



Department of Health Care Services
Division of Behavioral Health Services

PREVENTION AND EARLY INTERVENTION
Three-Year Program and Expenditure Plan
Executive Summary
2009



Executive Summary

A. Overview of the planning process

1. Purpose of the PEI Plan

The Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA) focuses on providing services during the formative years in life (0-25) when prevention and short term or low-intensity intervention can effectively mitigate or derail the onset of mental health issues. It also recognizes that individuals of all ages may benefit from services and supports to help recover from trauma related to loss, exposure to violence, or other experiences. Through leveraging current community resources and building new services and supports, the plan seeks to increase community collaboration and education that will create an integrated, communitywide framework that is truly responsive to the needs of its people. During the formation of this plan special consideration was paid to the consumers of mental health services, the many distinct ethnic and cultural groups, and other underserved populations of San Joaquin County. The high levels of community participation in the planning process allowed for greater community buy-in, more knowledge sharing and stigma reduction between groups, and the development of a plan that is culturally competent and based in practices proven to promote the wellness of all individuals in the community.

2. Planning Activities

The San Joaquin PEI Planning effort included the following activities:

- Increased membership of the MHSA Planning Stakeholder Steering Committee
- Community education and outreach
- Key Informant interviews
- Focused Discussion Groups
- Community Meetings

3. Summary of Planning Participants

Planning Stakeholder Steering Committee: 19

The MHSA Planning Stakeholder Steering Committee was comprised of members of the Mental Health Board and a diverse group of professionals with expertise in many areas including substance use, educators, and people with expertise in the areas of criminal justice and early childhood development.

MHSA Consortium: 50

An initial introduction to the planning process involved 50 representatives of the MHSA funded programs in a San Joaquin County Consortium meeting.

Communitywide PEI/WET Kickoff Meeting Participants: 103

103 attendees participated in the Communitywide Kickoff Meeting was held on May 19, 2008. Information was given on the goals of the planning process and participants were invited to contribute to future meetings.

Key Informant Interview Participants: 12

Key Informant Interviews were conducted with twelve Stakeholders who were identified by the Steering committee early in the planning process. Interviews were intended to offer an overview of the community needs as well as identifying potential strategies, opportunities and challenges.

Community Outreach: 500

Building on the list of Stakeholders who contributed to the CSS portion of MHA, the Planning Team conducted a broad outreach effort inviting over 500 people through phone, email, public notices, and newsletters to participate in the planning process.

Discussion Group Participants: 234

Sixteen in depth discussion groups were held that focused on prevention and early intervention needs determined by the Key Informant Interviews. Representatives of specific issues or populations such as BHS contractors, School Health Coordinators and Older adult service providers participated in small in-depth discussions on the needs of underserved communities.

Community Meeting Participants: 125

Due to the intensive outreach campaign 125 members of the community from diverse demographic backgrounds and life stages participated in six community meetings that were held across the county. Attendees were asked to collaborate and prioritize the importance of sixteen PEI strategies. The high level of participation from providers, consumers and family members of consumers allowed for a dialogue that was both focused and in-depth.

B. Project Summary

All of the Prevention and Early Intervention projects in this plan are intrinsically linked to each other and are designed to support different components along a spectrum of prevention. In this way San Joaquin County hopes to build momentum for prevention and create a seamless system that supports individuals and their families regardless of where they are at. Each project provides a framework of knowledge, experience, and support that other projects can leverage in their efforts.

San Joaquin County Prevention and Early Intervention Spectrum of Prevention	
Public Awareness and Education	Reducing Disparities in Access
Prevention	School-based Prevention Efforts
Assessment	Connections for Adults and Older Adults
Early Intervention	Empowering Youth and Families
Transition to Treatment	Suicide Prevention and Supports

1. Reducing Disparities in Access

In this first project, *Reducing Disparities in Access*, our intent is to increase knowledge and change perceptions of mental health issues throughout the County. This project lays the foundation for all other projects. Through these efforts, community leaders, ministers and pastors, shamans and elders, teachers and case managers, nurses and doctors will all learn basic information about mental health issues, prevalence, signs and symptoms and where to go for help. These initial trainings will help pave the way as these individuals are asked to incorporate mental health prevention activities within their classrooms, clinics, and community-based programs.

Cultural Brokers Recruitment and Training

- To address cultural norms and perceptions around mental health in four target communities.

Mental Health 101

- To provide basic training in mental health signs and symptoms, crisis intervention, and available services and supports.

Budget:

- \$214,000 , 3% of total budget

Project Objectives

- Reduce Disparities in Access
- Reduce Stigma and Discrimination

Estimated numbers served: 784

- Training to 400 teachers, police officers, and other professionals
- 16 cultural brokers to talk with 384 individuals annually at community events, structured program activities, or one-on-one in the community

2. School-based Prevention Efforts

The *School-based Prevention Efforts* project is based in the belief that the most effective mental health prevention strategies target children at a very young age. This program is intended to foster the skills and resiliency in children and youth to help them cope with traumatic situations. It is based on current research that links mental health prevention with violence and substance abuse prevention and responds to community interests in building on what works within neighborhoods by working with school districts to expand and enhance their current prevention efforts. It is dependent upon previous PEI efforts to instill an understanding of mental health issues in school leaders. Such efforts generate support for the more specific mental health trainings provided through this project. School-based Prevention Efforts also serve as a precursor to the remaining PEI projects by providing initial skills should the need for more extensive interventions become necessary for at-risk children and youth.

Trainings and Education Campaigns

- To train child care providers, teachers, and school administrators to understand children's mental health issues.
 - Mental Health in Young Children
 - Emergence of Serious Mental Illnesses in Adolescents
 - Co-occurring Disorders in Adolescents

Expanding School-based Prevention Efforts

- To expand prevention programs to improve student resiliency and social-emotional skills.
- To conduct home and child care center visits to support children 0-5 with social-emotional delays.

Budget:

- \$1,365,000 , 22% of total budget
- \$370k available one-time for training, start-up, and materials

Project Objectives:

- Reduce Stigma and Discrimination
- Reduce Psycho-social Impact of Trauma
- Increase Protective Factors in Children

Estimated numbers served: 850 directly, up to 50,000 indirectly

- Funds 6-8 new staff to work with children in schools

3. Connections for Seniors and Adults

Connections for Seniors and Adults is intended to fill in critical gaps in the current public mental health care system for seniors and adults who are experiencing mild to moderate mental health issues such as depression and anxiety. The project serves to increase awareness amongst seniors on mental health issues and provides a series of assessment checkpoints: (1) one year education campaign to older adults on mental health issues; (2) senior peer counselors to help identify seniors for whom mental health issues are not resolved through activity and engagement; and (3) physicians and counselors to help identify seniors and adults who are not responding to short-term counseling and/or medications and who may benefit for more intensive mental health treatments. This program targets low income seniors and adults who are receiving nutritional supplements or supports through the Human Services Agency- Department of Aging or receiving their primary health care from the Family Practice Clinic at San Joaquin General Hospital. It also strengthens the capacity of existing mental health early interventions available for seniors and adults by leveraging the existing Senior Peer Counseling program and the medical expertise of the Family Practice Clinic.

Mental Health in Older Adults Education Campaign

- To train senior serving providers and volunteers and family members on depression and other mental health issues .

Senior Peer Counseling:

- To expand the senior peer counseling program to serve an additional 45 seniors annually.

Connections for Homebound Seniors:

- Provides mental health assessments and suicide prevention screenings to homebound seniors.

Mental Health in Primary Care Settings

- To expand the capacity of the Family Practice Clinic to conduct mental health screenings, care-coordination, and short-term mental health services (12-16 sessions).

Budget:

- \$779,600 12% of total budget
- Provides for three new clinicians
- Strong emphasis on services and supports for seniors

Project Objectives:

- Reduce Disparities in Access
- Reduce Psycho-social Impact of Trauma
- Suicide Prevention

Estimated numbers served:

- 945 served directly & 5,000 indirectly

4. Empowering Youth and Families

Project 4: *Empowering Youth and Adults* recognizes the critical need to establish a holistic response to mental health prevention and early intervention activities by providing services and supports that: 1) recognize and respond to the considerable stressors experienced by individuals and 2) are community based and culturally appropriate. This component of the PEI plan is intended to provide early interventions for youth and adults for whom a purely prevention approach is no longer appropriate and for whom full

scale mental health treatments are not clinically necessary. It serves to “fill in the gaps” of the existing mental health service delivery system by providing low level interventions for youth and adults with mild to moderate mental health issues for whom non-clinical interventions, such as case management, support groups, mentoring, or recreation opportunities, will reduce stress, teach skills, and improve self-esteem and wellbeing. It also provides mental health screening and counseling for youth in the juvenile justice system, of which approximately 70% are estimated to have ongoing mental health issues.

Systems Strengthening

- To provide mental health clinicians to oversee project activities, support program staff, and ensure assessments identify and transition youth who may require more extensive mental health interventions.
 - Mental Health Clinician III – for project oversight
 - MIOCR – Clinicians for Assessments and Screenings
- Budget: \$377,000

Programs for High-risk Youth

- To develop comprehensive, collaborative programs within high-schools and the community to work with the most at-risk youth ages 14-25.
 - Mental Health for Youth at Risk of Juvenile Justice Involvement
 - Comprehensive Youth Outreach and Early Interventions
- Program activities will include:
 - outreach and engagement
 - recreation and skill building activities
 - support groups and workshops
 - case management and counseling
- Budget: \$1,453,000

Comprehensive Family Support Programs

- To provide adult-oriented case management, groups, classes and other family supports to improve functioning and reduce anxiety, anger, and depression. A special emphasis is placed on case management, alcohol and drug recovery, domestic violence counseling, and employment training, in accordance with the needs of the San Joaquin County Family Violence Court and Drug Court.
 - For TAYS 18 and over
 - For Parents
- Budget: \$650,000

Overall Project Budget:

- \$2,480,000, 39% of total budget

Overall Project Objectives:

- Reduce Psycho-social Impact of Trauma
- Support Youth Engaged with the Juvenile Justice System

Estimated numbers served: 3,490 directly and up to 475 families

5. Suicide Prevention and Supports

In this last project, *Suicide Prevention and Supports*, efforts are intended to provide a final series of services and supports to help appropriately transition those who may need extended mental health services to the supports that they require. The success of this advanced suicide prevention training is dependent upon more basic mental health trainings, which are also funded through the PEI component. This project also serves as a final safety net for adults and adolescents for whom previous mental health prevention, assessment, and early intervention activities failed to support.

Suicide Prevention in Juvenile Hall

- To place a clinician in juvenile hall to respond to suicide attempts and to provide counseling for youth at risk of attempting suicide.

Suicide Prevention Training

- To enhance the capacity of teachers, physicians, and others in the community to identify and respond to suicide ideation
 - LivingWorks Train the Trainers
 - PROSPECT for Physicians treating Older Adults

NAMI Peer Advocates

- To expand NAMI's capacity to provide peer support and advocacy to individuals or families experiencing a first break or suicide attempt and who need help navigating the mental health system.

Budget:

- \$218,400, 3% of total budget

Project Objectives:

- Identify and transition individuals to necessary mental health services and supports
- Reduce Suicides in the County

Estimated numbers served: 200

C. Evaluation

1. Purpose

Evaluation is a vital component of the PEI process, as it demands accountability to the public while increasing trust; and also provides the framework for continual capacity and knowledge development to create a system that is based in the quality improvement of community, program, and individual health and wellness. By measuring quantitative outcomes towards specific preset goals, programs can accurately understand the impact of prevention and early intervention activities and build upon the successes and failures among peer programs as well as within their own. Additionally, qualitative analysis through interviews and culturally responsive questionnaires give insight into the changes in mindset that are so important to the development of coping skills, and the fostering of resiliency in individuals and communities alike. Evaluation of the PEI efforts will provide the tools necessary for system wide change that is sustainable and effective.

2. Rationale

The Empowering Youth and Families Project portion of the PEI plan is geared to support those community members most vulnerable to the development of severe mental and behavioral health problems after prevention is no longer viable but to whom short term or low intensity intervention can still create

measurable and lasting life changes. Populations most vulnerable include high-school aged youth, Transition Age Youth (TAY) experiencing juvenile justice involvement and/or school failure, parenting TAYS, TAYS and parents involved in substance abuse, youth admitted into the juvenile system and other youth who otherwise do not qualify for services through schools or comparable institutions. This program was chosen for evaluation not only because the framework of care (case management, counseling, enrichment and recreation) lends itself to measurability, but more importantly because San Joaquin County's high rates of school failure and youth involvement in the juvenile system highlights the need for intervention services at this critical time.

3. Methodology

The evaluation will measure program achievement on three interrelated levels of efficacy, namely the community level, the systems/program level and the participant level. At the Community level evaluation will examine changes in and/or building of programs providing counseling and other early intervention support, improved access to case management, and improved access to comprehensive community-based supports for the target population. Changes in perceptions of school safety and programmatic compliance will also be addressed. At the systems level evaluation will focus on the depth and breadth of collaboration between distinct agencies and programs. Attention will be paid to the process of referring clients to appropriate services; the communication protocols developed during the implementation stages of the project, and coordinated case management between programs. At the participant level evaluation will measure specific behavioral changes such as school truancy and suspension rates, positive achievement, the frequency of police contact/involvement and participation in recovery programs. The evaluation should approach Prevention and Early Intervention activities from a holistic perspective, with an emphasis on fostering deeper understanding and structured change that result in a community driven collaborative effort reaching every level of participation from agency to individual.

D. Budget Summary

Summary of Projects and Proposed Funding

1. Total Funding Requested for FY 08/09: \$6,339,600 – 57% allocated for children and youth 0-25

Project 1: Reducing Disparities in Access	\$ 214,000 (3%)
Cultural Brokers Recruitment and Training	\$180,000
Implementation of CLAS Standards	in-kind
Mental Health 101	\$ 34,000
Project 2: School-based Prevention Efforts	\$1,365,000 (22%)
Mental Health in Young Children 0-5 Educational Campaign	\$ 80,000
Emergence of Serious Mental Illness in Adolescents Training	\$ 40,000
Co-occurring Disorders Training for School Districts	\$ 100,000
Expanding School-based Prevention Programs	\$ 750,000
<i>& w/ Early Childhood Education</i>	\$ 360,000
School Based Prevention BHS Management Analyst 1 (PT)	\$ 35,000
Project 3: Connections for Seniors and Adults	\$779,600 (12%)
Senior Peer Counseling	\$138,255
<i>& w/ PEARLS training for Senior Peer Counselors</i>	\$ 16,845
Signs and Symptoms of older adult depression	\$ 75,000
Connections for Homebound Seniors	\$309,500
Mental Health in Primary Care Settings*	\$240,000
Project 4: Empowering Youth and Families	\$2,480,000 (39%)
Mental Health Clinician III for project clinical supervisions	\$117,000
Mental Health for Youth at Risk of Juvenile Justice**	\$670,000
<i>& w/ Mental Health Continuing Education for School POs</i>	\$ 10,000
Comprehensive Youth Outreach and Early Intervention	\$733,000
<i>& w/ Mediation Training</i>	\$ 40,000
Comprehensive Family Support Programs***	\$650,000
Mentally Ill Offender Crime Reduction Grant	\$260,000

Project 5: Suicide Prevention and Supports	\$ 218,400 (3%)
Suicide Prevention in Juvenile Hall	\$102,400
Suicide Prevention to Train the Trainers	\$ 35,000
PROSPECT - Suicide Prevention for older adults	\$ 20,000
NAMI – Peer Advocates	\$ 61,000
Administration	\$831,620 (13%)
PEI Coordinator	\$122,386
PEI Administration @ 11%	\$709,234
Planning and Evaluation (Required)	\$450,980 (7%)
PEI Evaluation and Fidelity Support	\$175,980
PEI Planning	\$275,000

*Mental Health in Primary Care Setting does not include expected \$75,000 in MediCal revenue.

** Mental Health for Youth at Risk of Juvenile Justice does not include expected \$100,000 in EPSDT revenue.

*** 50% of the funding for this project is allocated to individuals in the age category "adults" and 50% is allocated for "TAYs."

2. Proposed 2009-2010 Activities

Behavioral Health Services anticipates continuing most *direct services* program activities in year two. Program funding indicated as "one-time" or earmarked for training, outreach and education, or materials and supplies is generally discontinued.

Anticipated funding for 2009-2010: 6,113,500

- Base funding: \$4,431,500
- Supplemental funding: \$1,012,500
- Assigned for Statewide Projects: \$669,500

Proposed New or Expanded Programs:

- Reducing Disparities in Access: \$0 (*leveraged funding: \$101,400 annually for 4 years*)
- School-based Prevention Programs: \$75,000
- Mental Health for Youth at Risk of Juvenile Justice Involvement: \$114,772
- Comprehensive Family Support Programs: \$150,000
- TAY Co-occurring Disorders Program: \$918,775
- NAMI Peer Advocates: \$25,000
- Operating Reserves: \$611,350

Funding Allocated for Children and Youth 0-25: 61%