slept in shelters the night of the count.

There was a significant regional shift across the county for unsheltered individuals. More people reported sleeping outside or were found in encampments in East County relative to 2015 data, and fewer in West and Central County.

2015-2016 Regional Changes in Unsheltered

Overall, there has been a 26% decreased in number of people that are homeless or at risk of homelessness since 2011.



Additionally, over the past five years there has been a decrease in number of unsheltered individuals identified through PIT. Since 2011 there has been a 28% decrease in the number of people sleeping outside across the county. Central County has experienced 70% fewer people sleeping outside and West County had 60% fewer since 2011. East County had a 30% increase.

Please contact homelessprogram@hsd.cccounty.us for questions or more information about the 2016 Point In Time Report.

Contra Costa Council on Homelessness

2016 PIT RESULTS

The Point in Time Count is required by the U.S. Department of Housing and Urban Development (HUD) to measure homelessness over the course of one night each January. PIT provides valuable information about the scope of homelessness, particularly around the number of unsheltered people on the streets and the progress being made in ending homelessness for adults and families. It is also used by local agencies to help plan services and programs appropriately, address strengths and gaps in programming, increase public awareness, and attract resources to help end homelessness. More information about the purpose of the PIT Count is included in Appendix A; PIT Methodology is provided in Appendix B.

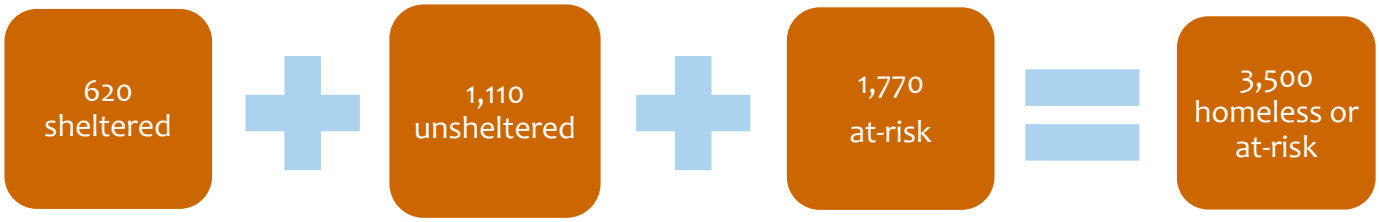
The 2016 Point in Time Count identified 3,500 individuals that were homeless or at-risk of homelessness in Contra Costa County the night of January 27, 2016. Half of these individuals (1,730) were "literally" homeless and the other half (1,770) were "at-risk" of homelessness.

Literally Homeless Sheltered and Unsheltered

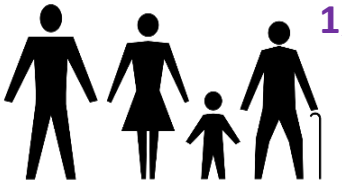
There were 1,730 literally homeless individuals identified in the 2016 PIT Count. Almost two-thirds (1,110 individuals) were sleeping in uninhabitable locations such as encampments, abandoned buildings, and vehicles. Six hundred and twenty people were residing in emergency or transitional shelters.

At-Risk of Homelessness

Individuals at-risk of homelessness are those people that were at imminent risk of losing a temporary sleeping arrangement and were not yet homeless per the HUD definition. Almost all of those identified as at-risk of homelessness were being served under the McKinney Vento Homeless Education Act with the West Contra Costa County Unified School District. Only 179 of the 1,770 were identified as at-risk through PIT surveys.



The 1,730 literally homeless individuals constituted 1,437 households (households refer to the number of single adults or family units that need housing). One hundred and eleven of these households were families with children. There were an additional six unaccompanied minors--five in youth shelters and one living on the streets.



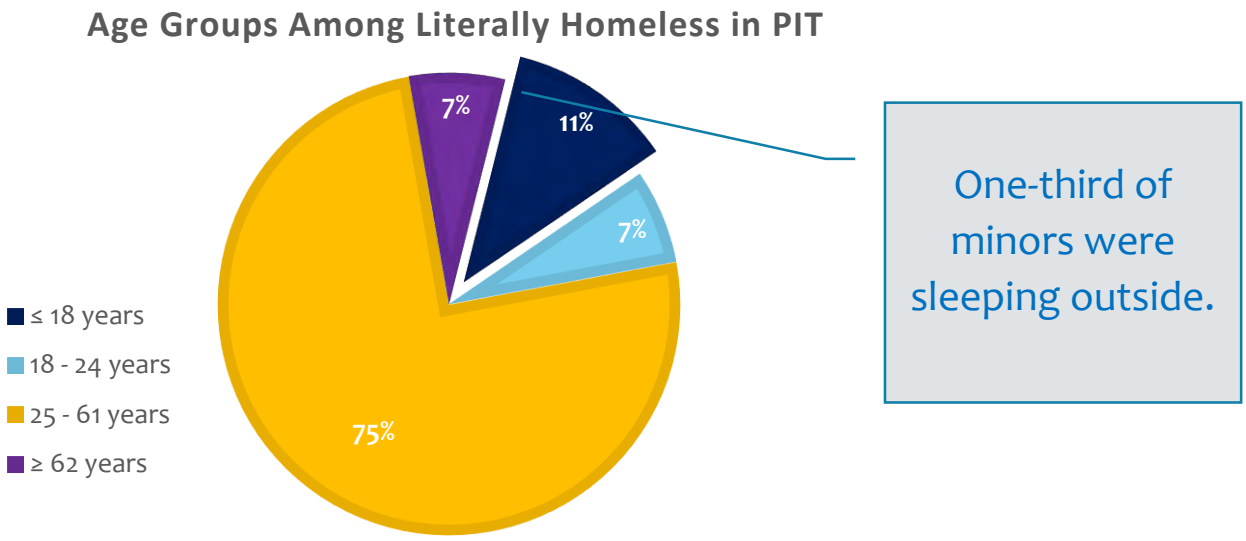
1,437 Homeless Households

- 111 families with children (7% of households)
- 6 unaccompanied youth
- 1,320 households with adults only

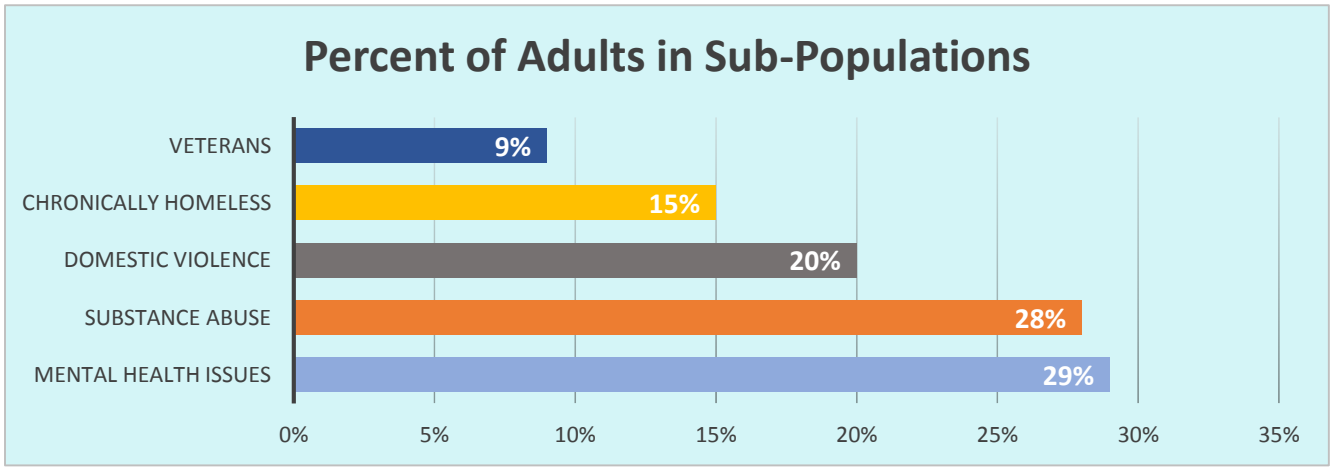
Contra Costa Council on Homelessness

Homeless Sub-Populations

PIT data allows the CoC to understand the housing needs of various groups within the homeless community. Below are data for age groups, chronically homeless, and those with persistent and debilitating mental and physical health conditions. The new HUD definition of chronically homeless is provided in Appendix C.



Information from the PIT Count confirmed that a signifcant number of homeless individuals are challenged with chronic disabilities. Many people reported more than one health condition. Data on these sub-popluations are consistent with the CoC's service data collected throughout the year. Note that these categories are not mutually exclusive; individuals may be included in more than one sub-population type.

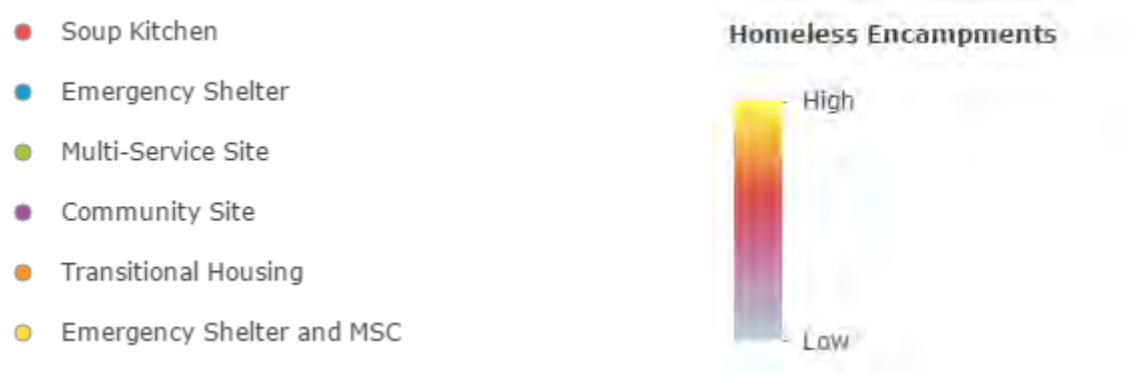


* Data reported for those that self-report a disability or veteran status

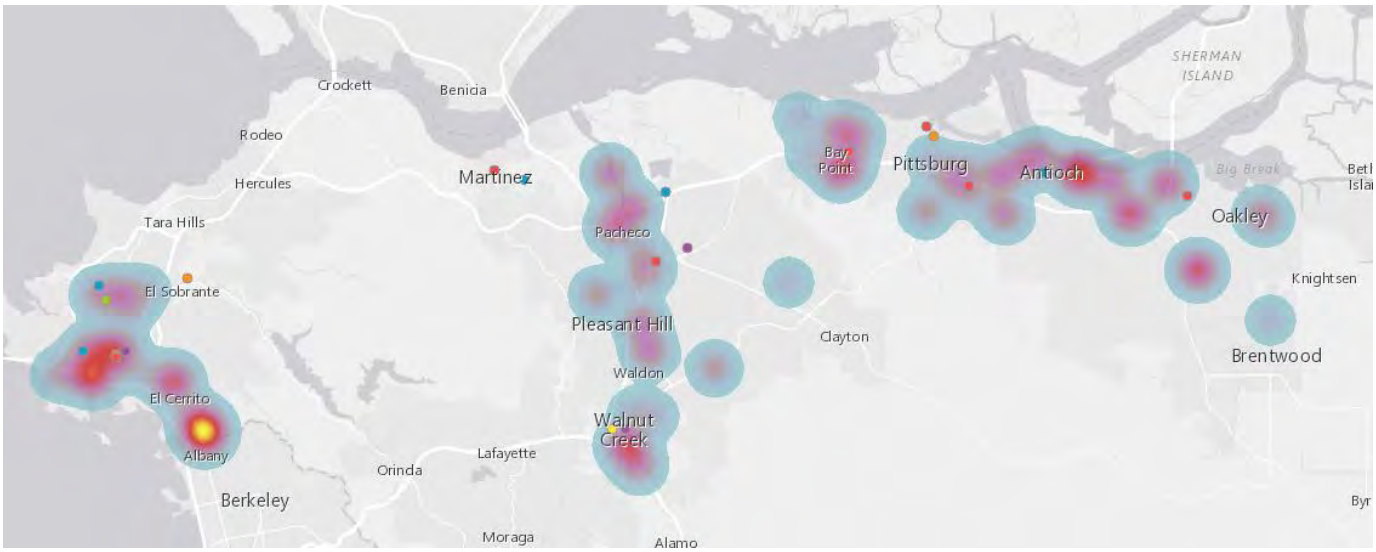
Encampments and Service Site Map

Outreach teams mapped encampments the night of the count using GPS (Global Positioning System) or hardcopy maps and entered into ARCGIS for visualization. This map does not capture every individual that reported sleeping outside the night of the count and instead identifies encampments encountered during the count by outreach team. Service sites where the PIT Count was conducted are displayed on the map as well. The shaded areas in the map illustrate where encampments were found the night of the PIT Count. The heat maps demonstrate where there was greater density of encampments within a given area.

Service sites are represented by the colored dots on the map. Each type of service site is a specific color.



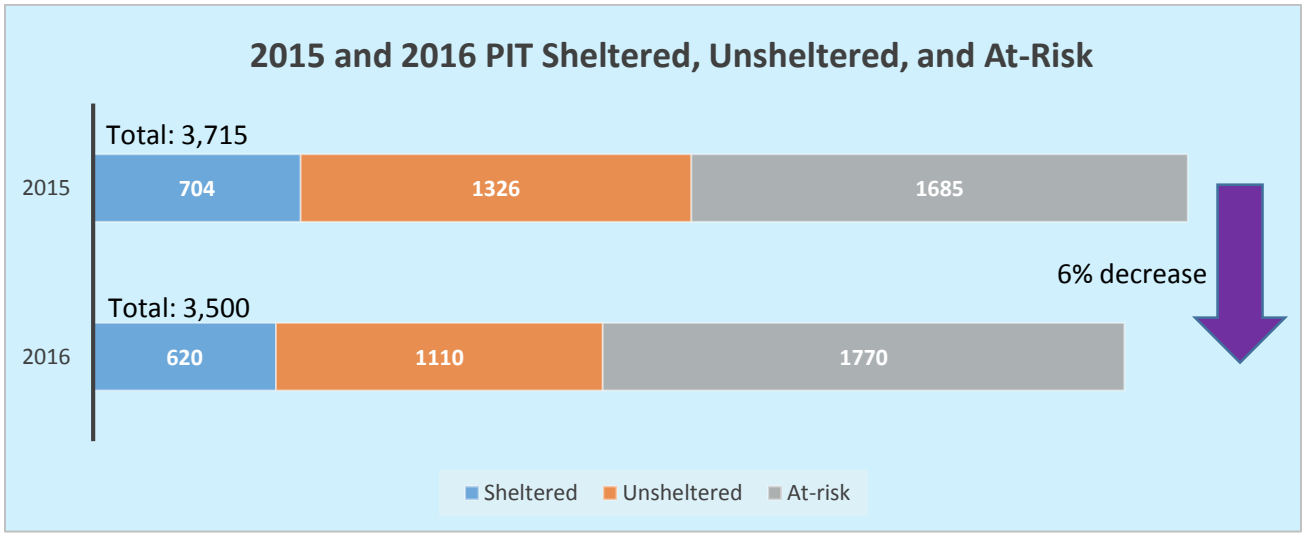
To view the encampment map developed by the street outreach teams, click here.



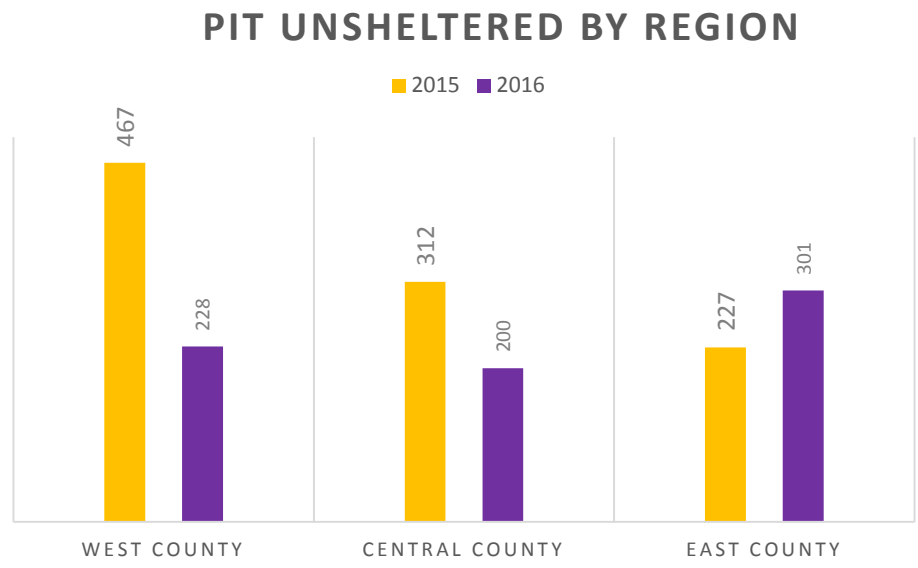
The encampment map can found at: https://cocogis.maps.arcgis.com/apps/Viewer/index.html?appid=b857690b1fdb4cb09f8d54303a968fc1&extent=-122.4766,37.6554,-121.5634,38.1484

2015 AND 2016 PIT COMPARISONS

The total number of individuals identified in the 2016 PIT Count was similar to the number found in 2015. There were 215 fewer people included in the 2016 Count, a 6% decrease, with slightly fewer in all three homeless status categories (sheltered, unsheltered, and at-risk). Among literally homeless, there was a 15% decrease.



The most notable difference between 2015 and 2016 were the shifts across regions within the county where people slept outside on the night of the count. The graphic below illustrates regional changes for unsheltered individuals who reported the city in which they slept.



33% increase in number of people sleeping in uninhabitable locations in East County in one year

The number of people that slept outside during the 2015 and 2016 PIT Counts are listed by each city below. Most cities in West and Central County had decreases in the number of people sleeping outside while multiple cities in East County experienced increases.

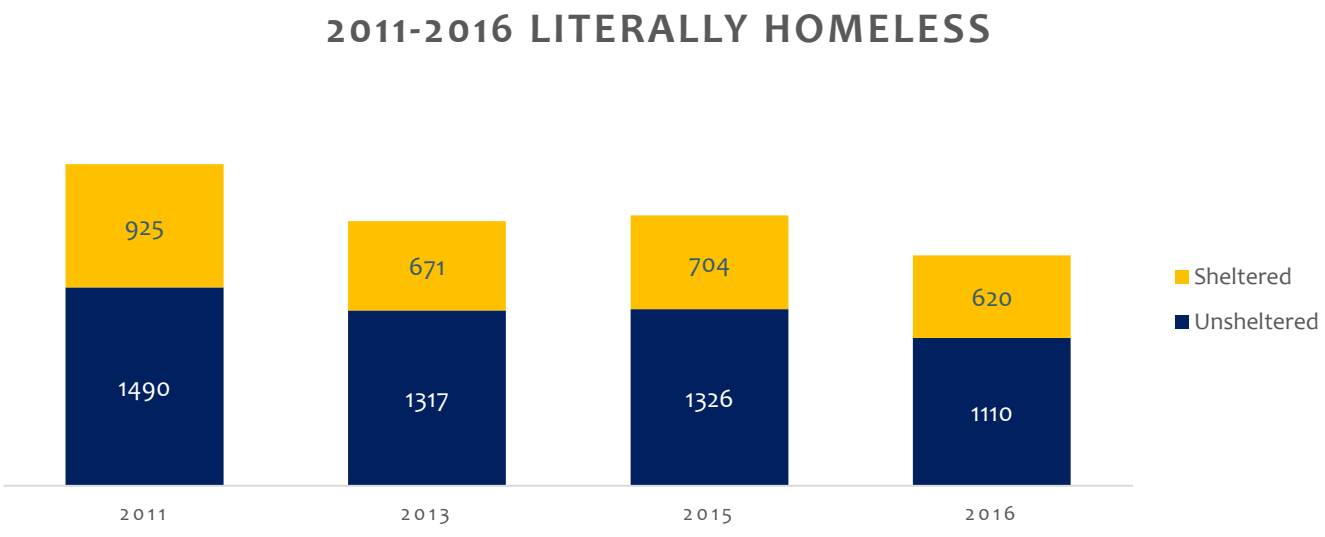
2015 and 2016 Unsheltered PIT by City

East County			Central County			West County		
	2015	**2016**		**2015**	**2016**		**2015**	**2016**
Antioch	122	164	Alamo	0	1	Crockett	0	1
Bay Point	25	39	Clayton	10	2	El Cerrito	30	13
Bethel Island	5	2	Clyde	0	1	El Sobrante	14	8
Brentwood	11	8	Concord	114	73	Hercules	12	1
Byron	0	0	Danville	0	0	N. Richmond	9	1
Oakley	8	28	Lafayette	1	2	Pinole	11	5
Pittsburg	56	60	Martinez	72	63	Richmond	356	160
			Pacheco	18	8	Rodeo	12	2
			Pleasant Hill	63	11	San Pablo	23	37
			San Ramon	1	0			
			Walnut Creek	33	39			
Totals	**227**	**301**	**Totals**	**312**	**200**	**Totals**	**467**	**228**

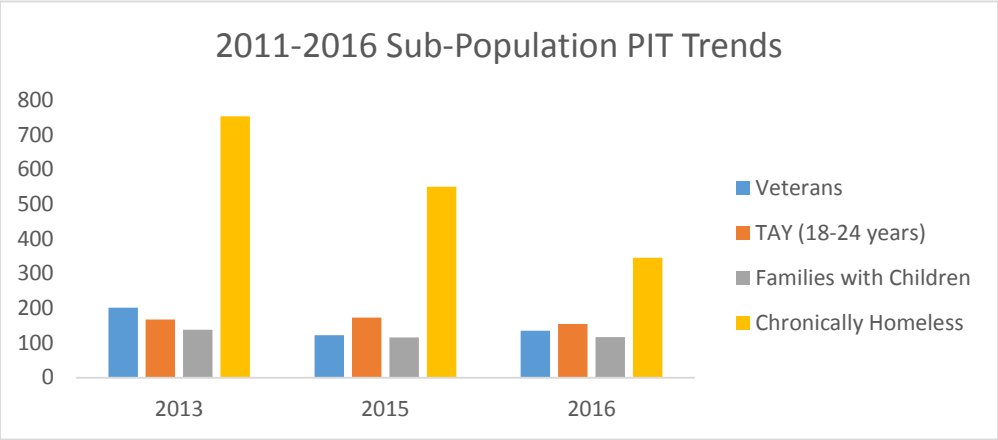
* This table includes data only for individuals that reported the city in which they slept on the night of the count.

PIT FIVE-YEAR TREND DATA (2011-2016)

Overall, there has been a 26% decreased in number of people that are homeless or at risk of homelessness since 2011.



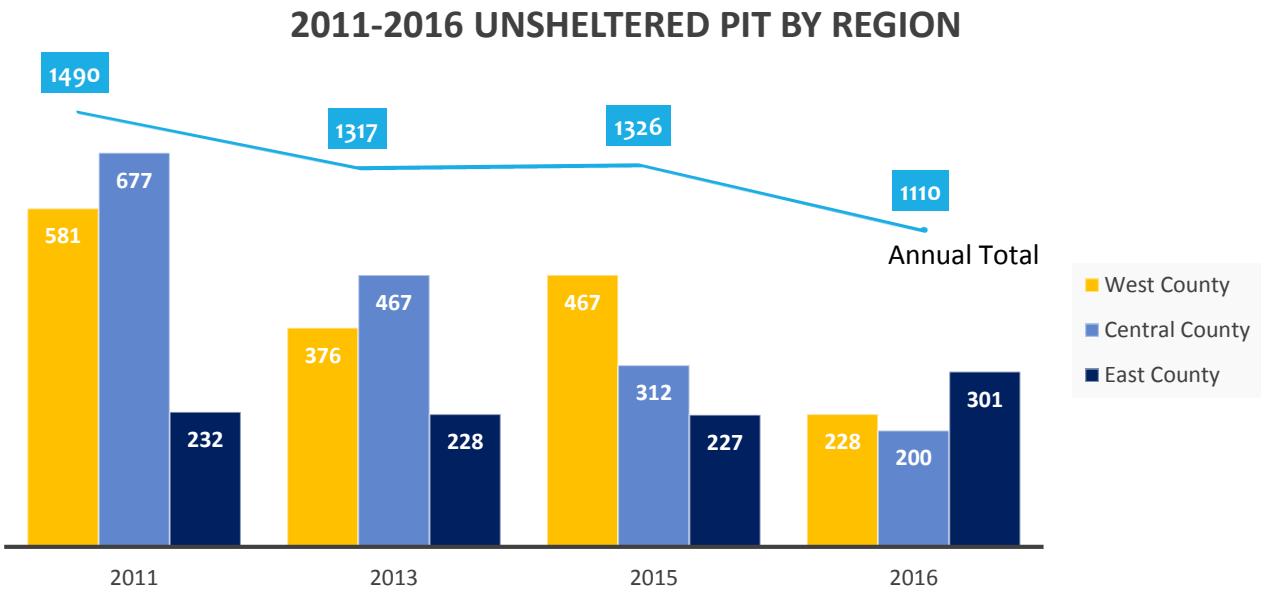
PIT data includes information on demographics and special populations. Since 2013, there has been a general decrease in the number of veterans, transition age youth (18 to 24 year olds), families with children, and chronically homeless individuals. HUD has established a new definition for chronically homeless, provided in Appendix C.



The number in every sub-population has decreased in the past three years.

* Data reported for those that self-report a disability or veteran status

The number of people sleeping outside has decreased gradually over time. There was a 26% decrease in the number of unsheltered identified in the PIT Count from 2011 to 2016. Regional trends show increases in East County and significant decreases in Central and West County.



Since 2011, there has been a 70% decrease in Central County in the number of people sleeping outside the night of the PIT Count and a 60% decrease in West County. East County experienced a 30% increase.

APPENDIX A – Purpose of Point in Time Count

The Annual Point In Time (PIT) Count is required by the U.S. Department of Housing and Urban Development (HUD) to learn about homeless individuals and households in each Continuum of Care (CoC) across the country. PIT results are referenced by HUD and other government and non-profit agencies to understand needs and allocate resources to serve those affected by homelessness. Data is reported for *sheltered* and *unsheltered* individuals that are literally homeless. Sheltered individuals are those living in an emergency shelter, transitional housing, half-way house, or youth foster program on the night of the count. Unsheltered individuals are those living in encampments, cars, streets, or other locations not designed for human habitation on the night of the count.

In previous years, Contra Costa's Council on Homelessness collected data on those that did not fit the HUD definition of homelessness but had other temporary living arrangement eligible for HUD funded services, referenced as "at-risk" of homelessness. This includes individuals sleeping in temporary locations such as treatment facilities, jails, hospitals, or doubled-or-tripled-up with family or friends on a temporary basis. However, as the Council moves toward relying on HUD-recognized tools and definitions, the 2016 PIT report does not provide detailed data on "at-risk."

Quantifying the needs and resources to end homelessness requires the use of multiple data sources. There are three key data elements used by HUD to understand the homeless population that fall under four homeless categories (defined in the sidebar on this page). The Point in Time Count and Housing Inventory Count (collected together on the same day) are useful for identifying and serving those homeless that fall under Category One; while the American Housing Survey includes data about Categories Two and Three.

The Continuum of Care collects data throughout the year on all consumers utilizing homeless services. The PIT is simply a snap shot of Category One homelessness.

HUD HOMELESS CATEGORIES

Category 1 Literal Homelessness Individuals and families who live in a place not meant for human habitation (including the streets or in their car), emergency shelter, transitional housing, and hotels paid for by a government or charitable organization.

Category 2 Imminent Risk of Homelessness Individuals or families who will lose their primary nighttime residence within 14 days and has no other resources or support networks to obtain other permanent housing.

Category 3 Homeless Under Other Statutes Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.

Category 4 Fleeing Domestic Violence Individuals or families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who lack resources and support networks to obtain other permanent housing.

Contra Costa Council on Homelessness

APPENDIX B – Point in Time Methodology

HUD requires that a full sheltered and unsheltered count be conducted every other year, in "odd years," while sheltered-only counts are acceptable in "even years." However, the Council on Homelessness chose to conduct the full count in 2016 to better capture trends and changes in this county as the community embarks on new initiatives and programming. For this year's count, a full census was conducted on January 27, 2016. The PIT Count results presented in this document reflect all the individuals identified as experiencing homelessness on this night.

A new strategy for collecting PIT data was implemented for the 2015 census. These efforts proved to be effective in reaching both sheltered and unsheltered homeless individuals and engaged community members in data collection efforts. These strategies were used for the 2016 PIT Count as well as an additional resource through shelter hotlines (explained below).

The use of these four data collection strategies is critical for the CoC because Contra Costa County is over 720 square miles and has homeless individuals residing in shelters, encampments, and other temporary living situations in rural, suburban, and urban areas. The PIT Count collected data for January 27th, 2016.

The four data collection resources utilized in the 2016 PIT Count:

1) **Homeless Management Information System (HMIS) Data**: this captures all individuals residing in emergency shelters and transitional housing on January 27th, 2106.
2) **Service and Community Site Canvas**: volunteers surveyed persons experiencing homelessness that utilized homeless services or community resources during the count.
3) **Encampment Outreach:** trained staff surveyed all persons sleeping in homeless encampments.
4) **Call Centers and Shelter Access Lines**: staff at the three shelter access lines were trained to conduct the PIT survey during PIT data collection.

1) Homeless Management Information System (HMIS) Data

Homeless Management Information System (HMIS) data is collected for any individual utilizing homeless services at any agency in the Contra Costa County Homeless Continuum of Care (CoC). HMIS is important for capturing data about the homeless population served throughout the year at the various CoC sites. For the PIT Count, this data is pulled only for those utilizing emergency or transitional shelters the night of the count, January 27, 2106. Shelter sites not entering data into HMIS provided a supplemental survey to report how many people were sheltered in their program that night, broken down by age category and household type. HMIS and shelter surveys captured demographic and subpopulation data required for HUD reporting.

2) Service and Community Site Canvas

Outreach to individuals experiencing homelessness took place over a two-day period as they visited service providers or community agencies where homeless frequently utilize services. These community

sites included Multi Service Centers that are part of the CoC as well as locations frequented by homeless persons - food distribution sites, soup kitchens and dining halls, libraries, and health care facilities. The full list of service sites is available in the Appendix A. The PIT survey is provided in Appendix D.

All data collection volunteers were required to attend one of the four training sessions offered before initial collection began the evening of the 27th. Volunteers were assigned, based on their availability and location preferences, to a service or community site to interview members of the homeless community. The volunteers conducted a five to ten minute survey with each person experiencing homelessness. Volunteers were posted in these sites over two days following the night of the PIT Count, January 28th and January 29th, for two to four hour shifts at high traffic times as identified by the location managers and/or staff.

To ensure that the same people were not counted multiple times, the PIT survey included the full name, birthdate, and last five digits of the social security number of each person interviewed. Duplicate surveys were then removed from the total count using the Homeless Management Information System (HMIS).

An observational tool was used to capture the most basic and observable data for individuals that chose not to participate or had communication barriers.

3) Encampment Outreach

Outreach for unsheltered individuals was conducted over a three-day period across encampments throughout the county. This outreach was completed by the CoC's regular outreach teams as they are trained in outreach techniques and familiar with encampment locations and the populations residing in those encampments. These teams utilized the HMIS data collection system already used when serving new or current clients. Some individuals in encampments were not comfortable sharing personal information or were sleeping or unwilling to talk. For these individuals, the 2016 PIT Observation Tool was completed to capture basic, observable information such as age and gender.

Outreach teams also tracked, either through GPS or hardcopy maps, the locations of each encampment to help illustrate primary geographic areas throughout the county where encampments have been established. Specific locations are not provided in this report to protect both the homeless community members as well as the local agencies serving those areas.

All encampment locations identified during the count were entered into ARCGIS for a visual representation. Service and community sites where PIT Count was conducted are also included in the map. This map is provided on page 4.

4) **Call Centers and Shelter Access Lines**

The county has three help lines for consumers to contact when seeking emergency shelter: the Contra Costa Shelter Hotline, 211 with the Contra Costa Crisis Center, and One Door (through SHELTER, Inc.).

Staff and volunteers at these agencies already collect personal identifying information as they help identify emergency shelter options.

Using shelter access lines for reaching homeless consumers was a new strategy for the 2016 PIT Count. There were fewer calls than anticipated but this option proved to capture those that would not have been identified though other PIT data collection tools.

PIT Data Elements

In previous years the CoC reported detailed data on those that were literally homeless (the numbers reported to HUD) and at-risk of homelessness in the PIT Count. In an effort to align with HUD PIT reporting requirements, specific information about the population is focused only on those that are literally homeless. However, the total number of homeless referenced in this report includes Individuals categorized as at-risk because they have other temporary living situations, including anyone who told interviewers that they stayed in a jail, hospital, treatment program, or a friend or family member's house on January 27 and consider themselves homeless because they do not have a steady and stable residence. Any family currently in the West Contra Costa County Unified School District Homeless Education program as reported in HMIS (Homeless Management Information System) were also included in the "at-risk" category. These families include those that were "couch surfing" or "doubling-up" and fall within the McKinney Vento definition of homelessness used by the Department of Education.

HUD PIT Reporting Requirements

HUD requires each Continuum of Care to report how many people were sheltered in transitional housing and emergency sheltered programs and how many people were unsheltered on the date chosen in January. Those counted are broken down by age category and household type:

- Age Categories:
  - The number of children under age 18
  - The number of adults ages 18 to 24
  - The number of adults over age 24
- Household Categories:
  - Households with at least one adult and one child
  - Households without children
  - Households with only children (including one-child households and multi-child households)
  - Youth households (including parenting youth and unaccompanied youth)

HUD also requires the CoC to capture demographic data such as ethnicity, race, and gender, as well as subpopulation data for chronically homeless individuals and families, veterans, severely mentally ill persons, persons experiencing chronic substance abuse, persons with HIV/AIDS, and victims of domestic violence (optional reporting).

2016 Point In Time Data Collection Sites

Food Distribution Sites

- Greater Richmond Interfaith Program Souper Center
- Loaves and Fishes (Martinez, Antioch, Pittsburg, Bay Point, Oakley)
- Sunrise Café
- Monument Crisis Center

Multi-Service Sites

- Bay Area Rescue Mission
- Trinity Center
- Anka Behavioral Health Centers

Emergency Shelters and Transitional Housing

- Greater Richmond Interfaith Program
- Bay Area Rescue Mission
- Trinity Center
- Winter Nights
- Mountain View
- County Emergency Shelters (Concord, Brookside, Calli House, Respite)
- Don Brown Shelter
- Lyle Morris Family Center

Healthcare

- HealthCare for the Homeless mobile van

Community Sites

- County and City Libraries

Hotlines

- 211
- Homeless Shelter line
- One Door

Flyer locations

- BART
- John Muir Emergency Rooms (Walnut Creek and Concord)
- Sutter Health Emergency Room
- Contra Costa County Hospital Emergency Room
- Contra Costa County Mental Health clinics
- Day Labor Program
- AmTrak

APPENDIX C – New Chronically Homeless Definition

One of the sub-populations reported in this report are individuals that are chronically homeless. HUD modified the chronically homeless definition to better identify those with the highest needs for permantent supportive housing. The change in definition resulted in far fewer people identified as chronically homeless in the 2016 PIT Count.

HUD DEFINITION OF CHRONICALLY HOMELESS	
Old Definition	**New Definition**
• Has a disability • Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation. • Or experienced homelessness four or more times in the last three years.	• Has a disability • First, in terms of length of homelessness, the four episodes now have to add up to 12 months. Before this new definition, an individual could technically be homeless four different days over a three-year period and be classified as chronically homeless. • Second, previously people who exited institutional care facilities after spending fewer than 90 days there would not have that period counted toward their homelessness. Now, it will be. • Third, the time between periods of homelessness has now been defined as seven days in order for the period of homelessness to constitute an "episode. " • Finally, HUD has clarified the ways in which service providers should verify whether an individual's homelessness experience meets the definition of chronic homelessness.

APPENDIX D—2016 Point in Time Survey

CONTRA COSTA COUNCIL ON HOMELESSNESS

JANUARY 27, 2016

Volunteer's survey location_____

POINT-IN-TIME COUNT SURVEY

City_____

☐ **211** ☐ **CCACS Hotline** ☐ **One Door**

COMPLETE FOR EACH ADULT

SAMPLE SCRIPT

Hello, my name is _____ and I'm a volunteer for the Contra Costa Council on Homelessness. We are conducting a survey to better understand the housing needs in our community. We would appreciate if you could give a few minutes of your time to discuss your housing situation. You may refuse to answer any question at any time. The information you provide is confidential and will only be shared with Contra Costa Health Services for the purposes of the count. *Do I have permission from you to move forward?*

**For an interpreter, please call 800-523-1786 (client ID 297301)*

_____ _____ _____ _____ _____

First Name Middle Last Name Jr/Sr Nickname/Alias

XXX-X _____ - _____ _____ _____

Last 5 digits of SSN Date of Birth(mm/dd/yyyy) Age

What city did you sleep in on January 27, 2016? _____

What type of setting did you sleep in on January 27, 2016? (choose one)

- o Street or sidewalk
- o Vehicle (car, van, RV, truck)
- o Park
- o Abandoned building
- o Bus, train station, airport
- o Under bridge/overpass
- o Woods or outdoor encampment
- o Emergency shelter: _____
- o Transitional housing program: _____
- o Other location (specify) : _____

- o Motel/hotel
- o Rental (house or apartment)
- o Home ownership
- o Jail, hospital, or treatment program
- o Couch surfing
- o Doubled/tripled up with family or friends

Are you at imminent risk of losing this housing?

□ Yes □ No □ Refused

Thank participant and STOP survey.

1. What is your gender?

o Male o Female o Transgender (male to female) o Transgender (female to male) o Refused

2. What is your ethnicity?

o Hispanic/Latino o Non-Hispanic/Non-Latino o Refused

3. What Race BEST describes you? (check all that apply) [HUD Recommendation: Those of Latin heritage should mark American Indian if their ancestry is from North, South or Central America. Those from the Far East (including India) should mark Asian. Those from the Middle East should mark White.]

- o American Indian or Alaskan Native
- o Asian
- o Native Hawaiian or Pacific Islander
- o Black/African-American
- o White
- o Participant doesn't know
- o Refused

4. Have you ever served in the US Military? o Yes o No

5. How long have you been staying in your current living situation?

- o One day or less
- o Two days to one week
- o More than a week, but less than a month
- o 1 to 3 months
- o 3-12 months
- o More than a year
- o Participant doesn't know
- o Refused

6. City where you lost stable housing _____

7. Is this the first time you have been homeless?
o Yes o No o Participant doesn't know o Refused

8. How many times have you been homeless on the street or in shelter in the past three years including today? _____ times

9. What is the total number of months you have been homeless in those past three years? _____ months

10. (Skip if in transitional housing) **Approximate date your current episode of homelessness started: _____/_____/_____**
If participant can't remember, have him/her think back to the last time they had a place to sleep that was not on the streets or in shelter. If participant knows the month and year, but not the day, you may leave the day blank.

11. Total length of time you have been homeless throughout your life:
o ____ years and ____ months o Participant doesn't know o Refused

12. Do any of the following conditions <u>prevent you from maintaining work or housing</u>?

a. Mental Health Condition o Yes o No o Refused
b. Alcohol Abuse o Yes o No o Refused
c. Drug Use o Yes o No o Refused
d. HIV/AIDS o Yes o No o Refused
e. Chronic Health Condition o Yes o No o Refused
f. Physical Disability o Yes o No o Refused
g. Developmental Disability o Yes o No o Refused

13. Was anyone in your household residing with you on the night of January 27, 2016? o Yes o No o Refused

Household Type o Couple/No Children o Female Single Parent o Male Single Parent o Two Parent Family o Other _____

Name	**Demographics**	**Race** (select all that apply)	**Disabling Conditions** (see question 12 for choices)
Person 1: _____ Relationship to you: _____	DOB(m/d/yy):____/____/_____ Gender: M / F Hispanic/Latino? Yes / No	o American Indian or Alaskan Native o Asian o Pacific Islander o Black/African American o White	
Person 2: _____ Relationship to you: _____	DOB(m/d/yy):____/____/_____ Gender: M / F Hispanic/Latino? Yes / No	o American Indian or Alaskan Native o Asian o Pacific Islander o Black/African American o White	
Person 3: _____ Relationship to you: _____	DOB(m/d/yy):____/____/_____ Gender: M / F Hispanic/Latino? Yes / No	o American Indian or Alaskan Native o Asian o Pacific Islander o Black/African American o White	
Person 4: _____ Relationship to you: _____	DOB(m/d/yy):____/____/_____ Gender: M / F Hispanic/Latino? Yes / No	o American Indian or Alaskan Native o Asian o Pacific Islander o Black/African American o White	
Person 5: _____ Relationship to you: _____	DOB(m/d/yy):____/____/_____ Gender: M / F Hispanic/Latino? Yes / No	o American Indian or Alaskan Native o Asian o Pacific Islander o Black/African American o White	

Consumer feedback (provide any information about challenges or their situation you find valuable):

Thank you for participating in this survey!

Individuals

Volunteer's survey site_____

January 27, 2016 Point-in-Time Count Observation Tool

Please fill out for each individual observed.

	Location where observed and City	Reason you are using the observation tool	Age	Gender	Race (check all that apply)
Person 1:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 2:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 3:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 4:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 5:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 6:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 7:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 8:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 9:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 10		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White

Families/Households

January 27, 2016 Point-in-Time Count Observation Tool

Please fill out for each family/household observed.

	Location where observed and City	Reason you are using the observation tool	Age	Gender	Race (check all that apply)
Person 1:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 2:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 3:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 4:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
TOTAL HOUSEHOLD MEMBERS: _____		**Family Member 5:**	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
Person 2:		O Refused survey O Language barriers O Sleeping or otherwise occupied	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 2:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 3:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
		Family Member 4:	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White
TOTAL HOUSEHOLD MEMBERS: _____		**Family Member 5:**	O under 18 O 18-24 O 25+	O Male O Female	O American Indian or Alaskan Native O Asian O Native Hawaiian or Pacific Islander O Hispanic/Latino O Black/African American O White

TAY Advisory Council Report Executive Summary

The Transition Age Youth (TAY) Advisory Council is a body of Contra Costa County Mental and Behavioral Health stakeholders that focuses on services provided specifically to the TAY population. More specifically Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Community Supports and Services (CSS) consumers and program staff comprise the Advisory Council. Since 2015, this body has worked to provide critical feedback to Contra Costa County Behavioral Health through the lens of TAY consumers and providers. Stakeholders contributed feedback at bimonthly meetings in regards to what worked well from their perspective, discuss gaps in services, and needs for additional support. Each MHSA TAY focused program serves similar age ranges, 16-26 years of age. All TAY Advisory Council meetings were facilitated by consumers to make consumers feel as safe and as comfortable as possible.

The TAY Advisory Council met bi-monthly. Participants include:

- People Who Care
- Rainbow Community Center
- First Hope
- New Leaf Collaborative
- Center for Human Development's Empowerment Program
- James Morehouse Project
- RYSE Youth Center
- Fred Finch CCTAY Program
- Youth Homes TAY FSP Program

MHSA TAY focused programs who did not participate and are not included within the report include:

- STAND! For Families Free of Domestic Violence
- Community Violence Solution

The information gathering process included various presentations, interviews, and discussions with each program at Advisory Council meetings or on-site of a specific program. All participants were asked the following six questions:

- What is the purpose of this organization?
- Who are they serving?
- What are this organization's strengths?
- Do you see where this organization could use support?
- How could they be better supported, and what are the roadblocks?
- Where is there a need or desire for this organization to collaborate with others and who?

Through this process the Advisory Council identified 21 strengths shared by 3 or more programs titled “Common Strengths”. Similarly the Advisory Council identified program strengths unique to just one or two programs titled “Unique Individual Program Strengths”. “Trending Program Needs” were identified as needs that appeared for two or more programs. Needs specific to each program were also identified as well as strategies to support those needs, titled “Identified Program Needs and Strategies for Support.” Areas in which stakeholders expressed a desire to collaborate were noted in a section titled “Desired Areas of Collaboration.” In addition within the discussion you will find a description of the unique aspects of serving our TAY population, current services, and how it affects the mental and behavioral health systems in their entirety. Additionally within this report you can find quotes directly from consumers about their experiences in their respective programs. The report aims to bring to light that by addressing program needs and strategies for support significant positive impacts can be made in our systems.

Common Strengths

● Safe-family Like Environment ● Therapy ● Free Services ● Collaboration ● Outreach to Schools and Communities ● Social Outings ● Repairing Familial Relationships	● Peer Support ● Emotional Support and Advocacy ● Vocational Training ● Employment of Past Consumers ● Preventing and Reducing Hospitalizations ● Utilizing EBP’s ● Medication Management	● Volunteerism ● Support Groups ● Case Management ● Service Learning Opportunities ● Preventing and Reducing Incarceration ● Substance Abuse Support ● Addressing Physical Health

Trending Program Needs

● Funding ● Outreach	● Connection to resources ● Transportation	● Additional staff ● Additional staff development	● Advertising ● Extending days of operation

Transition Age Youth Advisory Council
2015-2016 Report

Table Of Contents

Introduction

What is the Transition Age Youth Advisory Council

The Transition Age Youth (TAY) Advisory Council is a body of Contra Costa County Behavioral Health stakeholders that focus on services provided specifically to the TAY population. More specifically Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) and Community Supports and Services (CSS) consumers and program staff comprise the Advisory Council. Over time this body has worked to provide critical feedback to Contra Costa County Behavioral Health through the lens of TAY consumers and providers. Stakeholders contribute feedback in regards to what works well from their perspective, discuss gaps in services, and needs for more support.

Why was the TAY Advisory Council started?

The Transition Age Youth Advisory Council was created in early 2014. The council was created after the Consolidated Planning Advisory Workgroup (CPAW) communicated to TAY providers the desire to hear input in regards to services directly from TAY consumers. CPAW members felt there was a lack of TAY consumer input. It was clear that CPAW members wanted to hear from youth themselves. Mental Health Services Act staff and stakeholders hosted a meeting in early 2014 to alert MHSA TAY focused programs consumers of CPAW's request. Within that meeting with Warren Hayes, Gerold Leonicker, Kathi McLaughlin, program supervisors, and TAY consumers, it was decided that TAY consumers and program staff would begin to meet on their own to address this suggestion for input. At this meeting, it was also noted by some of the PEI providers that CPAW meetings did not feel like a welcoming space for young people or for the PEI youth provider organizations. Additionally, that CPAW is not adequately set up or committed to meaningfully engage young people.

What Did We Do?

Starting in April of 2014, the TAY Advisory Council met once a month. Eager to be heard, TAY consumers had a lot of issues to address. Consumer input was the driving force of the meetings. Unfortunately the Advisory Council lacked purpose, a mission, and a vision. Questions surfaced about how the youth would be able to address topics of interest. They also wanted to know: What format was going to allow the youth to address these topics? Who would carry out action items? Where would the

information ultimately end up? At that time it was decided that the Advisory Council would break for the summer time.

Coming back together in January of 2015, the TAY Advisory Council formulated a purpose. Taking initiative to engage and reflect more intentionally, the Advisory Council decided to highlight our MHSA TAY focused programs from a peer and provider perspective. Information was to be gathered through the lens of consumers and providers. With a new purpose in mind, the TAY Advisory Council began to function more effectively and efficiently. All TAY Advisory Council meetings were facilitated by consumers to make consumers feel as safe and as comfortable as possible. Presentations were given by consumers and providers about their associated program at each meeting. Notes were taken by council members. Transportation to TAY Advisory Council meetings was a challenge. Therefore some programs didn't attend meetings often. Some programs attended regularly, and some not at all. This report was generated from notes taken at these meetings, as well as some small group program meetings facilitated by the TAY Advisory Council Coordinator, Ashley Baughman. Consumer and provider availability made getting to each meeting difficult, as well as the meeting times, school for consumers, and being in the middle of peak program hours for this population.

Who made the TAY Advisory Council possible?

For 2 years, Ashley was a high school consumer of Martinez USD's New Leaf Program. After high school graduation, she worked as an intern at New Leaf while also completing the SPIRIT program. She has now returned as a paid employee for the New Leaf Collaborative as the Peer Mentor and Support Coordinator and works with consumers at Vicente Martinez High School. She now coordinates the TAY Advisory Council as part of her new job at New Leaf. She is now also a member of CPAW and the Children, Teen, and Young Adult Committee.

After the initial meeting with County Mental Health in early 2014, Ashley began to coordinate, plan, and facilitate the Advisory Council meetings under the direction of the New Leaf Program Coordinator Dr. Rona Zollinger. New Leaf took the lead in holding space for other agencies and this process. Warren Hayes gave Ms. Baughman all the tools to create it, such as PEI program contacts etc. Phyllis Mace, First Hope Program Manager, also served as staff support to the TAY Advisory Council providing the council with guidance, gift cards, connecting with PEI, CSS, and Innovative programs, etc.

Methodology and Research Design

Environment

All TAY Advisory Council Meetings were held at the New Leaf Leadership Academy classroom at Vicente Martinez High School (Martinez Unified School District) - 614 F St in Martinez, Ca 94553. Meetings were facilitated in a comfortable and safe environment for consumers.

Time Spent

The information gathering process began March 12th 2015. From March 12th, 2015 TAY Advisory Council meetings were held Bi-Monthly. Each meeting was held on the second Thursday of every other month from 4-6 pm.

Who

TAY Advisory Council participants include:

- People Who Care
- Rainbow Community Center
- First Hope
- New Leaf Collaborative
- James Morehouse Project
- Center for Human Development's Empowerment Program
- RYSE Youth Center
- Fred Finch CCTAY Program
- Youth Homes TAY FSP

At any given Advisory Council meeting, there were no more than 4 programs represented at once. Transportation, which is an issue and challenge prioritized consistently across all regions and providers, was always a roadblock to regular attendance. Therefore, a few programs were never able to attend the meetings. MHSA TAY focused programs that are not discussed in this report include:

- STAND! For Families Free of Domestic Violence
- Community Violence Solution

How

TAY Advisory Council participants were contacted via e-mail or telephone to request participation. All information was gathered through Advisory Council meetings or through in person interviews. Follow up information was gathered online and through staff of participating programs. All information gathered was compiled and examined via Google Drive.

Research Gathering Procedures

Consumer and Provider Information

All information that was gathered and within this report came directly from PEI and CSS consumers, PEI and CSS program staff, CPAW meetings, and the Children, Teen, and Young Adult Committee. Consumers shared their personal stories and how their perspective programs had made a difference in their lives. TAY consumers also had the opportunity to advocate for their program, as well as their peers' wants and needs. Consumers additionally spoke to what they appreciate about their program and what they believed could be improved upon. Providers were supporting consumers every step of the way and filling in the gaps or nitty gritty details. Providers also had the opportunity to speak to their programs strengths and where they believed they could use more support.

Consumer and Provider Presentations

Program presentations were provided in a variety of ways including PowerPoint presentations, consumers speaking directly to the group, and reading letters written by consumers. The format was chosen by the consumer in order to ensure comfort and personal preferences. The Advisory Council allocated fifteen minutes per program presentation. Programs that were interviewed shared their personal experiences and hopes for their program directly with the interviewer.

Question and Answer Sessions

Following each program presentation, twenty minutes of questions and answers were allotted for the rest of the Advisory Council to develop a greater understanding of each program. During such time, Advisory Council participants recorded answers on paper in front of them which had the following questions on it:

- What is the purpose of this organization?
- Who are they serving?

- What are this organization's strengths?
- Do you see where this organization could use support?
- How could they be better supported, and what are the roadblocks?
- Where is there a need or desire for this organization to collaborate with others and who?

Every program, including those that were only interviewed, were asked these same questions.

Demographics

TAY Advisory Council Participants by Contra Costa County Regions:

East Contra Costa County:

- People Who Care - PEI
- Empowerment Program - Center For Human Development - PEI
- First Hope - PEI
- Rainbow Community Center - PEI
- Youth Homes - CSS

Central Contra Costa County

- Rainbow Community Center - PEI
- First Hope - PEI
- New Leaf Collaborative - PEI
- Fred Finch CCTAY Program - CSS
- Youth Homes - CSS

West Contra Costa County

- Fred Finch CCTAY Program - CSS
- James Morehouse Project - PEI
- RYSE Youth Center - PEI
- First Hope - PEI
- Rainbow Community Center - PEI

Target Population

Each MHSA TAY focused program serves similar age ranges, 16-26 years of age. Some programs are serving the exact same age ranges, while some programs differ in the ages of their consumers.

TAY Focused MHSA Program Summaries

People Who Care:

People Who Care (PWC) Children Association delivers a safe, supportive, engaging mental health environment that allows transition age youth 16 - 21 to receive services they would not otherwise have access to. Timely access to mental health prevention, intervention and support is one of our cornerstone services we provide to at-risk youth and their families. We recruit high-risk youth and often reach them through truancy, probation and referrals (self and otherwise); PWC works with Unified School Districts, law enforcement, the courts, the probation departments, churches, families, businesses, nonprofits, governmental agencies, social agencies, mental health providers, other at-risk youth programs and a myriad of other resources to provide linkage services for our consumers. PWC has a strong history of reducing stigma and battling discrimination by providing programs and education to serve children and families in need. Our consumers hail from various backgrounds, such as immigrant families, particularly Hispanics and Latinos who have few resources. Many of the challenges our clients face are abuse, neglect, exposure to domestic violence, homelessness, bullying, drugs, and gang affiliation.

The youth have the opportunity to volunteer in a unique capacity as our organization has developed relationships with a diverse array of people and resources in East County communities, many of which are stated above. Our organization's green jobs vocational training program provides our youth with hands on training and experience and the opportunity to learn skills and trades geared toward the environment. PWC's therapeutic summer program integrates mental health into social and supportive activities in the community. Our vocational training and volunteer programs teach entrepreneurial skills to at-risk youth, which builds confidence, strengthens their resumes while enriching their communities. PWC is a respite for at-risk youth, committed to Prevention and Early Intervention (PEI) in concert with the Mental Health Services Act (MHSA).

Empowerment Program:

The Empowerment program is a program within The Center For Human Development. Empowerment helps safeguard the development of young lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ) students, and their straight allied friends, through its weekly social-emotional and educational support groups in East Contra Costa County. In these support groups, LGBTQ youth are safe to be themselves, develop healthy social support networks, build self-esteem and pride in their identity, and gain the motivation to complete their education. Empowerment does not provide direct clinical support services, but collaborates with other agencies to provide linkages to culturally appropriate mental health services. Empowerment is within the PEI component of the MHSA

Rainbow Community Center:

The Rainbow Community Center (RCC) is a safe space that promotes emotional and physical health through education, advocacy, mentorship, moral support, and counseling. This work isn't limited to RCC's physical office, but expands its reach through trainings, workshops, and events throughout the county. RCC provides counseling, case management and support services on campuses of nine local high schools and across four of the largest school districts in the county, from Pittsburg in East County to Hercules in West County. Rainbow Community Center is within the PEI component of the MHSA.

First Hope:

First Hope is a safe place that works to identify 12-25 year olds that may be at risk for a psychotic break. This is done by educational outreach, assessment, and evidenced based treatment targeted to prevent a psychotic break and maintain functioning. First Hope uses a multi-disciplinary team with an Assertive Community Treatment (ACT) Model. Services are offered to TAY consumers, their family and support systems. First Hope is within the PEI component of the MHSA.

New Leaf (Martinez Unified School District):

The purpose of New Leaf program is to facilitate social, emotional, and educational growth within at-risk, high school aged youth. The program is a model for innovative alternative education that focuses on intensive social and emotional interventions integrated into the school day. Students can be a member of concentrated cohort of students called the New Leaf Leadership Academy or participate in school

wide PEI programs. The New Leaf Collaborative (501c3) helps the school district facilitate the program. New Leaf is within the PEI component of the MHSA.

Fred Finch CCTAY Program:

The Fred Finch Contra Costa Transition Age Youth Program (CCTAY) program provides a comprehensive range of intensive support services to transition age young adults 16 – 25 that have significant mental health disabilities and are homeless or at imminent risk of homelessness. The program functions utilizing the evidenced-based ACT Model and whose mission is to serve those in the most need of a non-traditional mental health intervention using a multi-disciplinary team model. The program uses elements from other evidence-based programs (EBPs) including Motivational Interviewing, Cognitive Behavior Therapy (CBT), as well as the philosophy of the Transitions to Independence Process (TIP). Additionally, the program is grounded in a Trauma Informed Care orientation with the recognition that the participants we serve have been impacted by complex experiences of trauma throughout their lives, and sometimes while receiving treatment. The services are delivered in the community, wherever the participants and families feel most comfortable meeting including homes, agency car, café, etc. The Fred Finch CCTAY program is within the CSS component of the MHSA.

James Morehouse Project:

James Morehouse Project (JMP) works to support young people in dealing with life's challenges to ensure success in school. Staff works to build and sustain trauma sensitive classrooms and restorative disciplinary processes. JMP works to create positive changes in the El Cerrito High School community through health services, counseling, and youth development opportunities. JMP has two main types of program areas: Medical Services and Counseling/Youth Development. JMP is within the PEI component of the MHSA.

RYSE Youth Center:

The RYSE Youth Center provides a comprehensive range of services to young people Monday through Friday. RYSE provides a safe environment for members to thrive and become empowered agents of change. RYSE's mission is to "Create safe spaces grounded in social justice that build youth power for young people to love, learn, educate, heal and transform their lives and communities." The program model is designed by seamlessly integrating five program areas (i.e. Community Health and Wellness; Media, Arts, and Culture; Education and Career; Youth Justice, Youth

Organizing and Leadership) aimed at reducing violence, supporting youth voices, and building a stronger, healthier community.

Youth Homes TAY FSP Program:

The Youth Homes Transition Age Youth Full Service Partnership provides comprehensive intensive individual support services for young adults ages 16 - 26. Youth Homes serves a diverse range of clients from East and Central Contra Costa County. Many clients are severely mentally ill and or facing challenges such as homelessness or at risk of it, substance abuse, incarceration, psychiatric hospitalizations, severe emotional challenges etc. Utilizing a multidisciplinary team Youth Homes makes it possible to give consumers an opportunity to create a stable solid structure for growth and success. Primarily Youth Homes works hard to reduce the harmful nature of mental and behavioral health symptoms, in addition to assisting consumers in learning independent living skills and navigating resources. Consumers are linked with case managers, and support services such as housing programs, financial assistance, transportation, financial aid for health and school etc. Youth Homes TAY FSP program is within the CSS component of MHSA.

Results

Common Strengths

The Advisory Council has defined “Common Strengths” as something 3 or more MHSA programs do and do well. The Advisory Council believes these things are being done well due to the input and experiences shared by consumers and providers. As a disclaimer, this information is not to say that programs not mentioned here are not doing these things well or at all. This information is presented in no particular order and represents ONLY what the TAY Advisory Council has been able to gather.

Safe-family Like Environment:

First and foremost a common strength for each and every program is that they have created a safe-family like environment. Consumers reported time after time that their program feels like a home away from home, or that other program participants are like their family. It was regularly noted that the program was the one and only safe place in their lives.

Peer Support:

The Advisory Council also found that Peer Support is a common strength among programs. Programs that have peer support professionals on staff include, but are not limited to: New Leaf, Fred Finch CCTAY, and People Who Care. Additionally, consumers, themselves, are also supporting each other in ways that facilitate social and emotional growth, as well. It became clear that providers are creating these kind of environments and leading by example, which is allowing consumers to grow and support each other in healthy ways.

Volunteerism:

Promoting volunteerism was also found to be a common strength. Consumers reported taking pride in making a positive difference in their community and within programs. Providers that arrange for these opportunities for TAY consumers are offering a creative avenue to build self-esteem and positive experiences with peers and community members. Providers noted for offering volunteer opportunities to consumers include, but are not limited to: People Who Care, New Leaf Collaborative, RYSE Youth Center, Rainbow Community Center, Empowerment, and James Morehouse Project.

Therapy:

Therapy was also noted as a common strength. Each program offers therapy. Programs offer therapy in a variety of different ways. Some programs offer individual therapy, group therapy, and family therapy, of which some are EBPs. First Hope offers multi-family therapy groups. People Who Care offers a Therapeutic Summer Camp.

Educational Support and Advocacy:

Another common strength for all programs was educational support and advocacy. Programs advocate for and support education in a variety of ways for TAY consumers. Some ways in which programs accomplish this include, but are not limited to:

- Creating partnerships with schools directly to advocate for an Individualized Education Program (IEP);
- Individual support inside the classroom;
- Tutors on site of MHSA TAY focused programs;
- Contracted professionals working at the school site directly; and
- Program staff working with the consumer to navigate the educational system.

Programs noted for having educational support and advocacy as a strength include, but are not limited to: Empowerment, New Leaf, First Hope, RYSE Youth Center, Fred Finch CCTAY, People Who Care, and James Morehouse Project, Youth Homes TAY FSP.

Support Groups:

Support Groups were also a common strength. Each program offers support groups. Some support groups are run by program staff, and some are run by consumers while staff oversee the group. Examples of support groups within these program include, but are not limited to:

- Process Groups
- Harm Repair Groups
- Mindfulness and Meditation groups
- STAND Groups
- Singer Songwriter Groups
- Anger Management Groups
- Mental Health Awareness Groups
- Poetry Groups
- Youth Empowerment Workshops
- Professionalism Workshops
- Men and Women's Groups
- LGBTQQ2S Groups.

Free Services:

The Advisory Council also found free services to be a common strength. Programs lucky enough to offer entirely free services to consumers include: Empowerment, New Leaf, First Hope, RYSE Youth Center, and People Who Care. Rainbow Community Center has the capability to bill Medi-Cal for consumers with insurance and offer consumers without insurance, services that are free to the consumer. James Morehouse Project offers free mental health services in addition to free reproductive health services.

Vocational Training:

The Advisory Council also found that vocational training programs were a common strength. Vocational training programs come in the form of internships (paid and unpaid) and volunteering with professionals in the community or within their programs. Programs offering these opportunities include but are not limited to: People

Who Care, New Leaf, First Hope, RYSE Youth Center, Youth Homes TAY FSP, and James Morehouse Project.

People Who Care offer standardized training programs in green jobs, and Microsoft Office. New Leaf offers many standardized internships in the areas of National Parks, Biology and Wildlife Management, Community Science Workshops, Ecological Literacy and Peer Mentoring, and Green Media. Additionally, New Leaf offers professional development through resume and cover letter writing workshops. James Morehouse Project is furthering consumers professional development through offering Teachers Aid positions within the program. First Hope has a vocational counselor to work on volunteer and job placements, resume writing, and exploration and development of career interests. RYSE offers internships to consumers working inside of their program. Youth Homes TAY FSP also employs a Vocational Specialist working with consumers to prepare resumes,prepare for job interviews, and discuss sustaining jobs.

Case Management:

Case management was also a common strength. Programs that offer case management include, but are not limited to: First Hope, Fred Finch CCTAY, Rainbow Community Center, RYSE Youth Center, and Youth Homes TAY FSP.

Collaboration:

Another common strength within programs included collaboration. Each program had this strength. Some programs are already working with each other. For example Empowerment and Rainbow Community Center often collaborate to coordinate events for consumers. James Morehouse Project has partnered with Contra Costa County Health Care professionals, STAND!, El Cerrito High School, Bay Area Community Resources etc to provide services. Empowerment has partnered with Deer Valley and Pittsburg High Schools etc to provide services on these school campuses. New Leaf collaborates with the Rainbow Community Center, City of Martinez, Kiwanis International, National Park Service, Wildlink, Shell Oil, local elementary schools and many more to coordinate services and create events. People Who Care partner with the City of Pittsburg, Pittsburg Farmers Markets, local churches, Schools within East Contra Costa County, etc to provide services and create events for consumers. Rainbow Community Center collaborate with nine local high schools across four school districts, Club 1220 of Walnut Creek, and many more providing services and creating events for consumers. Fred Finch CCTAY collaborates with Calli House, Brookside Shelter, Shelter Inc., etc. to coordinate services for consumers. RYSE youth center partners with Richmond Police & Probation Departments, Police, Probation Departments, Art

Exchange, local schools etc to provide services and events for consumers. First Hope collaborates with Rainbow Community Center, Fred Finch CCTAY, primary care physicians, schools within Contra Costa County, etc to coordinate services and outreach opportunities. Youth Homes collaborates with Shelter Inc., 4C, Hope House, CCC Transition team etc. to link clients with the appropriate resources and supports. This is just a small glimpse of the partnerships each program collaborates with.

Employment of Past Consumers:

The Advisory Council identified hiring past program participants (consumers) as a common strength. Some programs hire program participants as volunteers, interns, or employees. Programs that have been noted for doing so include but are not limited to: New Leaf, People Who Care, Rainbow Community Center, and RYSE Youth Center.

Service Learning Opportunities:

Experiential, Placed Based, and Service Learning opportunities were a common strength. Providers are offering consumers a variety of ways to connect with their community. Positive relationships and life skills building is happening in and out of the MHSA TAY focused programs. Providers offer these opportunities through consumer and staff developed events, or community developed events. Programs and consumers are also working in partnership with communities to co-create these events. Providers that are offering these opportunities include, but are not limited to: People Who Care, New Leaf Collaborative, Rainbow Community Center, and RYSE Youth Center. A few examples of these kinds of activities are as follows: RYSE Leadership Team, Richmond Youth Organizing Team, EcoLiteracy Peer Mentoring, Phenology Monitoring, a Community Thrift Store, Mural Arts, Farmers Markets, and Hip Hop Car Washes.

Outreach to Schools and Communities:

The TAY Advisory Council identified promoting within schools as another common strength. Programs that have been identified as doing so include, but are not limited to: People Who Care, New Leaf, First Hope, Empowerment, James Morehouse Project, and Rainbow Community Center.

Furthermore the TAY Advisory Council established addressing community issues as a common strength. Each and every MHSA TAY focused program has been noted for doing so. Just some of these issues include Homelessness, Mental Health, Racial, Social, and Political Justice.

The TAY Advisory Council also recognized referrals to culturally appropriate mental health services and community resources as a common strength. If consumers

are approaching providers looking for resources they don't provide, staff works to try and connect them to the best place possible to get their needs met.

Preventing and Reducing Hospitalizations:

The TAY Advisory Council recognized programs such as but not limited to First Hope, Youth Homes TAY FSP, Fred Finch CCTAY, and Rainbow Community Center capable of successfully preventing and reducing hospitalizations. These programs work with a team of professionals to reduce the harmful nature of mental health symptoms. Programs including Youth Homes TAY FSP, Fred Finch CCTAY, and First Hope can contribute this partly because they also provide medication management.

Preventing and Reducing Incarceration:

The TAY Advisory Council recognized programs that can prevent and reduce incarceration as a common strength. The MHSA programs that have been noted for doing so include but are not limited to: Youth Homes TAY FSP, First Hope, People Who Care, and RYSE Youth Center.

Social Outings:

The TAY Advisory Council also identified facilitating social outings for consumers as a program strength. Programs that incorporate these services into their program include but are not limited to Rainbow Community Center, Empowerment Program, Youth Homes TAY FSP, Fred Finch CCTAY, and New Leaf Collaborative. Social Outings are incredibly important for this population because they allow consumers many benefits and possibilities consumers may otherwise not have such as, making friends, and learning how to have fun regardless of symptoms and challenges. Examples of actual social outings these programs facilitate include but are not limited to: trips to museums, trips to the beach and the movies, the Brower Youth Awards, Dances, backpacking and river rafting trips.

Utilizing EBP's:

Another common strength the Advisory Council recognized was utilizing Evidenced Based Practices. The Advisory Council noted programs that utilize EBP's include but are not limited to: Fred Finch CCTAY, Youth Homes TAY FSP, Rainbow Community Center, First Hope, James Morehouse Project, New Leaf Collaborative, and

RYSE Youth Center. Fred Finch CCTAY utilizes the Assertive Community Treatment Act (ACT) Cognitive Behavioral Therapy (CBT) Transitions to Independence Processes (TIP) and Motivational Interviewing. Youth Homes TAY FSP uses integrated treatment for co-occurring disorders. Rainbow Community Center uses the ACT Model. First Hope uses the ACT Model as well as the Portland Identification and Early Referral (PIER) Model. James Morehouse Project uses Trauma informed Care and Restorative Disciplinary Processes. New Leaf Collaborative uses Therapeutic Recreation and Transformative Education. RYSE Youth Center uses Trauma Informed Care.

Substance Abuse Support:

The TAY Advisory Council identified offering services in regards to recovering from substance abuse as a common strength. Programs that offer services around recovery from substance abuse include but are not limited to: Youth Homes TAY FSP, Fred Finch CCTAY, New Leaf Collaborative, Rainbow Community Center, and First Hope. These programs offer substance abuse support in many different capacities.

Repairing Familial Relationships:

The TAY Advisory Council identified a common strength to be working to repair familial relationships with consumers. Programs that the TAY Advisory Council noted for doing this work include but are not limited to: First Hope, People Who Care, Youth Homes TAY FSP, Fred Finch, and Rainbow Community Center. The above mentioned programs address this need using family therapy, employing family partners, multi-family education and support groups, home visits, and an open line of communication with consumers families when applicable.

Medication Management:

Medication Management has been acknowledged as a common strength for programs including but not limited to: First Hope, Fred Finch, and Youth Homes TAY FSP. Consumers are regularly meeting with clinicians to tailor and asses the need for medication.

Addressing Physical Health:

Additionally, the TAY Advisory Council identified addressing physical health in addition to mental health as a common strength. Programs the Advisory Council identified as doing so include but are not limited to: James Morehouse Project, New Leaf Collaborative, RYSE Youth Center, Rainbow Community Center, Youth Homes

TAY FSP, and First Hope. James Morehouse Project three days a week offers Contra Costa County Health Care professionals services such as physical examinations, Tuberculosis testing, and vaccinations to consumers. An additional component provided within basic medical services include reproductive health services such as STI screening, birth control, and pregnancy testing, which are free to consumers. The physical examinations are free to uninsured consumers as well as available to consumers with Medi-Cal insurance. James Morehouse also offers basic dental services weekly to consumers with Medi-Cal insurance. Youth Homes and RYSE Youth Center provide training and opportunities to cook healthy affordable meals. Rainbow Community Center offers sexual health services such as free HIV testing. New Leaf collaborative addresses physical health with weekly yoga and gardening sessions and monthly hikes.

Summary of Program Strengths

The TAY Advisory Council found the following strengths for all the PEI programs reflected in this report:

1. Safe-family Like Environment
2. Peer Support
3. Volunteerism
4. Therapy
5. Emotional Support and Advocacy
6. Support Groups
7. Free Services
8. Vocational Training
9. Case Management
10. Collaboration
11. Employment of Past Consumers
12. Service Learning Opportunities
13. Outreach to Schools and Communities
14. Preventing and Reducing Hospitalizations
15. Preventing and Reducing Incarceration
16. Social Outings
17. Utilizing EBP’s
18. Substance Abuse Support
19. Repairing Familial Relationships

20. Medication Management
21. Addressing Physical Health

Unique Individual Program Strengths

The Advisory Council has defined “Unique Program Strengths” as strengths that have been found in only one to two programs.

Empowerment Program:

The Advisory Council identified Empowerment’s ability to create 100% confidential groups on school campuses as a unique strength. Facilitating educational and support groups around extremely sensitive topics on school campuses where bullies are present and maintaining complete confidentiality is undoubtedly a strength. Another unique strength of Empowerment is their impact on the community despite their lack of staff. Empowerment serves about 80+ young people annually in and out of schools and only is funded for one part time position. Empowerment impacts all of the east county region.

People Who Care:

The Advisory Council acknowledged that offering court ordered services to offenders is a unique strength for People Who Care. Consumers ordered to receive services are typically being ordered through the School Attendance Review Board (SARB) and probation departments. Consumers reported completing assigned community service with People Who Care, are continuing to stay and receive services long after completing their assigned hours. This is a common reoccurrence within People Who Care.

Furthermore, the Advisory Council recognized that offering a Therapeutic Summer Camp as a unique strength for People Who Care. This summer camp integrates mental health into social, support, and trust activities.

First Hope:

The Advisory Council identified First Hope’s transportation abilities as a unique strength. First Hope serves the entire Contra Costa County and dedicates a vehicle, staff, and time to transport clients and their families to and from their clinic who could not otherwise get there.

Multi-Family Education and Support groups is another one of First Hopes unique strengths. Consumers and families can attend bi-weekly Multi-Family Groups. These groups increase understanding about psychosis, improve stress management and

communication skills, decrease stigma and isolation, and develop problem solving skills within the families. Multi-family groups are run in both english and spanish to accommodate those whose native language is Spanish. Especially with the isolation of monolingual patients/parents etc. These groups help to repair and strengthen familial relationships.

First Hope also possesses services in educational support and work-related services. This helps students get accommodations and appropriate school programs so they can remain in school and be successful. They also provide support for transitions to community college universities, and/or work. They can include assistance with registration, financial aid, and experiencing DSS support. they also provide assistance exploring vocational interest, resume writing, interview training, job searching, and applying for vocational rehabilitation if needed.

New Leaf:

A unique strength of New Leaf program is their cohort approach to alternative education program at Vicente Martinez High School, called New Leaf Leadership Academy. It is a cohort of 23 consumers who receive integrative services in the alternative education program on a daily basis. Social and emotional learning, reducing stigma, and mental health education are integrated into an everyday academic curriculum that can lead to a high school diploma. Another interesting strength of New Leaf is the unique partnership between the non-profit New Leaf Collaborative and Martinez Unified School District.

The Advisory Council acknowledged the creation and facilitation of Individual Success Plans as a unique strength. Individual Success Plans are focused in three areas and are framed as goals the consumers decides upon striving to achieve. The three focus areas of Individual Success Plans include Academic Skill Goals, Holistic Health Goals, and Attendance Goals. Each plan is created annually with consumers and staff. New Leaf staff discuss consumer progress and setbacks on a weekly basis. Individual Success Plans serve the cohort of 23 students in New Leaf Leadership Academy.

Another unique strength of New Leaf is the standardized internship program that came out of the program's developed community relationships. The standardized internship program offers consumers professional, social, and emotional growth through a tiered work-based learning experience and process. Consumers work with staff individually and in groups to create resumes, cover letters, and interview skills. Consumers participate in a formal, yet safe interview process with New Leaf Collaborative staff and community members. Consumers participate in perspective training programs once the interview process is complete and often New Leaf

Collaborative staff is present during these training sessions. Consumers intern with different community professionals along the lines of ecology, phenology, cultural landscape, botanical trails, etc. Quarterly evaluations for consumers are facilitated by New Leaf Collaborative staff and community professionals to examine professional, social, and emotional growth. Interns gain points toward their high school diploma and are honored for their progress.

Rainbow Community Center:

The Advisory Council identified Rainbow Community Centers focus on health in it's entirety as a unique strength. All of our MHSA TAY focused programs do have a holistic health focus, but none in the way that Rainbow Community Center does. Rainbow Community Center offers mental health services, social support services, sexual health, spiritual and faith related services. Examples of such include free HIV testing, game nights, interactive workshops, guest speakers, and LGTBQ Faith Resource Guides.

Rainbow Community Centers Contra Costa LGBTQ Youth Advocacy Collaborative is also a unique strength. This collaborative is comprised of consumers, Rainbow Community Center staff, and community members. The collaborative works in the community to reduce stigma and rejecting behaviors in addition to improving access to LGBTQ youth services. In addition the collaborative works to engage people who influence health outcomes for LGBTQ Youth such as families, peers, community members & systems, faith groups, schools, health providers, juvenile justice, social welfare, foster care, etc.

STAND in Pride has been identified as a unique strength for Rainbow Community Center. STAND in Pride is the result of a partnership with Rainbow Community Center and STAND! For Families Free of Domestic Violence. STAND in Pride offers services specifically to LGBTQ consumers that have survived domestic violence and hate crimes.

Rainbow Community Centers work to educate the community on LGBTQ related issues has been acknowledged as a unique strength. Rainbow Community Center offers free educational workshops and trainings to professionals, schools, and community members within Contra Costa County. They are also the lead agency facilitating the Inclusive Schools Coalition which aims to improve educational and life outcomes for students in Contra Costa County through education and access to resources.

Fred Finch CCTAY Program:

Fred Finch's capability to assist consumers in applying for Medi-Cal and Social Security Income (SSI) has been recognized as a unique strength. Consumers who may not have insurance, that can not receive the needed support without it can apply with the help of this program. Additionally consumers who should be receiving SSI but for whatever reason do not receive the needed help in applying for SSI can apply with the help of Fred Finch.

Money management has been acknowledged as unique strengths. Fred Finch's multi-disciplinary team and partners work to ensure consumers who need this service can receive it. Members of the multidisciplinary team include but are not limited to: Master's level Clinician (some licensed, some not), a Family Partner (BA or below), a Psychiatric Nurse Practitioner (MA), and a Peer Mentor (BA or below).

Fred Finch's Family Partner is also unique strength. In addition to providing peer support for consumers, Fred Finch can provide support to consumers family. The Advisory Council also identified Fred Finch CCTAY Advisory Council as a unique strength. The Advisory Council within Fred Finch's program is comprised of consumers and Fred Finch staff.

James Morehouse Project:

The Advisory Council identified providing basic medical services to consumers as a unique strength..

James Morehouse Project is a program partnered and located within El Cerrito High School and the Advisory Council has recognized this as a unique strength of the program. El Cerrito High School holds 1,400 students and each of those students have the opportunity to receive services. Due to the James Morehouse Project location and hours of operation consumers access to services are convenient and timely. Consumers have the option of drop in support and immediate intervention services during their school day. Additionally this means that consumers who have been identified to need additional support services can receive support in the classroom as well. Examples of in-class support include but are not limited to: walking with consumers to and from classes, sitting with consumers in certain classes, etc.

Another unique strength of the James Morehouse Project is their ability to train school staff to recognize and identify trauma and create trauma sensitive schools. The James Morehouse Project has been recognized as a statewide leader for their ability to do so. Their partnership with school administration and faculty is a large part of what allows them to build and sustain a trauma sensitive environment in and out of the classrooms.

RYSE Youth Center:

The Advisory Council identified RYSE Youth Centers Diversion program as a unique strength. The Diversion program is for consumers who are first time misdemeanor offenders. Through their partnerships with Law enforcement and probation departments RYSE can provide intervention services and supports to prevent formal involvement in the juvenile justice system. Consumers participate in an eight week program attending interactive workshops focused on positive ways to cope with stress, non-defensive communication, education, and career support. Additionally, a justice navigator works with the consumer to develop a plan and address needs, including clinical and non-clinical health, to support the youth's success.

RYSE Youth Center's racial and social justice focus has been identified as a unique strength. Programs at RYSE are grounded in racial justice and oriented towards changing and transforming systems. This specific focus contributes to the healthy development and vitality of youth and the communities they live in by reducing violence and increasing participation and leadership in civic activities

The nutrition component RYSE incorporates into their program has been identified as a unique strength. Programs at RYSE focused on nutrition teach consumers about food justice and how to grow and cook their own healthy food.

RYSE's Listening Campaign is a community-engaged inquiry process designed to understand with more sensitivity, clarity, and empathy, the lived experiences of young people burdened with trauma exposure, marginalization, and histories of oppression. The LC engaged over 500 young people in Richmond and West Contra Costa through a semi-structured research design. LC findings indicate trauma is pervasive, assumed, and multi-dimensional, organized through silence(ing) and shame(ing), mediated through substance use, harm to self and others, reflected and reinforced through unempathetic and judgmental experiences with adults. Young people indicated the need and desire to connect with adults that enables connection, trust, and a belief in their abilities and capacities, safe spaces to explore interests, needs, and opportunities, and to take risks and try new things, investments that support the spectrum of needs, priorities, and interests. They also indicated the need to control and direct the narratives about their lives (as a way to counteract the harm of dominant and harmful media representations of young people of color and of Richmond). RYSE's commitment with the Campaign is to act on the needs and insights that young people shared in order to create more effective community supports and services, as well as more empathetic and empowering systems, policies, practices, and investments that are equipped to respond to and address the experiences and impact of trauma, violence, coping, and healing. The LC was part of our work as a PEI program.

Youth Homes TAY FSP:

The Advisory Council identified offering legal assistance to consumers when necessary as a unique strength. Additionally Youth Homes has the capability to work with consumers that are incarcerated. In addition to providing alumni services to program graduates.

The Advisory Council also identified transportation assistance to consumers as a unique strength. Staff provide transportation assistants to mental health services, and support services.

The Advisory Council found Youth Homes 24/7 crisis line to be a unique strength. Youth Homes rotates team members weekly to provide 24/7 crisis intervention services. Most crisis interventions can be solved over the phone, although Youth Homes team members will go out into the community when needed.

An additional strength for Youth Homes is their ability to provide clinical guidance for couples in their program. The Advisory Council noted that the importance of Youth Homes ability to do so because of how prevalent and dysfunctional relationships can be for so many people of the TAY age range.

The Advisory Council also identified Youth Homes hotel vouchers as a unique strength. Youth Homes can house one client 3 nights per year in a hotel with free vouchers.

Additionally,Youth Homes ability to provide semi money management, and payee services to consumers has been identified as a strength. Their team works to ensure consumers who need these services can receive them.

Trending Program Needs

The TAY Advisory Council defines “Trending Program Needs” as the same need discovered in two or more MHSA TAY focused program. The following is a list of trending program needs.

1. **Funding:**
   Programs that the Advisory Council has identified could use more support in funding include Empowerment Program, People Who Care, New Leaf, James Morehouse Project, and Rainbow Community Center.

2. **Connection to Resources:**
   Programs that the Advisory Council has identified could use more support in connecting with resources include Fred Finch CCTAY Program, People Who Care, Empowerment, and First Hope.

3. **Outreach:**
   Programs that the Advisory Council has identified could use more support in outreach include People Who Care, Empowerment, and First Hope.

4. **Transportation:**
   Programs that the Advisory Council identified could use more support with transportation include Empowerment, New Leaf, Rainbow Community Center, and First Hope.

5. **Additional Staff:**
   Programs that the Advisory Council identified as needing additional staff include Empowerment, People Who Care, New Leaf, and RYSE Youth Center.

6. **Additional Staff Development:**
   Programs that the Advisory Council identified could use more support with staff professional development include New Leaf and Rainbow Community Center.

7. **Advertising:**
   Programs that the Advisory Council identified could use more support with Advertising include Rainbow Community Center, New Leaf Collaborative, and People Who Care.

8. **Extending Days of Operation**
   Programs that the Advisory Council identified could use more support in extending days of operation (being open more days of the week) include RYSE Youth Center and Rainbow Community Center.

Identified Program Needs and Strategies for Support:

The TAY Advisory council identified specific needs that are specific to each program. Additionally the council worked to present possible strategies to support these program specific needs in areas such as increasing consumer access, timely access, greater resources, reducing stigma, community awareness, etc.

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Empowerment:

The Advisory Council identified the following needs for better supporting the Empowerment Program:

- Develop additional transportation access, support, and resources for consumers to and from group sessions
- Create a full time staff position to increase services and supports for consumers
- Expand the aging out requirement past 18+

People Who Care:

The Advisory Council identified the following needs for better supporting People Who Care:

- Provide additional funding in order to recruit and retain a qualified Clinician/Therapist for its Clinical Success Program
- Provide additional funding in order to recruit and retain a qualified Site Coordinator position
- Create a networking position for a staff member to attend meetings, networking events, and gather resources for consumers
- Consumers believe a lot more young people could benefit from what People Who Care has to offer and would like to see more efforts toward community outreach.

First Hope:

The Advisory Council identified the following needs for better supporting First Hope:

- Consumers believe a lot more young people could benefit from what First Hope has to offer and would like to see more efforts toward community outreach
- Consumers and staff reported a desire to hiring academic tutors to support consumers educational development
- Creating, funding, and implementing a First Break Program for First Hope would allow their program to stop turning away so many consumers who desperately need their services

New Leaf:

The Advisory Council identified the following needs for better supporting New Leaf:

- Develop additional transportation access, support, and resources for consumers to and from project sites
- Increase the amount of one on one services to further support current consumers and additional consumers through additional funding
- Staff support could increase with more funding to better support current and additional consumers
- Locate and implement any existing marketing and advertising tools and support to reach more consumers

Rainbow Community Center:

The Advisory Council identified the following needs for better supporting Rainbow Community Center:

- Provide transportation stipends to consumers who would otherwise can’t afford to travel to Rainbow Community Center
- Expand the days of operation to allow for increased consumer access to services
- Locate and implement any existing marketing and advertising tools and support
- Help with Crisis Intervention Services
- Additional assistance with staff support

Fred Finch CCTAY Program:

The Advisory Council identified the following needs for better supporting Fred Finch CCTAY Program:

- Increase employment development through the hiring of a full time Employment Specialist who will utilize the evidenced based approach of IPS to support participants to become employed
- Connect more participants with housing: challenges to doing so include the requirement of income and a recent hospitalization, lack of transitional housing, and a lack of wet shelters (Can't use substances is a problem)
- Increase the availability to housing for TAY consumers
- Decrease the waitlist for services
- Adding groups focussed solely on recovery/addiction (like AA)
- Providing additional opportunities for connecting and social activities within the TAY age range where participants can feel accepted

James Morehouse Project:

The Advisory Council identified the following needs for better supporting James Morehouse Project:

- Provide funding to develop and implement an art program for consumers
- Continue and/or increase Core operating support to sustain programs through sustainable funding

RYSE Youth Center:

The Advisory Council identified the following needs for better supporting RYSE Youth Center:

- Restore and upgrade the music studio to increase consumer participation
- Connect music related internships outside of Richmond through collaboration (e.g. Oakland or San Francisco)
- Further support professional development through funding professional presentations from community members for consumer
- Further support educational growth providing additional educational scholarships
- Expand the days of operation to allow for increased consumer access to services
- Ryse's Listening Campaign indicated the Youths need and desire to connect with adults that enables connection, trust, and a belief in their abilities and capacities, safe spaces to explore interests, needs, and

opportunities, and to take risks and try new things, investments that support the spectrum of needs, priorities, and interests.
- RYSE's Listening campaign also showed that youth need to control and direct the narratives about their lives (as a way to counteract the harm of dominant and harmful media representations of young people of color and of Richmond.
- Hire staff to keep RYSE open throughout the weekend

Youth Homes TAY FSP:

The Advisory Council identified the following needs for better supporting Youth Homes TAY FSP Program:

- Address the lack of housing available to consumers
- Specifically address the needs for married couples

Desired Areas of Collaboration

The following is a list of areas for desired collaboration that providers and consumers communicated at meetings.

1. **Social Activities and Outings:**
   Fred Finch and Empowerment expressed a desire for additional social activities and outings for consumers.
2. **Education & Awareness:**
   First Hope and Rainbow community center expressed a desire to create more awareness and educational experiences around the work that they do.
3. **Advertising and Marketing:**
   New Leaf would like to work with other agencies to advertise and market their program to reach a greater number of consumer.
4. **Connecting Resources**:
   People Who Care would like to collaborate with additional organizations to connect consumers to more resources. In addition People Who Care would like to learn how to collaborate with agencies that they frequently refer consumers to.

Discussion

The TAY Advisory Council was happy to serve Contra Costa County Mental and Behavioral Health. We were lucky enough to serve as a microscope into each of the above programs from a peer and provider perspective. The intention behind this report is simply for Contra Costa County Mental and Behavioral Health to continue to acknowledge the transition age youth population as a distinct fundamental entity in the Mental and Behavioral Health System. It is also the hopes of the Advisory Council that this document can serve as a resource to TAY focused MHSA program providers to uncover and make connections with each other.

The TAY population needs can differ from Children's Mental Health and from Adult Mental Health services. Our results offer this conclusion as well. The TAY population face unique challenges in the sense that consumers can be working to address issues from their past as a child, recovering from and surpassing their current conditions, finishing school, and creating some kind of future for themselves with tools they've been given. Examples of challenges we've found relate to the TAY population include things like: early onset of mental illness symptoms, severe mental illness, serious emotional disturbance, substance abuse, graduating highschool and college, homelessness, childhood trauma, exposure to gun violence, verbal, emotional, and physical abuse, physical and sexual assault, discrimination, a lack of support and positive healthy relationships including familial, earning income and keeping a job, learning to budget for themselves, gang affiliations, acquiring health care coverage, unhealthy living environments, the juvenile and adult justice systems etc. This population is faced with one of the most difficult transitions, moving from being a child and coming into adulthood. Many TAY consumers didn't have the skills to make a successful transition into adulthood until entering the above mentioned programs. You can also see this by looking at Final Thoughts From TAY Consumers following this section. Moreover, the common program strengths serve somewhat as a formula for what these providers found that are important to TAY consumers and that they are yearning for these supports. These programs work to ensure young people don't have to become lifetime consumers of the mental and behavioral health systems. It is the opinion of the Advisory Council that these programs are undoubtedly living up to the MHSA mission of addressing whole individuals. The programs being discussed are providing the tools and experiences, for youth who otherwise wouldn't learn and receive them.They offer consumers a path to empowerment, health, happiness, and self-sufficiency, this is the enormous job these providers take on each day.

The TAY Advisory Council would like to acknowledge many of the challenges and roadblocks the Mental and Behavioral Health system faces as well. Being the ninth

largest county in California, Contra Costa is home to nearly one million people. Additionally, children ages 0-18 years of age make up 25% of that total population, which make up a large portion of the TAY population. Surely the amount of consumers that are currently being served in addition to those who should be receiving services in this county is daunting and an incredible undertaking. AB 114 should've relieved some of the pressure of this daunting task but rather it appears it has increased the counties workload and taken away some of its funding. AB 114 shifted the responsibility from county mental health agencies to K-12 schools to provide mental health intervention and diagnostic services over four years ago. Some troubling discoveries have been made since then. In an article titled Troubling Audit on Mental Health Services for Students by Kimberly Beltran, it appears at least one audit of a school district has taken place in california and has resulted in uncovering a backlog of unspent mental health funds. Furthermore within this article, "It was unclear, said the state legislature how the regional school organizations charged with providing special education services - known as Special Education Local Plan Areas, or SELPAs were using their funds, and what services were being provided." AB 114 has put the pressure back on county agencies to pick up the slack with or without the funding. In the same article mentioned above Senator Jim Beall declares, "About 700,000 students - 7.5 percent of all school aged children in California - have a serious behavioral health disorder but only 120,000 receive therapy or counseling as part of their IEP." While only a portion of the folks Mr. Beall is talking about applies to Contra Costa Counties TAY population, it is still significant. Senator Beall has even introduced SB 884 "As a way for the legislature to discuss and examine the issue and put forth solutions to better serve students with mental health needs." More than the TAY population has suffered because of AB 114, but as mentioned previously they are the people we are expecting to become productive members of society shortly, deterring them from being lifetime consumers.

With so many consumers to serve the nine programs listed in this report have done a remarkable job to address specifically the needs of the TAY population. Despite the obstacles that these providers face, we've been able to identify 21 common strengths among them. Each program has unique strengths that have only been identified in one or two programs also. In sections titled Trending Program Needs as well as Desired Areas of Collaboration you will notice "Connection to Resources" is listed in both sections. This item is critical to better support all TAY focused programs. It's clear these providers are accomplishing innovative work and serving a diverse background of young consumers. Although connecting consumers with external mental health treatment and support services is still difficult. Other trending program needs such as funding, staff, staff development, transportation, and outreach make connecting resources increasingly difficult. While there are so many resources available within Contra Costa County if this issue of connecting resources is not addressed it's

ultimately costing consumers and county dollars. Things like referrals to services, and an overall lack of understanding of what currently exists within Contra Costa County is hurting consumers and providers. It takes additional time for providers to dig to find the appropriate services if their not already existing within their own program. It takes time away time from providing direct services. Consumers are suffering for these same reasons.

Addressing Trending Program Needs such as Outreach and Advertising in addition to Desired Areas of collaboration such as Education and Awareness, and Advertising and Marketing will help to address the increase of youth visiting PES. Psychiatric Emergency Service (PES) stays are in fact increasing. It's been reported that for the fiscal year of 2014/15, 175 children stayed over 23 hours in PES which resulted in a loss of about $800,000 for Contra Costa County. This is compared to only 70 stays longer than 23 hours in PES in the fiscal year of 2012/13. In two years alone this number has more than doubled, and continues to increase. This data has not been broken down into categories such as Children, TAY, and Adults due to Contra Costa County acknowledging Children as 0-17 and adults as 18-59. What we do know is that a significant portion of TAY consumers are accounted for in these PES stays. The average PES stay in the Children's system of Care is seven days, while 49% of all Children's PES contacts are in East Contra Costa County.

Many PES visits from young people over the age of 15 have had substance abuse as an issue contributing to mood instability, with positive tox screens upon arrival. American Society for Addictive Medicine standard of care for adolescents is to have the following levels of treatment: 0.5 Early Intervention, 1.0 Outpatient Services, 2.1 Intensive Outpatient Services (IOP), 2.5 Partial Hospitalization Services, 3.1 Clinically Managed Low-Intensity Residential Services, 3.5 Clinically Managed Medium Intensity Residential Services, 3.7 Medically Monitored High-Intensity Inpatient Services, 4.0 Medically Managed Intensive Inpatient Services. Currently Contra Costa County has a 0.5 and 1.0. Thunder Road has been the only inpatient chemical dependency treatment program available to Medi-Cal TAY. When Thunder Road closing meant there was no longer inpatient treatment available for these TAY. While Thunder Road has re-opened it's doors it is unclear to the Advisory Council at this time how many beds are available to our TAY consumers. Seven of these nine programs are within the Prevention and Early Intervention component of MHSA and the other two are very well developed Full Service Partnerships within MHSA. Through addressing program needs and desired areas of collaboration, these programs have the capability to reduce these numbers and the funds it ultimately costs Contra Costa County regardless. Not only can it reduce the Children's PES stays and what it costs Contra Costa County, but it can affect the future adult PES stays and costs as well.

Contra Costa County plans offered to the public do acknowledge the TAY population and the programs that serve them. It is currently unclear to the TAY Advisory Council whether there is any other data available, that acknowledges the TAY population as being separate from children and or adults. Unfortunately, it's evident that better support for programs serving the TAY population is an issue that needs to be addressed. Specific roadblocks to better supporting the above programs identified by the Advisory Council include, but are not limited to: funding, not enough time to attend meetings and network, staff availability in terms of collaboration, staff support, advertising, marketing, and outreach, strict housing requirements, and a lack of housing resources.

Final Thoughts from TAY Consumers

The Advisory Council managed to collect some quotes from consumers that show what these programs truly mean to those they serve.

- “I’ve made more friends and was able to gain more acceptance for who I am. Also to have pride in the path I’ve chosen for myself.”
- “It’s a strong built community.”
- “Empowerment is like a safe house.”
- “It was more than an internship it was a change for Richmond.”
- “New Leaf is like another life for me, a way better one.”
- “What I’ve gotten from coming to Empowerment is a whole new support system. No matter what I’m going through I can always count on the coordinator and my other peers to help me through it all.”
- “Instead of being in the hood, we can do something positive.”
- “We can be ourselves without being judged. What we do here isn’t just for ourselves, it’s for society as well. So society can understand our differences and also help those in need.”
- “Without this place I wouldn’t be in school.”
- “I had the worst grades without James Morehouse.”
- “We talk, communicate, and help each other through tough times like a family.”
- “I personally feel like it’s my second home.”
- “New Leaf is my safe place.”
- “If it wasn’t for the JMP I would’ve had to move to Oregon.”
- “In the seven years I’ve been coming here there’s only been one fight.”
- “Believe if it wasn’t for this program my mind wouldn’t bet getting better.”

- “My favorite part of Youth Homes is them helping me move out, it’s a big part.”
- “Scheduling appointments, being accountable, it gets me out of the house.”

Our youth are our future. Cheesy as this may may sound, there is no denying it. Our TAY focused MHSA programs are teaching consumers to be politically and socially aware, to take action in their communities, to invest in themselves, to be productive members of society. Our TAY focused MHSA programs are facilitating educational and professional development, and their exemplifying mental health as something each and every consumer has the right to and can find recovery, resiliency, and wellness. “Dependence on the state for years to come” is what MHSA TAY focused programs are avoiding for their consumers, and they are doing it well. Consumers of the TAY population are transforming into productive, contributing citizens despite all that they face. Often consumers in the TAY age range end up becoming employees in the CCC Behavioral Health system or employed through partners.

Glossary

Consolidated Planning Advisory Workgroup (CPAW): CPAW is an ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several subcommittees that focus on specific areas, such as innovation and homelessness. It is comprised of individuals with consumer and family member experience, service providers from the county and community based organizations, and individuals representing allied public services, such as education and social services.

Consumers: In this context, consumers refer to individuals and their families who receive behavioral health services from the county, contract partners, or private providers. Consumers can be also referred to as clients, participants, or members.

Community Services and Supports (CSS): Community Services and Supports is the title of one of five components funded by the Mental Health Services Act. It refers to mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those provided in the mental health system of care that is not funded by MHSA. Within community

services and supports are the categories of full service partnerships, general system development, outreach and engagement, and project based housing programs.

Full Service Partnership (FSP): Full service partnership is a term created by the Mental Health Services Act as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family. This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services. Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wraparound services to children. The county shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports, and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

Mental Health Services Act (MHSA): Also known as Proposition 63, the Mental Health Services Act was voted into law by Californians in November 2004. This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. The MHSA has five components: community services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and technology. An additional one percent of state income tax is collected on incomes exceeding one million dollars and deposited into a Mental Health Services Fund. These funds are provided to the county based upon an agreed upon fair share formula.

Prevention and Early Intervention (PEI): Prevention and Early Intervention is a term created by the Mental Health Services Act, and refers to a component of funding in which services are designed to prevent mental illness 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. Twenty percent of funds received by the Mental Health Services Act are to be spent for prevention and early intervention services.

Psychiatric Emergency Services (PES): The psychiatric emergency services unit of Contra Costa County is located next door to the Emergency Room of the Regional Medical Center in Martinez. It operates 24 hours a day, seven days a week, and is staffed by psychiatrists, nurses, and mental health clinicians who are on call and available to respond to individuals who are brought in due to psychiatric emergency. Persons who are seen are either treated and released, or admitted to the inpatient psychiatric hospital ward.

Transition Age Youth (TAY): Youth ages 16 through 25 who are individuals diagnosed with a serious emotional disturbance or serious mental illness, and experience one or more of the risk factors of homelessness, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster care placements, and experience with the juvenile justice system.

Wraparound Services: Wraparound services are an intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social network. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

Individualized Education Plan (IEP): An Individualized Education Program (IEP) is a written statement of the educational program designed to meet a child's individual needs. Every child who receives special education services must have an IEP.

Evidence Based Practice (EBP): Evidence Based Practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care.

Stakeholder Meeting Calendar
May 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	*2*	*3* **BH Housing:** **1-3 pm** **1875 Arnold Dr** **Martinez**	*4* **MH Commission:** **4:30—6:30 pm** **550 Ellinwood Way** **Pleasant Hill**	*5* **CPAW:** **3-6pm** **2425 Bisso Ln** **Concord**	*6*	*7*
8 	*9*	*10*	*11* **Systems of Care:** **10am—12 pm** **1340 Arnold Dr,** **Ste 200, Martinez**	*12* **Children's:** **11:00-1:00pm,** **1340 Arnold Dr,** **Ste 200, Martinez** **Social Inclusion:** **1-3 pm** **2425 Bisso Ln,** **Concord**	*13*	*14*
15	*16* **Membership:** **3-4:30 pm** **1340 Arnold Dr,** **Ste 200, Martinez**	*17*	*18*	*19* **MHSA Finance:** **1-3 pm** **TBA** **Steering:** **3-5 pm** **2425 Bisso Ln,** **Concord**	*20*	*21*
22	*23* **Innovation:** **2:30—4:30pm** **1340 Arnold Dr,** **Ste 200, Martinez**	*24* **Adult:** **3:00—4:30pm** **1340 Arnold Dr,** **Ste 200, Martinez**	*25* **Aging and Older Adult: 2-3:30 pm** **2425 Bisso Ln,** **Concord** **AOD Advisory Board :** **4 –6:15pm** **651 Pine St, Martinez**	*26*	*27*	*28*
29	*30*	*31*				