



County of Sonoma
Department of Health Services

**Sonoma County
Department of Health Services
Mental Health Division**

**Mental Health Services Act
Prevention and Early Intervention Plan**

December 18, 2008

**MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09**

County Name: Sonoma County	Date: December 18, 2008
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AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for “very small counties”), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____

County Mental Health Director

Date

Executed at _____, California

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Sonoma County Department of Health Services, Mental Health Division Mental Health Services Act, Prevention and Early Intervention Plan Executive Summary

I. Introduction

For the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA), the Sonoma County Department of Health Services (DHS) Mental Health Division (MHD) engaged in a community planning process to design innovative, evidence-based, culturally competent programs to reduce risk factors, build protective factors and skills, and increase support for those at risk of developing serious mental illness. Through an inclusive and representative planning process, Sonoma County DHS MHD convened stakeholders, service providers, family members, community members and consumers in a process that resulted in four age-specific PEI strategies and one system enhancement PEI strategy. This executive summary describes the community planning process and highlights key components and goals for each of the five PEI projects set out in the Prevention and Early Intervention Plan.

II. Community Planning Process

Inclusive and Organized Process

The Sonoma County DHS PEI community planning process was designed to be a comprehensive and representative planning process involving meaningful participation of diverse communities, including potential consumers, their families, and other community stakeholders.

The collaborative planning structure included the following groups:

- Sonoma County Department of Health Services Mental Health Division
- Steering Committee
- Harder+Company Community Research (planning consultants)
- Community Workgroups
- Stakeholder Leadership Group

The planning process for Sonoma County DHS involved three main components:

- ***Outreach and launch:*** facilitate steering committee nominations and regional outreach meetings;
- ***Planning and recommendations:*** convene and facilitate community workgroups, which developed recommendations for Stakeholder Leadership Group; and,
- ***Prioritizing and decision-making:*** present recommendations to Stakeholder Leadership Group to prioritize strategies.

All members of the community were welcome to participate in the PEI planning process by (1) participating in community workgroups, (2) nominating workgroup members and co-chairs, and (3) reviewing and commenting on the draft plan. Extensive community outreach was conducted through a series of launch meetings in Sonoma County DHS. A total of 173 people attended six outreach meetings throughout Sonoma County. Furthermore, a survey was distributed at all six launch meetings and also posted on the Mental Health Division's website in English and Spanish. The survey asked about priority populations and needs in Sonoma County. A total of 96 surveys were collected.

Representing Underserved Communities

One of the primary goals of the Sonoma County DHS PEI community planning process was to bring to the table the voices of un-served and underserved communities in the county. With that in mind, the planning team conducted targeted community outreach to un-served and underserved populations. As a result, diverse organizations and groups representing un-served and underserved populations, and their family members, came to the community workgroup meetings. The organizations represented at the workgroup meetings were from different areas of the county, represented diverse stakeholders, and were able to reflect their own needs or the needs of the populations they work with.

In order to provide additional opportunities for participation for the diverse communities of Sonoma County, additional data collection efforts with youth and parents were undertaken by the planning team. This allowed the process to bring under-represented and new voices into the process.

Community Review

Sonoma County envisioned and organized PEI plan development to be initiated and crafted by the community participants who comprised the Stakeholder Leadership workgroups. The first draft of the PEI plan was prepared by Sonoma County DHS and was sent to the Stakeholder Leadership Group for review and revision. The revised draft was then prepared for the 30-day period of county-wide distribution and review. The draft plan was posted on the MHSA page of the Sonoma County DHS MHD website, and hard copies of the plan were made available upon request. Notice of the hearing was published in the local newspaper with the largest circulation in Sonoma County (the Press Democrat).

A public hearing hosted by the Mental Health Board was held on December 9, 2008 at 5:30 p.m. in the conference hall of the Unitarian Universalist Church located in Santa Rosa. In all, 24 individuals attended the public hearing.

During the hearings, the planning consultant reviewed the planning process and MHD staff presented the new programs proposed in the plan, and the public were

invited to pose questions and comments. The Executive Summary was made available to all participants. The full plan was available on request.

Overall community members expressed broad support for the plan. A few participants reiterated their appreciation of an inclusive process that provided multiple opportunities for input and involvement. Most of the comments were focused on future implementation issues. The following themes emerged from the questions and ensuing discussion:

- Request for clarification of the Systems Enhancement Project.
- Explanation of the criteria which will be used for the RFP review.
- Clarification of the evaluation and capacity building requirements in the Plan.
- Ensuring the community remains informed and involved in implementation.

III. PEI Strategies and Programs

Each of the proposed PEI projects described in the MHSA PEI Plan is the result of a collaborative planning effort between the Sonoma County DHS Mental Health Division (MHD) and community stakeholders, including service providers, doctors, people with serious mental illness or serious emotional disturbance (SMI/SED), and family members of people with SMI/SED. Community workgroup members prioritized community mental health needs and populations using data paired with their own experience to identify issues that would make a person's risk of developing mental illness "significantly higher than average," as directed by the State. Sonoma County DHS MHD and the community stakeholders believe that the projects put forth will effectively address the community mental health needs and populations prioritized during the community planning process.

The following chart describes key components of each of the proposed PEI projects.

PEI Project	Description	Goals/Outcomes
<p>Early Childhood Prevention Project</p>	<p>The Early Childhood Prevention and Early Intervention Project will address the needs of young children prenatal to age five and their families in Sonoma County DHS. The project targets children prenatal to the age of five, as well as their parents and caregivers, in Sonoma County DHS. The proposed project aims to support a community continuum of care that includes screening, intervention, and support strategies in a way that serves children and caregivers and established a framework for success beyond a single program or strategy.</p> <p>The Early Childhood Prevention and Early Intervention Project consists of two (2) complementary components that reflect all aspects of the prevention continuum:</p> <p>1) Model of Care for Children 0-5</p> <ul style="list-style-type: none"> a. Universal social/emotional screening of children b. Assessment and facilitated referral to services for high-risk children and their families c. Education and early intervention for parents/caregivers and providers d. Provider training and technical assistance for screening and assessment <p>2) System of Care for Pregnant Women and Mothers of Young Children Experiencing Perinatal Mood Disorder (PMD)</p> <ul style="list-style-type: none"> a. Universal surveillance by medical providers b. Screening by non-medical health care workers c. Facilitated referrals for women experiencing PMD d. Services for women experiencing perinatal mood disorder 	<p>Individual/Family</p> <ul style="list-style-type: none"> ▪ Increased knowledge of social, emotional, and behavioral issues impacting young children ▪ Increased knowledge of risk and protective factors for mental health ▪ Increased parent/caregiver confidence in parenting skills ▪ Decrease in parental/caregiver substance abuse <p>Program/System</p> <ul style="list-style-type: none"> ▪ Increase in the number of young children receiving mental health services ▪ Increase in the number of children and families identified as needing prevention programs and early intervention (PEI) services ▪ Increase in the number of children and families identified who receive PEI services ▪ Increase in the number of children and families from underserved populations who receive PEI services <p>Long Term/Community</p> <ul style="list-style-type: none"> ▪ Earlier access to mental health services ▪ Shorter duration of untreated mental health illnesses ▪ Enhanced mental health wellness among young children ▪ Enhanced non-violent, protective and nurturing environments for children ▪ Reduced incidence of child abuse, mental illness, and behavioral problems ▪ Decrease in mental health disparities regarding access to mental health prevention and intervention services ▪ Reduced stigma

PEI Project	Description	Goals/Outcomes
<p>School-Based Programs</p>	<p>The school-based PEI project uses Student Assistance Programs to address the key community needs of at-risk children, youth and young adult populations and their families. Student Assistance Programs (SAPs) are a school-based approach to providing focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns relating to substance abuse, mental health, or social issues. They are a process that connects programs and services within and across school and community systems to create a network of supports to help students. SAPs identify students in need of intervention, assess these students' specific needs, and provide them with support and referral to appropriate resources. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.</p> <p>SAPs provide an umbrella of prevention, identification, screening, intervention, and support strategies within a school, in collaboration with a network of community supports. The range of SAP services typically includes the following:</p> <ul style="list-style-type: none"> ▪ Group Prevention Education ▪ Individual and Group Counseling and Support Groups ▪ School-Wide Awareness and Outreach Activities ▪ Family Engagement and Parent Programs ▪ Referrals ▪ School staff development ▪ Resources 	<p>The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically. The broad goals of SAPs are to reduce students' behavioral and disciplinary violations and substance use habits, while improving school attendance and academic performance through the referral to appropriate services.</p> <p>Individual outcomes</p> <ul style="list-style-type: none"> ▪ Reduction in school violence and behavioral incidents ▪ Reduction in substance use ▪ Improvements in school attendance ▪ Improvement in academic performance ▪ Reduction in number of suspensions ▪ Increased knowledge of social, emotional and behavioral issues ▪ Increased knowledge of risk and resilience/protective factors <p>System and program outcomes</p> <ul style="list-style-type: none"> ▪ Increase in number of prevention and early intervention activities in schools ▪ Increase in number of individuals and families identified as needing prevention and early intervention services ▪ Increase in number of individuals and families receiving prevention and early intervention services ▪ Increase in number of individuals and families from underserved cultural populations who receive prevention and early intervention services ▪ Increase in successful follow-through on linkages/referrals ▪ Enhanced cultural competence in school-based prevention and early intervention services ▪ Reduction in disparities in access to mental health services ▪ Reduction in stigma and discrimination associated with accessing mental health services

PEI Project	Description	Goals/Outcomes
<p>Crisis Intervention for First Onset</p>	<p>Crisis Intervention for Individuals Experiencing First Onset is a selective and early intervention prevention strategy designed to address multiple issues and risk factors (substance use, trauma, depression, anxiety, cutting, and suicide risk) of the transition age youth age group with a specific focus on individuals at risk of experiencing first onset of serious psychiatric illness. The proposed project calls for the creation of a Crisis Assessment and Prevention Team (CAP) aimed at preventing the occurrence and severity of mental health problems for transition age youth. The CAP team will achieve this goal in a two-fold process: 1) the CAP team will provide education and training to educators (both in high school and college settings), parents, and peer counselors to help them identify transition age youth at risk for mental health crises; and, 2) the CAP team will provide mobile crisis assessment services (including assessment, psychotherapy, case management, strengths-building, psychiatry services, and linkage to referrals) to students attending high schools and colleges in Sonoma County DHS that have participated in the CAP trainings.</p> <p>The Crisis Intervention for Individuals Experiencing First Onset Project involves two core components:</p> <ul style="list-style-type: none"> ▪ Mobile Crisis Assessment Prevention (CAP) Team available in school-based settings to provide services to TAY at-risk of or experiencing first onset of serious psychiatric illness <ul style="list-style-type: none"> ○ Training for selected teachers, faculty, parents, counselors and law enforcement personnel to recognize the warning signs of mental illness and refer to the CAP Team. ○ Screening and assessment of at-risk youth in high schools and colleges. ▪ Peer-based services including youth training and counseling and support groups for at-risk youth and families. 	<p>Individual/Family</p> <ul style="list-style-type: none"> ▪ Increase knowledge of social emotional & behavioral issues ▪ Increase knowledge of risk and resilience/protective factors ▪ Improve parenting knowledge and skills ▪ Reduce family stress/discord ▪ Reduce violence ▪ Reduce school drop-out, expulsion, suspensions ▪ Improve school performance ▪ Reduce involvement with law enforcement and courts <p>Program/Systems</p> <ul style="list-style-type: none"> ▪ Increase early intervention services to TAY experiencing first psychotic breaks ▪ Increase early intervention services to TAY experiencing depression ▪ Increase the number of TAY referrals to community-based programs and services ▪ Increase school personnel knowledge of TAY risk factors, mental health concerns and available resources and support ▪ Improve collaboration with law enforcement agencies ▪ Improve collaboration with schools and community-based agencies <p>Community</p> <ul style="list-style-type: none"> ▪ Enhanced wellness and resilience in TAY ▪ Reduced incarceration of TAY

PEI Project	Description	Goals/Outcomes
<p>Reduce Depression and Suicide in Older Adults</p>	<p>The project to reduce depression and suicide among older adults will address the key community needs of disparities in access, psycho-social impact of trauma, stigma and discrimination, and suicide risk. In seniors, depression and anxiety often go hand in hand with other physical ailments and loss which lead them to 1) seek care from physicians in private offices, clinics and/or emergency rooms, and 2) keep themselves homebound, thereby increasing their isolation. The need to systematize and standardize early screening and assessment is essential to improving the quality of the lives of seniors and to preventing more serious mental health problems or premature death by suicide. Secondly, easier access to countywide mental health resources needs to be available to the medical community to support their efforts for early identification and intervention of mental health problems.</p> <p>The PEI project will develop and expand the system of opportunities for older adults to be assessed, screened and receive early intervention for those suffering from depression, anxiety and suicidal thoughts. The system would include medical provider, gatekeeper training and screening and/or early intervention services appropriate for a variety of settings that meet older adults at sites which they currently utilize, including primary care sites, senior centers, senior housing sites, community centers, churches, libraries, senior serving programs, or in the homes of homebound seniors.</p> <p>Core Components:</p> <ol style="list-style-type: none"> 1. Training for Medical Providers and Gatekeepers using QPR (Question, Persuade, Refer) 2. Screening and intervention services for A&OA experiencing anxiety, depression and at risk for suicide <ul style="list-style-type: none"> • Screening and early intervention program • Home visitation for homebound seniors 	<p>The target outcome is a 50 percent reduction in depressive symptoms within 10 to 12 weeks among 50% of eligible patients. In addition, there is a goal for 75% of eligible patients to achieve the following:</p> <ul style="list-style-type: none"> • documentation of annual screening for depression; • patients with a positive screen receive a structured depression assessment to help confirm a diagnosis of depression within 4 weeks of screening; • primary care patients diagnosed with depression initiate treatment or attend a mental health specialty visit within 4 weeks of initial diagnosis; • primary care patients treated for depression receive a structured clinical assessment of depression severity; • primary care patients treated for depression with persisting symptoms at follow-up receive an adjustment to their depression treatment or attend a mental health specialty consult within 8-12 weeks of initiating treatment. <p>Home visitation outcomes include:</p> <ul style="list-style-type: none"> • Decrease isolation for older adults • Increase social support for older adults • Increase access to community-based services <p>QPR outcomes include:</p> <ul style="list-style-type: none"> • Reduce the frequency and negative impact of suicidal behaviors on the community. • Save lives with the implementation of comprehensive, evidence-based suicide risk reduction strategies. • Improve education and training in the identification, referral and treatment of potentially suicidal older adults. • Train community gatekeepers to identify and refer older adults at risk for suicide. • Train health and behavioral healthcare professionals in a best practices method of suicide risk assessment and management. • Educate and train community participants to better understand the causes of suicide, how intervention and treatment saves lives, and how to enhance protective factors that help reduce depression and isolation among older adults thus helping to prevent suicide.

PEI Project	Description	Goals/Outcomes
<p>System Enhancement</p>	<p>The System Enhancement PEI Project will offer a series of one-time grants in the areas of training, education, screening and system coordination in order to help develop and maintain an effective system of services across the PEI spectrum. This project creates a unique opportunity to reduce stigma and reach underserved populations, such as Latino, Native American, and LGBTQ communities. Through providing education, screening and system coordination, the System Enhancement PEI Project will build on and support each of the age-specific PEI projects. For example, this project will support the screening component of the Early Childhood Prevention Project by providing technical assistance and training related to screening. Services will be delivered in multiple community settings, including health centers, schools, youth organizations and other community agencies.</p> <p>The System Enhancement Project comprises four Core Components:</p> <ol style="list-style-type: none"> 1. Gatekeeper Training. County-wide gatekeeper training to increase awareness of mental health issues and early symptoms, and increase awareness of community resources and supports. 2. Public Education and Community Engagement. County-wide public education and community engagement activities to reduce stigma and raise awareness of mental health issues. 3. Screening. Age-appropriate screening services for children, youth, adults and older adults in multiple community settings. 4. Systems Coordination. Ensure that prevention and early intervention services coordinate with existing mental health planning efforts and services. 	<p>Individual outcomes</p> <ul style="list-style-type: none"> ▪ Increased knowledge of social, emotional and behavioral issues ▪ Increased knowledge of risk and resilience/protective factors ▪ Increased knowledge of available mental health service and community resources ▪ Increased willingness to access mental health services <p>System and program outcomes</p> <ul style="list-style-type: none"> ▪ Increase in number of individuals and families identified as needing prevention and early intervention services ▪ Increase in number of individuals and families receiving prevention and early intervention services ▪ Increase in number of individuals and families from underserved cultural populations who receive prevention and early intervention services ▪ Increase in successful follow-through on linkages/referrals ▪ Enhanced cultural competence in prevention and early intervention services ▪ Reduction in disparities in access to mental health services ▪ Reduction in stigma and discrimination associated with accessing mental health services

The chart below illustrates the funding and estimated numbers served for each proposed PEI project.

PEI Project	% of budget	Estimated # served
Early Childhood Prevention Project	25-30%	180
School-Based Programs	25-30%	7,500
Crisis Intervention for First Onset	25-30%	900
Reduce Depression and Suicide in Older Adults	15%	1,025
System Enhancement	One-time award	1,600

IV. Conclusion

Sonoma County DHS’s MHSA PEI plan proposes five PEI projects designed to most effectively meet the community mental health needs and populations prioritized during the community planning process. The plan that follows describes the community planning process in detail (Form 2) and includes the required information for each of the proposed PEI projects (Form 3). Forms 4 - 6 include the required budget information. Finally, Form 7 presents a description of the proposed evaluation approach for a selected PEI program.

FORM 2 – PEI COMMUNITY PLANNING PROCESS

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

- a. *The overall Community Program Planning Process*

The Sonoma County Department of Health Services (DHS) MHSA PEI community planning process was designed to be a comprehensive and representative planning process involving meaningful participation of diverse communities including potential consumers, their families and other community stakeholders. In addition, the planning process aimed to promote inclusion and participation of its diverse populations and to reflect community needs and assets. Michael Kennedy, Sonoma County DHS Mental Health Division (MHD) Section Manager and MHSA Project Manager, provided overall guidance and support.

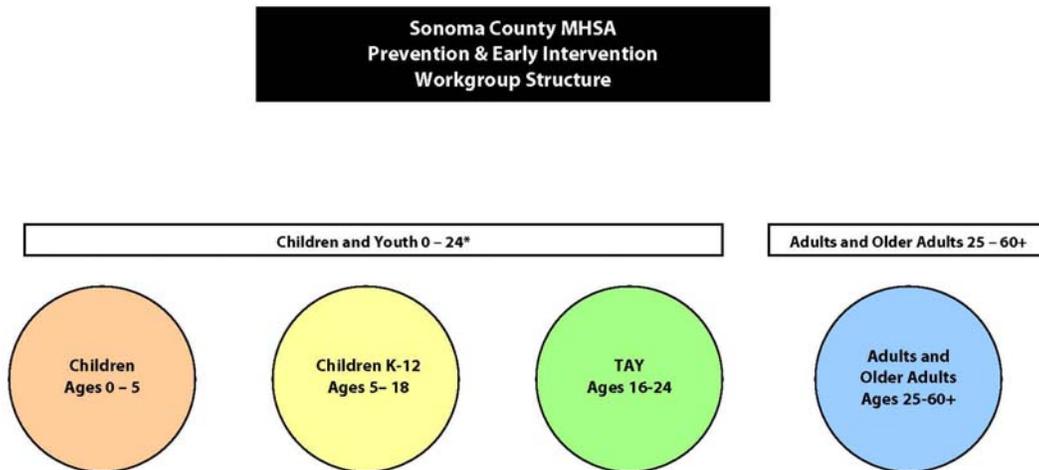
The planning process for Sonoma County involved three main components, with input from the Steering Committee throughout as it worked closely with the community workgroups:

- ***Outreach and launch:*** facilitate steering committee nominations and regional outreach meetings;
- ***Planning and recommendations:*** convene and facilitate workgroups, which developed recommendations for Stakeholder Leadership; and,
- ***Prioritizing and decision-making:*** present recommendations to Stakeholder Leadership to prioritize strategies.

The following chart describes Sonoma's sequential approach to the planning process:



In addition, the following diagram represents the workgroup structure for Sonoma County’s planning process. Each of the circles represents a different workgroup. Because children and youth are especially important target populations for prevention and early intervention, there were three workgroups under the “Children and Youth” category and one workgroup under the “Adults and Older Adults” category.



*A minimum of 51% of the budget must be used for programs for children and youth

b. Coordination and management of the Community Program Planning Process

The MHSAs Project Manager, Mike Kennedy, had primary responsibility for the coordination and management of the planning process and was supported by Harder+Company Community Research (Harder+Company). Harder+Company is a consulting firm specializing in research and strategic planning services, having worked with public and private human service agencies throughout California and the country to plan, evaluate and improve services for vulnerable populations. Some of Harder+Company’s key strengths include expertise in public sector strategic planning, engaging decision-making community groups in planning and research, and knowledge of best practices in programs serving diverse target populations.

The collaborative planning structure included the following groups:

- Sonoma County Department of Health Services Mental Health Division
- Harder+Company Community Research
- Steering Committee
- Stakeholder Leadership Group
- Community Workgroups

The table below includes a summary of the roles and responsibilities of each group comprising the collaborative planning structure:

Who's involved?	Role	Responsibilities
Sonoma County Department of Health Services Mental Health Division	Coordinate and manage the community planning process	<ul style="list-style-type: none"> ▪ Work with the Steering Committee and Harder+Company to co-design a collaborative planning process; ▪ Help identify Steering Committee members; ▪ Support launch of community planning process, including recruiting key community stakeholders; ▪ Coordinate and support Community Workgroup meetings; ▪ Help prepare the final PEI plan.
Harder+Company Community Research	Support the community planning process	<ul style="list-style-type: none"> ▪ Conduct educational outreach throughout Sonoma County (launch community planning process); ▪ Facilitate planning meetings and focus groups ; ▪ Conduct primary and secondary data collection; ▪ Ensure that state guidelines are being followed; ▪ Help Steering Committee and Mental Health Division prepare PEI plan.
Steering Committee (Mental Health Division, County and District Officials)	Approve priority PEI programs for funding	<ul style="list-style-type: none"> ▪ Prepare for community planning process, including outlining roles of Community Workgroups and nominating Community Workgroup Co-Chairs; ▪ Work with Community Workgroups and the Stakeholder Leadership Group to refine priority program recommendations; ▪ Approve final recommendations through consensus decision-making; ▪ Submit final PEI Plan to Board of Supervisors.
Stakeholder Leadership Group (School principals or district behavioral health specialist, First 5 Program Officer, Program Managers, Mental Health Division)	Prioritize PEI programs	<ul style="list-style-type: none"> ▪ Co-chair Community Workgroups (provide content expertise); ▪ Co-facilitate Community Workgroup meetings; ▪ Develop program recommendations for Steering Committee review.
Community Workgroups (Service Providers and Community Members)	Develop recommendations for PEI programs	<ul style="list-style-type: none"> ▪ Participate in workgroup meetings to discuss priority populations and issues; ▪ Identify and begin to prioritize PEI programs based on state guidelines and sample programs.

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

All members of the community were welcome to participate in the PEI planning process by (1) participating in community workgroups, (2) nominating workgroup members and co-chairs, and (3) reviewing and commenting on the draft plan. Extensive community outreach was conducted through a series of launch meetings in Sonoma County. A total of 173 people attended the following six outreach meetings throughout Sonoma County:

- City of Sonoma – 9 people attended
- Sebastopol – 29 people attended
- Petaluma – 21 people attended

- Santa Rosa – 99 people attended
- Cloverdale – 4 people attended
- Guerneville – 11 people attended

The following methods of communication were used to inform community groups about the series of outreach meetings:

Methods	Groups
<ul style="list-style-type: none"> ▪ Email and letters to community agencies, school districts and county programs; ▪ Phone calls to key stakeholders; ▪ Newspaper announcements; ▪ Contacting individuals identified by Steering Committee members and Regional Launch Meeting attendees. 	<ul style="list-style-type: none"> ▪ Education ▪ Health ▪ Early Childhood ▪ Children and Youth programs ▪ Youth groups ▪ Law Enforcement ▪ County programs ▪ Services for families/parents ▪ Community groups

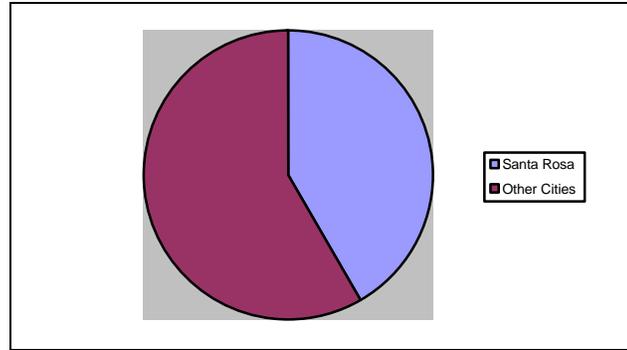
Furthermore, a survey was distributed at all six launch meetings and also posted on the Mental Health Division’s website in English and Spanish. The survey asked about priority populations and needs in Sonoma County. A total of 96 surveys were collected. The following is a summary of survey results reflecting stakeholder and regional representation at the outreach meetings:

Stakeholder Representation

- Nearly one third of meeting participants identified as interested community members;
- One quarter indicated that they work at a community agency or nonprofit, with 17 percent working specifically in mental health services;
- Other representation included clergy, First 5 Sonoma County, Federally Qualified Health Centers, NAMI, Mental Health Board, and Mental Health Court.

Regional Representation

- 42 percent of outreach meeting participants were Santa Rosa residents, 20 percent were Sebastopol residents and 14 percent were Petaluma residents;
- While more people came to the outreach meetings from Santa Rosa than other locations, fewer than half of all meeting participants were Santa Rosa residents;
- Participants also attended from Guerneville, Sonoma, Cloverdale, Forestville, Cotati, Rohnert Park, Calistoga, Glen Ellen and Windsor.



Furthermore, the following tables summarize some of the key characteristics of community members who attended the regional outreach meetings:

Table 1: Age of Respondents

	Number	Percent
0 – 12 years	0	0.0
13 – 18 years	1	1.0
19 – 29 years	5	5.2
30 – 59 years	62	64.6
60 years or older	26	27.1
Decline to answer	2	2.1
Total	96	100.0

Table 2: Gender of Respondents

	Number	Percent
Female	65	68.4
Male	28	29.5
Transgender	0	0.0
Decline to answer	2	2.1
Total	95	100.0

Table 3: Racial/Ethnic Background of Respondents

	Number	Percent*
White/Caucasian	87	90.6
Latino/Hispanic	5	5.2
Native American/Alaska Native	5	5.2
African American/Black	1	1.0
Asian/Pacific Islander	0	0.0
Other	2	2.1
Decline to answer	4	4.2

*Respondents were allowed to select more than one choice; therefore percents do not add to 100.

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

- a. *Included representatives of un-served and/or underserved populations and family members of un-served/underserved populations*

One of the primary goals of the Sonoma County DHS PEI community planning process was to bring to the table the voices of un-served and underserved communities in the county. With that in mind, the planning team conducted targeted community outreach to un-served and underserved populations. As a result, diverse organizations and groups representing un-served and underserved populations, and their family members, came to the workgroup meetings. The organizations represented at the workgroup meetings were from different areas of the county, represented diverse stakeholders, and were able to reflect their own needs or the needs of the populations they work with. The following is a sample of the types of organizations and individuals who were represented at the workgroup meetings:

- Community-based agencies serving children and youth ages 0-24
- Community-based agencies serving parents of children and youth
- Community-based agencies serving adults and older adults
- Department of Health Services representatives
- County Office of Education representatives
- School District representatives
- Local colleges and universities (including educators)
- Local health centers, wellness centers, and advocacy groups

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

In order to provide additional opportunities for participation for the diverse communities of Sonoma County, additional data collection efforts with youth and parents were undertaken by the planning team. This allowed the process to bring under-represented and new voices into the process. This data collection included:

- Focus groups, interviews, and surveys with youth
 - Underserved youth including LGBTQ, Latino youth, gang involved youth
 - College age youth
- Focus groups with parents
 - Pregnant and parenting mothers receiving substance use treatment
 - Monolingual Spanish-speaking parents

Focus groups

- 10 high school students from Healdsburg High School's peer counseling program participated in group interviews. Students were in 11th and 12th grade.
- 19 youth from Southwest Health Center's Teen Advocacy Group and Gang Intervention Program attended this focus group. Participants were primarily Latino and ranged from age 14 to 20.
- 34 LGBTQ youth from the Positive Images group attended this focus group. Participants ranged from age 14 to 24.
- 12 parenting and/or pregnant women from Sonoma County's Drug Abuse Alternatives Center (DAAC) Perinatal Day Treatment program attended this focus group. Participants ranged from age 17 to 40.
- 13 monolingual Spanish-speaking parents attended this focus group. Participants ranged from age 33 to 69.

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

The Sonoma County DHS PEI planning process included broad stakeholder representation, including outreach to clients with serious mental illness/serious emotional disturbance and their family members. In fact, over a third of attendees at the various outreach meetings were family members of current mental health consumers:

- 28 percent of attendees were family members of adult mental health consumers;
- 13.5 percent were mental health consumers; and,
- 7 percent were family members of consumers under the age of 18.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- *Individuals with serious mental illness and/or serious emotional disturbance and/or their families*
- *Providers of mental health and/or related services such as physical health care and/or social services*
- *Educators and/or representatives of education*
- *Representatives of law enforcement*
- *Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families*

There were several ways in which the Sonoma County DHS PEI planning team ensured that the PEI community planning process included required stakeholders. Some of these strategies included: (a) to the extent possible, encouraging and inviting required stakeholder participation, particularly through the agencies serving them; (b) maximizing buy-in by including strategies that were reflective of stakeholders and that were community-driven; and, (c) ensuring that everyone had a chance to participate and have their voices heard, so that there was convergence around the strategies outlined. Some highlights of this process were:

- People with serious mental illness were involved in community workgroups and served in the Stakeholder Leadership Group;
- A wide range of community-based providers represented diverse communities;
- Educators representing middle school, high school, and college were present and involved in the process; and,
- Sheriff's Department representatives were also involved in the process.

b. Training for county staff and stakeholders participating in the Community Program Planning Process.

County staff were included in the planning process as co-chairs or co-leaders of workgroups. They received training which covered an overview of the PEI planning structure and process (workgroups, stakeholder leadership group, and steering committee), the process for operationalizing the workgroups, and the timeline for completion of activities. In addition, county staff received a facilitator's guide binder that included activity and exercise matrices for each workgroup, as well as other pertinent information for each workgroup.

Other stakeholders were also invited to participate in the process to the extent they felt comfortable. At launch meetings and the planning kick-off event, the planning team reviewed the PEI process and invited attendees to participate. A fact sheet was

provided to all community members, which described the different ways in which they could be involved.

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

- a. *The lessons learned from the CSS process and how these were applied in the PEI process.*

The PEI planning process was grounded in and built from what we learned as a result of the CSS planning process. These lessons learned helped the PEI planning process be as inclusive as possible, promote full participation, and facilitated consensus and agreement. Key lessons learned from the CSS planning that were applied to the PEI process include:

- 1. *Have a transparent and inclusive process.*** From the CSS planning process we learned that conducting extensive outreach efforts helped promote full participation and inclusion of diverse key stakeholders. In addition, being as transparent as possible about the process, structure, and timeline of the planning process helped community stakeholders get involved in the process and choose their level of participation and involvement at different points in time. Drawing from these lessons, the PEI planning process began with outreach and launch efforts that clearly laid out the timeline and activities for the planning process.
- 2. *Have a clear and organized process.*** The CSS planning process taught us that having workplans, goals, and objectives specified at each phase of the planning process helped participants have a clear idea of the decision-making processes and guidelines. In response to these lessons, the PEI planning process created a number of tools to organize process, including activity flowcharts, process diagrams and meeting minutes.
- 3. *Gather input from underserved communities.*** One of the key lessons learned from the CSS planning process was the importance of gathering feedback from underserved populations that may not otherwise get involved in the planning process. As part of the PEI planning and data gathering process, we conducted a series of focus groups with underserved communities that we felt might be underrepresented in the planning process, including young people (with a focus on Latino youth and LGBTQ youth) and monolingual Spanish-speaking parents.
- 4. *Focus on key strategies.*** Those involved in the CSS planning process agreed that the most effective way to serve the community is by defining a small number of programs that address key community needs in depth, rather than choosing many strategies that just touch the surface of the issues. The PEI process used this lesson to guide the workgroups to narrow their focus and define key strategies.

5. *Identify clear criteria for RFP process and program selection early on in the planning process.* Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State, and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma County provider community without concern for conflict of interest. The recommendation to replicate that process for the PEI Plan was made to Mental Health Services staff by the Stakeholder Leadership Committee and the recommendation was accepted. For more information about the criteria that were selected for the PEI Plan, see the Additional Comments section on the PEI Project Summary Forms.

b. *Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.*

As previously indicated, outreach efforts in Sonoma County were crucial to providing an inclusive and effective community planning process with participation from key stakeholders, such as participants who are part of the PEI priority populations. Some of the measures of success of these efforts in Sonoma County included conducting additional data collection and contacting agencies serving key priority populations to encourage their participation.

For instance, because community workgroup meetings may not have been accessible to youth who were either in school at the time of the meetings, and/or who lacked transportation, the planning team conducted three focus groups with youth throughout Sonoma County. These focus groups were held at locations where youth and transition age youth currently convene such as youth groups and schools in order to ensure the highest participation possible. The focus groups involved youth through engaging culturally-appropriate facilitation strategies, and elicited key information that informed the PEI planning process and strategies. Another measure of success was ensuring that agencies that serve youth and other key stakeholders were represented at the workgroup meetings. These agencies could then represent the viewpoints of the communities they serve.

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

a. *The date of the public hearing:*

A public hearing hosted by the Mental Health Board was held on December 9, 2008 at 5:30 p.m. in the conference hall of the Unitarian Universalist Church located in Santa Rosa.

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

Sonoma County envisioned and organized PEI plan development to be initiated and crafted by the community participants who comprised the Stakeholder Leadership workgroups. The community participants were responsible for designing and defining the five PEI projects described in the PEI plan. The Stakeholder Leadership workgroups prepared the initial drafts of the PEI Project Descriptions. Sonoma County DHS staff and the planning consultant developed a preliminary comprehensive draft based on the workgroup project descriptions. Therefore, prior to public distribution, this comprehensive draft was sent to the Stakeholder Leadership workgroups for another round of review and revision. The revised draft was then prepared for the 30-day period of county-wide distribution and review.

Distribution of the plan included:

- Posting on the MHSA page of the Sonoma County DHS MHD website;
- Notices of plan availability distributed through email to all community planning participants;
- Hard copies of the plan were made available to anyone who requested the PEI plan draft;
- Notice of public hearing and plan availability posted in public buildings;
- Notice of public hearing published in the local newspaper with the largest circulation in Sonoma County (the Press Democrat) and through email notification to CSS and PEI participant lists.

During the hearings, the planning consultant reviewed the planning process and MHD staff presented the new programs proposed in the plan, and the public were invited to pose questions and comments. The Executive Summary was made available to all participants. The full plan was available on request.

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

Overall community members expressed broad support for the plan. A few participants reiterated their appreciation of an inclusive process that provided multiple opportunities for input and involvement. Most of the comments were focused on future implementation issues such as the timing for DMH review; timing for program start-up; ensuring collaboration among program partners; and providing oversight and monitoring. The Mental Health Board described Sonoma County's comprehensive monitoring and oversight process.

The following themes emerged from the questions and ensuing discussion.

- ***Request for clarification of the Systems Enhancement Project.***
Response: Early on in the community process, the Steering Committee, Sonoma County DHS Director and Mental Health Director, the MHSA Coordinator and key community stakeholders emphasized the importance of

building a solid foundation for mental health prevention and early intervention services in order to support and sustain the development of a system of services across the PEI spectrum. Systems Enhancement will offer a series of one time grants that create a unique opportunity to reduce stigma and reach underserved populations, such as Latino, Native American, and LGBTQ communities.

- **Explanation of the criteria which will be used for the RFP review. Response:** The Steering Committee established a set of criteria to evaluate RFP's which are described in *Form 3, Section 9: Additional Comments*. The criteria were adapted from the seven key criteria provided in the PEI guidelines for the selection of priority programs.
- **Clarification of the evaluation and capacity building requirements in the Plan. Response:** Participants were directed to Form 7 of the Plan which describes a comprehensive evaluation of the Student Assistance Programs. In addition, Sonoma County MHD staff reiterated their commitment to building evaluation into all of the program areas and identifying cross cutting outcomes to document the impact of the PEI continuum of services on Sonoma County's children, youth, families, and individuals. Some community members described the need to provide programs with technical assistance to build local capacity to conduct evaluation.
- **Ensuring the community remains informed and involved in implementation. Response:** The Mental Health Board described their process of inviting the community to regular hearings and to continue to conduct site visits to programs in the community. Sonoma County MHD described the processes that are designed to transform the entire system of prevention, intervention and treatment by including the consumer voices and those of communities who are underserved including Latino, Native American and LGBTQ.

- c. The estimated number of participants:
In all, 24 individuals attended the public hearing.

SCMHD did receive written comments from one party voicing concerns and questions about the involvement and engagement of the Latino community in the MHSA PEI planning process. We responded in writing to the individual and our response included the following:

- **Ensuring Latino community involvement in MHSA programs, services, and implementation. Response:** The PEI planning process began in March 2008. All members of the community were welcome to participate in the PEI planning process by (1) participating in community workgroups, (2) nominating workgroup members and co-chairs, and (3) reviewing and commenting on the draft plan. Extensive community outreach was conducted

throughout a series of launch meetings in Sonoma County. A total of 173 people attended six outreach meetings throughout Sonoma County. We conducted focus groups with Latino youth and Spanish speaking parents.

Latino representation was present on all levels of the planning process, which included the launch meetings, workgroups, Stakeholder Leadership, and on the Steering Committee.

The Sonoma County MH Division is a core founding member of the Mental Health Coalition's Latino Engagement Team (LET). SCMHD's Ethnic Services Coordinator is a key member who participates in all meetings, planning and the actual dialogues which happen every other month. In addition to the dialogue itself, the Team does a planning meeting and a debriefing meeting. SCMHD provides some clerical support and translation when necessary. Along with a Manager from Southwest Health Clinic, the Ethnic Services Coordinator is in charge of doing the presentation at the dialogue and always provides supervision for specific cases that the participants present. SCMHD's PEI component will continue to support the goals of the Latino Engagement Team.

Lastly, under the PEI Plan, SCMHD will create a Latino Outreach Engagement Committee. This advisory group will be led by the Ethnic Services Coordinator and the Program Manager of Community Mental Health Centers (Mario Guerrero and Susan Castillo) to provide community input on the implementation of all new PEI programs and services. *(See pages 110 and 111 of this document.)*

County: Sonoma

Date: 11/17/08

PEI Project Name: Early Childhood Prevention and Early Intervention Project

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

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

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

The Early Childhood Prevention and Early Intervention Project was developed through a collaborative planning effort of the Sonoma County Department of Health Services (DHS) Mental Health Division (MHD) and diverse community-based organizations serving young children throughout multiple regions of the County. The Community Services and Supports (CSS) planning process catalyzed and strengthened a community movement of community representatives who carried over their work, networking, and leadership to the Prevention and Early Intervention (PEI) planning process. During the CSS process, a diverse group of stakeholders identified several mental health needs among the 0-5 age group population, and their families, that were classified at that time to be preventive in nature. While they were deemed inappropriate for the use of CSS funds, the needs and strategies generated from the extensive community planning process were carefully documented and prioritized for future funding through PEI. Consequently, for the PEI planning process, the early childhood community in Sonoma County convened to share their expertise, build upon, and further develop recommendations based on their already extensive work.

Some of the organizations that comprised the “Children 0-5” PEI planning workgroup included representatives from First 5 Sonoma County, the Children’s Mental Health Partnership (which included a sub-committee on Perinatal Mood Disorder, and the Perinatal Alcohol and Other Drug (AOD) Action Team, as well as preschool programs, parents, educators and community leaders). These existing networks had already conducted extensive work in identifying the prevention and early intervention needs of young children and their families/caregivers in the county; thus, their efforts focused on developing recommendations and effective prevention and early intervention strategies. To support the work of the workgroup, the stakeholder processes and data analysis built on the experiences and lessons learned from the process for CSS, while remaining responsive to new workgroup members and fresh ideas. With that in mind, the planning team compiled relevant primary and secondary data for both young children and their families/caregivers.

Data Analysis

Workgroup members used their expertise and extensive content knowledge to gather relevant primary data, secondary data, and service recommendations generated through previous Sonoma County planning efforts. Members were asked to share this information with the group to enrich the group’s understanding of the multiple mental health prevention needs of young children and their families. The recommendations from CSS and previous planning efforts (e.g., Children’s Mental Health Partnership, Perinatal AOD Action Team), in addition to the wealth of data reviewed by the 0-5 workgroup served as a platform from which the group built service strategies targeting priority mental health prevention needs. In addition to basic demographics, the “Children 0-5” workgroup identified and/or shared additional data sources that informed their extensive pre-existing work. In addition to basic demographics and general mental health data, the data

review process explored issues that included child abuse, foster care, domestic violence, and behavioral health. The data the workgroup reviewed and analyzed came from a variety of sources, including:

- U.S. Census Bureau (2000)
- U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA)
- California Institute for Mental Health—The Infant, Preschool, Family, Mental Health Initiative
- Children Now 2007 California County Data Book
- Sonoma County Perinatal Alcohol and Other Drug (AOD) Action Team “Drug Free Babies” Report
- Sonoma County Methamphetamine Profile
- Sonoma County Maternal, Child, and Adolescent Health Five-Year Needs Assessment for 2005-2009
- Children’s Mental Health Partnership’s Perinatal Mood Disorder Strategic Planning Process Summary
- Peer-Reviewed Articles from Academic Journals

Data Analysis Highlights

- **Demographics**

- There are over 30,000 children 0-5 in Sonoma County, comprising about six percent of the total population.
- Nearly half (47.9 percent) of children 0-5 are White, while over a quarter (27 percent) are Hispanic/Latino.
- Less than half (44 percent) of children ages 3 and 4 are enrolled in preschool.

Race/Ethnicity by Region and Age: Children Under 5

Race/Ethnicity	Sonoma County (32,953)	Cloverdale (608)	Cotati (453)	Guerneville (122)	Petaluma (4,037)	Rohnert Park (3000)	Santa Rosa (11,873)	Sebastopol (386)	Sonoma city (468)	Windsor (2,207)
White	47.9%	41.9%	61.1%	50.0%	58.1%	54.8%	41.8%	62.2%	75.2%	49.3%
Hispanic or Latino	27.0%	33.7%	17.7%	29.5%	21.6%	19.8%	28.9%	18.4%	15.0%	27.8%
Black or African American	1.3%	0.0%	3.1%	0.0%	1.0%	1.6%	1.9%	0.5%	0.2%	0.5%
American Indian and Alaska Native	1.2%	2.0%	0.4%	0.0%	0.4%	0.8%	1.4%	0.3%	0.0%	1.0%
Asian	2.5%	1.0%	3.1%	0.0%	3.5%	4.9%	2.8%	2.1%	1.9%	1.8%
Native Hawaiian and Other Pacific Islander	0.2%	0.2%	0.4%	0.0%	0.1%	0.3%	0.3%	0.3%	0.0%	0.1%
Other	12.7%	18.6%	5.7%	4.9%	8.6%	8.1%	14.7%	8.8%	2.1%	14.0%
Multiracial	7.1%	2.6%	8.4%	15.6%	6.6%	9.6%	8.1%	7.5%	5.6%	5.4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

- **Community indicators:**

- Rates of child abuse for children 0-5 are significantly higher than rates for children of other age groups. In 2002, the rate of substantiated child maltreatment for children 0-5 was 9.9/1,000.
- The Petaluma Police Department and the Rohnert Park Department of Public Safety report that about 25 percent of the time there are children present when they respond to a domestic violence incident.
- The three most prevalent problems among families reported for abuse or neglect are economic stress, difficulties in handling parental responsibilities, and substance abuse.
- The Behavioral Health Consultation Project in Sonoma County, which responds to requests from child care providers for support and interventions, reports that 66 percent of requests were for behavioral/aggression issues, 44 percent were for social/emotional issues, 40 percent were for temperament, 18 percent for developmental issues, and 11 percent were for attention-related concerns. (Many children have multiple concerns, thus equaling more than 100 percent.)
- About a third (32 percent) of children 0-17 in Sonoma County live in low-income households.

Stakeholder Input

The stakeholder input process that informed the selection of programs and strategies for children 0-5 in Sonoma County capitalized on the extensive expertise of the PEI planning workgroup. Based on their wide-ranging experience working with communities and young children throughout Sonoma County, as well as the data summarized above, workgroup members prioritized the following populations:

- Children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms of mental illness, and those impacted by AOD problems;
- Children at risk of school failure;
- Trauma exposed children, including children who are exposed to domestic violence;
- Children with special needs; and,
- Children with challenging behaviors.

In addition, workgroup members representing pre-existing community groups (Children’s Mental Health Partnership and Perinatal AOD Action Team) developed and shared prevention and early intervention recommendations and strategies, which the workgroup then discussed and prioritized. Recommendations included supporting early childhood mental health, supporting primary care interventions, addressing parent mental health, and addressing stigma. Workgroup representatives were provided with opportunities to present and discuss these recommendations in depth.

To contextualize and confirm these recommendations, the planning team conducted a focus group with at-risk pregnant and parenting mothers of children 0-5. Participating parents of young children talked about parenting challenges they or other mothers who have had issues with substance use face, including: (a) dealing with their own mental health concerns; (b) being viewed by their young children as strong parental figures; and, (c) forming relationships and bonding with their children. Some of the specific issues or special needs their children faced included: abandonment issues; separation anxiety; lack of trust; ADHD; and, anger, aggression and other behavioral issues.

Target Population:

The target populations for PEI funding support are at-risk children ages 0-5 in Sonoma County and their parents/caregivers. These at-risk populations include children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms of mental illness, and those impacted by AOD problems; children at risk of school failure; trauma-exposed children, including those exposed to domestic violence; children with special needs; and children with challenging behaviors.

In addition, consistent with PEI planning participants across workgroups, early childhood workgroup members identified Latino children and their families as priority populations given demographic trends in the county as well as disproportionate health outcomes and a lack of culturally-appropriate services for Latino populations.

Rationale:

Interventions for emerging social/emotional issues in young children are most effective when provided early. Cost effective, short-term support or corrective measures can be targeted at behaviors that interfere with learning and development. However, services that support mental health and wellness for children and families in Sonoma County are currently fragmented and difficult to navigate. They often focus solely on the child, excluding caregivers. Yet the research shows that children growing up exposed to domestic violence, substance abuse, depression of their caregivers, etc., are much more likely to repeat family patterns and develop mental health issues of their own, highlighting the importance of addressing these risk factors among parents and caregivers in order to promote the mental health and emotional well-being of children. Early childhood community members know that the quality of parenting and caregiving a child receives is the strongest predictor of long term social/emotional health. Therefore, a continuum of care – screening, assessment, facilitated referral, and interventions – that serves caregivers as well as their children, establishes a framework for success beyond a single program or strategy.

3. PEI Project Description

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

The Early Childhood Prevention and Early Intervention Project will address the needs of young children prenatal to age five and their families in Sonoma County. The priority populations to be addressed consist of children (and their families) in the following categories: trauma exposed individuals; children and youth in stressed families; children and youth at risk for school failure; and, underserved cultural populations. The proposed project aims to support a community continuum of care that includes **screening, assessment, facilitated referral, and interventions** in a way that serves children and caregivers and establishes a framework for success beyond a single program or strategy.

The Early Childhood Prevention and Early Intervention Project consists of two (2) complementary components that reflect all aspects of the prevention continuum:

- 3) **System of Care for Children 0-5.** Elements include:
 - a. ***Social/emotional screening of children***, which involves using validated screening tools, allows for early identification of potential problems, particularly for children at risk. Screenings also provide a learning and awareness opportunity for parents, serving to highlight areas of concern or potential concern.
 - b. ***Assessment and facilitated referral to services for high-risk children and their families***, which includes filling gaps in the system by providing no-cost or low-cost assessments to children, and helping families with facilitated referrals, and follow-up support.
 - c. ***Education and early intervention for parents/caregivers and providers***, which provides for stabilization of parents' mental health issues, parent education and support, and child-focused interventions that include the caregiver.
 - d. ***Provider training and technical assistance***, which consists of capacity-building and training for providers, specifically for using validated screening tools, interpreting results, making quality referrals, and providing early intervention using best-practice programs and techniques.

- 4) **System of Care for Pregnant Women and Mothers of Young Children Experiencing Perinatal Mood Disorder (PMD).** Elements include:
 - a. ***Universal surveillance by medical providers***, involves depression screening using the *Whooley* two questions.
 - b. ***Screening by non-medical health care workers*** includes depression screening using a validated tool.
 - c. ***Facilitated referrals for women experiencing PMD*** provides a coordinated system of care to address mental health for pregnant mothers and mothers of young children ages 0-5.
 - d. ***Services for women experiencing perinatal mood disorder***. Services could include medication and brief solution-focused counseling.

Target community demographics

The Early Childhood Prevention and Early Intervention Project targets children prenatal to the age of five, as well as their parents and caregivers, in Sonoma County. Priority populations in this age group include: children in stressed families—especially those with parents and caregivers with depression, including perinatal mood disorders, and other forms of mental illness, and those impacted by AOD problems; children at risk of school failure; trauma exposed children, including those exposed to domestic violence; children with special needs; and children with challenging behaviors. The project will work to achieve the different components of the project with the aim of meeting a community need for reducing stigma and discrimination by integrating mental health services (such as screening) into non-traditional settings and in multiple settings. The project will serve children and their families throughout the various geographic areas of Sonoma County through its collaborative partners, particularly culturally diverse children (including Latino/a children, Spanish-speaking families).

In Sonoma County, as previously indicated, Latino/a children comprise over a quarter of all children ages 0-5. In some regions of the County, such as Cloverdale, Guerneville, southwest Santa Rosa, and Windsor, Latino/a children constitute about a third of the population. With that in mind, the project aims to reach Latino/a children and their families in these regions through targeted, culturally appropriate strategies that enhance access to screening, facilitated referrals, and parent support services.

Highlights of new or expanded programs

The various components of the Early Childhood Prevention and Early Intervention Project build on and strengthen the capacity of local organizations to carry out more effective mental health prevention for young children and their families in the diverse communities of Sonoma County. Key highlights of the new/expanded programs are (by component area):

1) System of Care for Children 0-5.

▪ Social/emotional screening of children:

- i. Uses validated screening tools [i.e., Ages and Stages Questionnaire (ASQ); Ages and Stages Questionnaire, Social-Emotional (ASQ-SE), Brief Infant Toddler Social-Emotional Assessment (BITSEA)]
- ii. Is provided at naturally occurring settings [i.e., Community health centers, CBOs, WIC, AOD providers, Head Start, preschools, playgroups]

- iii. Is available to parents/care providers who fall outside service systems yet have concerns or risk factors
- **Assessment and facilitated referral to services for high-risk children and their families:**
 - i. Fills gaps in the system of care for children who are not income-eligible or covered through other systems
 - ii. Provides assessment of existing family resources or qualifications for entry into service system(s)
 - iii. Helps parents navigate systems through enhanced referrals/professional support for follow-through
- **Education and early intervention for parents/caregivers and providers:**
 - i. Supports parent mental health stabilization to facilitate caregiving/parenting
 - ii. Provides parent education and support
 - *Best practice example: Triple P (Positive Parenting Program)* is an evidence-based program that is included in this component. Triple P has been highly rated as an evidence-based practice in the area of parent education. It aims to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It can be provided universally, individually or in a group format. Outcome data shows an increase in positive and nurturing parenting and a reduction in harsh, coercive and negative parenting. Individual sessions can directly reduce child behavior problems and increase positive behaviors.
 - iii. Offers child-focused intervention for symptoms or emerging issues [i.e., PCIT, trauma-focused therapy]
- **Provider training/technical assistance for screening, assessment, and facilitated referrals:**
 - i. Includes community health centers, medical providers, parent educators, family resource specialists, licensed therapists, child welfare workers and family workers in faith-based communities
 - ii. Offers trainings for multiple levels of intervention

2) System of care for pregnant women and mothers of young children experiencing Perinatal Mood Disorder (PMD).

- **Universal surveillance by medical providers**
 - i. Uses a validated surveillance tool [i.e., Whooley Depression Screen]

- **Screening by non-medical health workers**
 - i. Uses a validated screening tool [i.e., Edinburg Depression scale (EPDS)]
- **Facilitated referrals to services for women experiencing PMD**
 - i. Helps build a coordinated system of care to address mental health during the perinatal period
 - ii. Provides enhanced home visitation services to mothers of children before birth to 24 months
- **Services for women experiencing perinatal mood disorder.**
 - i. Services could include medication and brief solution-focused counseling.

Implementation partners and types of organization/setting that will deliver the PEI program and interventions

Screening: Many of the services and programs for very young children in Sonoma County are currently partnered or linked in some way. The screening team would aid in both training and facilitating referrals to existing services. These organizations include the Early Learning Institute, California Parenting Institute, Jewish Family and Children’s Services, North Bay Regional Center and Sonoma County Office of Education. They all have existing MOUs and programs that screen or serve children and families (0-5) in some capacity. Community Health Care Centers, Kaiser Medical Center, and private practice medical providers are also important implementation partners.

Triple P: Individuals who intend to conduct front-line screenings require a background/training in typical parenting issues, which Triple P training provides. This allows screenings to serve a dual focus: early identification as well as an opportunity for immediate intervention.

Assessment and Facilitated Referrals: The PEI plan will build on the existing relationships between entities that screen and those that deliver assessment, facilitated referrals, and early intervention. Early Learning Institute’s Watch Me Grow program is a beginning model for short-term case management, assessment, and follow up; California Parenting Institute, Southwest Health Center, and other community private practitioners currently provide assessments for children.

Parent Education: Programs such as AOD, Child-welfare, County mental health, shelters, and others serving adults with issues that may be interfering with their ability to effectively parent their young child(ren) will be engaged in parent education efforts. Non-profit organizations that currently offer parenting programs including California Parenting Institute,

Community Action Partnership, Early Learning Institute, Jewish Family and Children's Services will provide direct services to families both through groups and individual services.

Provider Training/Technical Assistance: Screeners and those providing education and support and early intervention services, using selected programs recommended in this plan (such as Triple P), will receive training in the appropriate practices and screening tools and receive technical support to participate in activities that assure ongoing fidelity to the model of the selected evidence-based practice. These providers and screeners may include, but will not be limited to, medical providers, parent educators, licensed mental health providers, child care providers, etc., and a range of other providers serving children and families in their natural environments.

Perinatal Mood Disorder: Hospitals, community clinics (RCHC), private providers, and agencies serving new families all come into contact with women in the perinatal period and have an opportunity to identify those at risk. Other partners include the Families First Program; Mental Health Division and community mental health providers; and Sonoma County MCAH Program and AOD.

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

Screening: One of the first tasks of this component will be to train screeners on the use of validated tools and in Triple P. On an ongoing basis, starting in Year 1 of implementation, providers will provide outreach, screening with targeted interventions, and facilitated referrals.

Assessment and Facilitated Referral: Once screenings have occurred, a team of project partners will provide additional assessment and/or facilitated referral for children and families. The plan for this component will be developed in Year 1.

Parenting Education: Once programs are selected to provide parent education and support, they will work closely with a project coordinator or representative to develop an implementation plan for Years 1 and/or 2 of this PEI project.

Training/Technical Assistance: The screening training and technical assistance team(s) for children and perinatal mood disorder will be selected by RFP and convene in Year 1, begin training the screeners, and develop and implement a plan for providing ongoing training, support, and technical assistance for the screening components of this PEI project. Additional ongoing training and technical assistance will be needed to coordinate training and model fidelity for the parent education and early intervention aspects of this project, implementing Triple P, Incredible Years, PCIT, or TFCBT.

Early Childhood Prevention Project partners will be chosen when the PEI project is funded and will take into consideration local demographic factors as well as the criteria for RFP selection defined in the Additional Comments (Question 9).

Key milestones of project and anticipated timeline

1. System of Care for Children 0-5

- **Convene Early Childhood Prevention Project (ECP) implementation workgroup (January 2009 – June 2010).** Key stakeholders representing the groups involved in previous ECMH efforts, as well as PEI grantees, will focus on implementation of major elements of the project. Items include: organization of trainings for utilization of screening tools, dissemination of referral matrix and protocol, and agreement of universal data collection elements. Selection of partners for screenings and timelines will be done by this group. This workgroup will brainstorm solutions to unforeseen barriers and opportunities to leverage resources. Key to this effort will be the selection of a strong technical assistance/training team and a plan for ongoing funding for training to insure adherence to best-practice models.
- **Develop Facilitated Referral and follow-up process (April 2009).** Building upon the existing structure of ECMH supports and referrals, additional language will be developed for MOUs to delineate referral acceptance, tracking, and payment. A “structure” for making referrals exists among most community partners. This structure may need to be expanded to include any new partners. Additional elements for consideration include training of this structure for new partners and dissemination of universal consent form. Develop guidelines for short-term case management: entrance/exit criteria, scope of CM, resolution of conflicts, and avoidance of duplication policies.
- **Train Early Childhood Prevention Project grantee staff (April 2009 – August 2009).** Building on existing projects and staff, selected agencies or individuals will develop a “self-assessment” of their current skills and training needs. At a minimum, skills, or a plan for acquisition of such skills, should include the following:
 - Basic child development 0-5, with an emphasis on social/emotional concerns
 - Basic Parent education and support knowledge, including anticipatory guidance and Triple P certification, etc.
 - Competency in administering the validated screening tools, such as ASQ and ASQ-SE.
 - Knowledge of existing resources and facilitated referral processes.

- Assessment and early intervention providers should have a strong grasp of early childhood mental health concepts and best-practice models of services.
- Experience with intended service population (i.e. – AOD, Homeless, Special Needs, etc.)
- **Market the services (Ongoing).** Develop a county-wide plan that targets medical practitioners both to engage them in the screening efforts of both elements (child and maternal) and to secure their assistance in outreach to families. Outreach to target families directly for self-referral, as well as to child-serving agencies and other projects that touch children and/or families. Planning will be done by a subgroup of the main implementation group, with linkages to other efforts targeting very young children and their families. Outreach efforts will be done in a culturally sensitive and appropriate manner.
- **Begin offering Early Childhood Prevention Project services (April 2009/as soon as contracts are approved).** Coordination via the implementation workgroup will support the efforts of agencies or individuals as they launch or expand their ECPP. Some projects may initially serve a smaller population as they build to full capacity. Programs should be ready to serve clients before outreach is implemented.
- **Coordinate an evaluation component (Ongoing).** Utilizing the agreed upon data collection worksheet, all participating agencies or individuals will contribute to the evaluation of individual components as well as to the system of care for young children and their families. Participation in the ECPP will require resource allocation to evaluation.

Staffing: Some agencies or individuals may elect to provide initial screening and/or parent education utilizing existing trained personnel. Assessment and/or early intervention activities will be done utilizing mental health professionals – LCSWs, MFTs, psychologists, psychiatrists, or Professional Parent Education or Early Intervention ECMH specialists. The screening Training/Technical Assistance Team(s) will consist of an experienced agency or individual who knows both the screening tools and techniques as well as the community resources and their individual styles and protocols. Trainers should be able to clearly impart knowledge of ECMH concepts and techniques. Evaluation personnel may range from data collection/input personnel to more sophisticated analysis staff. Prior experience working with specific populations is important. Parent education and prevention activities will be incorporated into programs already in place, such as AOD treatment, child care/preschool settings, community health centers, etc.

2. System of Care for Pregnant Women and Mothers Experiencing Perinatal Mood Disorder

- **Convene Early Childhood Prevention Project implementation workgroup (January 2009 – June 2009).** Key stakeholders and PEI grantees will join the efforts of the MCAH workgroup to enhance their efforts in this area. The implementation workgroup will build upon prior efforts and leverage existing resources and lessons learned to develop clear understanding of who is to do screening, using which tools, and who will provide oversight for screeners. Develop anticipated FAQ for parents/providers. Develop and disseminate service provider list for young children and their caregivers.
- **Develop facilitated referral and follow-up process (April 2009 – May 2009).** Develop a written protocol for gaining consent to refer as well as where to refer and how to do a facilitated referral. Consider similarities and differences for medical and non-medical personnel. Facilitated referral system should include both treatment options for the caregiver as well as supports and services for the young child.
- **Train Early Childhood Prevention Project staff (April 2009 – August 2009).** Building on existing projects and staff, selected agencies or individuals will develop a “self-assessment” of their current skills and training needs. At a minimum, skills, or a plan for acquisition of such skills, should include the following:
 - Basic understanding of perinatal mood disorder, its effects on children and presenting symptoms
 - Basic competency for utilizing selected screening tool
 - Understanding facilitated referral protocol and elements of motivation for follow-through
 - Broad knowledge of community resources
 - Differentiation of emergency vs. non-emergency situations
 - Reflective supervision practices
 - Techniques for working with young children with depressed caregivers
- **Market the services (June 2009 – Ongoing).** Per the efforts of the implementation team, initial efforts with both medical and non-medical settings: health centers, provider offices and Families First Home visits. Outreach to all professionals within these settings as well as Public Health Nursing, Childbirth Education venues, and others who reach mothers prenatally. Focus on destigmatizing help-seeking behaviors. Marketing availability of services to potential clients will not begin until services are in place in September 2009.

- **Begin offering Early Childhood Prevention Project services (September 2009).** After necessary training has taken place and the service system is ready to receive referrals, screening at a variety of settings should begin. Community monitoring will be an important and necessary piece to the success of this program.
- **Coordinate an evaluation component (Ongoing).** Utilizing the agreed-upon data collection worksheet, all participating agencies or individuals will contribute to the evaluation of individual components as well as to the system of care for young children and their families. Participation in the ECPP will require resource allocation to evaluation.

Staffing: Screening for perinatal mood disorder can be done by both medical and non-medical personnel and in both medical or non-medical settings (i.e., health care centers or home visits.) Screeners should be well trained (see competencies above). Early Intervention should be conducted by medical personnel (medication) or by professional mental health practitioners: LCSWs, MFTs, psychologists, psychiatrists, etc. Child development personnel/early intervention specialists can be utilized in programs targeting young children with depressed caregivers.

4. Programs

The ECPP approach of developing systems of care for social-emotional screening of children 0-5 and for pregnant women and mothers experiencing PMD will require training across many programs and providers. This initial period of training will take several months. We anticipate that only one service provider (who is already screening young children 0-5) will be able to provide screening services to families and children by June 2009 under a PEI contract. Outreach to and training of providers of screening to perinatal women will take several months, and women will not receive services until this program is in place. We anticipate that women and children will be receiving services in these programs by September 2009. The proposed numbers of individuals and families to be served is based on a twelve month project timeline.

<i>Program Title:</i>	<i>Proposed number of individuals or families through PEI expansion to be served through June 2009* by type</i>		<i>Number of months in operation through June 2009</i>
	Prevention	Early Intervention	

	<i>Proposed number of individuals or families through PEI expansion to be served through June 2009* by type</i>		
System of Care for Children 0-5			
Screening (<i>Ages and Stages Questionnaire, Social-Emotional (ASQ-SE); Brief Infant-Toddler Social Emotional Assessment (BITSEA)</i>)	Individuals: 180 Families: 140	Individuals: 40 Families: 40	3 months
Assessment for 15% of children screened	Individuals: N/A Families: N/A	Individuals: 27 Families: 27	3 months
Parent Education and Early Intervention for children and families (<i>Triple P-Positive Parenting Program</i>)	Individuals: 180 Families: 140	Individuals: 40 Families: 40	3 months
System of Care for Pregnant Women and Mothers Experiencing PMD			
Screening (Whooley Depression Screen; Edinburg Depression Scale)	Individuals: Families:	Individuals: Families:	Agencies will be preparing to offer services during this time period (training staff, etc.).
Home visitation	Individuals: Families:	Individuals: Families:	Agencies will be preparing to offer services during this time period (training staff, etc.).
Linkage and referral	Individuals: Families:	Individuals: Families:	Agencies will be preparing to offer services during this time period (training staff, etc.).
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 180 Families: 140	Individuals: 67 Families: 67	

**proposed numbers to be served are annualized*

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

Key community partners and service providers include Sonoma County:

- Community-based providers
- County health centers
- County contract agencies

Mechanisms for referral to County Mental Health and providers of other needed services will be built into the programs. Because many services and programs for young children in Sonoma County are currently partnered or linked in some way, additional work on this project would help develop protocols, education, and consensus, as well as networking opportunities with programs serving parents. Partnerships that have been formed as a result of the CSS and PEI planning processes can help to develop agreements and collaborative relationships with organizations not previously partnered. On-site consultation and technical assistance on best practices will be provided as needed.

6. Collaboration and System Enhancements

The Early Childhood Prevention and Early Intervention Project will improve screening, access to services, and systems of care for young children and their families/caregivers in Sonoma County. The ECPP and other partners will collaborate to achieve these project goals, meet regularly to review progress of the project, consider evaluation results, and make course corrections as necessary to ensure quality programs and an improving system of care. Formal agreements in the form of MOUs or interagency agreements will be expanded or developed and used as models for future collaborations.

7. Intended Outcomes

Individual/Family

- Increased knowledge of child development, including social, emotional, and behavioral issues impacting young children
- Increased knowledge of risk and protective factors for early childhood social-emotional health
- Increased parent/caregiver confidence in parenting skills
- Decrease in parental/caregiver substance abuse
- Ongoing expectation of screening as part of well-child care and perinatal medical care
- Increased knowledge of resources available for young children and their families

Program/System

- Expanded capacity of the mental health system to serve the identified prevention and early intervention needs of young children and their families
- Increased number of children and families identified as needing prevention programs and early intervention (PEI) services
- Increased number of children and families identified who receive PEI services
- Increased number of children and families from underserved populations who receive PEI services

Long Term/Community

- Earlier access to mental health services
- Shorter duration of untreated mental illnesses
- Enhanced social-emotional health among young children
- Incorporation of social-emotional screening into routine well-child care and screening for perinatal mood disorder into routine pregnancy and postpartum medical care
- Enhanced non-violent, protective and nurturing environments for children
- Reduced incidence of child neglect and abuse, out of home placements, and behavioral problems
- Decreased disparities regarding access to mental health prevention and intervention services
- Reduced stigma

8. Coordination with Other MHSA Components

The services and programs that result from the Early Childhood Prevention and Early Intervention Project will work closely with the ECPP team and with the Sonoma County Mental Health Division to coordinate linkages and appropriate referrals, including EPSDT-funded services. When children or parents/caregivers are in immediate crisis or need intensive services, collaborative partners and/or the ECPP team will coordinate linkages with other MHSA programs in Sonoma County.

Additionally, the project coordinator(s) will be invited to participate in meetings related to the implementation of other MHSA components such as PEI, CSS, and WET. These meeting opportunities may be used to provide updates about the progress of the project during implementation, as well as coordinate services for children and families who may be eligible to receive services and support through other MHSA components.

9. Additional Comments

Sonoma County programs will be selected through a competitive RFP process when the PEI project is funded. Sonoma County DHS MHD anticipates funding two to three projects for a total budget of \$550,000. This process was successfully implemented for CSS program selection and is a lesson learned described in Form 2: Community Planning Process. Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma County provider community without concern for conflict of interest. The recommendation to replicate that process was made to Sonoma County DHS MHD staff by the Stakeholder Leadership Committee. The recommendation was accepted.

Early in the PEI planning process the Steering Committee established a set of criteria to evaluate the RFPs. The Committee considered the seven key criteria defined in the PEI guidelines and adapted those criteria to local considerations to ensure each criterion could be consistently applied. The seven criteria are:

1. Community Collaboration

- Demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)
- Promote continuity of care through linkages or involvement in collaborations
- Provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care

2. Leveraged Resources

- Cash, in-kind contribution or other participation from the organization
- “Readiness” to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with newly funded early intervention programs

3. Cultural Competence. Ensure that essential characteristics are embedded in the program design in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics:

- Culturally and linguistically appropriate services
- Staffing that reflects the community served

4. Best Practice Models (Outcomes-Based Program Design)

- Programs are based on evidence-based research as defined by the CIMH document “EPB Definitions and Resources.” Three levels will be used: High Research Support, Moderate Research Support, Emerging Practice. RFPs will demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement.

5. Individual/Child/Youth and Family Driven Programs

- Consumers are involved in design and implementation of programs
- There is consumer-centered choice in the types of services developed and offered

6. Wellness Focus

- Programs emphasize health habits that support wellness
- Youth programs should adhere to the Search Institute 12
- Use developmental standards adopted by the Sonoma County Office of Education

7. Integrated Service Experience for Individuals and Their Families

- Multiple systems work together to serve clients, strengthen and build capacity, including multi-disciplinary teams
- Services are accessible

#1: Early Childhood Prevention & Early Intervention

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: **Sonoma County** Date: 11/14/08
 PEI Project Name: 3. Children and Youth in Stressed Families
 Provider Name (if known): Community-Based Organization(s) To be Selected via RFP
 Intended Provider Category: **Other**
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 180
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 180
 Months of Operation: FY 07-08 0 FY 08-09 4

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contractor(s) Selected by RFP	\$0	\$137,500	\$137,500
	\$0	\$0	\$0
	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$137,500	\$137,500
4. Total Proposed PEI Project Budget	\$0	\$137,500	\$137,500
B. Revenues (list/itemize by fund source)			0
Contractor Matching Funds	\$0	\$0	\$0
	\$0	\$0	\$0
		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$137,500	\$137,500
6. Total In-Kind Contributions	\$0	\$0	\$0

County: Sonoma

PEI Project Name: School-Based Programs

Date: 11/17/08

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

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

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

The Student Assistance Program for Elementary, Middle and High Schools was designed through the collaborative community planning process that resulted in a workgroup focused on designing school based services for children and youth 5-18 years old. The workgroup included representatives from the Sonoma County Office of Education; School district staff (teachers, counselors and administrators); parents; Sonoma County Department of Health Services staff from the departments of prevention, alcohol and other drugs, and behavioral health; and representatives from community based organizations including parenting and behavioral health organizations. In order to gather input from youth, focus groups were also conducted with young people at three sites. Workgroup members as well as focus group participants agreed that school-based services were one of the most effective ways to reach at-risk children and youth ages 5-18.

Data Review and Analysis

The data review and analysis process included a review of demographic data for children and youth age 5-18 in Sonoma County as well as relevant reports and data. Workgroup members were encouraged to contribute data and reports. We looked at data related to at-risk children, youth and young adults, including children and youth in stressed families, children and youth at risk for school failure, and children and youth at risk of or experiencing juvenile justice involvement. In addition, data was gathered regarding children and youth from underserved cultural populations. This included data related to substance use, truancy, academic performance, suicide risk, and juvenile justice involvement, among other topics. Data sources included:

- U.S. Census
- California Healthy Kids Survey results
- Sonoma County Department of Health Services Maternal, Child, and Adolescent Health Five Year Needs Assessment 2005-2009
- Sonoma County SB697 Needs Assessment
- Sonoma County Health Profile
- California Department of Education Safe & Healthy Kids Program Office
- California Department of Education, Educational Demographics Unit
- California Student Assistance Program Resource Center

- *Mental Health of Adolescents: A National Profile, 2008*. National Adolescent Health Information Center (2008).
- *Mental Health Issues Facing California Children and Youth*. Building Collaboration for Mental Health Services in California Schools (2007).
- *Mental Health Needs Observed at School*. Building Collaboration to Provide Mental Health Services in California Schools.
- *Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County, Step 1: Assessment*. Sonoma County Department of Health Services, Prevention and Planning Division (2006).
- *Relationship of Mental Health and Academic Achievement: Current Research Findings*. Building Collaboration for Mental Health Services in California Schools (2007).
- *Schools Using Coordinated Community Efforts to Strengthen Students (SUCCESS) Fact Sheet*. Student Assistance Services Corporation.

Stakeholder Input

Workgroup members identified the following key issues and risk factors for children ages 5-18:

- Depression and anxiety
- Bullying and poor social skills in school settings
- Children who have experienced trauma, including emotional, physical, sexual abuse, violence, emotional or physical neglect
- Substance use
- Mental illness in the family

Workgroup agreed that the most effective strategy to address these issues and risk factors would be to implement school-based programs in elementary, middle and high school that address multiple risk factors across the prevention spectrum.

Focus groups conducted with youth in Sonoma County found:

- The main issues for young people include relationships with family, friends and dating partners; alcohol and drug use; and self-acceptance and acceptance by others.
- The main mental health concern for young people is depression.

- Young people need someone to talk to; many would prefer talking to people their age.
- Almost all youth agreed that services should be offered in school, starting in elementary school.
- Youth believe that services should be offered in school as well as outside of school in diverse communities.

One of the purposes of the community focus groups was to gather input from underserved populations, including Latino youth, Latino parents and LGBTQ youth. The following are highlights from the focus groups conducted with underserved populations:

- *Focus group with Latino youth*
 - Participants agreed that Latino and African American youth do not have access to places to talk about their feelings.
 - Youth felt that the Latino community is not very accepting or understanding of mental health issues.
 - LGBTQ youth from other cultures or countries face particular stigma.
 - Participants experience stress resulting from issues related to gangs and violence, as well as pressure from their families to find employment.
- *Focus group with Latino parents*
 - Participants indicated that there is a lack of knowledge about mental health issues in the Latino community.
 - Providing counseling services in schools is the best approach to reach youth. However, when framing the services, it is important to keep in mind the stigma attached to mental health issues.
 - Parents highlighted the importance of offering affordable, bilingual/bicultural services.
- *Focus group with LGBTQ youth*
 - Homophobia and discrimination is a major issue faced by LGBTQ youth.
 - LGBTQ youth experience low self esteem, isolation, and lack of self-acceptance and acceptance by others.
 - To combat discrimination, it is important to provide education about LGBTQ issues beginning in elementary and middle school.

3. PEI Project Description:

Student Assistance Programs

Student Assistance Programs (SAPs) are a school-based approach to providing focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns relating to substance abuse, mental health, or social issues. They are a process that connects programs and services within and across school and community systems to create a network of supports to help students. SAPs identify students in need of intervention, assess these students' specific needs, and provide them with support and referral to appropriate resources. The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically.

How does the project address community health needs?

The SAP PEI project addresses the key community needs of at-risk children, youth and young adult populations and their families. The SAP project aims to address disparities in access to mental health services. The project will serve children who may be experiencing the psycho-social impact of trauma and who may be at risk for suicide. Through its education component, the SAP project will also address stigma and discrimination. The priority population to be addressed is primarily children and youth at risk for school failure. Through serving this population, the SAP project will also reach children and youth in stressed families and children and youth at risk of juvenile justice involvement.

Demographics of school-aged population

Children age 5-12 make up 9.8 percent of Sonoma County's population, while children age 13-18 make up 7.7 percent of Sonoma County's population. Sonoma County currently has 40 school districts with a total of 179 public schools and 70,997 enrolled students. The racial/ethnic background of students is as follows: White/Caucasian, 54 percent; Hispanic/Latino, 34 percent; Asian and Pacific Islander, 5 percent; Multiethnic, 4 percent; African American/Black, 2 percent; and Native American, 1 percent. Twenty-three percent of students enrolled in public school are identified as English language learners; six percent of students are enrolled in alternative schools; and 31 percent of students receive free or reduced price meals.

The following table describes demographic data for children and youth in Sonoma County.

Race/Ethnicity by Region and Age: Children 5-17										
Race/Ethnicity	Sonoma County (96,639)	Cloverdale (1,702)	Cotati (1,319)	Guerneville (413)	Petaluma (11,637)	Rohnert Park (8,752)	Santa Rosa (30,889)	Sebastopol (1,608)	Sonoma city (1,292)	Windsor (6,119)
White	57.7%	48.6%	67.6%	71.9%	66.3%	63.2%	50.6%	73.0%	82.0%	54.2%
Hispanic or Latino	20.9%	29.1%	14.2%	16.2%	16.6%	16.0%	23.0%	14.0%	9.3%	24.4%
Black or African American	1.6%	0.2%	2.6%	1.0%	1.1%	1.6%	2.5%	1.1%	0.5%	0.9%
American Indian and Alaska Native	1.3%	1.2%	0.3%	1.2%	0.5%	0.7%	1.7%	0.9%	0.4%	1.5%
Asian	2.6%	0.6%	2.8%	0.2%	3.2%	4.4%	3.5%	0.6%	1.5%	1.6%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.4%	0.0%	0.2%	0.4%	0.3%	0.0%	0.0%	0.2%
Other	9.8%	15.5%	4.2%	3.9%	6.4%	5.9%	12.0%	5.8%	2.1%	11.9%
Multiracial	5.9%	4.6%	7.9%	5.6%	5.8%	7.8%	6.5%	4.6%	4.2%	5.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: 2000 Census

Data: Truancy and Dropouts

- 19% of 11th grade students in Sonoma County report being truant once a month or more in the past 12 months. 31% of students in alternative schools report being truant once a month or more in the past 12 months. (CHKS 2006)

- Cotati-Rohnert Park Unified has a 19% suspension rate. 46% of suspensions are drug/ violence related (California Department of Education Safe & Healthy Kids Program Office).
- In 2006-07, the high school dropout rate for American Indian students was 12.3%, followed by 8.6% for African American students and 7.6% for Hispanic/Latino students and 4.3% for white students (California Department of Education, Educational Demographics Office).
- The estimated four year high school dropout rate is highest for American Indians (45.6%), followed by Hispanic (32%), African American (30%), Filipino (20%), and white (15.8%). (California Department of Education, Educational Demographics Office).
- *Note: Truancy and dropout statistics are evolving in Sonoma County. As the county moves to a system of using Unique Student Identifiers, the county will be able to track truancy and dropout statistics more accurately.*

Data: Substance Use

- The use of alcohol and other drugs, particularly marijuana, is widespread among high school students in Sonoma County. By the 11th grade, 71% of Sonoma County students will have used alcohol at least once and 49% will have used marijuana at least once. The percentage of high school students who reported using alcohol in the last 30 days has increased consistently over the past six years (CHKS 2006).
- In Sonoma County, the rate of Marijuana use among 11th graders (29%) is higher than for California as a whole (16%). In addition, in 2006 the use of tobacco among 11th graders increased for the first time in several years (from 16% to 19%), which is higher than the statewide average.
- Alcohol is the most popular drug used by Sonoma County adolescents, with 33% of 9th graders and 50% of 11th graders reporting that they used alcohol in the past 30 days. 11th graders in Sonoma County exceeded statewide averages in the following high-risk behaviors: drinking and driving, using marijuana daily, using marijuana in the past 30 days, binge drinking in the past 30 days, ever being high on drugs, and ever being very drunk or sick from alcohol (CHKS 2006).

The PEI SAP project will target schools and school districts with:

- High number of children and youth from underserved cultural groups, particularly Hispanic/Latino populations
- High levels of poverty
- Low academic achievement
- High rates of suspension, expulsions and dropouts

- High number of children and youth in foster care
- High number of children and youth at risk of juvenile justice involvement
- High rates of violence in the community

SAP project sites will be chosen when the SAP PEI project is funded and will take into consideration local demographic factors when deciding which school districts will implement SAP projects.

Project components and activities to be carried out

SAPs provide an umbrella of prevention, identification, screening, intervention, and support strategies within a school, in collaboration with a network of community supports.

Universal Prevention	Selective Prevention	Early Intervention
Awareness and education in schools	Focused education for children at risk (e.g., children with substance abusing parents, parents with mental illness)	Services for children exhibiting risk behaviors such as using drugs, binge drinking, or depression

The range of SAP services typically includes the following:

- **Group Prevention Education** – Education related to mental health and risk factors with small groups of students.
- **Individual and Group Counseling and Support Groups** - Time limited individual sessions and/or group counseling at school to students following participation in the Prevention Education and an individual assessment for services.
- **School-Wide Awareness and Outreach Activities** – These activities help students change their normative perceptions of mental health issues and risk factors and increase school bonding through student involvement in planning and implementing programs.

- **Family Engagement and Parent Programs** – Outreach to families is an essential component of SAPs. SAP programming includes parents as collaborative partners in prevention through parent workshops, consultation and referrals, involvement in PTA and other school/community organizations. SAPs offer a broad menu of services for parent education and support, including parent services at school sites, at community agencies and in the home.
- **Referrals** - Students and parents who require treatment, more intensive counseling, or other services are referred by their SAP counselors to both school-based services (e.g., tutoring, after-school activities, career services) and community-based services (e.g., health care, law enforcement, social service organizations, substance abuse recovery centers).
- **School staff development** – It is important to gain buy-in from teachers. Teachers and other school staff receive training on identifying risk factors of substance use and depression. Teachers may also receive training in classroom management skills.
- **Resources** - SAPs are also a hub of resources for adults to help youth and their families, offering training workshops, teacher support, and various forms of assistance to parents.

School-based models of SAP services typically take on one of three different forms: the Counselor Model, the Core Team Model, or the Community Agency Model. SAPs are a collaborative service delivery model. Schools may be the door/portal for referrals and services, but may not be the sole provider, or venue, for services.

- The *Counselor Model* utilizes a community-based contracted body or in-house school personnel as the source for SAP services. A certified, experienced counselor acts as program coordinator.
- The *Community Agency Model* is headed by a contracted external agency provider that brings skilled clinicians into schools to work with students and parents in the delivery of services.
- The *Core Team Model* is run by a central group of 6-8 multidisciplinary on-campus personnel who have been trained by experienced consultants. Ideally, the team would include a campus administrator, school counselor, SAP counselor or specialist, social worker, classroom teacher, school nurse, and other student services staff. This Core Team collaborates to identify and assist referred students.

Referral Process

Students are referred to SAPs by the completion of a checklist identifying a student's observable behaviors of concern. School teachers or other school staff (e.g., school counselors, non-certificated staff) are usually the main source of student referrals. Parents or students themselves also provide referrals, on occasion. Once students are referred to the SAP, they normally meet with a SAP counselor who helps assess the student's problems and needs, and then refers the student to appropriate services. Creating an action plan for a student can occur over several sessions with the SAP counselor, or a student can begin receiving services immediately and have follow-up meetings with the counselor for additional needs assessment and service provision over time.

Cultural Competence

Cultural competence will be embedded in all SAP programs and services to facilitate access for minority groups such as Latino populations, Spanish-speaking individuals and LGBTQ individuals.

Implementation Partners to deliver PEI programs and services

Implementation partners will include Sonoma County Office of Education, school districts, teachers, school staff, mental health counselors, health and social service agencies, law enforcement, probation and community-based organizations for youth development. The setting for this project may include school sites, community organizations, as well as services provided in the home.

Key Milestones and Anticipated Timeline

- **Convene a SAP planning workgroup (April 2009 - June 2009)** Consider existing assets for establishing SAPs at different schools. This might include assessing administrative, teacher, student and family interest in a SAP; the availability of professional management skills; the feasibility of delivering SAP services; the availability of space and location for the SAP; and the possibilities for collaboration with community partners. Determine which of the three SAP models (Counselor, Community Agency, or Core Team model) is most appropriate.

- **Develop a SAP policy and structure (May 2009 – August 2009).** Define roles & responsibilities of particular team members, approvals from school board/administration, policies for SAP team training and overall staff training, and collaboration with community partners. This includes a plan for consistent communication within the SAP structure, a clearly articulated referral process, as well as a plan for parent involvement and community awareness.
- **Develop referral and follow-up process (June 2009 – August 2009)**– Procedures should be developed to identify students and refer them to SAP services, including linkages to community resources. A follow-up plan should be developed to ensure that interventions are implemented, or to make additional recommendations.
- **Hire and Train SAP and School staff (June 2009 – August 2009).** This process will promote a culture of student support that is the foundation of SAPs in each school. At a minimum, training should include the following:
 - Research-based curriculum that addresses five content areas of prevention education: alcohol, drugs, tobacco, violence, and positive youth development
 - Strategies for promoting resiliency through asset development
 - Skills for identifying students who require additional intervention
 - Policies and procedures for referring identified students to additional services
 - Policies and procedures for responding to students in a crisis situation who require immediate attention for issues around emotional distress
- **Market the services (August 2009 – ongoing).** Marketing SAP services to parents and students will help garner interest and promote collaboration and awareness of the resources that are available to help students in need.
- **Begin offering SAP services (September 2009)** – After the necessary structure, policies, procedures, and training have occurred, school sites will be ready to begin implementing their SAPs.
- **Implement an evaluation component (June 2009 - ongoing)** – Evaluation of the SAP project will enable program planners to continuously reflect and improve on existing processes, services and strategies in order to ensure the optimum effect of SAP resources for students. Each site will develop a plan to track process and outcome measures.

Staffing

- **Project Coordinator:** Overall management and district responsibility
- **School-based mental health professionals:** Provide education and counseling services.
- **Mental health consultants:** Assist with clinical consultation and training of staff.
- **Teachers:** identify children likely to benefit from program and participate as members of the program team
- **School Principals:** Provide administrative support and leadership at the school site.

4. Programs

The proposed numbers of individuals and families to be served is based on a twelve month project timeline.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009* by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Elementary School Student Assistance Programs	Individuals: 1,500 Families:	Individuals: Families: 150	3 months
Middle and High School Student Assistance Programs	Individuals: 6,000 Families:	Individuals: 600 Families:	3 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 7,500 Families:	Individuals: 750 Families:	

* proposed numbers served are annualized

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

Students in need of further mental health services and/or other support services will be identified through the SAPs. Mechanisms for referral to County Mental Health and providers of other needed services will be built in to the SAPs. School sites operating the Project Success SAP model have already developed a partnership with Sonoma County's Drug Abuse Alternatives Center (DAAC), a comprehensive substance use service agency.

6. Collaboration and System Enhancements

SAPs are a vehicle for bridging the delivery of services by external providers and/or community groups to the school, and for linking students to external services, activities, or support. Possibilities for collaboration include community mental health services, health clinics, and law enforcement. This project promotes the coordination of resources and strengthens schools' infrastructure for supporting students' mental health.

Sonoma County currently operates a number of SAPs, although the reduction in funding for schools and Mental Health has caused a decline in programs across the county. Five comprehensive high schools and three continuation high schools are using the Project Success model, while five elementary schools are using the Caring School Communities model. Elementary schools from five school districts are operating the Primary Intervention Program (PIP) model. Current high school SAP using the Project Success model have a drug/alcohol prevention/intervention focus. The new PEI-funded SAP project will build on programmatic success of current county program but will focus on behavioral and mental health issues to address the mental concerns and risk factors of children at risk of school failure.

7. Intended Outcomes

The overarching goal of SAPs is to remove barriers to education so that a student may achieve academically. The broad goals of SAPs are to reduce students' behavioral and disciplinary violations and substance use habits, while improving school attendance and academic performance through the referral to appropriate services.

Individual outcomes

- Reduction in school violence and behavioral incidents
- Reduction in substance use
- Improvements in school attendance

- Improvement in academic performance
- Reduction in number of suspensions
- Increased knowledge of social, emotional and behavioral issues
- Increased knowledge of risk and resilience/protective factors

System and program outcomes

- Increase in number of prevention and early intervention activities in schools
- Increase in number of individuals and families identified as needing prevention and early intervention services
- Increase in number of individuals and families receiving prevention and early intervention services
- Increase in number of individuals and families from underserved cultural populations who receive prevention and early intervention services
- Increase in successful follow-through on linkages/referrals
- Enhanced cultural competence in school-based prevention and early intervention services
- Reduction in disparities in access to mental health services
- Reduction in stigma and discrimination associated with accessing mental health services

8. Coordination with Other MHSA Components

This project will be coordinated with the PEI project for parents of children ages 0-5 who also have a school-aged child. Coordination with CSS will occur through the Community Intervention Program and referral into treatment where appropriate.

9. Additional Comments

Sonoma County programs will be selected through a competitive RFP process when the PEI project is funded. Sonoma County DHS MHD anticipates funding two to three PEI projects for a total budget of \$550,000. This process was successfully implemented for CSS program selection and is a lesson learned described in Form 2: Community Planning Process. Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma

County provider community without concern for conflict of interest. The recommendation to replicate that process was made to Mental Health Services staff by the Stakeholder Leadership Committee. The recommendation was accepted.

Early in the PEI planning process the Steering Committee established a set of criteria to evaluate the RFPs. The Committee considered the seven key criteria defined in the PEI guidelines and adapted those criteria to local considerations to ensure each criterion could be consistently applied. The seven criteria are:

1. Community Collaboration

- Demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)
- Promote continuity of care through linkages or involvement in collaborations
- Provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care

2. Leveraged Resources

- Cash, in-kind contribution or other participation from the organization
- “Readiness” to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with newly funded early intervention programs

3. Cultural Competence. Ensure that essential characteristics are embedded in the program design in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics:

- Culturally and linguistically appropriate services
- Staffing that reflects the community served

4. Best Practice Models (Outcomes-Based Program Design)

- Programs are based on evidence-based research as defined by the CIMH document “EPB Definitions and Resources.” Three levels will be used: High Research Support, Moderate Research Support, Emerging Practice. RFPs will demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement.

5. Individual/Child/Youth and Family Driven Programs

- Consumers are involved in design and implementation of programs
- There is consumer-centered choice in the types of services developed and offered

6. Wellness Focus

- Programs emphasize health habits that support wellness
- Youth programs should adhere to the Search Institute 12
- Use developmental standards adopted by the Sonoma County Office of Education

7. Integrated Service Experience for Individuals and Their Families

- Multiple systems work together to serve clients, strengthen and build capacity, including multi-disciplinary teams
- Services are accessible

#2: School-based Programs/Student Assistance

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: **Sonoma County** Date: 11/14/08
 PEI Project Name: **3. Children and Youth in Stressed Families**
 Provider Name (if known): **Schools, CBO(s)**
 Intended Provider Category: **PreK-12 school**
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 2500
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 2500
Months of Operation: FY 07-08 0 FY 08-09 4

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contracts to be awarded via RFP	\$0	\$137,500	\$137,500
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$137,500	\$137,500
4. Total Proposed PEI Project Budget	\$0	\$137,500	\$137,500
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$137,500	\$137,500
6. Total In-Kind Contributions	\$0	\$0	\$0

PEI Project Name: Crisis Intervention for Individuals Experiencing First Onset

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

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

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

The project to screen, assess and serve transition age youth (TAY) experiencing first onset of serious psychiatric illness is the result of a collaborative planning effort involving Sonoma County Department of Health Services (DHS) Mental Health Division (MHD) and community stakeholders, including educators, counselors, health service providers, family members of young people with serious emotional disturbance (SED), and youth. As part of the PEI planning process, MHD formed a workgroup committee dedicated to formulating strategies for the TAY population. (See Form 2 for more detail on the planning process and workgroup structure). Although the Sonoma County DHS MHD encouraged a broad range of community stakeholders to participate in the planning process, a concerted effort was made to meaningfully include the youth perspective. Therefore, MHD and workgroup committee members actively recruited young people to serve on the committee and coordinated with the planning consultants (Harder+Company) to conduct focus groups with young people at three sites across Sonoma County.

The data analysis and community input process used for the PEI plan built on the successes of the CSS process, while also incorporating lessons learned. The PEI process began with extensive community outreach, followed by kick-off meetings accessibly located in community settings throughout regions of the county to generate excitement and recruit meaningful community participation. These meetings were followed by the formation of population-based workgroups which met regularly to prioritize the mental health prevention needs of the population within Sonoma County and to draft strategy recommendations. Each workgroup's recommendations were fleshed out by two advisory committees.

Data Review and Analysis

To help prioritize the needs of transition age youth in Sonoma County, the TAY workgroup reviewed data previously collected through the CSS planning process, data provided by Sonoma County DHS, and data brought to the attention of the group by individual members. In addition, Harder+Company, an outside consultant hired to facilitate the CSS and the PEI planning processes, conducted a comprehensive literature review to gather relevant data and other information that would help paint a more complete picture of mental health prevention needs among Sonoma County transition age youth.

The data review and analysis process for TAY included a review of data pertaining to truancy and dropouts, substance use disorders, suicide, depression, health insurance status and demographic indicators such as race/ethnicity and language. Examples of data sources include:

- California Department of Education, Educational Demographics Unit
- California Department of Education Safe & Healthy Kids Program Office
- California Department of Health Services, Vital Statistics, Death Records 2002-04
- California Healthy Kids Survey 2005-2006
- Children Now 2007 Data Book
- *Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County, Step 1: Assessment.* Sonoma County Department of Health Services, Prevention and Planning Division (2006).
- Sonoma County Department of Health Services Maternal, Child, and Adolescent Health Five year Needs Assessment 2005-2009.
- Sonoma County Health Profile
- Sonoma County SB697 Needs Assessment 2005
- *Results of the National College Health Assessment Survey.* Santa Rosa Junior College (2007)
- U.S. Census

Key findings that led to a focus on addressing problems related to first onset of serious psychiatric illness, substance use, trauma, depression, anxiety and suicide risk include:

Substance Use

- The majority of students surveyed at Santa Rosa Junior College are using alcohol (56 percent in the last 30 days), and a significant percentage reported negatives consequences to their drinking, including 39 percent doing something they later regretted, 28 percent forgetting where they were or what they did, 25 percent having unprotected sex, 21 percent being physically injured, 11 percent being involved in a fight, 8 percent physically injuring another person, and 4 percent being forced or threatened to have sex. Additionally, 24 percent of all Santa Rosa Junior College students reported marijuana use in the last 30 days and seven percent reported having a substance abuse problem.
- The rate of Marijuana use in 11th graders (32%) is significantly higher for Sonoma County than for California (23%).

- The experimental use of tobacco has doubled among 11th graders in the last five years.
- Alcohol is the most popular drug used by Sonoma County adolescents. Sonoma County adolescents in 9th (69%) and 11th (51%) grade reported high rates of alcohol consumption in the past month.

Data: Suicide Risk

- Suicide was the second leading cause of death in Sonoma County for ages 15-29. The suicide rate for adolescents (15-19 years of age) is 5.1/100,000 in Sonoma County. The death rate due to suicide for adolescents (15-19 years of age) is 11.8/100,000.
- When asked if they ever felt so sad and hopeless almost every day for 2 weeks or more that they stopped doing some usual activities, 40% of 11th grade girls and 25% of 11th grade boys said yes. For alternative school, 52% of girls and 31% of boys said yes.
- 11 percent of students surveyed at Santa Rosa Junior College reported seriously considering suicide and nearly 3 percent of students surveyed reported attempting suicide one or more times in the last year. Of the suicidal students, about half had never been diagnosed with depression.
- The high school dropout rate for Sonoma County students is substantially lower than the state level; however, the rate varies by ethnicity. The four year high school dropout rate is higher for Hispanics (17.5%) and American Indians (16.2%) students than for white students (7%).
- English language learners make up 31% of total dropouts in Sonoma County. Socioeconomically disadvantaged populations make up another 31% of total dropouts.
- Sonoma County Office of Education has a 46% truancy rate and an 87% suspension rate. 25% of suspensions are violence or drug related.

Data: Health insurance status

- Health insurance data collected by the National College Health Assessment Survey at Santa Rosa Junior college indicates that students ages 18-24 have an uninsured rate of just above 20 percent.

Stakeholder Input

Stakeholder input was collected via surveys distributed at the six regional kick-off meetings and a web survey posted online. Stakeholder input to select programs and strategies for youth was channeled through two workgroups: children and youth 5-18 and transition age youth 16 -24. And in an effort to meaningfully include the youth voice, MHD and workgroup committee members also coordinated with the planning consultant to conduct focus groups with young people at three sites across Sonoma County. Youth talked about the following issues pertaining to the TAY population: The main issues for young people include relationships with family, friends and dating partners; alcohol and drug use; and self-acceptance and acceptance by others.

- The main mental health concern for young people is depression.
- Young people need someone to talk to; many would prefer talking to people their age.
- Almost all youth agreed that services should be offered in school, starting in elementary school.
- Youth believe that services should be offered in school as well as outside of school in diverse communities.

Drawing on data from secondary sources, results from focus groups, as well as their own expertise, stakeholders in the workgroup drafted a list of mental health needs for TAY in Sonoma County using the categories set forth by the State. The list was organized into the State-defined categories pertaining to TAY: first onset of serious psychiatric illness, substance use and trauma, depression, anxiety and suicide risk.

Workgroup members prioritized the list of mental health needs using data paired with their own experience to identify issues that would make a person's risk of developing mental illness "significantly higher than average," as directed by the State. Discussions focused on specific prioritized needs, such as first onset of serious psychiatric illness, depression, anxiety, suicide, individuals who engage in self-cutting behavior, stigma, and language barriers. The TAY workgroup then drafted service strategy recommendations which were reviewed and refined by two stakeholder advisory groups (the Stakeholder Leadership Group and the Steering Committee).

3. PEI Project Description:

Crisis Intervention for Individuals Experiencing First Onset

Crisis Intervention for Individuals Experiencing First Onset is a selective and early intervention prevention strategy designed to address multiple issues and risk factors (substance use, trauma, depression, anxiety, cutting, and suicide risk) of the transition age youth age group with a specific focus on individuals at risk of experiencing first onset of serious psychiatric illness. The proposed project calls for the creation of a Crisis Assessment and Prevention Team (CAP) aimed at preventing the occurrence and severity of mental health problems for transition age youth. The CAP team will achieve this goal in a two-fold process: 1) the CAP team will provide education and training to educators (both in high school and college settings), parents, and peer counselors to help them identify transition age youth at risk for mental health crises; and, 2) the CAP team will provide mobile crisis assessment services (including assessment, psychotherapy, case management, strengths-building, psychiatry services, and linkage to referrals) to students attending high schools and colleges in Sonoma County that have participated in the CAP trainings.

How does the project address community health needs?

Early detection and evaluation of young people are effective mechanisms for decreasing the severity and duration of mental health problems in the community. Moreover, for youth who are potentially suicidal, early intervention has the potential to save lives and reduce the use of emergency medical and psychiatric services. Early detection of youth who will develop schizophrenia or other psychotic disorders is critical to efforts to facilitate the provision of interventions before the illness takes hold. A review of the literature suggests that early intervention services greatly reduce the devastating effects of serious mental illness. Moreover, the literature also indicates that early intervention and linkages to pharmacologic and psychosocial interventions can reduce symptoms and possibly reduce or delay risk for onset of psychosis. Because the mobile intervention approach targets high schools and colleges, a considerable number of transition age youth in Sonoma County will be reached, which was a key criterion identified by community workgroups and focus groups with young people. A continuum of services will be made available through this project including: screening, intervention and support services.

Demographics of transition age youth population

Transition age youth 16-24 make up 10.2 percent of Sonoma County's population, while children age 5-12 make up 9.8 percent of Sonoma County's population. The racial background of transition age youth is as follows: White, 54 percent; Hispanic or Latino, 23 percent; Other, 12 percent; Multiracial, 5 percent; Asian, 3 percent; Black or African American 1.6 percent; and American Indian and Alaska Native, 1.3 percent. More detailed race/ethnicity information about Sonoma County transition age youth by region is presented in the following table.

Race/Ethnicity by Region and Age: TAY 15-24

Race/Ethnicity	Sonoma County (70,401)	Cloverdale (1,231)	Cotati (950)	Guerneville (314)	Petaluma (7,146)	Rohnert Park (8,850)	Santa Rosa (24,227)	Sebastopol (1,022)	Sonoma city (775)	Windsor (3,148)
White	54.1%	38.4%	61.6%	65.0%	58.4%	65.5%	49.0%	76.4%	75.7%	45.1%
Hispanic or Latino	22.8%	33.1%	17.5%	19.7%	21.3%	14.2%	23.9%	12.2%	12.4%	30.0%
Black or African American	1.6%	0.2%	2.8%	1.0%	1.1%	2.0%	2.2%	1.2%	0.4%	0.7%
American Indian and Alaska Native	1.3%	1.5%	0.7%	1.3%	0.6%	0.6%	1.5%	0.7%	0.6%	1.7%
Asian	3.1%	1.1%	4.0%	0.3%	3.5%	5.0%	4.0%	0.5%	3.5%	1.6%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.2%	0.0%	0.1%	0.4%	0.3%	0.0%	0.0%	0.3%
Other	12.1%	22.0%	6.6%	7.3%	10.2%	6.4%	14.0%	4.4%	3.4%	16.6%
Multiracial	4.8%	3.6%	6.5%	5.4%	4.8%	5.9%	5.0%	4.6%	4.0%	4.1%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Project components and activities to be carried out

The Crisis Intervention for Individuals Experiencing First Onset Project involves two core components and will incorporate components identified in the Systems Enhancement Project. The range of services to be offered by the Project includes the following:

- **Mobile Crisis Assessment Prevention (CAP) Team** available in school-based settings to provide services to TAY at-risk of or experiencing first onset of serious psychiatric illness
 - **Training** for selected teachers, faculty, parents, counselors and law enforcement personnel to recognize the warning signs of mental illness and refer to the CAP Team.
 - **Screening and assessment of at-risk youth** in high schools and colleges.
- **Peer-based services** including youth training and counseling and support groups for at-risk youth and families.

Cultural Competence

Cultural competence will be embedded in all Crisis Intervention Individuals Experiencing First Onset programs and services to ensure that a range of cultural communities including LGBTQ young people, Latino populations and Spanish-speaking young people and their families are able to access service.

Implementation Partners

Implementation partners will include Santa Rosa Junior College, Sonoma State University, Sonoma County Office of Education, college faculty, school administrators, school teachers, mental health counselors, health and social service agencies, law enforcement agencies, and community-based organizations. The setting for this project will include school sites, community organization, as services provided in the home.

Key Milestones and Anticipated Timeline

Pre-Implementation: March 2009 – May 2009

- Sonoma County DHS Mental Health (SCMH) will hire two clinicians (including a part time psychiatrist) and a Program Manager
- Santa Rosa Junior College (SRJC) will hire a Trainer/Health Educator
- SCMH will contract with a CBO for a Family Service Coordinator and two peer health Educators
- Begin discussion with community providers, schools, and law enforcement to set up Crisis Assessment Prevention (CAP) team protocols.
- Within two months begin community engagement and cultural outreach efforts to ensure access and locate students and parents from underserved cultural populations.

Phase 2: May 2009 – June 2009

- Continue community resources and program development
- Hire and train public and private CAP team members
- Train peer educators
- Contract or develop MOU with community private provider(s)

Phase 3: June 2009 – August 2009

- Continue community resources and program development
- Review evaluation plan for measuring program outcomes and documenting services
- Continued training for CAP team members, as well as other stakeholders, community, county staff, etc.

Phase 4: July 2009 – ongoing

- Begin Gatekeeper trainings
- Begin peer-based services
- Pilot the program during summer school and officially roll out in fall of 2009
- Review evaluation plan for measuring program outcomes and documenting services

- Review evaluation of CAP services (to include program objectives and youth satisfaction surveys)

Staffing

As indicated above, the PEI project for Crisis Intervention for Individuals Experiencing First Onset will require the following staff positions:

- Program Manager (.25 FTE)
- Clinicians (TBD)
- Family Service Coordinator (.5 FTE)
- Trainer/Health Educator (1 FTE)
- Peer Health Educators (.5 FTE)

These staff will work with other key partners, such as community providers, school officials, law enforcement, and SCMh.

Mobile Crisis Assessment Prevention (CAP) Team

At each school site where the Mobile Crisis Assessment Prevention (CAP) team is implemented, a limited number of staff (1 to 3 people) will have access to the CAP Team's pager number, thereby insuring that only appropriate referrals that can not be addressed by school resources will be passed on to the CAP Team. It is suggested that school personnel who have access to the CAP Team resources are either on a crisis team or part of the mental health/counseling centers. In addition to selected faculty/staff, at colleges who have their own police department, all of the police officers would have access to the CAP Team's services. Some high schools, such as Santa Rosa City schools, have their own Police Resource Officers. The CAP Team would work collaboratively with these police department, attending trainings in how their systems function. Additionally, two full-time peer counselors will provide counseling and manage peer based services at high schools and college.

4. Programs

The proposed numbers of individuals and families to be served is based on a twelve month project timeline.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009* by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Mobile Crisis Assessment Prevention (CAP) Team	Individuals: 500	Individuals:200 Families: 50	3 months
Peer-based services	Individuals:100 Families:25	Individuals:100 Families:25	3 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 600 Families: 25	Individuals: 300 Families: 75	

**proposed numbers served are annualized*

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

Locating the CAP Team's services in several high schools and at Santa Rosa Junior College guarantees reaching the largest group of transition age youth in Sonoma County. Furthermore, it is consistent with recommendations from the community workgroups and high school focus groups that Sonoma County Mental Health (SCMH) conducted. The CAP Team will also build partnerships with referral resources for its clients and their families. This team will provide direct referral and linkage to SCMHS Psychiatric Emergency Services Unit and access to SCMHS follow up services. Supported by MHSAs Community Services and Supports funding, SCMHS has a full service partnership program for Transitional Age Youth which provides an intensive integrated service team program for Transitional Age Youth (18-25) providing mental health services, intensive case management, housing, employment services and Independent Living Skills. The program

provides mental health services, intensive case management, housing, employment services, and independent living skills. The program utilizes a strength-based TAY-driven approach, which encourages resiliency and recovery in young adults. Intensive case management drives the new program.

While there is nothing in existence in Sonoma County that compares with the mission outlined above, there are some similar programs that the CAP Team has already established consultative relationships with. This includes the Crisis Intervention Resource Team at Santa Rosa Junior College (an evidence-based practice) which provides staff/faculty trainings and consultations on how to intervene with distress, disruptive, and dangerous students. The Community Intervention Program (MHSA-CSS funded) of Sonoma County DHS MHD (an evidence-based practice) provides mobile assessment and linkage services to homeless, dually-diagnosed residents as well as to client of federally-qualified health clinics. Sonoma County DHS MHD is currently conducting gatekeeper trainings with local law enforcement officers in its Crisis Intervention Trainings (CIT).

6. Collaboration and System Enhancements

In addition, Sonoma County DHS MHD will create partnerships with Santa Rosa Junior College and 7 High Schools who wish to receive CAP Team services; therefore, the CAP Team will also consist of CAP Team Liaisons. The Liaisons will be staff or faculty members of the partnering schools who have a vested interest in the coordination of CAP Team services on their campus. The Liaison will be knowledgeable of the students' mental health on his or her campus and will likely come from one of the following departments: crisis resource teams, administrators, academic counseling, district police, disabled students/special education, health centers, and school psychologists. The CAP Team will meet monthly with the Liaisons to coordinate their joint efforts.

7. Intended Outcomes

Individual/Family

- Increase knowledge of social emotional & behavioral issues
- Increase knowledge of risk and resilience/protective factors
- Improve parenting knowledge and skills
- Reduce family stress/discord
- Reduce violence
- Reduce school drop-out, expulsion, suspensions

- Improve school performance
- Reduce involvement with law enforcement and courts

Program/Systems

- Increase early intervention services to TAY experiencing first psychotic breaks
- Increase early intervention services to TAY experiencing depression
- Increase the number of TAY referrals to community-based programs and services
- Increase school personnel knowledge of TAY risk factors, mental health concerns and available resources and support
- Improve collaboration with law enforcement agencies
- Improve collaboration with schools and community-based agencies

Community

- Enhanced wellness and resilience in TAY
- Reduced incarceration of TAY

8. Coordination with Other MHSA Components

The project will be coordinated with the PEI project for school-based services and will establish consultative relationships with the Community Intervention Program (MHSA-CSS funded) of Sonoma County DHS MHD, which provides mobile assessment and linkage services to homeless, dually-diagnosed residents as well as to clients of federally-qualified health clinics.

9. Additional Comments

Sonoma County programs will be selected through a competitive RFP process when the PEI project is funded. Sonoma County DHS MHD anticipates funding one PEI project for a total budget of \$550,000. This process was successfully implemented for CSS program selection and is a lesson learned described in Form 2: Community Planning Process. Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma County

provider community without concern for conflict of interest. The recommendation to replicate that process was made to Sonoma County DHS MHD staff by the Stakeholder Leadership Committee. The recommendation was accepted.

Early in the PEI planning process the Steering Committee established a set of criteria to evaluate the RFPs. The Committee considered the seven key criteria defined in the PEI guidelines and adapted those criteria to local considerations to ensure each criterion could be consistently applied. The seven criteria are:

1. Community Collaboration

- Demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)
- Promote continuity of care through linkages or involvement in collaborations
- Provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care

2. Leveraged Resources

- Cash, in-kind contribution or other participation from the organization
- “Readiness” to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with newly funded early intervention programs

3. Cultural Competence. Ensure that essential characteristics are embedded in the program design in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics:

- Culturally and linguistically appropriate services
- Staffing that reflects the community served

4. Best Practice Models (Outcomes-Based Program Design)

- Programs are based on evidence-based research as defined by the CIMH document “EPB Definitions and Resources.” Three levels will be used: High Research Support, Moderate Research Support, Emerging Practice. RFPs will demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement.

5. Individual/Child/Youth and Family Driven Programs

- Consumers are involved in design and implementation of programs
- There is consumer-centered choice in the types of services developed and offered

6. Wellness Focus

- Programs emphasize health habits that support wellness
- Youth programs should adhere to the Search Institute 12
- Use developmental standards adopted by the Sonoma County Office of Education

7. Integrated Service Experience for Individuals and Their Families

- Multiple systems work together to serve clients, strengthen and build capacity, including multi-disciplinary teams
- Services are accessible

3 - Crisis Assessment Prevention Team

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: **Sonoma County** Date: 11/14/08
 PEI Project Name: 2. Individuals Experiencing Onset of Serious Psychiatric Illn
 Provider Name (if known): Sonoma County MHD, CBO(s), Santa Rosa JC
 Intended Provider Category:
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 200
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 200
 Months of Operation: FY 07-08 0 FY 08-09 4

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages **	\$0	\$0	\$0
** Includes benefits	\$0	\$89,785	\$89,785
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$89,785	\$89,785
2. Operating Expenditures			
a. Facility Cost	\$0	\$2,352	\$2,352
b. Other Operating Expenses	\$0	\$24,467	\$24,467
c. Total Operating Expenses	\$0	\$26,818	\$26,818
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Peer Educators	\$0	\$9,739	\$9,739
Family Coordinator	\$0	\$12,500	\$12,500
Health Educator	\$0	\$20,000	\$20,000
a. Total Subcontracts	\$0	\$42,239	\$42,239
4. Total Proposed PEI Project Budget	\$0	\$158,842	\$158,842
B. Revenues (list/itemize by fund source)			0
MAA	\$0	\$7,500	\$7,500
Matching Funds	\$0	\$13,842	\$13,842
_____			\$0
1. Total Revenue	\$0	\$21,342	\$21,342
5. Total Funding Requested for PEI Project	\$0	\$137,500	\$137,500
6. Total In-Kind Contributions	\$0		\$0

PEI PROJECT SUMMARY

County: Sonoma PEI Project Name: Reduce Depression and Suicide among Older Adults Date: 11/17/08

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

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

PEI PROJECT SUMMARY

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

The project to reduce depression and suicide among Older Adults in Sonoma County described below is the result of a collaborative planning effort between the Sonoma County Department of Health Services (DHS) Mental Health Division (MHD) and community stakeholders, including service providers, opinion leaders, doctors, people with serious mental illness or serious emotional disturbance (SMI/SED), and family members of people with SMI/SED. As part of the PEI planning process, MHD formed a workgroup committee dedicated to formulating service strategies for the Adults and Older Adults (A & OA) population. (See Form 2 for more detail on the planning process and workgroup structure.)

The data analysis and community input process used for the PEI plan built on the successes of the CSS process, while also incorporating lessons learned. The PEI process began with extensive community outreach, followed by kick-off meetings accessibly located in community settings throughout regions of the county to generate excitement and recruit meaningful community participation. These meetings were followed by the formation of population-based workgroups which met regularly to prioritize the mental health prevention needs of the population within Sonoma County and to draft strategy recommendations. Each workgroup's recommendations were fleshed out by two advisory committees.

Data Review and Analysis

To help prioritize the needs of adults and older adults in Sonoma County, the A & OA workgroup reviewed data previously collected through the CSS planning process, data provided by Sonoma County DHS MHD, and data brought to the attention of the group by individual members. In addition, Harder+Company, an outside consultant hired to facilitate the CSS and the PEI planning processes, conducted a comprehensive literature review to gather relevant data and other information that would help paint a more complete picture of mental health prevention needs among Sonoma County adults and older adults.

For A & OA, the data reviewed and analyzed described issues such as substance use disorders, domestic violence, suicide, depression, anxiety, parenting, perinatal mood disorder, postpartum depression, elder abuse, grief and isolation, as well as demographic indicators such as race/ethnicity, poverty, single parent households, language patterns, and locations and usage patterns of existing services. Examples of data sources include:

- Census data
- Sonoma County Health Profile
- Maternal, Child, and Adolescent Health Five-Year Needs Assessment, 2005-2009

PEI PROJECT SUMMARY

- Living Longer, Living Well Needs Assessment, 2005
- Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County
- Profile of Community Clinics and Health Centers

Key findings that led to an emphasis on depression and suicide among older adults include:

- Sonoma County is currently experiencing an increase in the number of seniors residing in our community. By 2010, one in five residents will be over the age of 60 (US Census). This population includes those who have experienced mental health problems during the course of their lives, as well as a subset of people who may be diagnosed for the first time or begin experiencing depression, anxiety and increased suicidal thoughts due to multiple losses, isolation, and/or co-occurring medical conditions.
- Suicide rates in Sonoma County are highest among adults 75 years and older. (California Department of Health Services, Vital Statistics, Death Records 2002-04)
- Sonoma County older adults ages 85+ had a significantly higher suicide attempt and death rate than California overall (87.1/100,000 compared to 51.1/100,000). (Sonoma County Health Profile 2000-2002)
- In 2001, 12% of Sonoma County adults ages 65+ reported that they “did less” because of an emotional problem, and over 17% reported that they felt “downhearted and sad” some or all of the time. (Sonoma County Health Profile)
- In a research study by NLM Gateway (a service of the U.S. National Institute of Health), “the proportions of depressed persons receiving appropriate management care was 7.3% (self-reported antidepressants use and four or more visits to general physicians or mental health specialists for a mental health problem in the prior 12 months), concluding that most persons (over 90%) with depression do not receive appropriate {medication} management.”
- Depression is not a normal part of aging, but unfortunately, many caregivers and 58% of older adults think it is. Depression often goes undetected because patients do not report their symptoms, or when they do, they are often misinterpreted as symptoms of a medical illness. Even when depression is recognized, it often goes untreated because older adults are more likely than any other group to try to “handle it themselves.”
(<http://prairiepublic.org/features/healthworks/depression/stats.htm>)

PEI PROJECT SUMMARY

- Older adults with significant symptoms of depression have roughly 50% higher healthcare costs than non-depressed seniors. Older adults are considered the group most at risk of suicide. The suicide rate in older adults is more than 50% higher than young people or the nation as a whole. Up to two-thirds of older adult suicides are attributed to depression that went untreated or misdiagnosed. White men over age 80 are six times more likely to commit suicide than any other demographic group.
(<http://prairiepublic.org/features/healthworks/depression/stats.htm>)

Stakeholder Input

Early in the process, stakeholder input was collected via surveys distributed at the eight regional kick-off meetings and a web survey posted online. As described above, the majority of stakeholder input to select programs and strategies for adults and older adults was channeled through the A & OA workgroup. Drawing on data as well as their own expertise, stakeholders in the workgroup drafted a list of mental health needs for A & OA in Sonoma County using the categories set forth by the State. The list was organized into the State-defined categories pertaining to A & OA: trauma exposed individuals, unserved or underserved cultural populations, and individuals experiencing onset of serious psychiatric illness. The identified needs fell into several categories, including specific mental health disorders, crime/violence, financial/economic, housing, death/loss, political issues/immigration, issues related to aging, physical health, and miscellaneous trauma.

Workgroup members prioritized the list of mental health needs using data paired with their own experience to identify issues that would make a person's risk of developing mental illness "significantly higher than average," as directed by the State. Discussions focused on specific prioritized needs, such as depression, anxiety, suicide, grief, and isolation among older adults, as well as barriers to access such as transportation, stigma, and language. The A & OA workgroup then drafted service strategy recommendations which were reviewed and refined by two stakeholder advisory groups (the Stakeholder Leadership workgroup and the Steering Committee).

PEI PROJECT SUMMARY

3. PEI Project Description

Explain why the proposed PEI project addresses community health needs identified during the community planning process

Isolation, loss of independence, health decline and poverty may lead to serious depression adding to the possibility of suicide. These were identified as key concerns for older adults living in Sonoma County by the PEI Adults and Older Adults workgroup. The project to reduce depression and suicide among older adults will address the key community needs of disparities in access, psycho-social impact of trauma, stigma and discrimination, and suicide risk. The populations to be served—trauma exposed individuals, unserved or underserved cultural populations, and individuals experiencing onset of serious psychiatric illness—formed the basis for the stakeholder workgroup’s initial list of priority needs. The needs identified by the workgroup, such as depression, anxiety, suicide, grief and isolation, map directly on to the key community needs. Program components targeting service barriers such as transportation and language were designed to address disparities in access.

The Adults & Older Adults workgroup recommended a two-pronged approach to increasing awareness and early intervention for seniors suffering from depression, anxiety and/or suicidal ideation. In seniors, depression and anxiety often go hand in hand with other physical ailments and loss which lead them to 1) seek care from physicians in private offices, clinics and/or emergency rooms, and 2) keep themselves homebound, thereby increasing their isolation. The need to systematize and standardize early screening and assessment is essential to improving the quality of the lives of seniors and to preventing more serious mental health problems or premature death by suicide. Secondly, easier access to countywide mental health resources needs to be available to the medical community to support their efforts for early identification and intervention of mental health problems.

A full continuum of interventions was reviewed and discussed including where to best access seniors in their “natural environments.” The workgroup felt that it is imperative to raise the awareness and skill levels of the medical community and existing home visiting services (such as Meals on Wheels drivers) in understanding and identifying depression and anxiety amongst our seniors. In looking at systems change the A & OA workgroup recommended the implementation of countywide training for the medical community and for gatekeepers that include home visitors, nurse practitioners, and medical receptionists. This training would include prevalence and causation of depression and anxiety, as well as training on the use of screening tools.

PEI PROJECT SUMMARY

Addressing older adults' access to services, including access to transportation and mobility services, was identified as a key concern. The high cost of medical care was also a concern that prevents many especially lower income and fixed-income older adults from seeing physicians. A final major concern was that of stigma, which keeps older adults in particular from acknowledging their own feelings and thoughts, or seeking help for anxiety and depression. Education of gatekeepers, more standardized screening and easily accessible short-term interventions are seen as a way to overcome these concerns.

Strategy Summary:

Develop and expand the system of opportunities for older adults to be assessed, screened and receive early intervention for those suffering from depression, anxiety and suicidal thoughts. The system would include medical provider, gatekeeper training and screening and/or early intervention services appropriate for a variety of settings that meet older adults at sites which they currently utilize, including primary care sites, senior centers, senior housing sites, community centers, churches, libraries, senior serving programs, or in the homes of homebound seniors.

Core Components:

- 3. Training for Medical Providers and Gatekeepers using QPR (Question, Persuade, Refer):** The QPR curriculum will be implemented to ensure that Older Adults with Suicidal Ideation, possibly a result of depression, anxiety or loss are identified early and offered early intervention. Examples of those to be trained include home visitors, primary care providers, case managers, community service providers, faith-based organizations, and mental health professionals.
- 4. Screening and intervention services for A&OA experiencing anxiety, depression and at risk for suicide.**
 - **Screening and early intervention program.** Identification and implementation of screening tools for depression, anxiety, and suicide. Provide mental health screening at nontraditional settings such as primary care sites or seniors' homes that will refer and link seniors to prevention services. The cornerstone of the screening and linkage model is collaborative care. State identified programs include the IMPACT Model. Other programs might include expanded home visitation services.

PEI PROJECT SUMMARY

- **Home visitation for homebound seniors.** Seniors receive home visits to address isolation and loneliness which can lead to depression and suicide. Key services include addressing transportation needs and linkage to community supports.

Target community demographics

Although cultural diversity is changing the landscape of Sonoma County, the older adult population is still almost 90% Caucasian, so strategies will serve this population appropriately. However, there are geographical areas with a higher concentration of older adults who are racial or ethnic minorities, particularly Latinos and Hispanics, as illustrated in the table below. Services targeting underserved ethnic populations will focus on these areas.

Race/Ethnicity by Region and Age: Older Adults 60+

Race/Ethnicity	Sonoma County (76,011)	Cloverdale (1,271)	Cotati (633)	Guerneville (339)	Petaluma (7,981)	Rohnert Park (4,567)	Santa Rosa (25,909)	Sebastopol (1,546)	Sonoma city (2,697)	Windsor (3,360)
White	88.4%	89.5%	85.6%	90.9%	87.1%	83.9%	88.7%	92.0%	94.5%	82.6%
Hispanic or Latino	4.9%	5.0%	7.3%	5.0%	5.4%	6.3%	4.4%	2.9%	3.0%	9.0%
Black or African American	0.7%	0.1%	0.6%	0.0%	0.9%	1.6%	0.8%	0.4%	0.1%	0.3%
American Indian and Alaska Native	0.5%	0.6%	0.8%	0.6%	0.3%	0.4%	0.5%	0.4%	0.2%	0.8%
Asian	2.2%	0.6%	3.3%	0.6%	3.2%	3.8%	2.3%	1.6%	0.9%	1.5%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%
Other	1.8%	2.0%	0.8%	0.9%	1.3%	1.6%	1.7%	1.0%	0.5%	4.4%
Multiracial	1.5%	2.2%	1.6%	2.1%	1.8%	2.3%	1.4%	1.5%	0.7%	1.4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: 2000 Census

PEI PROJECT SUMMARY

34% of Adults over the age of 60 years reside in Santa Rosa. Followed by Petaluma 10%; Rohnert Park 6% and Windsor 4%. Programs will be delivered through community and clinics and health centers and in the home. Project sites will be chosen when the PEI project is funded and will take into consideration local demographic factors.

Highlights of new or expanded programs

Screening and intervention services for A&OA experiencing anxiety, depression and at risk for suicide

a. Screening and early intervention program

- A continuum of screening and early intervention services will be a new program for Sonoma County.
- Services will be provided in non-traditional settings such as primary care sites, senior serving centers and agencies.
- Collaborative care is the cornerstone of this comprehensive model.
- Expand peer counseling and Friendly Visitor components
- State-identified model programs such as the IMPACT MODEL with strong evidence demonstrating their efficacy will be used as criteria for local program selection.

b. Home Visiting for homebound seniors

- Increase Home Visits for screening and referrals for anxiety, depression and suicide
- Address transportation needs
- Strive to deliver services primarily through volunteers and collaborative partners such as Friendly Visitors, In-Home Support Services (IHSS) providers or Meals on Wheels drivers.
- Create linkages to local supports such as education on accessing existing warm and hot lines
- Local model programs such as the Friendly Visitor program will be used as criteria for local program selection.

PEI PROJECT SUMMARY

QPR

- QPR is a new program for Sonoma County. QPR is a simple educational program that teaches ordinary citizens how to recognize a mental health emergency and how to get a person at risk the help they need. It is also an action plan that can result in lives saved.
- QPR is the most widely taught gatekeeper training program in the United States. More than 300,000 adults have been trained in more than 40 states.
- People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.
- Components of QPR include early recognition of suicide warning signs, early intervention and referral, and early professional assessment and treatment.
- QPR is a State-identified evidence based program.

Implementation partners and types of organization/setting that will deliver the program

1. Partnerships will be formed with other community resources to provide Medical Provider training including Kaiser Permanente, Sutter and Memorial Health system, as well as Redwood Community Health Clinics.
2. Partnerships will be formed with existing agencies who currently provide resource and referral materials including Volunteer Center, Human Services Department I&R, Area Agency on Aging, and Mental Health Coalition
3. Partnerships will be formed with other community resources to provide broader based services such as resources for the program to refer to. Possible resources would be: Jewish Family and Children's Services (Seniors At Home), Family Service Agency; Council on Aging; Mental Health Coalition; Area Agency on Aging (Senior Resource Guide), IHSS, Catholic Charities, Petaluma People Services, Primary Health Care Clinics, local HMO'S, hospitals and Department of Health Services, Adult and Aging Division.

PEI PROJECT SUMMARY

Actions and key activities performed to carry out project

Screening and Early Intervention Services

As reported in the by the Journal of the American Medical Association (JAMA) in 2002, the IMPACT model of depression care more than doubles the effectiveness of depression treatment for older adults in primary care settings. Therefore, core activities for the local PEI-funded program will include:

- The patient's primary care physician works with a care manager to develop and implement a treatment plan.
- The care manager (who may be a nurse, social worker or psychologist) educates the patient about depression and supports treatment adherence.
- The care manager coaches patients in behavior modification.
- Patient is referred to a brief (six to eight sessions) course of counseling. In Sonoma County this may be done through structured peer support groups.
- The care manager monitors depression symptoms for treatment response and completes a relapse prevention plan with each patient who has improved.
- The care manager and primary care provider consult with a psychiatrist to change treatment plans if patient does not improve within 10 – 12 weeks.

Home Visiting for Homebound Seniors

- The Home Visitation program will be modeled after existing Friendly Visitor and Senior Peer Support programs. Interns, students and local volunteers will comprise most of the program staff.
- Utilize existing home visitors (e.g., those who deliver Meals on Wheels and IHSS providers) to do periodic screening
- Volunteers will visit isolated and homebound older adults. This type of social interaction has been shown to reduce depression and isolation, which in some cases leads to suicide.
- Vouchers for shuttle vans, buses and ride programs will be distributed to older adults, further reducing isolation by minimizing the impact of transportation barriers.

PEI PROJECT SUMMARY

- Older adults will be referred to local resources including social activities, peer support groups, and a “warm line.”
- The “warm line” will serve a similar purpose to the Friendly Visitor program, but the relationship will be over the phone. Both City of San Francisco and Catholic Charities of Sonoma County have successful models that can be replicated.

Question, Persuade, Refer (QPR) Program

QPR activities are built around the four cornerstones of the theory from which the approach is derived:

1. Theory: Those who most need help in a suicidal crisis are the least likely to ask for it.
- Activity: *We must reach out to our at-risk citizens and link them to prevention services without requiring that they ask for it first.*
2. Theory: The person most likely to prevent you from dying by suicide is someone you already know.
- Activity: *Gatekeepers must be trained to identify early warning signs and know what to do if they are detected.*
3. Theory: Prior to making a suicide attempt, those in a suicidal crisis are likely to send warning signs of their distress and suicidal intent to those around them.
- Activity: *Gatekeepers must be trained to identify these warning signs and take quick, bold action during these windows of opportunity in order to save lives.*
4. Theory: When we solve the problems people kill themselves to solve, the reasons for suicide disappear.
- Activity: *Provide individuals with crisis intervention, problem resolution, and treatment in order to save lives.*

The reality that those around us are the ones most likely to assist us in a crisis of suicidal proportion cannot be overemphasized. This concept lies at the heart of the QPR community-based model and method of suicide prevention. Simply put, even isolated suicidal persons living alone in their communities are in contact with someone who knows them: a family member, a case manager, a pharmacist, or someone at church. These individuals must be trained to respond in a helpful fashion when suicide warning signs are detected, otherwise no rescue effort will occur and no life saving interventions and treatment will be initiated.

PEI PROJECT SUMMARY

Once individual suicidal persons are detected by community gatekeepers, they must be referred for assessment and possible care by competent community-based professionals. Unfortunately, many healthcare professionals don't know what they don't know about suicide and its prevention. For a community to be competent to assist its suicidal members, community providers must be trained in state-of-the-art assessment, management and evidence-based and effective treatments for persons with suicidal behaviors. For agency-based providers, a complete risk reduction program should be operational in that provider's agency, and should include the use of comprehensive clinical risk reduction practices and treatments.

Additionally, the following graphic describes the type and amount of training received by different categories of gatekeepers:



PEI PROJECT SUMMARY

Key activities prior to launching both programs include:

1. Construct a **time-line** for pre-project development and concept papers.
2. **Agree to Partner** with other community resources to provide Medical Provider training including Kaiser Permanente, Sutter and Memorial Health system, as well as Redwood Community Health Clinics.
3. **Agree to Partner** with existing agencies who currently provide resource and referral materials including Volunteer Center, Human Services Department I&R, Area Agency on Aging, and Children's Mental Health Partnership
4. **Agree to Partner** with other community resources to provide broader based services such as resources for the program to refer to. Possible resources would be: Jewish Family and Children's Services (Seniors At Home), Family Service Agency; Council on Aging; Mental Health Coalition; Area Agency on Aging (Senior Resource Guide), I.H.S.S., Catholic Charities, Petaluma People Services, Primary Health Care Clinics, local HMO'S, hospitals and Department of Health Services, Adult and Aging Division.
5. **Concept Papers:** Present information and encourage the community at large to write Concept Papers, especially those with a track record and/or access for providing training within the medical community with the ability to be culturally competent and those who want to provide primary care to seniors: those who have good ideas, good programs, are culturally competent, can reach a majority of seniors, be cost effective in their service, have access to Hispanic- Latino seniors in poverty, have access to seniors in isolation, can utilize their own resources to extend the PEI dollars and understand the IMPACT and QPR models.

Key milestones of project and timeline

Pre-Implementation: March 2009 – May 2009

- SCMH will contract either Adult and Aging via MOU or a CBO for a .50 Sr. Services Coordinator to reconvene the Senior Collaborative, coordinate transportation and mobility services, and plan and coordinate QPR and Gatekeeper trainings
- Design protocols for identifying seniors at risk and making referrals
- Distribute and fund RFPs to provide services

PEI PROJECT SUMMARY

- Define sites for primary IMPACT and QPR implementation
- Develop timeline for IMPACT training and implementation
- Develop timeline for QPR training and implementation
- Hire staff and coordinate with community partners

Phase 2: May 2009 – June 2009

- Implement QPR and IMPACT training
- Refine protocols
- Conduct training of staff involved in program
- Continue community resources and program development

Phase 3: July 2009 – August 2009

- Continue community resources and program development
- Begin program implementation
- Begin to review and evaluation of program outcomes and services
- Continued training as needed for team members, as well as other stakeholders, community, county staff, etc.

Phase 4: August 2009 – September 2009

- Review and evaluation of program outcomes and services
- Review and evaluation A & OA services (to include program objectives)

PEI PROJECT SUMMARY

4. Programs

The proposed numbers of individuals and families to be served is based on a twelve month project timeline.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009* by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Screening and Early Identification Program	Individuals: 600 Families:	Individuals: 150 Families:	3 months
Home Visitation for Homebound Seniors	Individuals: 100 Families:	Individuals: 25 Families:	3 months
QPR	Individuals: 200 Families:	Individuals: 50 Families:	3 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 800 Families:	Individuals: 225 Families:	

**proposed numbers to be served are annualized*

PEI PROJECT SUMMARY

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

The Screening and Early Intervention program will link older adults to mental health providers – including psychiatrists, peer support groups, psychologists, and other mental health services provided by community agencies – via the older adult’s primary care physician. The physician will work with an on-site care manager (who may be a nurse, social worker, or psychologist) to develop and implement a treatment plan. The care manager will then link the patient to peer support groups and other mental health services as appropriate. The care manager will provide direct referrals to these services, and will maintain close contact with the patient to ensure that they receive the needed mental health care. The care manager will also refer clients to non-traditional preventive programs such as senior centers, meals programs, the Friendly Visitor program, and other implementation partners.

The Home Visitation Program for Homebound Seniors will address the unique needs older adults who are unable to access existing community services and supports. The selection of this program reflects the needs expressed by older adults through local aging organizations by providing critical services to prevent depression and suicide.

The QPR program is designed to link older adults to mental health services via individuals who have regular contact with seniors but who are outside the traditional mental health system, such as family members, clergy, Meals on Wheels staff, Friendly Visitors, senior center staff, and staff of other community agencies that serve older adults. These individuals will be trained to recognize early warning signs as well as trained to understand Sonoma County’s mental health system of care including non-traditional mental health programs. Using these skills and knowledge, they will be able to refer older adults directly to the appropriate services.

6. Collaboration and System Enhancements

Screening and Early Intervention Services and QPR are designed based on the fundamental concept of collaboration. As discussed earlier, collaborative care is the cornerstone of the comprehensive screening and intervention programs. Primary care providers, including private physicians, HMOs, local hospitals and community clinics, will be trained to reach out to and collaborate with community mental health providers such as psychologists, psychiatrists, senior centers holding peer support groups, and other community mental health services. QPR will also be promoted through systematic outreach to civic, faith-based, public and private agencies and community-based programs that serve seniors, and through local media.

PEI PROJECT SUMMARY

In looking at systems change, the A & OA workgroup suggested the implementation of countywide training for the medical community and for gatekeepers that include home visitors, nurse practitioners, and medical receptionists. This training would include prevalence and causation of depression, and anxiety as well as training on the use of screening tools.

A full continuum of interventions were reviewed and discussed including where to best access seniors in their “natural environments.” A two-pronged approach was decided upon that included training of Medical Providers and Gatekeepers. Both programs will integrate the use of a Resource and Referral Guide, produced and distributed through the cross-cutting strategy.

The A & OA workgroup was felt that it is imperative to raise the awareness and skill levels of the medical community in understanding and identifying depression and anxiety amongst our seniors. Understanding that our medical community is in itself burdened with non-reimbursable services, the workgroup decided it would be ideal to utilize client-administered screening tools when possible.

It is essential that both programs engage trainers who have “clout” within the medical community. The MHC has identified a few doctors and other medical providers who could be interested in participating in this process, but any strong program would need to coordinate with existing medical in-service programs and in many cases provide relevant continuing education units. The Mental Health coalition has already begun to engage the Sonoma County Medical Association and would be a useful partner in this arena.

The QPR program will leverage existing senior programs for outreach and recruitment of participants, as well as training facilities. **Screening and intervention services for older adults experiencing anxiety, depression and at risk for suicide** will leverage existing senior programs such as Friendly Visitors, Meals on Wheels, and existing peer support groups as a network of supportive services into which older adults will be referred (*see Additional Comments for more information*).

7. Intended Outcomes

Screening and intervention services such as care managers measure depressive symptoms at the start of a patient’s treatment and regularly thereafter. **The target outcome is a 50 percent reduction in depressive symptoms within 10**

PEI PROJECT SUMMARY

to 12 weeks among 50% of eligible patients. In addition, there is a goal for 75% of eligible patients to achieve the following:

- documentation of annual screening for depression;
- patients with a positive screen receive a structured depression assessment to help confirm a diagnosis of depression within 4 weeks of screening;
- primary care patients diagnosed with depression initiate treatment or attend a mental health specialty visit within 4 weeks of initial diagnosis;
- primary care patients treated for depression receive a structured clinical assessment of depression severity;
- primary care patients treated for depression with persisting symptoms at follow-up receive an adjustment to their depression treatment or attend a mental health specialty consult within 8 to 12 weeks of initiating treatment.

Home visitation outcomes include:

- Decrease isolation for older adults
- Increase social support for older adults
- Increase access to community-based services

QPR outcomes include:

- Reduce the frequency and negative impact of suicidal behaviors on the community.
- Save lives with the implementation of comprehensive, evidence-based suicide risk reduction strategies.
- Improve education and training in the identification, referral and treatment of potentially suicidal older adults.
- Train community gatekeepers to identify and refer older adults at risk for suicide.
- Train health and behavioral healthcare professionals in a best practices method of suicide risk assessment and management.

PEI PROJECT SUMMARY

- Educate and train a broad range of community participants to better understand the causes of suicide, how intervention and treatment saves lives, and how to enhance protective factors that help reduce depression and isolation among older adults thus helping to prevent suicide.
- Evidence from a U.S. Air Force study showed that exposure to a suicide prevention program also reduced other outcomes, including a 51% reduction in homicide, 18% reduction in accidental death, and significant reductions in measures of family violence. Thus, by reducing the risks associated with suicidal behaviors, a community may also reduce the risks and costs associated with other-directed violence.
- All QPR Institute training methodologies and clinical tools have been thoroughly tested, peer reviewed, and researched. In surveys, 94 percent of clinical providers believed QPR assessment tools improved their standard of care. Additionally, 89 percent of consumers reported a high level of satisfaction.

8. Coordination with Other MHSA Components

The MHSA PEI Steering Committee will promote coordination, project oversight, and the leveraging of resources. The training of medical providers and gatekeepers will provide an opportunity to educate these individuals about relevant CSS components and support linkage to these programs for older adults who qualify. Coordination will be primarily between the IMPACT and QPR programs and the CSS Older Adults Services Peer Support Program Full Service Partnership (FSP). The Older Adults FSP Program Manager works to improve coordination and collaboration across providers in the Older Adult system of care, a role which dovetails with the goals of Screening and Intervention programs, home visitation and QPR. Older adults with more severe mental health needs identified through Screening and Intervention programs, home visitation and QPR will be linked to the Older Adults FSP, which serves older adults with serious mental illness including older adults with substance abuse disorders and/or other physical health conditions. These services include enhanced peer counseling and support services delivered through key community providers, and enhanced peer counseling training, assessment, and case management capacity through contracts with community providers.

9. Additional Comments

Sonoma County programs will be selected through a competitive RFP process when the PEI project is funded. Sonoma County DHS MHD anticipates funding one to two projects for a total budget of \$300,000. This process was successfully implemented for CSS program selection and is a lesson learned described in Form 2: Community Planning Process.

PEI PROJECT SUMMARY

Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma County provider community without concern for conflict of interest. The recommendation to replicate that process was made to Mental Health Services staff by the Stakeholder Leadership Committee. The recommendation was accepted.

Early in the PEI planning process the Steering Committee established a set of criteria to evaluate the RFPs. The Committee considered the seven key criteria defined in the PEI guidelines and adapted those criteria to local considerations to ensure each criterion could be consistently applied. The seven criteria are:

1. Community Collaboration

- Demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)
- Promote continuity of care through linkages or involvement in collaborations
- Provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care

2. Leveraged Resources

- Cash, in-kind contribution or other participation from the organization
- “Readiness” to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with newly funded early intervention programs

3. Cultural Competence. Ensure that essential characteristics are embedded in the program design in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics:

- Culturally and linguistically appropriate services
- Staffing that reflects the community served

4. Best Practice Models (Outcomes-Based Program Design)

- Programs are based on evidence-based research as defined by the CIMH document “EPB Definitions and Resources.” Three levels will be used: High Research Support, Moderate Research Support, Emerging

PEI PROJECT SUMMARY

Practice. RFPs will demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement.

5. Individual/Child/Youth and Family Driven Programs

- Consumers are involved in design and implementation of programs
- There is consumer-centered choice in the types of services developed and offered

6. Wellness Focus

- Programs emphasize health habits that support wellness
- Youth programs should adhere to the Search Institute 12
- Use developmental standards adopted by the Sonoma County Office of Education

7. Integrated Service Experience for Individuals and Their Families

- Multiple systems work together to serve clients, strengthen and build capacity, including multi-disciplinary teams
- Services are accessible

PEI PROJECT SUMMARY

4. Reduce Depression & Suicide Among Older Adults

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: **Sonoma County** Date: 11/14/08
 PEI Project Name: **5. Suicide Risk**
 Provider Name (if known): _____ CBO(s) _____
 Intended Provider Category: **Olde adult service center**
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 267
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI
 Expansion: FY 07-08 0 FY 08-09 267
 Months of Operation: FY 07-08 0 FY 08-09 4

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Contracted CBOs TBD by RFP	\$0	\$75,000	\$75,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$75,000	\$75,000
4. Total Proposed PEI Project Budget	\$0	\$75,000	\$75,000
B. Revenues (list/itemize by fund source)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$75,000	\$75,000
6. Total In-Kind Contributions	\$0	\$0	\$0

County: Sonoma

PEI Project Name: System Enhancement

Date: 11/17/08

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

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	X	X	X	X
2. Individuals Experiencing Onset of Serious Psychiatric Illness	X	X	X	X
3. Children and Youth in Stressed Families	X	X		
4. Children and Youth at Risk for School Failure	X	X		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	X	X		
6. Underserved Cultural Populations	X	X	X	X

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

Early on in the community planning process, stakeholders felt that it was important to look at the overall service system in Sonoma County and define areas for systems change as part of the overall vision for Sonoma County's PEI Plan. After the community workgroups came to a close, a group of stakeholders – the Stakeholder Leadership group – worked in small groups and identified four cross-cutting strategies designed to ensure that the age-related PEI projects were supported through enhancing the overall system of mental health prevention services in Sonoma County. The Stakeholder Leadership group then worked with the Steering Committee to further refine the four system enhancement strategies.

Data Review and Analysis

Review of data related to priority populations and community mental health needs occurred at the workgroup level. The Stakeholder Leadership group conducted further analysis of the service system, identifying where there were gaps in the system and where there were opportunities to build a foundation to support the age-specific PEI projects.

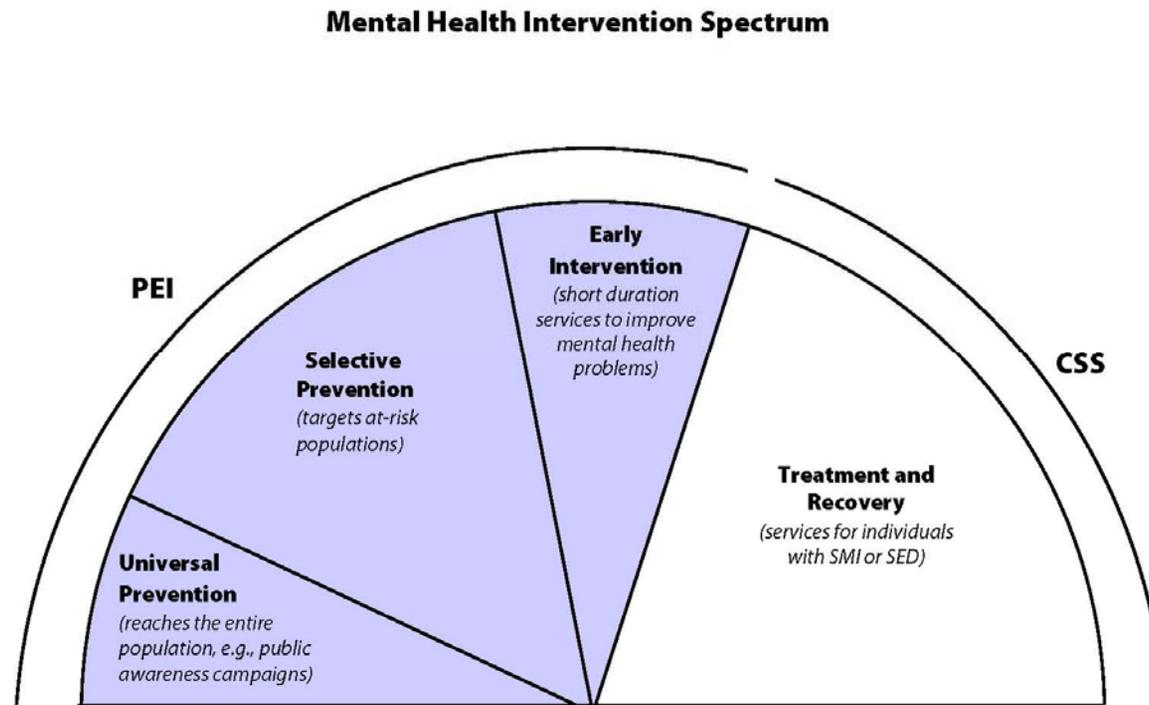
Stakeholder Input

The data analysis and community input process used for the PEI plan built on the successes of the CSS process, while also incorporating lessons learned. The PEI process began with extensive community outreach, followed by kick-off meetings accessibly located in community settings throughout regions of the county to generate excitement and recruit meaningful community participation. These meetings were followed by the formation of population-based workgroups which met regularly to prioritize the mental health prevention needs of the population within Sonoma County and to draft strategy recommendations. Workgroup members prioritized the list of mental health needs using data paired with their own experience to identify issues that would make a person's risk of developing mental illness "significantly higher than average," as directed by the State. Each workgroup's recommendations were fleshed out by two stakeholder advisory groups (the Stakeholder Leadership group and the Steering Committee).

3. PEI Project Description

System Enhancement Strategy Summary

The System Enhancement PEI Project will offer a series of one-time grants in the areas of training, education, screening and system coordination in order to help develop and maintain an effective system of services across the PEI spectrum. This project creates a unique opportunity to reduce stigma and reach underserved populations, such as Latino, Native American, and LGBTQ communities.



The System Enhancement Project comprises four Core Components:

5. **Gatekeeper Training.** County-wide gatekeeper training to increase awareness of mental health issues and early symptoms, and increase awareness of community resources and supports.
6. **Public Education and Community Engagement.** County-wide public education and community engagement activities to reduce stigma and raise awareness of mental health issues.
7. **Screening.** Age-appropriate screening services for children, youth, adults and older adults in multiple community settings.
8. **Systems Coordination.** Ensure that prevention and early intervention services coordinate with existing mental health planning efforts and services.

Explain why the proposed PEI project addresses community health needs identified during the community planning process

The System Enhancement PEI Project will increase capacity for early identification of individuals at risk of mental illness by providing education about signs and symptoms of mental health issues to gatekeepers including family members, teachers, paraprofessionals and medical providers. The project will also reduce stigma and discrimination by raising awareness about mental health issues in the community. Education programming will also teach parents how to cope with mental health and/or behavioral issues that their children might be experiencing. Screening services will seek to identify children, youth, adults and older adults who have experienced trauma or who may be at risk for suicide; at-risk children, youth and young adults; and individuals experiencing onset of serious psychiatric illness.

In addition, this project creates an opportunity to reach underserved communities including Latino, Native American, and LGBTQ communities. Education about mental health issues can help reduce stigma in these populations, and education about community resources can help reduce disparities in access to mental health services. Screening will also identify those in need of services who may not have been identified otherwise.

Highlights of new or expanded programs

Through providing education, screening and system coordination, the System Enhancement PEI Project will build on and support each of the age-specific PEI projects. For example, this project will support the screening component of the Early Childhood Prevention Project by providing technical assistance and training related to screening.

Implementation partners and types of organization/setting that will deliver the program

Services will be delivered in multiple community settings, including health centers, schools, youth organizations and other community agencies. Partnerships will be formed with agencies including:

- Southwest Health Center – serving predominantly Latino populations
- Indian Health Project – serving the Native American community
- Community Action Partnership – serving low income families
- Positive Images – services for LGBTQ youth
- National Alliance for the Mentally Ill (NAMI, Sonoma County)
- Santa Rosa Junior College
- Sonoma State University
- Mental Health Coalition
- Council on Aging
- Sonoma County First 5
- Jewish Family and Children’s Services
- Community providers
- Consumer operated programs
- Sonoma County Office of Education
- Sonoma County Department of Human Services
- Juvenile Probation
- Other public and nonprofit community providers

Project components and activities to be carried out

The System Enhancement PEI Project will offer 8 to 15 one-time grants for education, screening and system coordination activities. Activities may include general mental health awareness and education, projects to reduce stigma, and systems coordination. This project creates an opportunity to support one of the key criteria of PEI, which is to ensure cultural competence, access, and stakeholder and consumer involvement, including involvement of youth and parents. Key activities for each of the four project components are described below.

1. GATEKEEPER TRAINING. Training for physicians, school teachers and administrators, parents, peer educators, and other community partners to increase awareness of mental health issues and early symptoms, and increase awareness of community resources and supports.

Children 0-5

- Train and provide technical assistance regarding screening and education and early intervention services (e.g., Triple P) to providers serving high-risk families, clinics, and other entities serving children 0-5 and their families.

Children and Youth ages 5-18

- Training for **school administrators and teachers** to increase awareness of signs and symptoms of mental health illness and increased knowledge regarding early screening and referrals.
- Training for **school counselors** to provide in-depth training on screening protocols and appropriate referrals.
- Training for **parents** to increase general awareness of mental health issues and community resources and supports, offered in English and Spanish. Including bilingual parent groups.

Transitional Age Youth 16-24

- Training for peer educators designed to increase awareness of signs and symptoms of mental health illness, increase knowledge of community resources and supports, and increased knowledge and skills about how to help at-risk youth cope with mental health problems.

Adults & Older Adults

- Training for community partners, including primary care sites and organizations for Aging adults, to help them integrate surveillance questions into patient/client visits and sessions.

2. PUBLIC EDUCATION AND COMMUNITY ENGAGEMENT. Public education and community engagement activities (e.g., Public Service Announcements, community events) will be designed to reduce stigma and raise awareness of mental health issues. This includes parent and peer education, with bilingual education provided wherever necessary.

Children 0-5

- Provide providers and parents with education about mental health prevention and early intervention services. Parent education programs might include: 1) Triple P: Positive Parenting Programs; 2) PCIT: Parent-Child Interactive Therapy; 3) Trauma-Focused Cognitive Behavioral Therapy; 4) Project SafeCare; 5) Home visiting/mentor models: Infant Parent Program.
- Provide parents with education about how to cope with mental health and/or behavioral issues that their children might be experiencing.

Children and Youth ages 5-18

- Youth-developed educational videos and web-based materials
- Mental health education and promotion classes made available to youth in schools
- Use of existing social networking sites (e.g., Facebook and MySpace) to build awareness of mental health issues and online/offline resources and supports.
- Provide parent education about mental health prevention and early intervention services.
- Provide parents with education about how to cope with mental health and/or behavioral issues that their children might be experiencing.

Transitional Age Youth 16-24

- Use of existing social networking sites (e.g., Facebook and MySpace) to build awareness of mental health issues and online/offline resources and supports
- Youth-developed educational videos and web-based materials
- Mental health education and promotion classes made available to youth in schools

Adults & Older Adults

- Creation and promotion of a targeted Mental Health Guide to be included in existing Senior resource guides
- Education through radio programs targeting older adults

3. SCREENING. Screening services for children, youth, adults and older adults will be provided in a variety of community settings using age-appropriate screening tools. Screening services will work to identify individuals in need of further assessment. Screening can also serve as a tool for community engagement by raising awareness about the importance mental health issues and reducing stigma. Examples of screening settings include primary health care settings, schools, family resource centers and other community programs.

4. SYSTEMS COORDINATION. Ensure that prevention and early intervention services coordinate with the Goals of the Mental Health Coalition:

- a. Increase the public's understanding of the integrative relationship between overall health and mental health for the purpose of reducing stigma.
- b. Increase and improve the nature and quality of media reporting on mental in Sonoma County for the purposes of reducing stigma.
- c. Normalize mental health concerns and care with attention to culturally competent messages, for the purpose of reducing stigma.
- d. Create an easy, open door; an inviting entry to a seamless system of care.
- e. Engage the community in developing and strengthening an integrative, whole-health systems of care, based on the mental health wheel, which provides mental health services to all regardless of age, gender, ability to pay, and disorder, within a network of key health and human services in Sonoma County.
- f. Develop immediate and sustainable vehicles for mental health promotion in Sonoma County.
- g. Develop ongoing and sustainable vehicles for health policy and advocacy at local, regional, state and national levels.

5. LATINO OUTREACH AND ENGAGEMENT. The Sonoma County MH Division is a core founding member of the Mental Health Coalition's Latino Engagement Team (LET). SCMHD's Ethnic Services Coordinator is a key member who participates in all meetings, planning and the actual dialogues which happen every other month. In addition to the dialogue itself, the Team does a planning meeting and a de-briefing meeting. SCMHD provides some clerical support and translation when necessary. Along with a Manager from Southwest Health Clinic, the Ethnic Services Coordinator is in charge of doing the presentation at the dialogue and always provides supervision for specific cases that the participants present. SCMHD's PEI component will continue to support the goals of the Latino Engagement Team, which include:

- a. Develop culturally and linguistically appropriate strategies for incorporating mental health promotion for vulnerable populations.
- b. Develop a pilot program for engaging outreach workers in mental health promotion to the Spanish speaking community through skill building and resource development dialogues.
- c. Continue to facilitate mental health dialogues.
- d. Expand mental health dialogues to other regions of the County.
- e. Train outreach workers in the use of the Integrative Health Path.
- f. Build relationship among outreach works and providers in order to improve services.
- g. Establish a list serve that would allow outreach workers and/or service providers to share resources and interface in their daily work.
- h. Continue to provide outreach workers with current resources.

For more information on the Sonoma County Mental Health Coalition, see www.mentalhealthcoalitionsc.org

Lastly, under the PEI Plan, SCMHD will create a Latino Outreach Engagement Committee. This advisory group will be led by the Ethnic Services Coordinator and the Program Manager of Community Mental Health Centers (Mario Guerrero and Susan Castillo) to provide community input on the implementation of all new PEI programs and services.

Key milestones and timeline

- **Sonoma County DHS MHD will hire a .25 Program Manager. (March 2009 – June 2009).** This position will be responsible for coordinating the efforts of the systems enhancement PEI projects to achieve the goals of developing and maintaining an effective system of services across the PEI spectrum.
- **Hire and Train Systems Enhancement Project Staff (March 2009 – August 2009).** Staff will be hired to implement the 8 to 15 one time grants to include:
 - Gatekeeper training projects
 - Public education and community engagement projects
 - Screening projects.
 - Systems coordination

- **Convene a Systems Enhancement planning workgroup (July 2009 – ongoing)** The 8 to 15 funded PEI projects will participate in quarterly planning meetings to coordinate and leverage public education and community engagement resources; and to ensure the goals of increasing the capacity for early identification of individuals at risk of mental illness are met. Funded systems enhancement projects may collaborate on designing and implementing curricula and education programming to raise awareness about mental health issues in the community and reduce stigma and discrimination.

- **Market the Systems Project services (August 2009 – ongoing).** Marketing Systems Enhancement services to Sonoma County residents will raise awareness and reduce stigma as well as provide information on County resources and promote access to available services.

4. Programs

The proposed numbers to be served are based on a twelve month timeline. The System Enhancement Project will comprise one time grants from twelve to twenty-four months in duration.

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009* by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Gatekeeper Training	Individuals: 300 Families:	Individuals: Families:	3 months
Public Education and Community Engagement	Individuals: 500 Families:	Individuals: Families:	3 months
Screening	Individuals: 800 Families:	Individuals: Families:	3 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 1600 Families:	Individuals: Families:	

**proposed numbers served are annualized*

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

Individuals in need of further mental health services and/or other support services will be identified. Mechanisms for referral to County Mental Health and providers of other needed services will be built in to the screening and education components of the project.

6. Collaboration and System Enhancements

This project promotes the coordination of resources among multiple settings and systems. As mentioned above, possibilities for collaboration include health centers, schools, youth organizations and other community agencies.

7. Intended Outcomes

Individual outcomes

- Increased knowledge of social, emotional and behavioral issues
- Increased knowledge of risk and resilience/protective factors
- Increased knowledge of available mental health service and community resources
- Increased willingness to access mental health services

System and program outcomes

- Increase in number of individuals and families identified as needing prevention and early intervention services
- Increase in number of individuals and families receiving prevention and early intervention services
- Increase in number of individuals and families from underserved cultural populations who receive prevention and early intervention services
- Increase in successful follow-through on linkages/referrals
- Enhanced cultural competence in prevention and early intervention services
- Reduction in disparities in access to mental health services
- Reduction in stigma and discrimination associated with accessing mental health services

8. Coordination with Other MHSA Components

The MHSA PEI Steering Committee will promote coordination, project oversight, and the leveraging of resources. The training of medical providers, gatekeepers and community members will provide an opportunity to educate these individuals about relevant CSS components and support linkage to these programs for those who qualify.

9. Additional Comments

Sonoma County programs will be selected through a competitive RFP process when the PEI project is funded. Sonoma County DHS MHD anticipates funding 8 to 15 PEI projects with budgets ranging from \$5,000 - \$8,000 for a total budget of \$1,000,000 (one million). This process was successfully implemented for CSS program selection and is a lesson learned described in Form 2: Community Planning Process. Selecting programs through an RFP process after the CSS Plan was publicly reviewed, submitted to the State and approved, allowed for full participation of community stakeholders including the extensive and diverse Sonoma County provider community without concern for conflict of interest. The recommendation to replicate that process was made to Mental Health Services staff by the Stakeholder Leadership Committee. The recommendation was accepted.

Early in the PEI planning process the Steering Committee established a set of criteria to evaluate the RFPs. The Committee considered the seven key criteria defined in the PEI guidelines and adapted those criteria to local considerations to ensure each criterion could be consistently applied. The seven criteria are:

1. Community Collaboration

- Demonstrate capacity to leverage linkages to relevant public agencies (e.g. school districts, health centers, etc.)
- Promote continuity of care through linkages or involvement in collaborations
- Provide Letters of Intent to participate that document linkages and capacity to leverage continuity of care

2. Leveraged Resources

- Cash, in-kind contribution or other participation from the organization
- “Readiness” to implement PEI programs by training staff and covering release time, creating supportive policies, etc.

- Use of facilities and other resources
 - Coordinating existing prevention programs with newly funded early intervention programs
- 3. Cultural Competence.** Ensure that essential characteristics are embedded in the program design in order to improve access to services that enhance effectiveness and collaboration. Examples of key characteristics:
- Culturally and linguistically appropriate services
 - Staffing that reflects the community served
- 4. Best Practice Models (Outcomes-Based Program Design)**
- Programs are based on evidence-based research as defined by the CIMH document “EPB Definitions and Resources.” Three levels will be used: High Research Support, Moderate Research Support, and Emerging Practice. RFPs will demonstrate a commitment to shared outcomes among collaborative partners and capacity to conduct evaluation and quality improvement.
- 5. Individual/Child/Youth and Family Driven Programs**
- Consumers are involved in design and implementation of programs
 - There is consumer-centered choice in the types of services developed and offered
- 6. Wellness Focus**
- Programs emphasize health habits that support wellness
 - Youth programs should adhere to the Search Institute 12
 - Use developmental standards adopted by the Sonoma County Office of Education
- 7. Integrated Service Experience for Individuals and Their Families**
- Multiple systems work together to serve clients, strengthen and build capacity, including multi-disciplinary teams
 - Services are accessible

5. System Enhancement - One Time Grants

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: **Sonoma County** Date: 11/14/08
 PEI Project Name: 3. Children and Youth in Stressed Families
 Provider Name (if known): Various Community-based Organizations &/or Schools
 Intended Provider Category: **Other**
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 533
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 533
 Months of Operation: FY 07-08 0 FY 08-09 4

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$0
c. Total Personnel Expenditures	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
c. Total Operating Expenses	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Various Contractors	\$0	\$250,000	\$250,000
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$250,000	\$250,000
4. Total Proposed PEI Project Budget	\$0	\$250,000	\$250,000
B. Revenues (list/itemize by fund source)			0
Matching Funds from Contrators	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____		\$0	\$0
1. Total Revenue	\$0	\$0	\$0
5. Total Funding Requested for PEI Project	\$0	\$250,000	\$250,000
6. Total In-Kind Contributions	\$0	\$0	\$0

Form No. 5

County: Sonoma CountyDate: 11/14/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator		1.00		\$55,234	\$55,234
b. PEI Support Staff		1.00		\$33,333	\$33,333
c. Other Personnel (list all classifications)					\$0
d. ASO II		0.25		\$13,522	\$13,522
e. Department Analyst		0.25		\$12,500	\$12,500
f. Section Manager		0.20		\$14,958	\$14,958
					\$0
d. Employee Benefits (included above)					\$0
e. Total Personnel Expenditures		2.70	\$0	\$129,547	\$129,547
2. Operating Expenditures					
a. Facility Costs				\$16,453	\$16,453
b. Other Operating Expenditures				\$154,000	\$154,000
c. Total Operating Expenditures			\$0	\$170,453	\$170,453
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$300,000	\$300,000
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$300,000	\$300,000
D. Total In-Kind Contributions			\$0	\$0	\$0

Form 5 Narrative – PEI Administrative Budget

The projected PEI administrative budget for FY 08 09 reflects 5 months of cost and totals \$300,000.

Salary and benefits costs are \$129,547 for 2.70 FTE positions. The PEI Coordinator and PEI Support positions are new and dedicated fully to the implementation and management of Sonoma County's PEI Plan. In addition, costs associated with 3 other existing positions are being re-allocated to reflect their work in support of the PEI Plan.

The budget reflects \$16,453 for facilities costs which represent an allocation of a portion of the costs associated with an existing County site.

There are \$154,000 of costs for general operations including (but not limited to) office supplies, communications and computers, travel, county car costs and county administrative costs.

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Sonoma
Date:	11/17/2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	Children, Youth, and their Families	Transition Age Youth	Adult	Older Adult
1	Early Childhood Prevention & Early Intervention	\$0	\$137,500	\$137,500	\$137,500	\$0	\$0	\$0
2	School-based Programs/Student Assistance Programs		\$137,500	\$137,500	137,500			
3	Crisis Intervention - First Onset/ Crisis Assessment Prevention (CAP) Team		\$137,500	\$137,500		137,500		
4	Reduce Depression & Suicide among Older Adults		\$75,000	\$75,000				75,000
5	System Improvement Grants (1x Grants)		\$250,000	\$250,000	62,500	62,500	62,500	62,500
				\$0				
				\$0				
				\$0				
				\$0				
	Administration		\$300,000	\$300,000	75,000	75,000	75,000	75,000
	Total PEI Funds Requested:	\$0	\$1,037,500	\$1,037,500	\$412,500	\$275,000	\$137,500	\$212,500

Form 6 Narrative: The Sonoma County PEI Plan identifies 4 target groups and related prevention and early intervention strategies. In addition, the plan calls for system improvement and capacity building grants.

For each of the work plan areas, the County will publish a request for proposals and select community-based organizations to implement the preferred strategies identified in the planning process.

Organizations that submit proposals for any one of the work plan areas will be required to submit detailed budgets with appropriate narrative. The funding amounts identified for each work plan area will guide organizations in establishing their work plan costs and budgets.

As a result, the County is not able to provide detailed budget information at this time. Of course, the County will provide reports to the State as required that will provide financial detail for each work plan.

Mental Health Services Act Prevention and Early Intervention
Summary Budget

	FY 07 08	FY 08 09	FY 09 10	Total
PEI Revenues				
Planning Estimate	\$ 1,340,200	\$ 2,253,100	\$ 2,692,800	\$ 6,286,100
Augmentation Funds		718,500		718,500
Total PEI Planning Estimate	1,340,200	2,971,600	2,692,800	7,004,600
Previous Year Funding Available		1,061,400	2,339,540	
Total Annual Available	1,340,200	4,033,000	5,032,340	
PEI Expenditures				
Ongoing Direct Services		487,500	1,950,000	2,437,500
Direct Services Funding Use to Be Determined			688,290	688,290
One Time Grants		250,000	750,000	1,000,000
Other				
Planning/Evaluation	278,800	358,800	80,000	717,600
Operating Reserve		297,160	269,280	566,440
Admin		300,000	500,000	800,000
Total	278,800	1,693,460	4,237,570	6,209,830
Balance	1,061,400	2,339,540	794,770	\$ 794,770

Sonoma County PEI Funding Plan

Funding by Workplan

#	Work Plan	FY 07 08	FY 08 09	FY 09 10	Total
1	Early Childhood Prevention & Early Intervention		\$ 137,500	\$ 550,000	\$ 687,500
2	School-Based Programs/Student Assistance Programs		137,500	550,000	687,500
3	Crisis Intervention/First Onset of MI - CAP Team		137,500	550,000	687,500
4	Reduce Depression & Suicide Among Older Adults		75,000	300,000	375,000
	Sub total Ongoing Services	-	487,500	1,950,000	2,437,500
5	System Enhancement - One Time Grants		250,000	750,000	1,000,000
6	Direct Services Funding Use to be Determined			688,290	688,290
	Sub Total Direct Services	-	737,500	3,388,290	4,125,790
	Administrative Budget		300,000	500,000	800,000
	Other				
	Planning and Evaluation	278,800	358,800	80,000	717,600
	Local Operating Reserve		297,160	269,280	566,440
	Sub Total - Other	278,800	655,960	349,280	1,284,040
	Total Overall Costs	\$ 278,800	1,693,460	4,237,570	6,209,830
	Planning Estimate	1,340,200	2,971,600	2,692,800	7,004,600
	Previous Year Funding Available		1,061,400	2,339,540	
	Annual Total Available	1,340,200	4,033,000	5,032,340	7,004,600
	Balance	\$ 1,061,400	\$ 2,339,540	\$ 794,770	\$ 794,770

Note: FY 08 09 service estimates based on 4 months

4

FY 08 09 Administrative estimate based on 5 months

FORM 7: LOCAL EVALUATION OF A PEI PROJECT

County: Sonoma

PEI Project Name: School-Based Programs

1a. Program the county will evaluate and report on to the State

Sonoma County Mental Health will seek to evaluate the Student Assistance Programs (SAP) Project.

1b. How program was selected for local evaluation

The Student Assistance Program (SAP) Project was selected for the following reasons:

- The project will be implemented in selected elementary, middle and high schools throughout Sonoma County and will reach the largest group of children and youth age 5 to 18 in Sonoma County.
- The State and Sonoma County community stakeholders prioritized providing mental health prevention services to children and youth.
- There is an existing evaluation in place of a school based program which focuses on alcohol prevention/intervention. This evaluation will be expanded to include behavioral and mental health outcomes.

2. Expected person/family-level and program/system-level outcomes for program

Person/family-level outcomes

- Reduction in violent acts and behavioral incidents in school
- Reduction in substance use
- Improvements in school attendance
- Improvement in academic performance
- Reduction in number of suspensions
- Increased knowledge of social, emotional and behavioral issues
- Increased knowledge of risk and resilience/protective factors

Program/system-level outcomes

- Increase in number of prevention and early intervention services in schools
- Increase in number of individuals and families identified as needing prevention and early intervention services

- Increase in number of individuals and families receiving prevention and early intervention services
- Increase in number of individuals and families from underserved cultural populations who receive prevention and early intervention services
- Improved follow-through on linkages/referrals
- Enhanced cultural competence in school-based prevention and early intervention services
- Reduction in disparities in access to mental health services
- Reduction in stigma and discrimination associated with accessing mental health services

3. Describe numbers and demographics of individuals participating in this intervention.

The table below represents an estimate for children and youth served under the School Based Programs Project.

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/CULTURE</u>							
African American	25	2	75	75	15	10	150
Asian Pacific Islander	20	2	50	40	15	10	230
Latino	75	8	200	100	25	20	1,950
Native American	25	2	25	25	10	10	100
Caucasian	100	8	300	450	25	20	4,600
Other (Multiracial)	20	2	75	50	20	10	470
Other (LGBTQ)	20	2	50	25	10	20	500
<u>AGE GROUPS</u>							
Children & Youth (0-17)	210	4	575	670	80	50	6,300
Transition Age Youth (16-25)	55	20	150	70	30	30	1,000
Adult (18-59)	100	25	200	100	50	10	200
Older Adult (>60)							
TOTAL	365	49	925	840	160	90	7,500
Total PEI project estimated <i>unduplicated</i> count of individuals to be served: 7,500							

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

Person/family outcomes (e.g. increased knowledge of social, emotional and behavioral issues and increased knowledge of risk and resilience/protective factors) will be measured through the following data collection and analysis strategies: 1) brief longitudinal (baseline and 6 months after entry into services) survey to assess the overall impact of interventions for targeted students; 2) focus groups (6 months after entry into services) to understand how interventions may have benefited targeted students; and, 3) monitoring indicator data (e.g. modified California Healthy Kids Survey) annually at the school and community level to review trends. Additional items will be added to the data collection strategies to ensure that the evaluation examines participant needs, experiences and satisfaction with the interventions.

Program/system-level outcomes (e.g., increase in number of prevention and early intervention services in schools and enhanced cultural competence in school-based prevention and early intervention services) will be measured through the following data collection and analysis strategies: 1) quarterly review of process outcomes to determine whether interventions were implemented as planned and whether appropriate numbers of children, youth and families were served; and, 2) annual key informant interviews with school district officials, school administrators, human services representatives, staff at community-based organizations serving youth and families, and others to assess changes in the system of mental health support services to children in youth in Sonoma County.

5. How will data be collected and analyzed?

Program staff will launch and administer surveys internally or will coordinate with an external evaluation consultant. The evaluation will include a combination of both qualitative and quantitative research methods. The use of mixed methods will allow for a triangulation of findings to provide a comprehensive picture of the impact of the School Based Programs Project on children, youth and families that are receiving services and supports.

Data gathered through the longitudinal survey will be entered into the statistical software database Statistical Package for the Social Sciences (SPSS) and multiple analysis techniques will be utilized to comprehensively examine the data, including frequencies, cross-tabulations and averages. Qualitative interviews such as focus groups and key informant interviews will be analyzed using content analysis; a technique whereby common themes are identified and described.

6. How will cultural competency be incorporated into the programs and the evaluation?

The evaluation will ensure cultural competency by ensuring that a cross-cultural evaluation team is involved in the design of evaluation instruments, strategies for launching data collection, and data collection from various cultural groups (e.g., Latino children and youth, Spanish-speaking children and youth, LGBTQ youth). Other specific strategies for ensuring cultural competence include administering surveys or holding focus groups in the language participants are most comfortable using, holding focus groups in locations and times that are accessible to participants, and adapting methodologies so that participants feel comfortable providing feedback on their experiences.

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

Fidelity to the model will be addressed by hiring and training SAP and school staff to:

- use developed fidelity guidelines and checklists when supervisors observe program delivery;
- follow fidelity guidelines established by programs such as Project Success and Caring School Communities;
- identify risk factors of substance use and depression;
- increase knowledge of strategies to promote resiliency through asset development; and,
- increase knowledge so that identified students are properly referred to additional services.

In addition program fidelity will be ensure by 1) comparing the number of youth and families listed in service plans to the actual number of youth and families served on a quarterly basis; 2) assessing the degree to which services are implemented by comparing service plans to the actual number of youth and families served on a quarterly basis.

8. How will the report on the evaluation be disseminated to interested local constituencies?

Project implementation results will be reviewed within six months of implementation with partner agencies and Sonoma County Mental Health Division. The first year evaluation report will be designed to facilitate a discussion between Sonoma County Mental Health and SAP partner agencies in order to share information and identify promising practices with respect to the findings of the first year report.