

County: Santa Fe **PEI Project Name:** Early Identification and Support Project **Date:** 10-31-08

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

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 type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input 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 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. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
6. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<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 Santa Fe County Mental Health Department (MHD) and the Santa Fe County Office of Education (COE) developed a survey that was sent to all school districts. This survey had three parts:

- 1) Questions directed to teachers and staff of middle and high schools;
- 2) Questions directed to middle and high school students; and
- 3) Questions directed to middle and high school parents/guardians.

Each survey asked what was needed in schools to help educate, screen, and intervene for potential and emerging mental health problems. Based on the results (needs and readiness to implement the project), one school district, Hot Springs, was selected to participate in this project.

The decision to survey the schools was based on concerns expressed over the past two years by parents, teachers, and school administrators on the increasing rates of behavioral and disciplinary issues, including truancy, suspensions, and drop-out rates reported at middle and high schools throughout the county. Hot Springs District reported the highest number of problems in these areas. The surveys were anonymous and confidential and were coded for category identification (for example, student surveys included codes for age, gender, grade, and school). Questions included topics addressing self-esteem, peer pressures, bullying, academic and attendance status, disciplinary problems, relationship issues, alcohol and drug use, body image and health assessment, self-harming behaviors, sexual behaviors and identification, depression, fear and anxiety, mood changes, suicidal ideation or attempts, and other emotional and behavioral health issues. It also provided a phone number and website the respondent could use to access 24-hour confidential mental health assistance, if needed.

Subsequently, the county MHD and the COE convened a larger meeting, in which teachers/staff, students, and parents could compare concerns and voice their preferences regarding types of services they wanted to have available to address these concerns. During this meeting, the county invited members of the mental health and public health communities, including school psychologists, family therapists, social workers, primary care physicians, nurses, and other frontline personnel, to provide recommendations for interventions that will address the needs of young people at risk for serious psychiatric illness.

Out of this process came the “Early Identification and Support Project (EISP)” to address the selected Priority Population: Individuals Experiencing Onset of Serious Psychiatric Illness. EISP is comprised of the three programs listed below. The first two are prevention programs that will focus on educating middle school students on mental health and mental illness, and on strengthening resiliency in middle and high school students. These two programs

will also act as screening mechanisms to refer some students for further screening and assessment to identify those at high risk for developing serious psychotic illness. Referrals will come from specially-trained teachers and other school personnel and will be directed to the third program listed below. This is a specialized program for individuals who are exhibiting behavior that may indicate deterioration in functioning, such as disruption in their thinking processes and depressive feelings and moods that are evident and are decreasing their ability to relate to others. For example, these individuals may be fearful for no reason, worrying that others are thinking bad thoughts about them or want to harm them, and they may be experiencing hallucinations and delusions. This specialized program offers a wide array of services designed to support and intervene with appropriate strategies to reduce individuals' symptoms and improve long term outcomes.

3. PEI Project Description:

The EISP will address the key community needs of children, youth, and young adults at risk for first onset of serious psychiatric illness. The project will utilize the three programs listed below. The first two programs are within the Prevention programs category; the third is in the category of Specialized Programs for Individuals Experiencing ARMS or First Onset of a Psychotic Illness.

1. The Science of Mental Illness:

The Science of Mental Illness is a mental health education and awareness program for middle school students. Classroom presentations help students gain insight into the biological basis of mental illness, employing scientific evidence and research to help them understand the causes of mental illness, as well as intervention and treatment. The program has the following objectives:

- Introduce students to the concept that mental illnesses have a biological basis that make them comparable to other illnesses or diseases, and that modern psychotherapies and medications can be effective treatments;
- Teach students that although everyone is at risk, factors such as genetics, environment, and social influences determine a person's propensity to develop a mental illness;
- Convey to students how learning the facts about mental illness can dispel harmful misconceptions.

2. Leadership and Resiliency Program (LRP):

This school-based intervention program targets high school students. It enhances youths' internal strengths and protective factors and prevents youth involvement in substance use and violence. The LRP is designed to:

- Increase students' perceptions of competence and self-worth;
- Improve participant identification with positive roles;
- Reduce disciplinary actions in school;
- Improve participants' communication and refusal skills;
- Increase knowledge of and negative attitudes about substance abuse and violence;
- Increase community involvement in promoting the healthy development of youth and the valuing of adolescents.

The intended audience for LRP is students who have a combination of behavioral issues such as high absenteeism, high levels of disciplinary actions, low grades, and substance use and/or violence. Significant numbers of students present with emergent mental health disorders.

Both of these programs will educate students about mental illness, including how to identify distressing symptoms. Also, students will gain understanding about the prevalence of mental illness and related misconceptions, which will help to decrease stigma, improve peer and family communication, and increase awareness of the warning signs or triggers for suicide. In addition, as stated earlier, these programs, particularly "The Science of Mental Illness", will act as natural screening tools to help assess whether a particular student would be appropriate for referral to the specialized program, listed below, for persons experiencing an at risk mental state (ARMS) or onset of a psychotic illness.

3. Portland Identification and Early Referral Program (PIER):

PIER is a national model that teaches how to recognize early signs or active symptoms of psychotic disorders in individuals, ages 12 to 25, with intensive psychiatric and therapeutic treatment starting as early as possible. By receiving help early, an individual's chances greatly improve for staying in school, working, maintaining friendships and planning their future. The program includes consultation, screening, referral, and treatment, through collaboration with schools and community. PIER trains teachers and other school professionals about psychosis, early warning signs, and how to access PIER services. The training is conducted through onsite, inservice workshops. Personnel to be trained will be carefully prescreened to ensure that only those best-suited for participating in the project are included.

Specifically, the PIER team includes the following staff from the Paragon Community Mental Health Services and the Santa Fe University Medical Center: one Psychiatrist, one Psychologist, two Licensed Clinical Social Workers, a Registered Nurse, and a graduate student intern. They will be co-located at the schools or the school-linked Southside Health Center and will provide the following interventions:

- Rapid Response;
- Careful diagnostic assessment, SIPS (Structured Interview for Prodromal States) interview;

- Targeted pharmacological therapies, if indicated;
- PIER model multifamily psycho-education and support groups;
- Supportive therapy (individuals and group; psychoeducation, motivational), family support and therapy, supported education and employment and advocacy;
- Modified peer support group with involvement of mental health professional and multifamily support group;
- Evaluation of effectiveness;
- Research for enhanced risk prediction.

As stated above, students identified through their participation in programs 1. or 2. as being at risk for experiencing a serious psychiatric illness will be referred to PIER for further assessment and treatment.

All three of these programs will address the identified key community mental health needs and priority population identified in Sections 1. and 2. Locating the programs at middle and high schools will minimize barriers, including geographical access, costs, and stigma issues. Data obtained from the surveys, county demographics, and consultations with stakeholders reveal that Hot Springs School District contains a comparatively high rate of underserved children and youth (compared to the county's other five districts), and serves a broad range of racial and ethnic populations, including immigrant and refugee families, living in predominantly older suburban neighborhoods of single-family homes, duplexes, and apartments. At least a third of these families qualify as low income, based on National School Lunch Program data. Most of the students are fluent English speakers, even if some of their parents aren't. It was determined that the school setting is an appropriate and efficient location for reaching these varied populations.

Schools will be contacted to arrange a presentation schedule with them. We anticipate that presentations will be made in sessions of one hour (or approximately one class period) in length. An alternative is to present at larger assemblies, which would allow the presentations to reach more students at one time, but the more direct and intimate setting of the classroom is preferred, to facilitate presenter and student interactions. We plan to make two presentations per month (and one per month for two months during the summer, where summer school is in session). The average classroom size is now about 30 students, which would result in the project reaching about 60 students per month (30 per month x 2 months in the summer), or 600 students over 12 months (total will probably be closer to 500, when accounting for absent students). A logical setting for the presentations may be in a biology or other science class, a psychology class, human studies, a physical education class, or wherever the school sees it as a good fit. The intention is to reach all students.

Bi-monthly meetings (or approximately after every fourth presentation), EISP coordinators will meet with our partners in this project, along with participating school staff, to review progress of the project, make changes to curriculum and presentation style as needed, and to review the confidential presentation evaluations the students will be asked to complete. Meetings will also include discussions about students who have been identified from the presentations

(through student-completed post-presentation evaluation forms or through personal contact with teachers and other school personnel trained in the project) for possible referral to the PIER program for further assessment.

4. Programs

THE EARLY IDENTIFICATION AND SUPPORT PROJECT	Proposed number of individual students through PEI expansion to be served through June 2009 — By type		Number of months in operation through June 2009
	Prevention	Early Intervention	
<u>The Science of Mental Illness</u> Target: Middle school students, teachers, and school staff. Estimate 500 students at four middle schools	Individual Students: 500 (approx. 125 per school x four schools)	Individual Students (screened): 60 (approx. 15 per school x four schools)	12 Months (Includes summer school)
<u>Leadership and Resiliency Program</u> Target: High School Students*, Teachers, Staff Estimate 500 students at four high schools	Individual Students: 500 (approx. 125 per school x four schools)	Individual Students (screened): 60 (approx. 15 per school x four schools)	12 Months (Includes summer school)
<u>Portland Identification and Early Referral Model Program</u> Target: Individuals with serious psychiatric illness under the age of 25.		Individuals Assessed: 120; of these, estimate from 50 to 100 will be referred for service.	12 Months
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individual Students: 1,000	Individual Students: 50 - 100	12 Months

* High school students may include TAY still in HS or who were in HS upon entering the program.

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

The Santa Fe County Department of Mental Health Services will be the lead agency for the three agencies in this collaborative.

The Science of Mental Illness and the Leadership and Resiliency Program will be provided under the leadership of the county mental health department in collaboration with the Santa Fe County Office of Education for presentations to school staff, parents, and students. We envision that presentations to the students will be made by staff trained in the curriculum, in one-hour classroom sessions. Ideally, the presentations will be made by a teacher or school nurse or counselor, along with a mental health clinician from the county behavioral health department. In this manner, we have presenters who have credibility with those in the educational system as well as a presenter with knowledge of the mental health system and how to access those services.

The county mental health department will contract with Paragon Community Mental Health Services for the creation and expansion of services for those individuals between the ages of 15 and 25 at risk of or experiencing serious psychiatric illness.

A major gap in services has existed in Santa Fe County for services to adolescents and young adults who experience their first major psychiatric episode. All too often, these individuals, especially those over the age of 18, are placed into the adult services system, where they did not receive the comprehensive community family-based services we now know can significantly improve their trajectory. They would instead come in to a system that offers to give them support to maintain themselves, their relationships, and help them survive the crisis that has occurred. Without this intervention, these individuals could drop out of school and become hospitalized, homeless, or incarcerated—in many cases resulting in higher personal costs to the individual as well as higher costs to the social support services network of agencies.

PIER provides increased opportunities to assist young individuals with returning to normal functioning and normal relationships. When that is not possible in the short term, PIER can offer intensive support with medication under psychiatric supervision and intensive psychotherapy that may be of three to five years' duration. In addition, we will work closely with the PIER national office in Portland, Maine for technical assistance in our implementation of this innovative program.

Even before funding is received, the three partners in this endeavor (mental health, office of education, and PIER) will meet to develop outcome measures. The PIER national office will provide the needed technical assistance and consultation to ensure that we have achievable and measurable goals and objectives in our evaluation. The success of

the Portland program is encouraging and provides inspiration, and our fidelity to its standards will ensure that our Santa Fe School District community achieves the same successes.

6. Collaboration and System Enhancements

By having the Santa Fe County Department of Mental Health Services and County Office of Education collaborating on this project (along with PIER), we anticipate success not only in the development, delivery, and outcomes of the presentations, but also from what this partnership, if maintained, may accomplish in future efforts directed at student mental health issues—particularly in a school setting that is both non-threatening and non-stigmatizing to students. Of course, parents/guardians, families, and especially students, all play vital roles in this collaboration. Other potential partners that will be developed over the next two years in this collaboration include the County Departments of Health, Social Services, law enforcement and Juvenile Justice, community health clinics, local colleges, media organizations, and other entities and individuals. There may be opportunities for these organizations to refer students to the EISP project and participate in the interventions, as well.

7. Intended Outcomes

The intended outcomes vary for each of the three Programs in this Project.

For the “Science of Mental Illness” the major outcomes will be an increase in knowledge and an improvement in attitude and perception about mental illness. These can be assessed with a pre- and post-test of knowledge about mental illness.

For the “Leadership and Resiliency Program” the outcomes will be assessed for each of the individuals who participate in at least one year of the program’s activities. The intended outcomes for these individuals include changes over time in the following:

- Increased school attendance/reduced school truancy
- Improved academic performance
- Reduced school behavioral incidents

The PIER program will have a combination of process and individual person outcomes.

- Process outcomes:
 - Number of referrals to Paragon Community Mental Health Services: Since one of the goals of the program is to encourage referrals for assessments, one measure of success will be the number of youth who are referred from both the school-based programs and from other community organizations with which the PIER

program makes contacts. We would expect that the number of referrals per month increasing over the time of the program as it becomes better known in the community.

- Number of completed assessments by Paragon Community Mental Health Services: If the program is successful it will be able to engage the families of the youth who are referred in order to complete a full assessment. This requires addressing whatever stigma issues might surround a referral and providing sufficient education to the youth and family to ensure that a full assessment is completed.
- Number of youth actively participating in Paragon Community Mental Health Services treatment services: The third process outcome will be the success of the program in engaging youth in whatever treatment services are recommended as a result of the assessment.
- Individual person outcomes.
 - Youth receiving treatment services by Paragon Community Mental Health Services will be reassessed on the set of clinical scales used for the assessment and changes over time will be measured. The actual set of measures will be developed in conjunction with the PIER developers in Portland, Maine. Possibilities include Structured Interview for Prodromal Symptoms (SIPS), Heinrichs Quality of Life Scale, and Global Assessment of Functioning: Social and Role Scales.
 - Also tracked for youth receiving these services will be their participation, behavior, and performance at school and any involvement with the criminal justice system.

8. Coordination with Other MHSA Components

Cross-training with community clinics and health centers, primary care and CSS providers to improve services for all individuals served in Santa Fe County for onset of serious psychiatric illness with psychotic features.

9. Additional Comments (optional)