

**Butte County Department of Behavioral
Health
Mental Health Services Act**



**Prevention and Early Intervention
Component of the Three Year Program
and Expenditure Plan**

**May 6, 2009
Final**

**Butte County Department of Behavioral Health
Mental Health Services Act
Prevention and Early Intervention Plan**

TABLE OF CONTENTS

Contents	Page
Form No. 1 – PEI Plan Face Sheet	3
Form No. 2 – PEI Community Program Planning Process	4
Form No. 3 – PEI Project Summary	17-116
Promotoras for Gridley and Chico Apartments	17
African American Cultural Center	29
Integrated Primary Care and Mental Health	40
Mobile TAY Project	50
Gridley Live Spot	61
Therapeutic Childcare	74
Mental Health Awareness	86
GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Suicide Prevention and Education Program	95
Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)	104
 Budget and Financial Information	
Form No. 4 – PEI review and Expenditure Budget Worksheet & Narratives	117-144
Promotoras for Gridley and Chico Apartments	117
African American Cultural Center	120
Integrated Primary Care and Mental Health	123
Mobile TAY Project	126
Gridley Live Spot	129
Therapeutic Childcare	133
Mental Health Awareness	136
GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Suicide Prevention and Education Program	139
Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)	142
Form No. 5 – PEI administration Budget Worksheet & Narrative (instructions follow)	144
Form No. 6 – Prevention and Early Intervention Budget	147
Form 7 – Local Evaluation of PEI Project	148
Prudent Reserve	152

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FACE SHEET**

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

County Name: Butte County

Date: 5/6/09

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	Project Lead
Name: Edward Walker, LCSW	Name: Elizabeth "Betsy" Gowan, MFT
Telephone Number: 530-891-3044	Telephone Number: 530-891-2887
Fax Number: 530-895-6549	Fax Number: 530-895-6549
E-mail: hnalley@buttecounty.net	E-mail: egowan@buttecounty.net
Mailing Address: Butte County Department of Behavioral Health Mental Health Services Act (MHSA) 107 Parmac Road Suite 4 Chico, CA 95926	

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

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Butte**Date:** May 6, 2009

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

Elizabeth Gowan, MFT, MHSA Coordinator, a full time position, provided coordination of the community planning process, under the direction and oversight of the Director of Butte County Department of Behavioral Health (BCDBH), Edward Walker, LCSW. The BCDBH Leadership Team provided ongoing feedback and input on the process.

Consultants Linda Huffmon and Barbara Alderson helped develop the planning process, data collection method and provided facilitation for meetings. Gary Bess & Associates analyzed data from the PEI Community Survey. Additional staff support came from Trishalana Ott, Office Specialist Senior; Harold Baize, Ph.D, evaluations unit; Essence Beam and Jendy Lea, fiscal support.

b. Coordination and management of the Community Program Planning Process

Behavioral Health staff coordinated and managed the community PEI planning process in collaboration with county staff and Behavioral Health partners. They recruited community members and additional behavioral health and partner organization staffs to assist in conducting the community planning and input process.

Behavioral Health Leadership staff in consultation with community partners, consumers and family members, and Behavioral Health Board members, developed and convened the PEI Community Workgroup to evaluate the community input and to develop recommended PEI strategies for the county based on that input. A sub-group of the workgroup convened as the PEI Plan Development Committee to provide draft plan details of effective PEI strategies and services leading to improved mental health.

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

The Department of Behavioral Health ensured that stakeholders had the opportunity to participate in the Community Program Planning Process through an extensive outreach process. The community PEI program planning process included outreach to all members of the community through community meetings, targeted focus groups, a survey of staff and consumers, and participation on the PEI Community Workgroup.

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

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

- a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

Community meetings were held in the four geographic areas of the county: Chico, Paradise, Oroville, and Gridley. The focus groups provided outreach to diverse groups to ensure participation and input from the consumer, rural, African American, Latino, Hmong, Native American, older adult, and GLBTQ communities. The survey was distributed to community members, consumers, county Behavioral Health staff, and community service providers. Additional input opportunities were offered email, phone, and personal contact.

The Community Workgroup received documentation of all input and developed PEI program recommendations in accordance with documented community input and need. Community Workgroup members were recruited from the diverse communities of Butte County. Members included consumers, family members, Behavioral Health staff, community service providers, and members of the African American, Latino, Hmong, and GLBTQ communities.

The overall strategy of the stakeholder participation process included:

- Community meetings in each of the four primary communities in Butte County: Chico, Paradise, Gridley, and Oroville. Flyers were distributed by organizations and individuals in the communities, posted on the website and in local gathering places in each community, and were sent via email to an extensive list of providers and community members who had indicated an interest in MHSA or had been previously involved in MHSA planning activities.
- Targeted focus groups for traditionally unserved/underserved populations: Latinos; Hmong; Native Americans; African Americans; consumers with serious mental illness (SMI); older adults; and gay, lesbian, bisexual, transgender, and questioning (GLBTQ) members of the community. Recruitment for the focus groups included contact with community leaders, organizations that serve unserved and/or underserved populations, and Behavioral Health partners. For example, the Resident Services Specialist of the Chico Housing Improvement Program recruited Latino and Hmong community members to participate in focus groups on their mental health PEI concerns.
- Survey of Behavioral Health staff, partner organization staff, consumers and family members, and community members and Behavioral Health Board members. Surveys were distributed at staff meetings, drop-in center consumer meetings, and community meetings.
- Community members, families, consumers, and service providers were offered opportunities to contact the Department of Behavioral Health with additional input through telephone calls, email, or written commentary.

PEI COMMUNITY PROGRAM PLANNING PROCESS

All input was documented and brought to the Community Workgroup including:

- A 102-page summary of the PEI survey outcomes provided by Gary Bess Associates
- All written proposals and program ideas that were submitted to the MHSA coordinator
- Summaries of all community meeting program and service ideas
- Summaries of focus group input

In addition to community input data, the Community Workgroup reviewed census and other Butte County demographic data. The Community Workgroup used all the reviewed data to develop PEI program recommendations.

- 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.

The same overall stakeholder participation strategy was implemented to gain input from individuals reflecting the diversity of the demographics of the county, including but not limited to geographic location, age, gender, race/ethnicity and language.

The community meetings, focus groups, and survey provided opportunities for participation reflecting the diversity of the county demographics. 253 people attended community meetings in Oroville, Paradise, Chico, and Gridley.

Nine targeted focus groups attended by 133 people ensured input from consumers and underserved populations: Latinos; Hmong; Native Americans; African Americans; GLBTQ; current consumers, and older adults. Meetings included translators. Recruitment for the focus groups included contact with community leaders, organizations that serve diverse populations, and Behavioral Health partners. For example, a member of the board of Stonewall Alliance Center, which provides support for the GLBTQ community, provided recruitment for a focus group of the GLBTQ community, including youth.

A total 389 community members, Behavioral Health staff, consumers, and family members completed the survey.

All input was forwarded to the Community Workgroup and was considered in the development of PEI programs and strategies.

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

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

Consumer focus groups were held in Chico, Oroville, and Paradise. A total of 52 clients participated in three focus groups: Chico Drop-in Center (15 attended), Oroville Drop-In Center (9), and the Paradise Treatment Center (28).

Family members were encouraged to provide input through the community meeting process.

Family members and/or consumers comprised 27% of the Community Workgroup, and 42.4% of survey respondents.

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

The same overall stakeholder participation strategy was implemented to gain input from consumer and family members, service providers, education providers, and other organizations.

The following tables summarize the number of people who attended each of the community meetings and the focus groups.

Community Meetings	
Community	Number Attended
Chico	126
Oroville	94
Paradise	18
Gridley	15

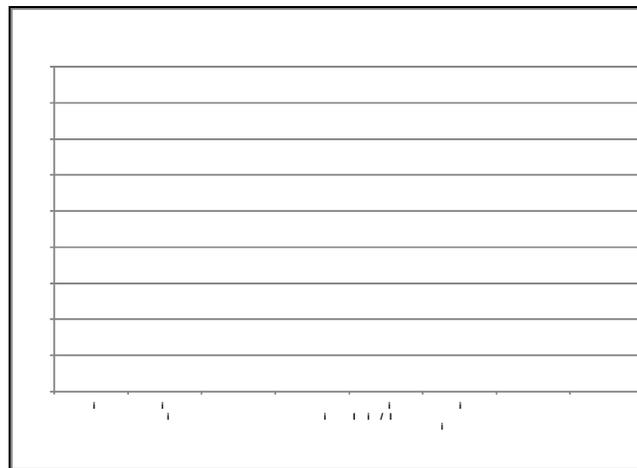
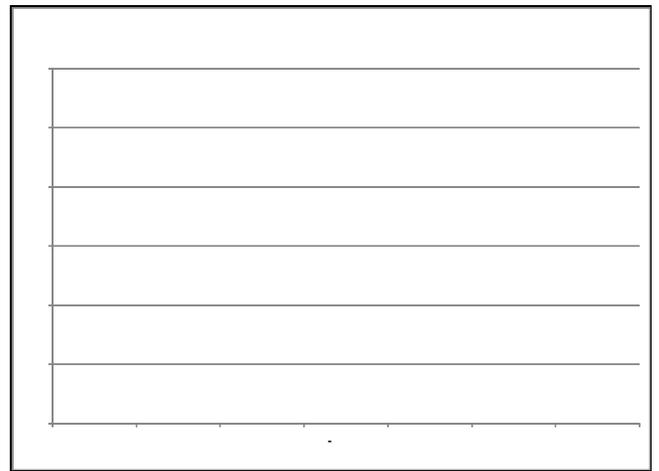
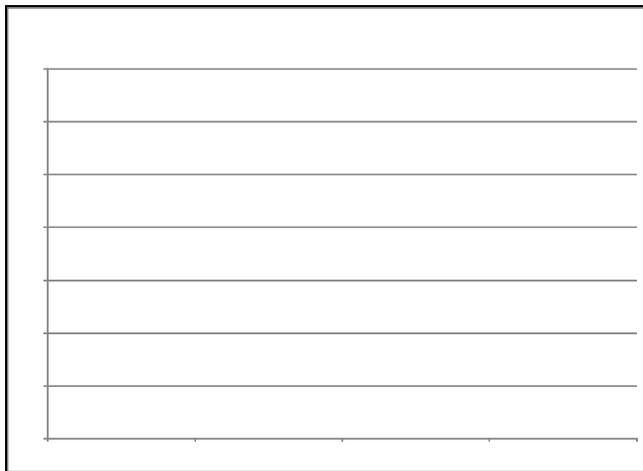
Focus Groups	
Group	Number Attended
Vista Verde Apartments (Latino Residents)	13
East of Eaton Apartments (Latino and Hmong Residents)	31
African Americans	7
Native Americans	4

PEI COMMUNITY PROGRAM PLANNING PROCESS

Gay, Lesbian, Bisexual, and Transgender & Questioning	17
Chico Drop-In Center (consumers with SMI)	15
Oroville Drop-In Center (consumers with SMI)	9
Paradise Drop-In Center (consumers SMI)	28
Older Adults	9

The community meeting and focus group participants had the opportunity to share their experiences and discuss mental health needs as well as provide ideas for programs, projects, or services that will help meet those needs. All input was forwarded to the Community Workgroup and was considered in the development of PEI programs and strategies.

Butte County Behavioral Health staff, community partner staff, consumers, family members, and community members completed the survey. The following tables show the distribution of respondents by self-identified groups, age of respondent, and ethnicity. The ethnicity chart compares respondents to Butte County residents. Consumers and family members comprised 42.4% of survey respondents.



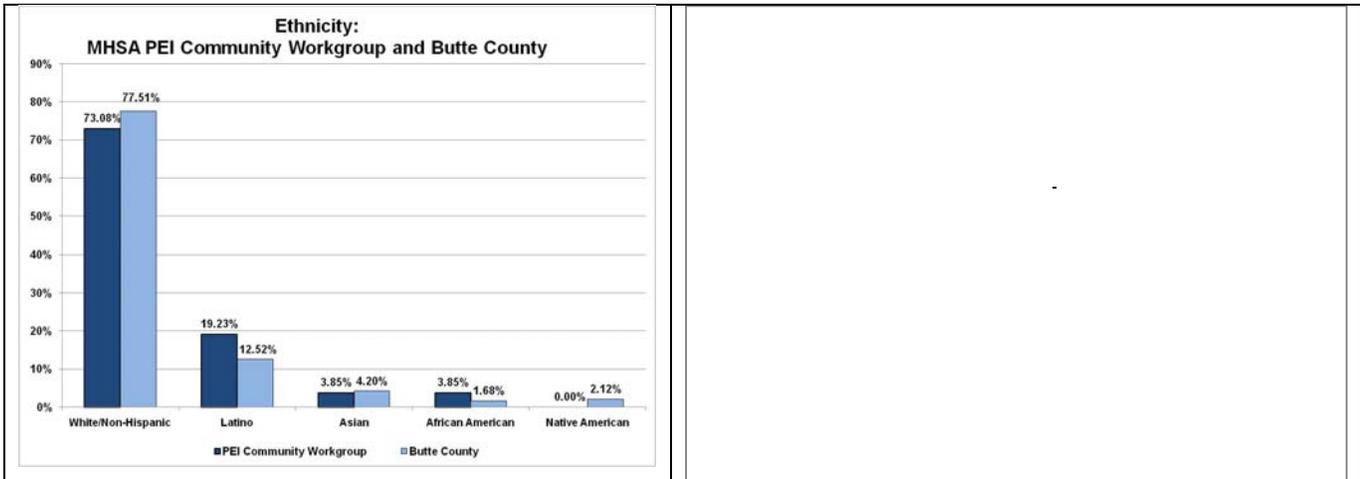
PEI COMMUNITY PROGRAM PLANNING PROCESS

The Community Workgroup was formed from the diverse communities within the county. The following table lists the members of the workgroup and their organizational affiliations.

Name	Community Member/Organization
Cynthia Banta	Paradise Center for Tolerance & Nonviolence (PCTN)
Jill Blake	First Five
Nancy Bryant	Nancy's Prevention Clinic
Christelle Burnett	Butte County Department of Behavioral Health (BCDBH)
Clay Canady	Community Member
Krysi Chastain	Connecting Circles of Care (CCOC) BCDBH – TAY representative
Carol Childers	Passages
Lesleigh Chollet	Butte County Department of Behavioral Health (BCDBH)
Janine Cuellar	Butte County Department of Behavioral Health (BCDBH)
Sherry Damon	Butte County Department of Behavioral Health (BCDBH)
Steve Hamm	Paradise Unified School District
Lynn Haskell	Valley Oak Children's Services
Shastina Houle	Youth Services, BCDBH – TAY representative
Scott Kennelly	Butte County Department of Behavioral Health (BCDBH)
Mai Lee	Interpreter
Scott Lindstrom	Chico Unified School District
Cindy McDermott	Crisis Services, BCDBH
Michelle McGrath	Community Member – TAY
Virgie McGrath	Community Member, Teacher, Family Member
Meagan Meloy	Butte County Office of Education (BCOE)
Bob Michels	Northern Valley Catholic Social Service
Gina Muse	Department of Rehabilitation
Clarissa Pfister	Gridley Unified School District
Washington Quezada	Community Housing Improvement Program (CHIP)
Stephanie Rivera	CCOC Youth Services, BCDBH – TAY representative
Eric Ruben	Stonewall Alliance Center
George Siler	Youth for Change
Wesley Skillin	Butte County Department of Public Health (BCDPH)
Patty Smith	Department of Employment and Social Services (DESS)
Anastacia Snyder	Catalyst
Susan Spann	Butte County Department of Behavioral Health (BCDBH)
Don Taylor	Butte County Department of Behavioral Health (BCDBH)
Salvador Ventura	Behavioral Health Board
Jeremy Wilson	Prevention, BCDBH

The Community Workgroup composition reflected Butte County's ethnicity. Compared to the County, the Workgroup had a slightly higher proportion of Latino and African American participants, and a slightly lower proportion of White/Non-Hispanic and Asian participants.

PEI COMMUNITY PROGRAM PLANNING PROCESS



The following table indicates the groups represented by the Community Workgroup members. Some members represented more than one group.

Groups Represented on PEI Community Workgroup	% of Community Workgroup Members
Consumer or Family Members	26.47%
Service Provider (not including Education or Health Providers)	61.76%
Education	14.71%
Health Provider	5.88%
TAY Representative	11.76%
Other Organizations	13.33%

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

Prior to the hiring of the MHSAs Coordinator, several Butte County Behavioral Health staff attended multiple state sponsored trainings. The MHSAs Coordinator and Butte County MHSAs staff met with the Behavioral Health Leadership Team and with other staff and community groups to provide explanation and training on MHSAs and PEI. All community meetings began with a presentation and training on PEI.

The PEI Community Workgroup met five times between April and July 2008 to formulate recommendations. The Community Workgroup process began with two meetings that provided training for stakeholders in PEI guidelines and process, a review of census and other demographic data, and a review of all community meetings, focus groups, and written input. On the basis of that information, the workgroup summarized and grouped community needs into 7 broad areas, then formed Advisory Groups to develop mental health prevention/early intervention service recommendations to address the community need areas. The workgroup presented the recommendations to, and received feedback from, the community and revised their recommendations based on

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

feedback. They forwarded their recommendations to the Plan Development Committee (PDC), a smaller committee comprised of members of the Community Workgroup.

The Plan Development Committee (PDC) members included one member of each PEI Advisory Group, selected by the Advisory Group; representatives from Behavioral Health Board, Adult Services, Youth Services, and consumers. Additional Behavioral Health staff (representing Administrative Services Division, evaluation, and MHSA) were available to the PDC to provide information and assist the group in program development as non-voting members of the committee. The PDC met three times in July, August, and October 2008, to review the Community Workgroup recommendations, discuss which of these might be reasonably combined and which stood alone, and which programs were to be further developed for inclusion in the PEI Plan.

Staff utilizing input from consumers, service experts, BCDBH and partner agency staff, and members of the Community Workgroup refined programs. The proposed programs were reviewed and recommended by the entire PEI Community Workgroup in January 2009.

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.

We learned several lessons from the CSS process that were applied in the PEI process. The excitement of MHSA led us to begin our CSS process before we had the state guidelines. We learned community meetings, focus groups, and other input discussions need to be held with a more concentrated focus. We structured the PEI input discussion with a concentrated focus on prevention and early intervention as defined in the MSHA guidelines. We learned that effective planning with a positive community response grows from having a clear understanding of the state guidelines and expectations.

We learned in order for an effective planning process to occur, it is critical to utilize facilitators that are able to focus solely on the community planning process. We therefore hired facilitators from outside the Department to conduct the process.

We also learned the planning process needed to take on a more comprehensive approach with sufficient time for the community to become involved. This led to a concentrated effort to expand the number of participants involved in the process. This approach also provided an educational opportunity for the community at large to easily grasp a clear understanding of the PEI plan guidelines and principles.

Some staff felt that they did not receive opportunities to have input into the CSS planning process. We therefore provided opportunities during the PEI planning process for staff to give feedback and complete the surveys during staff meetings. Staff were

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

also invited and welcome to participate in community meetings and to provide verbal and written comments either at meetings or directly to the MHSa coordinator.

- 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.

The diversity of the PEI Community Workgroup is evidence of the inclusive manner in which the community was invited to participate in the planning process. The community meetings, targeted focus groups, and written input also speak to the effectiveness of the community planning process, which ensures that mental health needs concerning all priority populations were considered.

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

A MHSa PEI Three-Year Program and Expenditure Draft Plan that reflected the recommendations of the MHSa PEI Community Workgroup was developed. When completed the draft plan was posted on the BCDBH website for a 30 day public review and comment period and circulated to stakeholders and any other interested parties who requested it. A hardcopy was provided as needed for those who did not have access to email or the Internet.

The Draft Plan advanced through the standard Butte County Department of Behavioral Health MHSa Review and Recommendation Process. This includes the steps detailed in the following table.

Butte County Department of Behavioral Health MHSa PEI Draft Plan Review and Recommendation Process		
Action	Date	
Posted to the BCDBH Website for 30 Day Public Review and Comment	April 1, 2009	51 individuals made written comments
Reviewed by the Butte County Behavioral Health Board Mental Health Services Advisory Board	April 9, 2009	19 members
Butte County Department of Behavioral Health Leadership Team	March 5, 2009 & May 5, 2009	8 members
PEI Draft Plan sent to members of the MHSa PEI Community Workgroup	April 1, 2009	34 members
Notification sent to community members on BCDBH MHSa mailing list	April 1, 2009	734 emails sent

PEI COMMUNITY PROGRAM PLANNING PROCESS

(734 addresses)		
Notice of Public Hearing Published in Local Newspapers	<ul style="list-style-type: none"> • 4/24/09 & 4/28/09 – Chico Enterprise Record & Oroville Mercury Register • 4/24/09 – Gridley Herald • 4/23/09 – Paradise Post • 4/22/09 – PSA sent to six local radio stations 	
Public Hearing called by Butte County Behavioral Health Board	May 1, 2009	25 participants
Butte County Administrative Office	4/2/09 – 5/4/09	Staff as assigned by CAO

The Butte County Behavioral Health Board MHSAs Advisory Committee (BHB MHSAs) reviewed the MHSAs PEI Three-Year Program and Expenditure Draft Plan on April 9, 2009. Committee members asked questions and voiced their support of the draft plan. They recommended that the collaboration between the PEI projects and local schools be clearly stated throughout the plan. This recommendation was followed and the draft plan now clearly states the relationship between PEI projects and local schools.

The public review and comment period for the draft plan was April 1, 2009 – April 30, 2009. An email link on the BCDBH website allowed individuals to easily and directly provide email feedback regarding the draft plan and provided address and phone information for alternative comment access. Fifty-one individuals provided written feedback via email. Most of the comments were extremely supportive. Some comments offered suggestions for change. The table below provides a synopsis of this feedback.

MHSAs PEI Public Review & Comment Summary				
Total Number of Respondents - 51	Comments of Support		Suggestions for Change	
Promotoras	2			
African American Cultural Center	2			
Integrated Primary Health	3		1	
Mobile Transitional Age Youth Program	0		1	
Gridley Live Spot	25			
Therapeutic Childcare	7			
Mental Health Awareness	SOS 2	NAMI 7	SOS 1	NAMI 1
GLBTQ Suicide Prevention Project	3			
Older Adult Suicide Prevention Project	2			

PEI COMMUNITY PROGRAM PLANNING PROCESS

General Comments	1	
------------------	---	--

Here is a sample of the supportive comments we received:

- “We feel strongly that this plan represents a targeted focus toward the greatest need in our community. We are especially encouraged by the proposed Promotoras Program and the Integrated Primary Care and Mental Health Project”.
- In response to the African American Cultural Center, “It almost brought me to tears to see the data you collected and communicated so clearly”.
- “I am writing to give my strong support to use MHSA funding to open the Gridley Live Spot. I have read the proposal and agree that services are extremely limited in Biggs and Gridley youth and adults alike and this funding is necessary in our community.”
- “I was so happy to see that our prevention is really up front and looking at the younger set with Therapeutic Day Care. This is very impressive”.
- “I am a member of NAMI Butte County and I'm very excited about the proposed funding for NAMI. It will allow us to offer more services to the community and I can say NAMI has made a huge difference to my family. My daughter, who has bi-polar disorder, has gone through the Peer to Peer course offered by NAMI and I believe it may have saved her life”.
- Regarding the GLBTQ Suicide Prevention Project an individual wrote an impassioned response including a personal account of growing up in Butte County as a GLBTQ teen without support. Here is a portion of this response:
 “Butte County has a unique chance to deal with the increasing rate of teen suicide. I would hope they don't blow it. As most of us should know, Chico lost four high school age teens to suicide, earlier this year”... “Finally, in my senior year of high school things got to be too much for me and whatever limited coping methods I had went by the wayside. I went into a full blown depression. I began too look forward to taking my life as a comfortable way to release myself from my painful world of self hate and loathing. I also began to believe that the world would be better off without me. I had a way and the means and was prepared to act on it”... “I am only here by pure dumb luck. Most kids are not so lucky. Kids should not have to rely on dumb luck to understand that life is worth living!”
- “The OASP is greatly needed, and adult day health care will be an important component. It is essential that adequate funding be provided to ensure that these services are effective. Coordination of all aspects of the program, including training, consultation and joint service provision will also be essential to reduce

PEI COMMUNITY PROGRAM PLANNING PROCESS

duplication of services and ensure that participants receive help and support as quickly as possible.”

Public input included several specific suggestions:

- Integrated Primary Care and Mental Health: Bilingual providers will be important for this program, as many of the participants will be Spanish and Hmong speakers.

Response: The goal of this project is to serve the unserved and underserved in Butte County, this includes bi-cultural and bi-lingual staff. The Integrated Primary Care and Mental Health Project will be reviewed to ensure that this is clearly stated in the text of the draft plan.

- Mental Health Awareness - Stomp Out Stigma: A specific request was made regarding the Butte County Job Classifications and staffing patterns that are reflected in the draft plan in order to align with department programs and provide a better fit for the consumer position.

Response: The changes have been made and are reflected in the final draft PEI plan to be submitted to DMH.

- One comment expressed concern regarding funding of a website for Butte County NAMI. NAMI purpose is to provide information, education, and advocacy. Thus the website would include political advocacy. Using County funding to support political advocacy could be construed as an endorsement by the County of whatever is posted on the website.

Response: In order to ensure that there is no conflict with Butte County policies, and to allow NAMI to use it's website in whatever ways it deems appropriate funding for the website will be removed from the draft plan. Butte County's NAMI president has been consulted regarding this and agrees with this change.

- Older Adult Suicide Prevention, Early Intervention and Education Program (OASP): A suggestion was made to increase collaboration during the implementation plan development to provide the best services and assessment without duplicative services.

Response: Collaboration has been clearly written into the implementation steps within the plan. This suggestion highlights the importance of the collaboration and having all players at the table in the implementation planning process in order to achieve the best results for consumers. BCDBH will be thoughtful and deliberate in including stakeholders in all aspects of the implementation process of this and all other PEI projects.

Twenty-five people attended the public hearing on May 1, 2009. There were no substantive recommendations for revisions at the public hearing. The responses of

PEI COMMUNITY PROGRAM PLANNING PROCESS

Enclosure 3

Form No. 2

those present were favorable toward that plan. Several questions were asked for clarification of program descriptions and budgets. The few comments that were made were in relation to implementation concerns, not to the plan itself.

All Behavioral Health Board Members present at the public hearing individually recommended that the PEI Component of the Three-Year Program and Expenditure Plan move forward.

PEI PROJECT SUMMARY

County: Butte **PEI Project Name:** Promotoras for Gridley and Chico Apartments **Date:** May 6, 2009

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

The Promotoras Latino and Hmong PEI Project focuses on providing linguistic and cultural specialty prevention and early Intervention services to these two underserved populations. Services will be provided in Gridley and in two affordable apartment complexes in Chico.

One of the target populations for this project is Butte County's Latino population in Gridley, where thirty-eight (38%) of the county's Latino population resides. Over 40% of respondents to the community survey stated that the Gridley community is in need of services in all state-identified community needs. Gridley's unemployment rate is substantially higher than the national or California rates. Agriculture is the main source of income with the median family income of \$24,368, well below the national level of \$41,994. The percentage of families in Gridley living below the poverty level (23.3%) is almost twice the overall national percent of 12.4%. Gridley's rate of child poverty of 35.7% is more than double the national rate of 16.6%. Fifty nine point two percent (59.2%) of residents, aged 25 and above, have graduated high school compared to the national percentage of 80.4%. Sixty-two percent of the students enrolled in the Gridley Unified School District are on Free and Reduced Lunch Programs compared with Butte County's overall rate of 42% -- 20% higher in Gridley than in the county as a whole. Fourteen percent of the population is registered with CalWORKS. Gridley contains 1,986 housing units and includes the only Housing Authority housing dedicated to farm workers in the county with 10% of the Latino population living at the camp. Another Latino group to be served will be residents of Vista Verde, an apartment complex in Chico that is home to people employed in agricultural work.

The second underserved population to be targeted by this program is the Hmong population at an apartment complex in Chico known as East of Eaton. The tragic murder of a Hmong youth at this complex was the impetus for including the tenant families. The complex is a mixture of Latino and Hmong residents. This part of the project will have focus on both cultures. The goal will be to provide the prevention and early intervention services in culturally and linguistically appropriate ways for each distinct culture, while celebrating both cultures and developing a shared sense of community in the East of Eaton Apartment complex.

Latino and Southeast Asian immigrant populations eventually face a crisis when children are raised in a completely different social system than the one the parents were born to and to which they often hold dearly. This crisis is aggravated by the children's adoption of a new language that their parents often never learn, attendance at schools in which their parents tend not to participate, and their consumption of mass media their parents do not consume. Our goal is to

PEI PROJECT SUMMARY

strengthen family relationships through activities based on understanding and respect of the roles of every member of the family, while constructing a bridge to the community they live in.

Historically, there are disparities in service rates for Latinos and Hmong. Barriers to access for these groups include: (1) language barriers for community members with limited English proficiency; (2) lack of information and education about emotional wellness, mental health issues, and behavioral health services; (3) currently funded programs that do not provide the prevention/early intervention services most desired by these cultural populations; (4) linguistic specialty programs that are not adequately resourced to meet the needs of the populations; (5) stigma, shame, and discrimination associated with recognizing symptoms and seeking treatment; and (6) fear of the consequences of seeking help from the public mental health system.

Members of the Gridley community have long identified the need for services that are culturally and linguistically appropriate for Latino culture. Butte County Department of Behavioral Health Latino staff members who serve the Gridley community have also been clear about the need for increased culturally appropriate services for this community. Recently staff from BCDBH and a local contract agency, Northern Valley Catholic Social Service, have joined with other entities in the North State to create a task force dedicated to increasing Promotoras services in the region.

Community Housing Improvement Program (CHIP) has two affordable apartment complexes in Chico. Residents of Vista Verde are largely Latino and residents of East of Eaton are a mixture of Latino and Hmong. During the focus groups conducted at both apartment complexes, a strong desire was voiced for programs that will help children and increase the sense of community and family. The desire was for culturally and linguistically appropriate prevention/early intervention services to be provided in the apartment complex setting.

This program would provide PEI services effectively for the historically underserved Latino and Hmong populations in this county. The proposed intervention will build mental health awareness, increase participants' self-help skills, and strengthen the relationship between families and their children's schools. Respondents of the PEI Survey identified Hmong (44.5%) and Latino (38.0%) populations as two of the top three groups needing help accessing mental health services.

PEI PROJECT SUMMARY**3. PEI Project Description:** (attach additional pages, if necessary)

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

Action Statement

The Promotoras project will employ a strength-based, wellness-focused approach to PEI that includes three kinds of activities: (1) outreach/education, (2) mental health consultation, and (3) early intervention that reduces risk factors and builds resilience for individual and families. Professional mental health consultants and “Promotoras” (community health promoters and community liaisons) will collaborate to accomplish this strategy leading to decreased barriers, increased service penetration, increased availability of and satisfaction with services.

Meeting Community Needs

Residents in Gridley (pop. 6,403) experience minimal support, opportunities, and services. Being a small city located in the farthest reaches of Butte County, Gridley has traditionally received a disproportionately lower share of services and supports, particularly for low-income Latino families. This program will focus on each of the PEI priority populations: Trauma-Exposed, Children/Youth in Stressed Families, and Cultural Populations. The need to serve stressed families was identified as one of the key seven areas identified by the Community Workgroup.

For Latinos and Hmongs, “trauma-exposed” includes trauma from violence/war in their country of origin, immigration trauma, and exposure to community and family violence. “Stressed families” includes families experiencing poverty, acculturation stress, substance abuse issues, and exposure to domestic violence or high rates of community violence. The community planning process revealed that the risk of school failure is particularly acute for Latinos and is an increasing concern for Hmong parents.

Both of the apartment complexes in Chico are large and have high levels of alcohol and drug use. Gang activity is evident, and a gang related murder occurred at one. The families that live in the complexes have large numbers of children and the parents have requested that there be activities for the children and for the family. They have also indicated a strong desire to understand the culture their children are living in so that they can find ways to integrate their original culture with the new culture.

PEI PROJECT SUMMARY**Population**

This program will serve Latinos and Hmongs of all ages with special attention given to families with children and teens living at home.

Location

The Promotoras program will be located in Gridley and at Vista Verde and East of Eaton apartment complexes in Chico.

Highlights of new or expanded projects including frequency and duration

The Latino and Hmong PEI Promotoras Strategy will provide strength-based, wellness-focused prevention services and early intervention support that includes three kinds of activities: (1) outreach/education, (2) mental health consultation, and (3) early intervention that reduces risk factors and builds resilience for individual and families.

Key to the Latino and Hmong PEI Strategy is the use of both professional mental health consultants and “Promotoras” (community health promoters and community liaisons) to implement the strategy. While the Latino and Hmong communities value the expertise of doctors and psychologists, the communities are also familiar with the use of Promotoras and community liaisons to deliver health care services. Culturally and linguistically appropriate individuals will be hired as Promotoras as their unique perspectives allow them to address stigma and discrimination from a personal perspective and model experiences of hope and recovery. Promotoras and mental health professionals must be bilingual and bicultural for this approach to be effective. The Promotoras will provide PEI services and supports in community sites especially frequented by members of the Latino and Hmong populations, including the Farm Labor Housing, schools, churches, childcare sites, senior settings, apartment complexes, and local healthcare delivery sites. Schools will be an important referral source and partner in this project.

The Promotoras, community liaisons, and professional mental health consultants will collaborate to provide the three PEI activities in both Gridley and Chico. Advisory boards of consumers, family members, and community members will meet regularly to provide input and expertise to assist in the development of this project and the delivery of PEI services that are provided.

Outreach/Education Activities

Psycho-educational workshops (“*placticas*”) and the counterpart for the Hmong population (discussion groups), and drop-in mutual support groups that address individual and family mental health with specific attention to children’s mental

PEI PROJECT SUMMARY

Form No. 3

health and family relationship issues will be provided. Wellness topics will be offered in community settings frequented by Latinos and Hmong – such as childcare settings, schools, churches, support groups, and the apartment complexes. These will include parenting classes, suicide prevention information, the relationship between depression and certain diseases such as diabetes and other mental health awareness topics. Special effort will be made to publicize and deliver outreach/education in ways that reach hard-to-reach segments of the community. Home visits will be utilized to reach isolated individuals, those who are hard to reach, and to include the family in the outreach/education services. Educational activities will utilize culturally based learning strategies such as the use of “*Dichos*” (proverbs), and Hmong history, and cultural lessons to provide a culturally familiar paradigm for learning.

Frequency/Duration: Prevention/early intervention workshops (annually, monthly or quarterly), home-visit outreach (1-4 visits), and weekly discussion and support groups (1-6 months). A component of the outreach and community development activities will be participating in local community celebrations and organizing community events as identified by the program’s advisory boards.

Mental Health Consultation

Mental Health prevention/early intervention consultation will strengthen the skills and capacity of trusted local community leaders so that they can effectively identify individuals who are in distress, provide education and support, and link people in distress to needed services. Prevention/early intervention consultation also includes periodic focus groups, *platicas*, apartment-based learning sessions, or peer consultations where the purpose is systematic inquiry to learn from the community about problems as they emerge and together develop effective prevention/early intervention strategies to resolve them. This strategy leverages existing community support structures as a way of identifying a greater number of at-risk individuals than can be reached by the mental health consultant, Promotoras, and community liaisons.

Frequency/Duration: Prevention/early intervention consultation/training/support to local community leaders would generally be 1-3 visits.

Early Intervention

When early signs or symptoms of emotional distress are disclosed either directly or through referral from partners such as schools, project staff will meet with individuals and families to assess needs and provide brief early intervention services. This will include providing education, building resiliency, strengthening cultural protective factors, and linking to culturally appropriate community services (including home-based services as needed). Additionally, the staff will provide coordination and support services to ensure that community members are linked to the services that they need.

PEI PROJECT SUMMARY

Frequency/Duration: Project staff will assess needs, complete and provide early intervention services for identified individuals and families in 1 to 4 visits, and then follow and support clients as needed to ensure linkages have been made.

Milestones w/ Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure participation in program design to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator, identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	June 2009
Set up Facility a. Purchase furniture, supplies b. Create agreements with CHIP	Facility is set up; agreements signed, and purchases made	July-August 2009
Program implementation	A program implementation plan has been developed and is being executed.	August 2009
Hire Staff	Staff is hired	August 2009
Develop local advisory committees for the Gridley project and for the apartment complexes. Enlist support and advice from existing community groups	Advisory groups established	August-September 2009
Train staff	Staff training provided	August-September 2009
Outreach to Latino and Hmong communities	Outreach conducted on a regular basis	August 2009 and ongoing
Educate collaborative partners, such as schools, childcare centers, churches,	Partners educated	September 2009 and ongoing

PEI PROJECT SUMMARY

Action	Milestone	Timeline
community centers, medical offices and others.		
Provide consultation and support groups	Groups and consultation provided	September 2009 and ongoing
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff have participated in regular PEI Committee meetings	Ongoing
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff.	July 2010

4. Programs

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	
Promotoras in Gridley, and apartments in Chico	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
1. Outreach/Education activities	Individuals: 0	Individuals: 0	0
2. Mental Health Consultation	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
3. Early Intervention	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	

PEI PROJECT SUMMARY

Program Title Promotoras in Gridley, and apartments in Chico	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
Projected ANNUAL count of individuals to be served:			
1. Outreach/Education activities	Individuals: 300 Families: 75	Individuals: 0 Families: 0	0
2. Mental Health Consultation	Individuals: 0 Families: 0	Individuals: 80 Families: 40	0
3. Early Intervention	Individuals: 0 Families: 0	Individuals: 80 Families: 40	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 250 Families: 60	Individuals: 150 Families: 80	0

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

Promotoras and community liaisons will assist the individuals and families in accessing appropriate services in the community.

An extensive resource guide of community support services, community mental health services, self help groups, primary care clinics, medical offices, after school programs, recreational programs, domestic violence programs, and other programs that serve Latinos and Hmongs and have linguistic accessibility will be developed and used to assist in linking people with needed services. This resource guide can also be accessed through the BCDBH website. Whenever possible, an individual who speaks the language of the person seeking services will be identified as the primary contact person to encourage their willingness to seek services. Due to a lack of trust in organizations that are not known to the

PEI PROJECT SUMMARY

individuals/families, this important element will be case managed by the Promotoras and community liaisons, assisting and supporting people to ensure linkage.

A primary goal of this strategy is to reduce disparities. It is designed to leverage resources by reaching individuals and families through current infrastructures that serve the Latino and Hmong communities. The proposed strategy needs minimal promotion since most PEI services will be delivered by organizations that are already trusted in the Latino and Hmong communities. The organizations that serve Latinos and Hmongs tend to have the same community and family orientation as the Latino or Hmong culture. Thus it is expected that these organizations will welcome and support this PEI project. Partner organizations (e.g. childcare centers, schools, faith based organizations, disability rights groups, school based health centers) will receive and distribute the resource guide through their networks.

6. Collaboration and System Enhancements

This strategy is best suited as collaboration with a lead agency, embedded in the community, to ensure coordination and sharing of resources. The Promotoras (culturally and linguistically appropriate local residents and mental health consultants) will collaborate by sharing expertise, information, and support to each other as they serve the Latino and Hmong communities.

Collaboration with the Asian Cultural Center will ensure that Hmong community liaisons are trusted and understand the families' needs.

Collaboration with community based organizations is vital to this project: local community groups, schools, childcare centers, churches, community centers, community-based organizations, and medical offices will serve as primary locations in which people who need home-based outreach are identified. Additionally, there will be collaboration with the community itself through informal networks and word-of-mouth which serves as a source of important information and outreach.

The strategy provides consultation to individual medical providers, small group practices, and school based health center personnel regarding screening, early identification, and linkage services. Primary care sites already frequented by Latinos and Hmongs can provide a forum for delivering the outreach/education component of this project.

This strategy builds on the infrastructure of organizations and places frequented by Latinos and Hmongs. Resources that will be leveraged include space, utilities, volunteers, professional personnel, trust, and access to the client population. The

PEI PROJECT SUMMARY

consultation aspect of this project leverages the time, collaboration, and resources of community leaders already serving the Latino and Hmong populations, who will receive consultation and training. Consultation to natural community leaders- teachers, church leaders, support group leaders, and health care providers will leverage access to PEI services by building on the opportunities they have to inform, educate, screen, and refer Latino and Hmong community members Individuals/families. Outreach/education events and groups will provide a resource for mental health and primary care systems to refer their clients for prevention and early intervention services.

The program will be sustained through on-going MHSA funding and Medi-Cal billing.

7. Intended Outcomes**Individual Outcomes**

1. Increased understanding of mental health issues on daily life functioning/satisfaction.
2. Decreased level of family stress among participants
3. Families will experience fewer mental health crisis

System and Program Outcomes

1. A Latino and Hmong PEI Resource Guide (hard copy as well as internet based), with emphasis on linguistic and cultural accessibility, that can link participants with needed services and can be used by community leaders who work with the Hmong and Latino community.
2. Decrease barriers and culturally competent service provision for the Hmong and Latino communities will result in higher mental health service penetration rates for these communities.
3. The skill and capacity of community organizations and community leaders to serve the Hmong and Latino Community will be strengthened and enhanced.

8. Coordination with Other MHSA Components

This program will coordinate with the PEI Live Spot program in Gridley and with the existing Crisis Stabilization Unit in Chico.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, ensuring consumers are referred to programs that best fit their needs. This will also provide an avenue for

PEI PROJECT SUMMARY

staff training regarding of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte PEI Project Name: African American Cultural Center Date: May 6, 2009

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) 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 checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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).

While Butte County is home to comparatively few African Americans (pop. 2,843 in 2006), the largest percentage lives in the Oroville urban cluster. About 1,000 African Americans live in the area of Oroville, according to the 2000 US Census. One focus group of African Americans, familiar with Oroville, state that this number is greatly underestimated. While the African American population of Butte County is far below the state percentage, measuring only 1.33% of the total population, the African Americans in the Oroville urban cluster total over twice that number at 2.76% of the Oroville population. In focus group conversations with the African American community in Oroville, the need for a center dedicated to solving the problems specific to African Americans was strongly stated. While other ethnic cultures have community centers (Hmong and Native American), there is no longer a place where African Americans feel comfortable and welcome, one that “speaks to them”.

This program will serve African Americans in Oroville. The stakeholder survey shows that Oroville is the community most in need of help in all of the PEI community needs. In each of the community needs, almost two-thirds of the respondents listed Oroville as needing help. In the survey completed by almost 400 stakeholders, the community gave the second highest priority on a 10-point scale to “unequal access to mental health services”. Respondents of the PEI Survey identified African American (38.6%) population as one of the top three groups needing help accessing mental health services.

Because African Americans did not participate in the larger community input process in large numbers, two smaller focus groups were assembled to solicit input on mental health needs of the community. In this way people were able to give more profound, detailed, and insightful information about the situation in the community. Both groups met over a meal and each person spoke with passion about the pain of the people and their vision for a center where people will feel comfortable and able to address the problems of their lives, as well as be joyful about the strengths of their community. There is no data that can speak with the heart that the people put into their expression.

After much discussion, the groups concluded that a center, a building, in the Southside area of Oroville would be the place where issues of families and young people can be discovered, addressed, and where the health and vitality of the African American community can be restored. People’s stories spoke of:

- Young adults who don’t know how to help their parents with mental illness

PEI PROJECT SUMMARY

- Being unable to access county mental health services because people were not “sick enough” (did not meet “medical necessity”)
- Young men who return from prison to no jobs, discrimination, and a decline into depression, lowering self-esteem, and giving up
- “Healthy” African Americans don’t stay in the community to mentor youth
- A feeling of stress with no one to talk to who has been through the same thing, as an African American
- Feeling invisible in a world dominated by white people
- Cultural trauma
- African American youth with a very high rate of incarceration and of involvement in violence

When asked what is needed the groups (after much discussion) came to a vision of a center where the African American community is in charge, with professional partners, in a welcoming, comfortable setting. The vision was easy to see for many because they remembered the former Southside Family Resource Center (SFRC), which was operated by a now disbanded non-profit agency in the Southside neighborhood where people could access services and be calm, discuss their lives, and feel better. The Southside Family Resource Center was started through a grant funded community development process which allowed residents to identify what the services they felt were most needed in their neighborhood. An advisory board was created and local residents literally provided their expertise by renovating the building and offering their professional services for free. The advisory board was the driving force in identifying what would be offered. Services provided at the SSFRC included parenting classes, support groups, drug and alcohol groups, community celebrations, community health awareness events, children’s activities, art groups and more. The Center embraced a warm and welcoming attitude and there was a ‘kitchen table atmosphere’ where a pot of coffee was always available and residents would sit around the table drink coffee and discuss a variety of issues. These discussions resulted in referrals to services for participants. The idea for many a new group or community event was sparked from these daily conversations. The focus group members described the SFRC as “a beacon; an island utopia.” This memory became the vision for the PEI project.

PEI PROJECT SUMMARY

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

A resource center to meet the needs of African Americans will be opened in the Southside neighborhood of Oroville, Butte County.

Meeting Community Needs

African Americans were vocal and definite as they gave input during the community input process. "We need a place where we can go and talk and discuss our troubles, stresses, joys, and problems; embracing one another." "I want to be in a place where people look like me and talk like me!"

There were almost 700 single mothers with children under age 18 in Oroville in 1999 according to the 2000 US Census. Local African American community members indicate that young single mothers are a large group within the African American population, pointing to a need for support for these families and an emphasis on reducing teen pregnancy.

The emphasis for PEI services will be on children and youth through age 24 and their families. There is a great need in the African American community to provide help to:

- Children and Youth in Stressed Families
- Children and Youth at Risk for School Failure
- Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

Population

This program will serve people of all ages who live in the south Oroville area. Services will focus on stressed families, but individuals of all ages will be welcome.

Location

The African American Cultural Center will be located in or near the Southside area of Oroville. African Americans clearly want "their own" center, a place where they feel ownership. The area known as "Southside" contains a population of

PEI PROJECT SUMMARY

approximately 6,000 people with approximate boundaries of Wyandotte Avenue, Lower Wyandotte Road, Ophir Road, and Lincoln Boulevard in Oroville. Most of the area is in the county, but is directly adjacent to the City of Oroville.

Highlights of new or expanded projects including frequency and duration**Strategy Description**

The African-American Resource Center will primarily serve as a place where the community can gather to express itself through cultural events. Simultaneously, the center will be the place where people are able to learn about and connect with services and agencies such as Behavioral Health. Behavioral Health staff will be located in the Center to provide on-site services at times convenient to community members. Behavioral Health services will include suicide prevention and mental health awareness activities. The center will serve as a kind of bridge in the community between the people and the providers, emphasizing a strong cultural component.

A group of trained community members will be part of the Center's staff. They will act as liaisons with the members of the community, by way of outreach, organizing events, talking to community leaders, assessing needs and identifying agencies. All with the goal of increasing prevention/early intervention experiences that benefit the community. Volunteers who help organize and guide activities will be assisted with stipends. Many people spoke with enthusiasm about their own leadership in the Center, saying, "I aspire to inspire."

The Center will provide a variety of skill building and prevention activities. The focus group identified a long list of possible activities and topics. These include:

- Anger management
- Coping skills development
- Effective Black Parenting Groups
- Help with depression, stress, and anger
- Suicide prevention
- Job stress support
- Getting jobs
- Counseling for youth regarding criminal justice system
- Alcohol and drug counseling and support

PEI PROJECT SUMMARY

- Communication skills
- Dealing with trauma: crime, rape, drug use, domestic violence and abuse, loss of parents and children (in jail)
- Cultural trauma
- Coping with racism, discrimination, and poverty
- Help with homework
- Community Events including suicide prevention and mental health awareness education
- Meals to build community and social connection
- Groups conducted by mental health professionals to resolve conflict and deal with family issues
- Support for personal business: computer, printer, copier, newspaper
- Refreshments
- Music—drums
- Children and youth-friendly activities
- Warm, welcoming community based, comfortable setting

Two methods thought to be effective were using the arts and gathering around food. Both themes were suggested as prevention/early intervention strategies that encourage connection, healing, communication, and improved mental health. As people sit around a table over a meal they share stories, learn from each other and become open to ways that can make lives easier. Expression through the arts—music, quilting, painting, and drumming—is another way to afford healing and enhance people's potential for growth.

Specific activities will be prioritized during the implementation process, including input from the Oroville African American Community. An Advisory Committee will guide the Center and conduct evaluation of its operation.

Actions (with frequency and duration):

- The Center will be open to meet the needs of the community. The projected times are from 9:00 a.m.-8:00 p.m. Monday-Friday with activities described above.
- A community development process will take place to unite the African American Community in identifying specific services and goals of the African American Community Center. This process will begin when the PEI plan is approved. The most intensive part of this process will take place between June 2009 and September 2009. However, there will be follow up activities as full implementation of the center takes place.

PEI PROJECT SUMMARY

- The culminating event of the first stage of the community development process will be a completed implementation plan for the Center and the creation of an advisory committee for the center.
- Evaluation of Center by the Advisory Committee of participants and staff will be conducted on a quarterly basis.

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure participation in program implementation to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009
As part of community development process identify an advisory committee for the African American Resource Center	Advisory committee members identified	June 2009
Develop and implement a Community Development process, which by design, ensures an implementation process that is community driven.	Community Development Process is in progress.	June 2009
Community development process completed with a implementation plan for the African American Cultural Center	Community development process completed	July-September 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator to identify how to collect data to determine if intended outcomes are met and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	July 2009
Hire staff	Staff hired	July-September 2009
Contact African American community and schools with information about Center	Community and schools have received information about the Center	August 2009 and ongoing
Program implementation	A program implementation plan has been developed and is being executed.	September 2009

PEI PROJECT SUMMARY

Action	Milestone	Timeline
Set up Center: 1. Identify and secure 2. Purchase furniture, supplies 3. Purchase and install computers, with Internet access	Center is set up	September-October 2009
Plan and set up initial program calendar	Calendar created	October 2009
Educate community about the Center (neighborhood, churches, police, schools, families, etc.)	Community has received information about the Center	October 2009 and ongoing
Open Center	Grand opening of Center	October 2009
Conduct activities at Center	Center activities conducted	October 2009 and ongoing
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff participate in regular PEI Committee meetings	Ongoing
Evaluation of Center operations and outcomes	Advisory Committee conducted evaluation	July 2010

4. Programs

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	
Southside African American Center			
African American Cultural Center	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE	Individuals: 0	Individuals: 0	0

PEI PROJECT SUMMARY

Program Title Southside African American Center	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
SERVED	Families: 0	Families: 0	
Projected ANNUAL count of individuals to be served:			
African American Cultural Center	Individuals: 300	Individuals: 150	
	Families: 150	Families: 120	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 250	Individuals: 125	0
	Families: 100	Families: 110	

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

A significant number of African Americans stated that there is NO local agency that has the ability to implement this project. In the opinion of one focus group, there is not one agency in Butte County that they trust, that serves them well, or that knows how to work with the African American community. Community members suggested working with an agency in Sacramento that has a proven track record of serving African Americans. This agency would contract to provide the initial startup activities, would mentor local African American community members and train Center staff before turning the Center over to a new non-profit agency. County Behavioral Health will be able to provide a mental health professional who is skilled and appropriate for this project to provide mental health services. This person will serve as the mental health professional working on-site at the Center. California State University in Chico and Butte College will be partners in education goals and job training. The Connecting Circles of Care program of Behavioral Health has a strong, culturally proficient team working with African American families. They will provide services to youth who attend the Center. Participants in the Center’s activities will identify churches and other agencies that are able and willing to work with them toward the goals of the Center.

PEI PROJECT SUMMARY**6. Collaboration and System Enhancements** (see #5 above)

The major system enhancement will be the development of a culturally competent center that serves the African American residents of Oroville. This will provide a location for collaboration with the large array of mental health services available in Butte County to provide services for the African American community. An agency/organization that is proficient at operating services for African Americans will be contracted to build capacity by training community members to take over the operation of the Center when they are able. This organization will initially operate the Center and will be responsible for creating a non-profit community organization that will serve the needs of African Americans in the Oroville area.

7. Intended Outcomes**Individual Outcomes**

1. Increased understanding of mental health issues on daily life functioning/satisfaction.
2. Decreased level of family stress among participants
3. Families will experience fewer mental health crisis

System and Program Outcomes

1. Decrease barriers and culturally competent service provision for the African American community will result in higher mental health service penetration rates for this community..
2. The skill and capacity of community organizations and community leaders to serve the African American Community will be strengthened and enhanced.

8. Coordination with Other MHSA Components

The Butte County Behavioral Health 23 Hour Crisis Stabilization Program, funded by CS&S, will offer immediate help to adults and children to stabilize any mental health crisis. Also, families in the program will be able to access the 24-Hour Crisis Line at any time.

When a person is homeless and having mental health problems, the CS&S program for homeless mentally ill people will be contacted for assistance.

PEI PROJECT SUMMARY

The CS&S funded Master Lease program can be accessed for housing when a family is homeless and receiving mental health support.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte **PEI Project Name:** Integrated Primary Care & Mental Health **Date:** May 6, 2009

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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).

During the CS&S MHSA stakeholder input process, the need to serve people who do not have severe mental health conditions was identified. Many people seek services at county Behavioral Health offices, but are not found to have conditions that are acute enough to be accepted into services. In spite of this, these conditions negatively affect their lives, causing family disruption, substance abuse, and self-harm. These people will be the target population.

During 2008 the stakeholders identified barriers resulting in unequal access to mental health services in Butte County, including availability, cultural appropriateness, transportation, cost of services, and other barriers. Community members responding to the PEI survey ranked this community need the second highest priority after “at-risk children, youth and young adults”. They stated that people do not want to go to mental health offices and be identified as “mentally ill”, especially people from various unserved and underserved cultural groups. But the biggest concern is the fact that many people cannot be accepted into county services because their mental health condition is not severe enough. This program will make mental health services available to people in a clinics where they are comfortable, can access their physical health services, and where they can be seen for less acute conditions.

According to the Mental Health Services Oversight and Accountability Commissions (MHSOAC) three year PEI plan, most children (and adults) with mental health problems who seek help see their primary physicians rather than a mental health specialist. Primary care physicians prescribe the majority of psychotropic drugs, and often counsel families facing emotional and behavioral challenges and disorders. Primary care providers are a natural and non-stigmatized point of contact for families, with the opportunity to identify mental health problems and intervene early. Up to half of visits to primary care physicians are believed to be due to conditions that are caused or exacerbated by mental illness, but many of these are unrecognized and even fewer are treated.

Primary care providers are not generally trained to appropriately respond to mental health risk factors. Research shows that training, while critical, does not lead to improved outcomes unless other supports are provided. Links between primary and specialty behavioral health services to facilitate referrals and collaboration can lead to improved outcomes. One approach that has been successful in providing mental health prevention in primary care settings is to provide services for consumers who approach behavioral health yet do not meet the current financial and medical necessity criteria and thus remain unserved.

Another key area for mental health early intervention services in primary care settings is treating depression and anxiety disorders. One of the most consistent risk factor for children is a parent’s depression. Research shows that a parent’s recovery from depression has a major positive impact on children.

PEI PROJECT SUMMARY

People with lowest levels of income, education, and occupation are significantly more likely to have a mental disorder. According to the US Surgeon General, children/youth and people of color carry a disproportionate burden and disability from mental disorders. They have lower utilization of services, worse quality of care, and more serious consequences from untreated mental illness. Locating this project in Federally Qualified Health Centers (FQHC's) and other community health clinics will address this population's need for increased services.

Another primary goal of this program is to create a collaborative relationship with the Federally Qualified Health Centers (FQHC's) and other community health clinics that allows BCDBH consumers easy access to medical treatment. Many times Seriously Mentally Ill (SMI) consumers have a difficult time connecting with medical treatment for a variety of reasons. This can lead to serious and life threatening illnesses. The inability to obtain health services is caused by a variety of reasons: consumers are unable to negotiate the medical system; they may feel uncomfortable in medical setting waiting rooms; they may miss appointments. Whatever the reason, not getting the appropriate medical treatment for co-morbid conditions can impede a consumer's journey towards recovery and lower their overall life expectancy.

According to a study in the Journal of the American Medical Association, Serious Mental Illness (SMI) can lower a person's life expectancy by 25 years. The quarter-century loss of life expectancy is due mostly to an increased risk of cardiovascular disease. The impact on life expectancy holds true regardless of economic status. Contributory causes to the decrease in life expectancy include heavy smoking, lack of health coverage, and poor access to primary health care. Additionally antipsychotic medications can raise cholesterol levels and many medications cause weight gain and other negative side effects. The mental and physical problems can escalate in conjunction.

Throughout the entire PEI process the challenge of finding mental health services for those who do not meet mental health medical criteria, who are low income but do not qualify for Medi-Cal, and who do not have insurance was a steadily and loudly voiced community concern. The Community Workgroup identified providing mental health services for the uninsured and ineligible as one of their seven identified community needs. An integrated primary health care and mental health project was identified as one of the best ways to meet that need and serve residents of all ages throughout the county. Another component of this integration will be increasing access and awareness of the physical health needs of individuals suffering from serious mental illness.

PEI PROJECT SUMMARY

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

This program will integrate mental health services in community-based primary care settings through collaborative agreements with Federally Qualified Health Clinics and other community health clinics in Chico, Oroville, Paradise, and Gridley. Mental health clinicians and psychiatric services will be embedded in these primary care facilities and BCDBH consumers will be able to have easy access to medical care for co-morbid conditions.

Meeting Community Needs

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 program planning process. This project will meet the community needs stated in Section B. above by serving those who have early, mild mental health conditions, providing services in a comfortable, accessible location, ensuring easy access to medical treatment for BCDBH consumers, and reducing the stigma of mental illness. Through this program BCDBH SMI consumers will receive a supported referral and easy access to primary care needs that they have.

A common theme from the community input process was the call to make mental health services available in the community to reduce the stigma of going to a mental health office and to make it easier for people to meet all of their health needs in one place, with medical personnel with whom they are more comfortable. The program will increase the capacity of primary care clinics, particularly those that have large underserved cultural populations, so that they can see more people with sub-acute mental health conditions.

BCDBH staff were instrumental in bringing forward the all-too-common situation in which they must turn away people who do not meet the criteria for entering into County mental health services. Staff are frustrated with their inability to refer these people with mild to moderate conditions to appropriate care. This project will provide a direct, coordinated service by which BCDBH staff can refer community members in need of mental health early intervention services to their primary care clinic for assessment.

The community members responding to the PEI Survey placed “Unequal Access to MH Services” as the second most important community need, with all areas of the county affected by this need. This need includes a concern about the barrier to mental health services based on the cost of services. People having Medi-Cal or no insurance are not able to

PEI PROJECT SUMMARY

access County mental health services when they do not have an acute mental illness, but rather a condition of lesser severity. This common occurrence will be addressed in this project.

Butte County's cultural populations are also included in the need area of "Unequal Access to MH Services". The established Federally Qualified Health Centers (FQHC) in the county often serves these groups. They are more likely to seek care for both physical and mental health conditions in this setting. Having a seamless service system for both types of health treatment within this FQHC will encourage cultural populations to reveal and obtain help for mental health conditions for every family member.

Population

Primary populations to be targeted will be children, transitional age youth, adults, and older adults throughout Butte County with sub-acute mental health issues who receive primary care in community based primary care facilities.

Location

Federally Qualified Health Centers and other primary care clinics in Chico, Oroville, Paradise, and Gridley in Butte County.

Highlights of new or expanded projects including frequency and duration

Butte County Department of Behavioral Health recognizes that treating mental health problems in a medical setting can be crucial, as many who seek help in such a setting have milder symptoms. Appropriate, timely early intervention in mental health issues can be successfully provided by a primary physician and this early intervention will prevent the development of more disabling disorders. Mental health clinicians and a psychiatrist will be embedded into the four FQHC's with PEI funding. The FQHC setting is a non-threatening medical health care center where people feel comfortable. Integrated health care provides mental and physical health services for the convenience of patients and requires the expertise of professionals from different backgrounds. Individuals eligible will be those who have been screened by BCDBH, determined to have sub-acute mental health issues and are then referred to the FQHC's or individuals who have been screened at the FQHC's and determined to need mental health services.

All of the Butte County Department of Behavioral Health (BCDBH) clinics experience a higher need for mental health services than they are able to meet. To increase the capacity for providing early intervention mental health services and increase the effectiveness of early intervention services, PEI would fund implementation of an evidence-based model of

PEI PROJECT SUMMARY

integrated behavioral health in primary care settings, such as IMPACT depression care, that includes the following key elements:

- Training of primary care staff to identify, screen, and make referrals to mental health services
- On-site, evidence-based brief mental health services
- Collaboration between mental health and primary care providers
- Coordination with and linkage to other services, including more extensive mental health services
- Consulting psychiatrist
- Client monitoring, stepped care, and outcome measurement

The second goal of this program is to create a collaborative relationship with the Federally Qualified Health Centers to allow BCDBH consumers easy access to medical treatment.

Actions (with frequency and duration):

- Orientation for FQHC's
- Orientation for Behavioral Health staff
- Monthly collaborative meetings of BH and FQHC personnel
- Ongoing screening of FQHC patients for mental health problems at Behavioral Health offices and at FQHC's
 - Referral to mental health professionals within FQHC
 - Assessment of referred patients by mental health professionals
 - Treatment plan developed
 - Plan evaluated monthly
- Ongoing referral of BCDBH consumers in need of medical treatment to FQHC's

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure participation in program implementation to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009

PEI PROJECT SUMMARY

Action	Milestone	Timeline
Establish contract and monitoring agreements to assure effective implementation	Completed contracts with clinics	July 2009
Program implementation	A program implementation plan has been developed and is being executed.	September 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	July 2009
Hire additional clinic mental health staff	Staff hired	July-August 2009
Clinic, with County assistance, will establish referral process and relationships necessary for clients identified as needing further services	Referral process written; relationships identified and established	July-August 2009
Develop clinic procedures necessary for effective implementation	Clinical procedures developed	Aug-Sept 2009
Implement integrated mental health services	Services provided	October 2009 and ongoing
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff participate in regular PEI Committee meetings	Ongoing
Collect outcome data		Quarterly
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff.	July 2010

4. Programs

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
Integrated Primary Mental Health Program	Prevention	Early Intervention	

PEI PROJECT SUMMARY

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
Integrated Primary Mental Health Program	Individuals: 0	Individuals: 0	0
Integrated Primary Mental Health Program	Families: 0	Families: 0	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 0	0
Projected ANNUAL count of individuals to be served:			
Integrated Primary Mental Health Program	Individuals: 0	Individuals: 750	
	Families: 0	Families: 450	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 700	0
	Families: 0	Families: 400	

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

Clinicians providing assessments at the FQHC’s will provide linkage for individuals identified as needing extended treatment for mental illness or emotional disturbance to BCDBH programs. These clinicians will be an extension of the existing BCDBH assessment system, and will understand the BCDBH intake and program system fully in order to provide referral into the appropriate program and level of care. As they will be co-located at the FQHC, they will link individuals with primary care within the FQHC.

Clinicians will provide a full assessment of individual and family needs, and provide referrals to community agencies including agencies not traditionally defined as mental health. Culturally competent clinicians will be hired that are bi-lingual/bicultural in the two threshold languages in Butte County, Hmong and Spanish. Non-traditional agencies that are currently providing support services in Butte County, including the Hmong Cultural Center, local faith based organizations,

PEI PROJECT SUMMARY

Stonewall Alliance for GLBTQ support services, youth centers, homeless shelters, Rape Crisis, community AA/NA groups, food banks, and others will be available to support individuals and families.

6. Collaboration and System Enhancements

The main collaboration will be between BCDBH and the FQHC's in each of the main cities in Butte County. Currently, referrals are made between BCDBH and the FQHC's, but formal linkages have not been developed. This project will create formal agreements and referral processes to ensure participant access to the appropriate level of mental health treatment and primary care.

All program participants with Medi-Cal insurance will be billed to both mental health Medi-Cal through BCDBH staff, but will also allow for billing medical Medi-Cal through the FQHC's. This will allow for additional resources to sustain and grow the program.

7. Intended Outcomes**Individual Outcomes**

1. Early access and early intervention for mental health issues
2. Decreased depression and anxiety
3. Improved wellness and daily functioning

System Outcomes

1. Increased number of clinics with a formal process for identifying and treating patients who will benefit from early intervention in mental health issues, especially depression and anxiety
2. Earlier access to mental health services
3. Increased access to primary care physicians for serious mentally ill consumers of BCDBH

8. Coordination with Other MHSa Components

This program will coordinate with all other MHSa CS&S programs to assist clients with accessing health care. Referrals will be made from this program to current MHSa programs when appropriate for mental health services. Referrals will be made to this program for current participants in MHSa programs to assist clients in accessing health care.

PEI PROJECT SUMMARY

This program will naturally allow for a collaborative relationship between the CS&S Crisis Stabilization Unit and primary care providers throughout Butte County. Increased knowledge of the Crisis Stabilization Unit and improved communication between the Unit and primary care providers will enhance the service delivery system.

The CS&S Welcome Triage and Recovery Service will provide a natural referral point for those who do not need the intensive services offered by BCDBH but would benefit from the mental health services offered at the FQHC's throughout the county.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte

PEI Project Name: Mobile TAY Project

Date: May 6, 2009

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

Since the original CSS stakeholder process in 2005, community input has indicated that teenagers and youth transitioning to adulthood are in need of services, especially those with initial and worsening mental health problems and those youth aging out of the foster care system. Over 60% of respondents to a community survey stated that the transition age youth (TAY) with mental health issues need specialized services. Fifty-eight percent of community survey respondents stated that TAY age youth need support to deal with the stigma and discrimination associated with mental illness. The community gave the highest priority on a 10-point scale to “at-risk children, youth and young adult populations” in Butte County.

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

This strategy will provide a Mobile TAY Specialty Team in Butte County. The Team will provide early intervention services for TAY’s experiencing mental health issues.

Meeting Community Needs

Youth need help where they feel comfortable. Young people often do not show up for a prescheduled appointment in an office setting. Community members identified a youth-friendly location with access by public transportation as the place to provide this help. A mobile service response model, with flexible hours, was determined to be the most accessible and would allow for a timely response to youth crisis situations. The Mobile TAY Project will provide quick response and help wherever young people are located: school, home, Juvenile Hall, hospitals, job sites, or on the street. Collaboration with the schools and other groups will facilitate the ability to provide response in these locations.

Population

The project will serve Transition Age Youth (ages 16-24) throughout Butte County. This program meets the definition of Specialized Programs for Youth and Transition Age Youth as described in enclosure six of the MHSA PEI Resource Materials on page 31. As per this description, this program is intended to be a unique, transformational program for transition age youth at risk of developing a psychotic illness. It is important to note that this program will address those in an “At Risk Mental Health State” (ARMS). The participants have not yet been diagnosed with a psychotic illness and not all participants will go on to develop a psychotic illness. The priority population includes TAY’s whose mental health status

PEI PROJECT SUMMARY

(ARMS) and lives have become more compromised as they approach young adulthood and the related tasks and responsibilities necessary to become independent and self-reliant. Their ARMS will be serious enough to disrupt their lives and keep them from achieving their mental health and/or personal goals.

Location

The Mobile TAY Team will operate out of a location that is youth and family friendly, easily accessible with regard to public transportation, hours of operation, and access to other agency and community services. Because this is a mobile program, staff will travel to any location where youth need help within Butte County. Although this strategy will allow staff to do outreach wherever youth need assistance, the base location will be selected according to its ability to offer space where youth (especially young adults) will feel comfortable and welcome.

Highlights of new or expanded projects including frequency and duration

The Mobile TAY Project will provide a range of prevention/early intervention services focused on supporting young people to meet their goals for mental health progress and stability and to transition to independence in five key areas:

- Clinical services for mental health improvement and stabilization.
- Independent Living Skills including legal emancipation, fiscal management, housing acquisition and maintenance, and health-related supports and services.
- Education and Vocational Training services including subject/career exploration, campus visits, training program identification, linking training to jobs.
- Employment services including career and job interest and skills assessment; academic supports; employment readiness; job availability, acquisition, and retention.
- Socialization opportunities including peer group assessment, identification of fun and healthy activities, and development of social supports and friends.

Mobile TAY staff will respond to the needs of youth to ensure their safety and to meet any other needs identified by the consumer. Services could include assessment and individualized case management plans in the areas of suicide prevention and crisis stabilization support; mental health early intervention services including medication support; development of independent life skills (budgeting/money management, housing support, job and employment support); volunteer work; social skill development; family connections; transportation support; referrals and connection to other

PEI PROJECT SUMMARY

agencies; and assistance with navigating “the system.” Services would be provided in the base location, the community, at inpatient facilities, schools, homes, Juvenile Hall, job sites, teen centers, or wherever TAY’s reside or congregate.

The Mobile TAY Team will travel to wherever youth are in need of service. Young people will also be encouraged to come into the service center to access other services that meet their needs. The service center will also serve as a safe environment where families and TAY’s can meet when the home is not appropriate. The TAY Mobile Team will use the service center as a resource for other activities when appropriate for any TAY’s they contact in the community.

Collaboration with other youth service agencies and groups that provide diverse, youth centered, and family focused services will be identified and utilized. Efforts will be made to ensure that already marginalized youth from diverse racial, ethnic, and cultural groups feel welcome and comfortable with the Mobile TAY Project. In particular, the Stonewall Alliance PEI GLBTQ Suicide Prevention and Education Program will be a priority partnership to ensure gay, lesbian, bisexual, transgender, and questioning youth have access to these services given the high risk of suicide and trauma-related discrimination these youth experience. Butte County residents predominately speak English. Bilingual and bicultural staff will be recruited to ensure the county threshold languages, Hmong and Spanish, are served. Services in other languages will be developed as needed.

The primary routes for consumers to the project will include:

- Behavioral Health Community Counseling Center and Crisis Services. When a TAY receives assistance from a Behavioral Health provider, the provider will determine if a referral to the TAY Mobile program would be a benefit.
- School personnel from the high schools throughout the county will have direct access and receive orientation for referrals to the TAY Team.
- Youth in mental health hospitals. Behavioral Health Crisis Services staff will refer psychiatric hospitalized youth to the Mobile TAY Team as appropriate. A member of the Mobile TAY Team will meet with the young person when they return home and begin to design a plan for success.
- Youth aging out of the foster care system. Social Service staff may also refer youth in an “At Risk Mental Health State” (ARMS) to the TAY Team when they are aging out of the foster care system.

During the community planning process, parents and youth identified a critical factor for the success of services: Youth need consistent helpers. They want to call a person they know and trust when they need help. Therefore staff on the Mobile TAY Team will get to know the youth and will be available to answer calls from the youth and their parents, thereby

PEI PROJECT SUMMARY

providing a familiar staff member to youth at all times. Two to four (2 FTE) “peer supporters” will also be able to support youth and develop trusting relationships with them.

The clinical staff will provide a range of mental health services for TAY’s in the project. Therapy will be specifically designed to treat youth who may be resistant to services and who are in an “At Risk Mental Health State” (ARMS) that keep them from participating successfully in their family or school, with their friends, and in meeting their life goals. Modalities such as motivational therapy and harm reduction will be used to work realistically with these youth. If an evaluation for psychotropic medication is indicated, the clinician will liaise with the psychiatrist who will be available to the project for a minimum of two hours each week.

The case managers will work with youth to accomplish their goals for mental health improvement and related issues. They will meet with youth wherever needed. Co-occurring drug and alcohol issues are expected to be a factor in 80% of the cases, therefore, case managers and the clinician will have appropriate treatment services skills. Other key areas of focus will be training for and getting jobs. Education support will include support to return to or stay in school, tutoring, GED, college preparation, and support.

Parents involved in the community planning process stated a need for help especially during times of conflict and uncertainty with their children. For TAY’s who have family contact and/or support, parents can receive support from Peer/Family Supporters. The Peer/Family Supporters will do outreach and make visits to parents whose children are in the Mobile TAY program. They will assist with accessing services, and coaching on successful methods to respond to and help young people as they work to solve their problems.

This program will have funds to offer support to young people based on the goals they set for themselves. For example, they may need a sports team uniform and equipment, a musical instrument, a gym membership, art supplies, transportation vouchers, uniforms, tools, school or vocational training tuition assistance. The fund will be readily accessible to staff and supported by fiscal management that meets the needs of the program.

Suicide prevention and mental illness education will be provided to TAY's and family members to decrease self applied stigma, as well as overall stigma and discrimination related to mental health issues.

Actions (with frequency and duration):

PEI PROJECT SUMMARY

Screening: The TAY Team will conduct an assessment at the initial meeting with the youth to determine transitional services needed. Screening and assessment will consider the acuity of their mental health problems and their access to other services. If youth are able to access other mental health services, they will be referred to that service.

Assessment: When the youth indicates that they would like assistance, a whole person needs and strengths assessment will be conducted using a comprehensive bio-psychosocial mental health assessment and strength-based assessment tool such as the Strengths Discovery Assessment Process.

Goal Setting: Goals and interventions will be developed based on youth-driven priorities in the five key areas of program emphasis (clinical services, independent living skills, education and vocational training, employment, and socialization), and others that may be identified by the youth. Some of the following questions will guide the plan development:

- Where do I want to live?
- How will I support myself now and in the future?
- Do I need further education or training to reach my goals?
- Do I have friends and activities that make my life complete?

Services to support the youth in achieving their plan will be provided in the community and will involve not only direct assistance to the youth but also coordination with other agencies. The base location of the Mobile TAY staff team will be available to youth as a drop-in center. Offering services such as use of the Internet, domestic violence support and prevention, birth control and safe sex practices, library resources, and a study area.

Basic Needs Stabilization: Housing through the MHSA CSS funds will be available. A master lease program will provide an apartment for young people until they can earn enough money to pay rent and enter into a lease on their own. Youth will receive assistance in learning skills necessary to maintain them in their own housing, including development of income. Case managers will visit youth regularly at their residence to offer support and help them solve problems. For medical and other health-related issues, information and referral to a range of traditional and non-traditional health care providers will be provided. Nutrition and transportation needs will be determined for all youth, with a plan put in place to access food if not living at home and transportation to get to services, job, and school.

The maximum length of time a young person will be in the program will be 24 months.

PEI PROJECT SUMMARY

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure stakeholder participation in program implementation and to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	May 2009
Program implementation	A program implementation plan has been developed and is being executed	June 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	July 2009
Hire Staff	Staff is hired	July 2009
Set up project work spaces-mobile and stationary Rental Agreement with base location agency	Space is located and rented Vehicle purchased	July-August 2009
Set up communications (phones, laptops)	Communications set up	July-August 2009
Establish referral process and protocols Include protocol to create and utilize feedback loop from youth, families, service partners, and the community	Process established	July-August 2009
Educate community and partners about services	Education presented	July 2009 and ongoing
Outreach and education to youth	Outreach and education conducted	August 2009 and ongoing
Create goal-oriented, strength-based plans with youth and implement and monitor plan progress	Plans have been created, implemented, and monitored	August 2009 and ongoing
Begin "soft landing" and transition process for youth to community services and their own support systems	Transition process has begun	May 2010 and ongoing
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff participate in regular PEI Committee meetings	Ongoing

PEI PROJECT SUMMARY

Action	Milestone	Timeline
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff	July 2010

4. Programs

Program Title Mobile TAY Project	Proposed number of individuals or families through PEI to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Mobile TAY Team	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Projected ANNUAL count of individuals to be served:			
Mobile TAY Team	Individuals: 36-50 Families: 25-35	Individuals: 36-50 Families: 25-35	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 30 Families: 20	Individuals: 30 Families: 20	0

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

Youth will access the project through self-referral, Butte County Department of Behavioral Health Youth Services, Butte County Department of Behavioral Health Crisis Services, Butte County Children’s Services Division, Butte County Probation Department, and psychiatric in-patient facilities. It is the goal of the program to have young people able to manage their lives independently, using community and personal resources as much as possible. When youth are

PEI PROJECT SUMMARY

considered to be in need of long-term mental health support, they will be linked to BCBH services or to other mental health providers as indicated.

Programs that may be accessed by youth who participate in the Mobile TAY program include:

- Catalyst Domestic Violence agency will provide counseling for young people who have experienced domestic violence and can shelter young adults and their children when appropriate.
- TAY crisis call received by the Butte County Behavioral Health Crisis Line will be responded by The Homeless Emergency Runaway Effort (HERE) to stabilize the crisis and assure the TAY consumer is in a safe situation.
- Butte County Office of Education, School Ties, and liaisons at various schools.
- School and community based CARE providers for substance abuse treatment
- Independent Living Skills Program will help youth learn skills to remain in housing including budgeting, meal planning, driver's license and insurance.
- A variety of other mental health and social services that serve youth.

6. Collaboration and System Enhancements

The current local community-based mental health system is not able to meet the specialized needs of this TAY population. This program will provide long needed and highly anticipated prevention/early intervention services that will help close that gap.

As the program is implemented, graduates of the program will be encouraged to become peer mentors. The peer mentors will add another layer of prevention/early intervention support in the services system.

This PEI project will be sustained through on-going MHSA funding and reimbursement from Medi-Cal and other insurance providers.

PEI PROJECT SUMMARY

7. Intended Outcomes**Individual Outcomes**

1. Increased number of youth in an “At Risk Mental Health State” (ARMS) successfully transition into adulthood.
2. Reduce the incidence negative outcomes for youth ages 16-24 who are in an “At Risk Mental Health State” (ARMS).
3. Increased knowledge of mental health issues by TAY family members, caregivers, and other key individuals in their support system.

System Outcomes

1. Enhanced capacity to provide specialized transformational services to the TAY population.
2. Earlier access to critical prevention/early intervention mental health services for TAY population.
3. Increased wellness and resilience among TAY population
4. Increased collaboration between agencies in Butte County serving the TAY population.

8. Coordination with Other MHSA Components

- There will be a high level of coordination with the Butte County Behavioral Health Crisis Stabilization Unit funded by MHSA CS&S. Referrals will come from the Crisis Stabilization Unit to Mobile TAY program. The Mobile TAY program will use the resources of the Crisis Stabilization Unit when needed by one of the TAY’s they are serving.
- The 6th Street Youth Center (aka LINK), a CSS program in Chico operated by Butte County Behavioral Health and Youth for Change, will serve youth who are homeless in Chico. Some of the TAY’s that enter into the LINK program will be referred to the Mobile TAY program if those services are more appropriate for them and vice versa.
- The CSS funded Master Lease program will be accessed for housing when a Mobile TAY consumer is ready and able to access and take advantage of supportive housing in order to live safely and independently.
- Youth who are discharged from the Hospital Alternative Placement Services, funded by MHSA CS&S, will be referred to the Mobile TAY program if appropriate.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an

PEI PROJECT SUMMARY

avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte

PEI Project Name: Gridley Live Spot

Date: May 6, 2009

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

Since the original CSS stakeholder process in 2005, community input has indicated that teenagers, especially those engaged in risky activities, failing in school, and having family stress, are in need of services. The Community Planning Process identified Gridley as a location in need of services. Over 40% of respondents to the community survey stated that the Gridley community is in need of services in all state-identified community needs. The community gave the highest priority on a 10-point scale to “at-risk children, youth and young adult populations” in Butte County. Gridley has a population of about 6,400 people and has the county’s largest Latino population (38%). The Gridley area has a higher percentage of children and youth ages 0-17 years (30%) compared to the rest of the population than any other area in the county.

Gridley’s unemployment rate is consistently higher than the national or state rates. Agriculture is the main source of income with the median family income of \$24,368, well below the national level of \$41,994. The percentage of families in Gridley living below the poverty level (23.3%) is almost twice the overall national percent of 12.4. Gridley’s rate of child poverty of 35.7% is more than double the national rate of 16.6%. Fifty nine point two percent (59.2%) of residents, aged 25 and above, have graduated high school compared to the national percentage of 80.4%. Sixty-two percent of the students enrolled in the Gridley Unified School District are on Free and Reduced Lunch Programs, compared with Butte County’s overall rate of 42%, that is 20% higher in Gridley than in the county as a whole. Fourteen percent of the population is registered with CalWORKS. Gridley contains 1,986 housing units and includes the only Housing Authority housing dedicated to farm workers in the county with 10% of the Latino population living at the center containing 130 units.

Gang activity continues to increase in Gridley. There was a drive-by shooting in 2001 at the Housing Authority’s Farm Labor Housing. In 2003, two Latino teenagers died in a gang-related drive-by shooting. In 2004, a gang-related shooting occurred at the nearby Biggs High School campus during a football game with Gridley High School. Later that year, an 18 year-old male student was murdered adjacent to the Housing Authority Farm Labor housing in a gang and drug related incident. In 2007, security at the Housing Authority housing reported ten separate incidents involving violence and weapons, which appeared to be gang-related. Incidents included shots fired at cars and individuals, gang graffiti, harassment, and fights resulting in injuries. The Gridley-Biggs Police Department’s Gang Officer reported that two car bombings, two drive-by shootings, and the shootings of three high school students at a party were gang-affiliated. The Gang Officer reported that there are currently 63 open gang-related cases in the Gridley-Biggs area. Gang membership in the area goes back three generations. Major drug trafficking takes place on California State Highway 99, which runs through Gridley.

PEI PROJECT SUMMARY

The Gridley-Biggs Police Department has experienced an ongoing increase in calls for service from Gridley High School. There was a 90% increase from 2001 (118 calls) to 2004 (224), and 76% increase in the 2006-2007 school year with 394 calls logged. In the 2006-2007 school year Gridley Unified School District expelled 8 students and suspended 172.

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

The Live Spot, a center for youth aged 12-18, will be opened in Gridley, Butte County, to provide a minimum of two and a half hours of youth development activities Monday through Friday. These mental health prevention and early intervention activities will help youth experience a decrease in risk factors and increase in protective factors. Activities to complement the Live Spot will include Friday Night Live, Club Live, and Mentoring in the schools.

Meeting Community Needs

Young people in Gridley (pop. 6,403) experience minimal support, opportunities, and services. Being a small city located in the farthest reaches of Butte County, Gridley has traditionally received only a cursory share of services and supports, particularly for low-income families and youth. Young people are drawn to an early onset of drug and alcohol use as a result of living in families where crises, trauma, and need are common. Youth express disconnection with the community and are tempted to become involved in illegal activities including gang-initiated crime. These youth need a connection with the community in a location where they feel comfortable. Throughout the PEI stakeholder process, community members identified "in the community-not at Behavioral Health" as the place to provide this help.

Population

This program will serve youth aged 12-18, who attend school or live in Gridley, CA. A large percentage of participants will be Latino.

Location

The Live Spot will be located in the Gridley Community Building, a community center located near the high school in Gridley. This structure is owned by the non-profit, Gridley GUARDIAN. It currently houses the school's Free and Reduced Lunch Program; Women, Infants and Children (WIC) program; and the school band practice. Having a Live Spot in the building will support its standing and use as a community resource. The location of Live Spot next to the high school will enhance collaboration with the school.

PEI PROJECT SUMMARY**Highlights of new or expanded projects including frequency and duration**

The Live Spot will be open during the high risk after school hours (from 3:00-5:30 p.m.) in Gridley at the Gridley Community Building. A drop-in style program for youth will provide a safe, supportive, and educational place for teens to spend quality time, instead of spending time that may otherwise lead to dangerous and harmful behaviors. The supportive services to be offered will give youth in Gridley a sense of belonging, community, opportunities for leadership development, and advocacy. Positive connections will be made in this place. They will meet other youth who are not involved in illegal activities and participate in positive peer and adult interaction.

The Gridley Live Spot will include a comprehensive drop-in youth program designed to build the skills and capacity of young people, provide opportunities for meaningful youth engagement and involvement in pro-social activities and support that reduce/prevent gang involvement/delinquency, depression, suicide, and academic failure. As part of the overall PEI goals, suicide prevention education and ways to reduce stigma and discrimination associated with mental illness will be woven through all Live Spot components. The Live Spot will offer youth led, youth developed programming, workshops, vocational/job opportunities, mentoring, supportive services and events. The Live Spot will employ young people to develop, implement, and evaluate services. Young people will be the primary partners at the Live Spot and will be recruited to plan and implement all facets of youth activity at the Center, from co-facilitating solution focused group meetings to being trained as youth evaluators. The Live Spot will be a place where young people learn ways to contribute to the Gridley community. Participants will be involved in a number of pro-social activities (often that includes pool, ping-pong, art projects, as well as other activities) designed to open communication and develop trust between staff and participants during the Live Spot open hours (the high risk after school hours from 3:30-5:00 p.m.). In addition, The Live Spot will provide young people with mentors, tutors, and supportive services from partner agencies including but not limited to Butte County Public Health, Homeless Emergency Runaway Effort, Butte County Office of Education, and Independent Living Skills Program.

The Gridley Live Spot mental health prevention/early intervention services and activities are strength based, providing resiliency and hope to young people who are often experiencing despair. These services provide life skills development, helping young people build the capacity to become capable, contributing adults. These evidence-based practices provide positive support, skill building, and opportunities to contribute, decreasing the likelihood that young people will engage in high-risk behaviors. By providing innovative, integrated, accessible, and culturally competent services to young people, the Live Spot will help to avoid the need for more intensive services later in life. This collaborative approach is research

PEI PROJECT SUMMARY

based and proven effective. Three of the supportive services provided through the Live Spot have received national awards as exemplary prevention programs.

Consistent with MHSA transformation principles, this center is located in a natural community setting with young people at the Gridley Live Spot involved at every level of program design, implementation, and evaluation. In addition, there is conscious effort to include family members through support groups, parent/child interaction, family meals, and focus groups.

The Live Spot will have structured as well as drop-in services for young people. These seamless services will integrate vocational training, youth treatment/intervention, suicide prevention, and academic support. The Live Spot will play a vital role in the community connecting young people to coalitions, community groups, and other agencies. Because Gridley has a large Latino population, staff will be bi-lingual and culturally astute, providing culturally relevant services.

Gridley Live Spot Activities will include:

Skill Building Workshops: These workshops focus on topics that appeal to young people and provide them with skills to secure employment including: DJ 101, poetry development and expression, music artistry, resume-building, communication, team building, self-esteem, and community service and participation. Skill Building workshops will be provided to 20-40 youth five times per year.

Work Readiness and Job Training: The kick-off to this process is a Job Shadowing day where young people come to the Live Spot, meet professionals from around the community and explore potential career paths/job opportunities. This is followed up with a Job Fair where young people participate in workshops on interview techniques, customer service, and basic job skills. Young people will have the opportunity to participate in interviews and potentially be offered a job before leaving the event. Over 20 young people will leave the Job Fair with offers of employment each year.

Solution Focused Group Therapy: Young people will be trained to sit side by side with trained adult staff to co-facilitate weekly Solution Focused Group Therapy sessions. Building on the success of this model, participants will have the opportunity to develop and monitor progress in personal goals, academic goals, and family goals. This solution focused model creates an opportunity for each participant to set small, realistic, and obtainable goals and feel accomplishment on a weekly basis. Topics to be included are: anger management, family relationships, coping skills, and social skills.

PEI PROJECT SUMMARY

Youth Employment Opportunities: Live Spot recognizes that youth employment contributes to the reduction of at-risk behaviors. The Live Spot will employ young people to work at the Center and develop youth vocational opportunities through the creation of youth run yard maintenance and DJ services.

Incentive Program: Youth participants will be offered incentives such as gift cards, conference scholarships, and event/activity tickets for ongoing participation and healthy role modeling.

Special Events: Six alternative events will take place during the school year serving 150-300 young people per event. Events may include dances, haunted house, community celebrations, supporting school events, and local traditions.

The School Success Program: The School Success Program is an intensive 16 week program offered four days per week from 3:30-4:30 pm. This model focuses on assessing current education level, creating an educational plan, and providing support to ensure that young people graduate from high school and pursue further education. It includes intensive self exploration, self development, and an educational plan with identified resources to help achieve that plan. Students will not only meet their immediate educational goals, but also develop long term goals with support from tutors, trained volunteers, and staff. Young people will be referred into this program from Probation and schools.

Tattoo Removal: The Live Spot will partner with area plastic surgeons to provide tattoo removal for 2-3 young people each year. This is critical for youth who are attempting to disassociate with a gang, relocate, or find employment.

Meals: The Live Spot will provide a healthy snack each evening to ensure that young people are nourished and able to thrive. A kitchen is available in which youth will learn to prepare food and plan meals.

Transportation: The Live Spot will provide transportation from the Center to the Housing Authority housing complex thereby reducing a significant barrier to services.

Temporary Shelter: The Live Spot will refer youth that are homeless or “couch surfers” to the Homeless Runaway Youth Program to provide emergency housing. This will enable young people to get off the streets and to receive the supportive services they need to sustain long term safe housing.

Early Intervention Counseling Services: Individual treatment plans and counseling services will be provided through the Live Spot. Assessments will include consideration of suicide risk. A Mental Health Clinician will support local school counseling needs during the school hours and provide individual/group counseling during the Live Spot open hours. This

PEI PROJECT SUMMARY

will help enhance school partnerships, provide some assistance to schools, and create a stronger referral source to the Live Spot. The Live Spot will provide a non-threatening environment for youth to receive clinical support. Support/Counseling groups will also be provided to families (e.g. father/son group, mother/daughter group, sibling group).

Socialization: The Live Spot will create weekly program activities that build relationship skills and provide the opportunity for safe, positive socialization. These activities include structured events and less structured recreational opportunities. Contests and tournaments with prizes will be held to engage youth.

Case Management: The Clinician at the Live Spot will provide case management for youth who need a full array of services to meet their goals. The Clinician will make referrals, create linkages to other service providers, track and report services.

Connecting the Family Circle (CTFC): CTFC provides support to teen parents and their children. CTFC works with community agencies and school districts to provide opportunities that build life skills and knowledge that reduce risk factors and increase protective factors for teen parents. CTFC has a strong outreach component to reduce stigma and discrimination. CTFC will serve teen parents at the Live Spot to support and equip teen parents as they experience stressful parenting situations. Support groups working with young parents to provide referral services will be available. Alternative activities will create an atmosphere where young parents can bond and feel better connected.

Friday Night Live: This program will be based in the Gridley High School with a chapter at the Housing Authority housing. Ten youth will participate in this program at each site. The program will provide skills, opportunities and support to young people. The participants will meet weekly to develop and implement events and projects that will have a positive impact on the high school campus and the community as a whole.

Club Live: A chapter of Club Live will be supported at the Sycamore Middle School in Gridley. The program is similar to Friday Night Live with activities tailored to junior-high aged youth. Ten students are expected to participate each year.

IMPACT Mentoring: A near peer mentoring model, Impact Mentoring is a youth led model that identifies junior high students who are mentored by high school students. Impact Mentoring uses an adapted solution focused therapy model to support the development and monitoring of self-identified academic, individual, and family goals. Each of the 25 weekly sessions are focused around goal setting (life skills, family relationships and behavioral, academic), tutoring, and behavior modification. The mentoring program will match ten high school mentors with ten junior high school protégés each year.

PEI PROJECT SUMMARY

Actions (with frequency and duration):

- Live Spot to be open from 3:30-5:30 p.m. Monday-Friday with activities described above.
- Volunteers from the high school providing mentoring, tutoring and event support at the Live Spot Monday-Friday Friday Night Live in the High School and at the Housing Authority housing complex each week.
- Club Live at the middle school weekly.
- IMPACT Mentoring at the middle school each week.
- Special events six times during the school year.
- Evaluation of Live Spot by youth and staff on a quarterly basis.

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure stakeholder participation in program implementation and to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	May 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	July 2009
Facility setup	Use agreements established with Gridley Guardian and physical setup is completed	June-July 2009
Identify appropriate staff members	Staff identified and hired	June-July 2009
Program implementation	A program implementation plan has been developed and is being executed.	July 2009
Develop outreach materials for youth and the community	Material developed	July-August 2009 and ongoing
Educate community about Live Spot (police, schools, families, youth, etc.)	Community received information	August 2009 and ongoing
Implement Live Spot programs and activities	Programs and activities provided	August 2009 and

PEI PROJECT SUMMARY

Action	Milestone	Timeline
		ongoing
Participate in regular meetings with other PEI services to develop effective collaborative relationships and problem-solve implementation challenges.	Staff participate in regular PEI Committee meetings	Ongoing
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff	July 2010

4. Programs

Program Title Gridley Live Spot	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	
Gridley Live Spot	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Friday Night Live	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Club Live	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
IMPACT Mentoring	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Projected ANNUAL count of individuals to be served:			

PEI PROJECT SUMMARY

Program Title Gridley Live Spot	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
Gridley Live Spot	Individuals: 75 Families: 8	Individuals: 25 Families: 2	0
Friday Night Live	Individuals: 10 Families: 0	Individuals: 0 Families: 0	0
Club Live	Individuals: 10 Families: 0	Individuals: 0 Families: 0	0
IMPACT Mentoring	Individuals: 20 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 100 Families: 8	Individuals: 25 Families: 2	0

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

The program will include a Mental Health Clinician to work with youth who are in need of more intensive mental health services. Youth who need more long term assistance will be referred to and receive assistance from the Gridley Community Counseling Center which is operated by the County Behavioral Health Department.

The Butte County Behavioral Health Homeless Emergency Runaway (HERE) will be available to help any Gridley youth in crisis or having housing needs, on a 24/7 basis. HERE program staff will make visits to the Live Spot to become familiar with participants and to let youth and staff know how to access the program.

Partners that can provide services as needed by youth and their families:

PEI PROJECT SUMMARY

- Student Assistance Program
- Teenage Pregnancy Program operated by Northern Valley Catholic Social Service
- Gridley-Biggs Memorial Hospital
- Butte County Probation Department
- Gridley Police
- Head Start
- Victor school-based counseling in elementary school
- Migrant Education-Butte County Office of Education
- Housing Authority
- School Youth Resource Officer
- Gridley Unified School District
- Youth First
- Gridley GUARDIAN
- Churches
- Service Clubs (Rotary, Kiwanis, Quota)

6. Collaboration and System Enhancements

The Gridley GUARDIAN is an organization of community members, agencies, and groups whose purpose is to: *Inform and mobilize the Gridley community to prevent drug and alcohol abuse among youth; provide education and positive youth-let activities as an alternative to the increasing use of drugs and alcohol among youth and to provide a center for youth development activities in south Butte County.*

The GUARDIAN will provide a location for the Live Spot and continue to support its activities by acting in an advisory and community liaison capacity. The use of the Gridley GUARDIAN Community building will be provided at no cost.

The Friday Night Live (FNL), Club Live (CL), and IMPACT Mentoring will all take place in the Gridley schools. These programs will support the schools' efforts to increase academic attendance and performance; increase school bonding and commitment to further educational goals; reduce peer isolation and delinquent behavior; reduce stigma, discrimination, bullying and harassment; and increase protective factors – supporting young people to thrive. FNL, CL and

PEI PROJECT SUMMARY

IMPACT Mentoring provide support to young people by providing opportunities that build life skills and knowledge, reduce risk factors, and increase protective factors for young people. FNL, CL and IMPACT Mentoring have strong outreach components to reduce peer isolation and increase peer bonding. These programs provide a safe setting for young people to receive supportive services as they experience stressful situations. As part of the overall PEI goals, suicide prevention education and ways to reduce stigma and discrimination associated with mental illness will be woven through all Live Spot components. Referral services will be available for young people in need of further assistance.

The clinician in the program will be available to provide counseling and assessment in the Gridley schools when they are not at the Live Spot. These services will eventually be partially covered by Medi-Cal billing.

The Gridley Police and the County Probation Department will be partners in the program. Working with GRIDLEY Live Spot staff to support youth who are engaging in risky behaviors or who have committed crimes, with the goal of eliminating further juvenile justice contact.

Ongoing PEI funding and Medi-Cal funding will sustain this GRIDLEY Live Spot, Friday Night Live, Club Live, and IMPACT Mentoring.

7. Intended Outcomes

Individual Outcomes

1. Increase protective factors (provide skill building for young people, connection to school, and connection to caring adults; increase communication skills, conflict resolution, self-confidence) in order to decrease depression, anxiety, and other mental illness. Decrease risk factors for youth
2. Reduce youth depression, anxiety, and suicidal behaviors by engaging young people in opportunities that provide a youth development framework that supports young people as change agents

System and Project Outcomes

1. Lower incidence of mental illness for participants in program and thus Gridley community
2. Enhanced wellness and resilience amongst Gridley residents
3. Reduced stigma and discrimination related to mental health issues amongst Gridley community members, faculty and staff at schools; and other services providers.
4. Earlier access to mental health services in Gridley community

PEI PROJECT SUMMARY

5. Increased awareness of suicide prevention amongst service provider's in Gridley.

8. Coordination with Other MHSA Components

Youth in need of help during a crisis will have access to the MHSA Crisis Stabilization Unit. The GLBTQ Suicide Prevention and Education program will be available for staff consultation and training as well as to provide services as needed for youth and their families in the Gridley Live Spot program.

Youth and their families will be able to take advantage of the MHSA Integrated primary healthcare services, which will provide services in Gridley.

The MHSA Promotoras program will provide services in Gridley. It is expected that some of the families involved in the Promotoras program will have youth involved in the Gridley Live Spot program. It is also expected some of the youth in the Gridley Live Spot program will have families that would benefit from the Promotoras program. The two programs will develop an effective collaborative relationship and referral process.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships that will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges..

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte

PEI Project Name: Therapeutic Childcare

Date: May 6, 2009

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
D. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

The primary impetus for selecting this program is the fact that there is no therapeutic childcare available in Butte County in spite of an indication that at least 25% of children in childcare have behavior problems needing to be addressed to ensure children thrive, develop in a healthy progression, do well in school and in their future relationships. During the stakeholder input process a call was made specifically for therapeutic childcare. Focus group discussions included the concern that the children needing early intervention for mental health issues were not being served by any provider of childcare services in Butte County. One third of survey respondents stated that young children (0-5 years) who are affected by trauma are in need of help. The locations of Oroville and Chico were identified as the areas having the most need. Sixty-one percent of respondents stated Oroville is in need and 55% stated that Chico is in need. Forty percent of survey respondents stated that Combat or War Zone Survivors have the greatest unmet needs for services for the impact of trauma in their lives. As home to many Hmong families, Oroville is a location where therapeutic childcare can provide a needed service to families who have been affected by war. Families in which violence takes place was another area of concern for stakeholders. Fifty-six percent assert that this group needs services. Young children in these families suffer developmental difficulties due to this trauma and are unable to benefit from typical childcare settings.

Additionally, Valley Oak Children's Services, a private non-profit organization providing Early Care and Education Programs, screened three and four year olds in preschool for three years. The agency used a temperament and atypical behavior scale with 15 yes/no questions such as:

- Gets angry too easily
- Too easily frustrated
- Too impulsive
- Seems to be in "own world"
- Frequently irritable, "touchy", or fussy
- Tunes out; loses contact
- Over excited
- Resists looking you in the eye

During the three years 1,415 children were screened with 25% of those having at least three items on the scale as "yes", which indicates a need for early mental health intervention. The national average for young children screening positive for mental health issues is only 21%.

PEI PROJECT SUMMARY

Stakeholders in the community gave the highest priority on a 10-point scale to “at-risk children, youth and young adult populations” in Butte County.

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

The therapeutic childcare program will provide specialized childcare for 24 young children who are not able to maintain consistent placement in childcare due to behavior problems caused by family issues that put the children at risk of poor development. One hundred twenty (120) children who need less intensive services will be identified and referred to appropriate services.

Meeting Community Needs

During the community program planning process, early childhood experts pointed out the need for mental health intervention for young children who cannot maintain placement in pre-school. When these children transition to kindergarten they have a very low chance of success in kindergarten and therefore their continuing school experience will progress on a downward slide to school failure. The PEI Community Workgroup identified the transition from pre-school to kindergarten as the critical time to intervene with therapeutic childcare to help children recover from family trauma, neglect, and a poor family environment. This puts young children on a path to success with peers and in school and helps families create a healthy system in which parents are able to support and nurture their children.

Childcare programs for children with specially designed therapeutic activities to provide stimulation, cultural enrichment, and development of motor skills and social skills have proven to have a significant impact on the child’s functioning and the prevention of repeated maltreatment by parents. (D. Daro, *Confronting Child Abuse*; New York: Free Press, 1988, 115). A local agency, Valley Oak Children’s Services, has shown that providing case management to young children who have behavioral problems reduced problematic behaviors by 43%.

Population

The project will serve children aged 4-5 who have had difficulty maintaining childcare placement, as evidenced by either two or more expulsions from childcare, or consistent and continued need to pick up the child from childcare due to inappropriate behavior. The children will have high risk factors including families who are homeless, who have experienced alcohol or other drug trouble, mental health issues, divorce, death, incarceration, or trauma. A screening tool

PEI PROJECT SUMMARY

will be used to determine those children most in need of therapeutic childcare. Children with some behavioral problems, but with fewer difficulties will receive assistance from a Transition Coordinator.

Location

Two therapeutic childcare centers will be created, one in Oroville and Chico. The centers will be designed to meet general childcare standards and will provide components specifically for the target population such as low stimulation areas and private counseling space. Existing childcare centers in Oroville and Chico will be the preferred location for screenings.

Highlights of new or expanded projects including frequency and duration

The Therapeutic Childcare program will serve 24 four to five year-old children who have been unable to maintain placement in preschool or childcare due to behavior concerns and who have no other opportunity for social skills learning. Staff at preschool facilities will receive training in how to use an evidence-based screening tool to determine when a child is potentially eligible for the program. A Transition Coordinator in Oroville and one in Chico will also conduct screenings. Upon acceptance into Therapeutic Childcare, in conjunction with parent participation, a licensed clinician (MFT or LCSW) and paraprofessional will create a behavioral plan for each child. Childcare paraprofessionals will work with children on a daily basis to work toward the goals of the individualized plans.

Transition Coordinators will refer children who do not need the intensive services of the Therapeutic Childcare centers, but who are identified as needing early intervention for behavior that may delay their progress, to other services that will address their needs. A total of 120 children per year will benefit from this service.

Physical Setting and Equipment Needs: The centers will be licensed childcare facilities as required by state and local regulations. To meet the specific needs of the population the following aspects will be incorporated in the facilities:

- Safe and comfortable environment to enhance the emotional and physical growth of the children
- Large indoor space for movement, with specific areas and/or separate room for quiet and active play, reduced stimulation, retreat, behavior problems, and counseling/therapy
- Enclosed outdoor area where children can play, weather permitting
- Variety of toys and materials that are stimulating, age-appropriate, and stored in areas that are accessible to the children
- Kitchen

PEI PROJECT SUMMARY

Case Management: The Transition Coordinators will provide direct service to the children and families who do not need the intensive services of Therapeutic Childcare. They will serve in three roles:

1. They will orient pre-school staff to understand when a child may need a screening and will do screenings of children in pre-schools, especially for those children identified by Valley Oak Children's Services and childcare providers as needing extra help.
2. The Transition Coordinators will provide a close link to the services to which a child is referred after leaving the Therapeutic Childcare program, especially schools. The Transition Coordinators will work with kindergarten teachers to provide information on the children, give occasional classroom support, and orient them on ways to effectively work with each child.
3. Transition Coordinators will help families whose children are screened in pre-school and who show a need for early intervention with behavioral problems that emerge in the screening. Even though these children will not need the intensive services of Therapeutic Childcare, they and their families will benefit from referral to other specialty services. The Transition Coordinators will provide this referral process and work with kindergarten teachers to orient them to these children's needs. A total of 120 children will receive this service, 60 in Oroville and 60 in Chico.

Staffing: Staff qualities will include:

- Knowledge of and ability to apply child development theory
- Good observational skills (ability to observe and assess child's deficits and strengths)
- Flexibility
- Ability to model good parenting to parents and appropriate behavior to children
- Acceptance and understanding of parents
- Awareness of community systems and resources

Ongoing, in-service training for staff will include topics in a variety of disciplines: child development, arts, special education, and developmental psychology; as well as methods to work as a cohesive, effective team. A staff makeup that brings a mix of gender, race, and age will be provided. (Boys are expelled from preschool 4.5 times more often than girls.)

The paraprofessionals will be supported by clinical supervision provided by the licensed clinician using reflective supervision techniques, and peer group activities among all staff will be common. Using these methods staff will learn

PEI PROJECT SUMMARY

techniques and receive support to remain focused on the goals of the children's plans in spite of daily challenges and difficulties. Staff will have the ability to consult with expert child psychologists/psychiatrists, as needed through county behavioral health services.

Program Coordination: Set up parent activities in conjunction with clinician and paraprofessionals, provide overall program supervision and perform administrative requirements including budget monitoring, billing, financial record keeping, reporting, evaluation, and licensing compliance. Create availability of staff training. Collaborate with county agencies, which serve families to assure awareness of Therapeutic Childcare program and effective linkages for families. Provide ongoing family support to services outside of the program.

Clinician-Assessments: Development of plan for children and their families, group and individual therapy, clinical supervision of childcare staff, home visits, parent education, and open mental health charts with early intervention plans.

Transition Coordination: Provide three roles in the program: 1) screening, 2) link to kindergarten, and 3) referral to services needed for children who are not in the Therapeutic Childcare program. At least 600 children will be screened in pre-school, with 120 of those accessing specialized services.

Childcare: Daily care of children, focusing on children's treatment plans. this needs more; how long per day, more explanation of what the childcare will do.

Family events and groups: Will provide family events and groups to reinforce what is learned in childcare setting and parent groups.

Program Philosophy and Service Elements

- Clear admission criteria and intake procedures
- Multidisciplinary consultation team for evaluation, treatment planning, and progress assessment input
- Individualized treatment plan, written and updated on each child with ongoing supervision and consultation
- Structured day program for children, with a routine curriculum and schedule (5 days a week, 6-8 hours per day)
- Play therapy
- Second Step program for the children
- Provision of high-quality nutrition for children (and parents) during program attendance

PEI PROJECT SUMMARY

- Parent participation in the program, dealing with their needs as well as their children's by providing supervised parent/child interaction and home visits for modeling parenting and training parenting skills, for observation, and for establishing therapeutic relations
- Specific training on child development for parents focusing on their child's special needs
- Services for parents themselves (e.g.; individual or group counseling/therapy, recreational activities, etc.) offered at times that are convenient for parents. Specific attention will be given to education about child/adult mental illness and suicide prevention.
- Parent Education will include Second Step Parenting curriculum, which provides specific techniques for parenting children with trauma and groups based on Parenting from the Inside Out.
- Establish a collaborative community support network (medical, legal, basic needs, and protective services) which staff assist parents to access
- Planning and recommendation/referral for after care services with close relationship to schools
- Follow-up inquiries on families and children after leaving program, especially as children transition to kindergarten

Actions (with frequency and duration):

Screening: The clinician will use an evidence-based screening tool at the initial meetings with the child to determine if the child can be served in the program. In addition to behavior indicators, this program will look for children aged 4-5 who have been expelled from other preschools and whose families have situations that put the child at risk for difficulties in development.

Assessment: Upon entering the Therapeutic Childcare program, a detailed assessment, including the TABS (Temperament and Atypical Behavior Scale), will be conducted by the clinician to determine the child's needs and the family's ability to support the child.

Plan Setting: Goals and interventions will be developed based on priorities identified in the assessment process. Goals and interventions will be updated on a regular basis.

Services to support the child and their family in achieving their plan will be provided in the childcare facility, in the home, and during community outings. Not only will services be directly provided to the children and their families, but also coordination with other agencies to meet all needs will take place.

PEI PROJECT SUMMARY

Referral: Children not needing Therapeutic Childcare will be assisted into services that meet their needs.

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure participation in program design to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009
Convene meeting with BCDBH Evaluations Unit and MHSA Coordinator identify how to collect data to determine if intended outcomes are met; and to identify reporting needs and timelines	Evaluation method has been defined and is ready to implement. Data collection and reporting needs and timeline have been established	July 2009
Program implementation	A program implementation plan has been developed and is being executed.	July 2009
Hire Staff	Staff is hired	July 2009
Locate childcare space in Oroville and Chico Rental Agreement with owners of property	Space is located and rented	July 2009
Educate community about services	Community has received information about services	July 2009 and ongoing
Set up childcare centers (communications, kitchen, child areas, private rooms)	Childcare center is set up	August 2009
Provide assessments and referrals.	Assessments and referrals have been conducted	August 2009 and ongoing
Develop goal-oriented plans with family participation and work the plans	Plans have been developed and worked	Sept. 2009 and ongoing
Transition parents to community services and their own support systems, and children to kindergarten or other pre-school care as they are able	Parents and children transition to appropriate services	July 2010 and ongoing
Participate in regular meetings with other PEI	Staff participate in regular PEI Committee	Ongoing

PEI PROJECT SUMMARY

Action	Milestone	Timeline
services to develop effective collaborative relationships and problem-solve implementation challenges.	meetings	
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff.	July 2010

4. Programs

Program Title Therapeutic Childcare	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	
Therapeutic Childcare	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
Projected ANNUAL count of individuals to be served			
Therapeutic Childcare	Individuals: 0	Individuals: 144	
	Families: 0	Families: 144	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 134	0
	Families: 0	Families: 134	

PEI PROJECT SUMMARY

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

A county mental health licensed child clinician will be dedicated to the program, providing .5 FTE in Oroville and .5 FTE in Chico at the childcare locations. When a child needs to be transitioned to continuing mental health services after they leave the Therapeutic Childcare program, the link will have been established to seamlessly shift them into county mental health services. Also, parents who need mental health services will be linked to appropriate county programs if the therapeutic childcare services do not meet their needs. Drug and alcohol counseling and medication support are examples of possible assistance to parents. Coordination with county Children's Services will take place.

Families in the program will be referred to a variety of existing services as indicated in the family plan. The Program Coordinator will be responsible for working with agencies that provide services applicable to the families' needs. This includes orienting the agencies to the Therapeutic Childcare program and to the typical situations of the program participants, and assisting in the linkage to the programs as the needs arise. Examples of existing programs that will be available to the participants are:

- Valley Oak Children's Services
- Catalyst Family Violence services
- Northern California Legal Services
- Health Clinics, such as Enloe Children's Health Center
- Rape Crisis
- WIC (Women, Infants, and Children)
- Alcoholics and Narcotics Anonymous
- Better Babies
- Butte Kinship Care
- Speech and Language Center at Chico State University
- Community Housing and Credit Counseling Program
- Dental Van
- Literacy Van
- HELP for People Food Bank
- Touchstone substance treatment for women with children

PEI PROJECT SUMMARY

- Community Action Agency Esplanade House for homeless families
- Ident-a-Child
- Opt for Fit Kids
- Rowell Family Empowerment of Northern California
- Chico Unified School District
- Oroville Unified School District
- Healthy Families America (First Five Commission)

6. Collaboration and System Enhancements

An agency that can provide a setting and supervision for the Therapeutic Childcare program will be located using an RFP process. The agency will be able to provide a suitable location with components that meet the specific needs of the target population (see description above). Some of the service-providing agencies, which will partner with this program, are listed in #5 above.

The local community-based mental health system is not currently able to meet the needs of very young children who have mental health problems in preschool. The children need intensive daycare services, not only infrequent counseling and a visit to the psychiatrist, which is the only help now available. So much more is needed to assure that the children are fully supported in their families and in their community. This program will provide sufficient services for children that will keep them from continuing long-term in the mental health system and will help to increase school success. As the children begin to transition from the program to school, staff will work with teachers and administrators to assure that the children's needs and strengths are known.

The schools in Oroville and Chico will be key partners in helping the children in this program. As described, program staff will have a close relationship with kindergarten teachers to assure that children's' needs are met and that they continue to thrive in the school setting.

The program will assist with implementation of the Second Step preschool violence prevention curriculum at the preschools. The Transition Coordinator will provide materials, training and help to schedule these activities.

This PEI project will be sustained through on-going MHSA funding, state childcare funds, Medi-Cal, and school funds.

7. Intended Outcomes

This project has been chosen as the project that will receive and in depth local evaluation. A complete description of this can be found in Enclosure 7.

8. Coordination with Other MHSA Components

- The Butte County Behavioral Health 23 Hour Crisis Stabilization Program, funded by CSS, will offer immediate help to children to stabilize any mental health crisis.
- Families in the program will be able to access the 24-Hour Crisis Line at any time.
- The CSS funded Master Lease program can be accessed for housing when a family is homeless.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges..

9. Additional Comments (optional)

- Two additional paraprofessionals will be paid through parent payment participation, often provided by the state childcare payment program
- One additional Transition Coordinator will be paid by school districts (.5 FTE in Oroville and .5 FTE in Chico)

PEI PROJECT SUMMARY

County: Butte

PEI Project Name: Mental Health Awareness

Date: May 6, 2009

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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
A. 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>

PEI PROJECT SUMMARY

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

Consumers and family members who were engaged in the planning process spoke openly about the general lack of public awareness and understanding of mental health-related issues. This lack of awareness translated to years of frustration and confusion as they struggled with experiences that they could not understand. Many talked about how warning signs were dismissed as “just a passing phase”, as an “isolated incident” or “private business.” In addition to lack of awareness the stigma and discrimination associated with mental health issues makes it is easy for family members and loved ones to deny symptoms they may see; many times this will prevent timely access to services. A diagnosis of a serious mental illness, though difficult, provided welcome information and treatment recommendations.

According to current research, half of all mental disorders emerge by age 14 and 75% by age 24. Parents, consumers, mental health advocates, and others who engaged in the planning process talked about the need to educate community members about the signs and symptoms of mental illnesses, how to seek further help, and the impact the mental illness has on the individual and family. A strong preference developed to have the education take place by having consumers and families share their experiences with others via a Stomp Out Stigma program and NAMI (spell this out somewhere) Peer to Peer and Family to Family Groups.

Community mental health awareness events, which include mental health screening and education, were identified as a way to increase public awareness about mental illness. Mental health issues range from mild depression and anxiety to more serious illnesses, such as schizophrenia. Public awareness events should inform the public about the signs and symptoms of serious mental illnesses and less commonly recognized mental health issues such as anger, depression, and anxiety. By recognizing these less severe signs and symptoms early, prevention and early intervention activities can help prevent problems from getting worse. Some community mental health awareness events will be stand alone events specifically addressing mental health issues, other times MHSA PEI programs may become a part of independent community events by providing mental health awareness on a matter that corresponds with MHSA philosophy and meets the goals of the event sponsor.

These strategies are seen as economical and powerful ways to increase community awareness and empathy surrounding mental health issues.

PEI PROJECT SUMMARY

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

The Mental Health Education Program will have 2 components: Stomp Out Stigma and NAMI activities, which will increase Butte County's community awareness regarding Mental Health Issues.

Meeting Community Needs

Stomp Out Stigma (SOS) Program: Provide county-wide education presentations with the goal of increased awareness of mental illness and decreased stigma and discrimination. In addition to presentations the Stomp Out Stigma Program will provide community mental health awareness events. The Stomp Out Stigma program will include consumer employees.

NAMI: Increase NAMI's ability to fulfill their mission to provide support, education, and advocacy for persons with mental illness and their families by helping them to create a website; develop a quarterly speakers program; and to present a community mental health awareness event.

Community Mental Health Awareness Events, which include mental health screening and education, will increase public awareness about mental illness. Mental health issues range from mild depression and anxiety to more serious illnesses, such as schizophrenia. Public awareness services and events should inform the public about the signs and symptoms of serious mental illnesses and less commonly recognized mental health issues such as anger, depression, and anxiety. By recognizing these less severe signs and symptoms early, prevention and early intervention activities can help prevent problems from getting worse.

Population

- Stomp Out Stigma would provide presentations for a wide variety of community groups and schools, which would include 12 years of age to older adults.
- NAMI activities would reach people of all ages but would be focused on individuals with mental illness and their family members.

Location

The events would take place throughout Butte County.

PEI PROJECT SUMMARY**Highlights of new or expanded projects including frequency and duration****Stomp Out Stigma (SOS)**

Stomp out Stigma is a community advocacy and educational outreach program dedicated to eradicating the stigma associated with mental illness. Stomp Out Stigma is unique in its anti-stigma approach, by creating a forum in which individuals with mental illness share their personal experiences with the community at large. The engagements would be booked in as many different venues as possible to reach as many locations in the county as possible. Presentations would include a standard panel model as well as of presentations targeted to unique audiences and populations. Emphasis would be placed on recruiting and training representatives from diverse cultural backgrounds and individuals who can speak languages other than English, especially Butte County's two threshold languages, Spanish and Hmong.

Stomp Out Stigma staff would need to engage with a wide variety of community members to secure presentation opportunities. Staff would train and recruit consumers and family members who will be presenting information.

NAMI

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. NAMI members provide support, education, and advocacy for persons with mental illness and their families. NAMI recognizes that the key concepts of recovery, resiliency, and support are essential to improving the wellness and quality of life of all persons affected by mental illness. Mental illnesses should not be an obstacle to a full and meaningful life for persons who live with them. NAMI will advocate at all levels to ensure that all persons affected by mental illness receive the services that they need and deserve, in a timely fashion.

Locally, the Butte County chapter of NAMI is a key partner in providing mental health awareness services. Historically, NAMI has provided a monthly newsletter and provided Peer-to-Peer and Family-to-Family support groups. In order to increase the visibility and accessibility of NAMI to the general public, NAMI will increase the number of brochures, publications and other items that help to increase mental health awareness and decrease stigma and discrimination associated with mental illness.

In collaboration with Enloe Hospital and BCDBH, NAMI will organize and host a quarterly speaker series, which will provide information on Mental Health Issues. The series will be open to the general public, as well as the medical community.

PEI PROJECT SUMMARY

NAMI will take the lead in organizing a collaborative mental health awareness event or campaign. Key partners will include BCDBH, BC Behavioral Health Board, and other providers of mental health services. The goal of this event or campaign will be to increase awareness of mental health issues and to decrease stigma and discrimination associated with mental illness. NAMI will establish a steering committee to determine what type of event or campaign will be organized. The steering committee will include representatives from the key partners listed above. The steering committee will establish goals and objectives for the mental health awareness event or campaign.

Actions (with frequency and duration):

Stomp Out Stigma will provide “speaker” training sessions on a minimum of a two times per year. A minimum of 4 presentations per month will be made to a variety of community groups throughout Butte County. Additionally, SOS will sponsor at least one community awareness event annually.

NAMI Groups: NAMI will increase community access to information about NAMI and mental health issues through the following activities: increased distribution of brochures, publications, and other items that help to increase mental health awareness and decrease stigma and discrimination associated with mental illness. a quarterly speaker’s series and sponsorship of at least one community awareness event annually to increase awareness and decrease stigma and discrimination around mental health issues.

Milestones w/Timeline

Action	Milestone	Timeline
For all Mental Health Education Programs:		
Convene stakeholders to ensure participation in program design for Stomp Out Stigma, NAMI, and Community Mental Health Awareness events to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009
Convene meeting with BCDBH Evaluations Unit to identify how to collect data to determine if intended outcomes are met for Stomp Out Stigma, NAMI, and Community Mental Health Awareness events	Evaluation method has been defined and is ready to implement.	June 2009

PEI PROJECT SUMMARY

Action	Milestone	Timeline
Participate in regular PEI Committee meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects	Staff participate in regularly PEI Committee meetings	Ongoing
Stomp Out Stigma:		
Stomp Out Stigma implementation	A program implementation plan has been developed and is being executed.	July
Hire Staff	Staff is hired	July 2009
Develop Annual Plan for recruitment and training	Recruitment and training plan has been developed	July – August 2009
Educate community about services	Community has received information about services	July 2009 and ongoing
Provide Stomp Out Stigma Presentations	Presentations have been held throughout Butte County	July – August 2009 and ongoing
Stomp Out Stigma presentations are evaluated Community awareness event or campaign	Evaluation has been conducted for each presentation	July – August 2009 and ongoing
NAMI:		
Develop contract with NAMI to provide services	Contract has been developed and signed	June 2009
NAMI provides services including increased distribution of mental health awareness materials, presentation of a speakers series, and community awareness events.	Services have been provided	June 2009 and ongoing
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff.	July 2010

PEI PROJECT SUMMARY

4. Programs

Program Title Mental Health Awareness	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	
Stomp Out Stigma	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
NAMI	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
Projected ANNUAL count of individuals to be served:			
Stomp Out Stigma	Individuals: 1200 Families: 100	Individuals: 0 Families: 0	0
NAMI	Individuals: 2000 Families: 200	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 3100 Families: 150	Individuals: 0 Families: 0	0

PEI PROJECT SUMMARY

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

Each of these programs will have a link with a variety of services in Butte County including those provided by:

- BCDBH
- Wellness and Recovery Centers
- Youth Services
- NAMI
- MHSA Programs
- Community providers of mental health services

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

6. Collaboration and System Enhancements

- This PEI project will be sustained through on-going MHSA funding.
- The programs will enhance the stability of NAMI Butte County, which will increase support of individuals with mental illness and their families.
- Increased collaboration among a variety of entities providing mental health services in Butte County.

7. Intended Outcomes**Individual Outcomes**

1. Individuals will be better informed on the nature and scope of mental illness
2. Individuals with mental illness will experience less stigma and discrimination
3. Individuals will have an increased knowledge of resiliency and wellness/recovery actions

PEI PROJECT SUMMARY

4. Increased social support amongst those impacted by mental illness

System Outcomes

1. Increase in number of individuals seeking early intervention for mental health issues
2. Increase d knowledge and understanding of the impact of mental illness on individuals and families
3. Reduction in stigmatizing attitudes and discrimination related to mental health issues

8. Coordination with Other MHSA Components

- Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.
- Staff and volunteers in the mental health awareness project will disseminate key information about all BCDBH services including MHSA services while providing, presentations; community events; and speaker's series. MHSA projects will collaborate with the mental health awareness project by obtaining mental health awareness and education information to provide to the individuals and families that their projects serve.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte **PEI Project Name:** GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Suicide Prevention and Education Program

Date: May 6, 2009

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input 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
E. 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEI PROJECT SUMMARY

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

The need for prevention and early intervention services for the GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) community surfaced during the community input process. The specific areas of service focused on information, referral, suicide prevention services, and education for the youth ages 14-25 and their family members. Current data and research on this topic concurs this is a population in need of mental health prevention services.

Over the past 15 years, research has suggested that adolescence can continue into the third decade of life. As those of us who work with adolescents and their families can attest, getting there is half the battle. And while adolescence is a period of increased stress and excitement for a majority of youth, some definitely have more of a struggle on their hands than others. In a 1987 study by Hetrick and Martin, 80 percent of all gay, lesbian, and bisexual youth reported feeling severely isolated, and of this 80 percent, half reported additional difficulties caused by their parents' rejection due to their sexual orientation. As a result of their families' rejection, as many as 26 percent of gay, lesbian, and bisexual (GLB) youth feel forced to leave home.

Schools often unwittingly or complicity reinforce that it is not healthy or safe to be gay, lesbian, or bisexual. A study at Lincoln-Sudbury Regional High School in Boston revealed that 97 percent of the student body reported hearing anti-gay comments on campus. Such disparaging and often prejudicial remarks are often ignored or, even worse, tacitly encouraged by faculty and administration.

Over the last two decades, research findings have pointed to disproportionately high rates of suicidal behavior among GLBTQ adolescents and young adults. Suicide attempts in this population have been linked to a variety of factors including lack of support, family problems, violence/ victimization, and mental health problems, notably depression and substance abuse or dependency.

An anonymous survey conducted statewide in Massachusetts public schools found the following:

Students who described themselves as gay, lesbian, or bisexual were significantly more likely than their peers to report attacks, suicide attempts, and drug and alcohol use. When compared to their heterosexual peers, this group was:

- Over five times more likely to have attempted suicide in the past year
- Over three times more likely to miss school in the past month because of feeling unsafe
- Over three times more likely to have been injured or threatened with a weapon at school

PEI PROJECT SUMMARY

In 2005, the Youth Risk Behavior Survey reported: Sexual minority adolescents – those who self-identified as gay, lesbian, or bisexual or who reported any same-sex sexual contact – had suicidality rates nearly double those of their peers. For example, they were more likely to have hurt themselves on purpose (44 percent vs. 17 percent), to have seriously considered suicide (34 percent vs. 11 percent), and have made a suicide attempt in the past year (21 percent vs. 5 percent).

Parents' attitudes and behaviors toward their gay, lesbian, and bisexual offspring are key determinants of their children's risks of suicide, substance abuse, and depression, according to a new study (December 2009) published in the journal *Pediatrics*.

The study in *Pediatrics*, conducted by a team of researchers led by Caitlin Ryan, director of Adolescent Health Initiatives at the Cesar Chavez Institute at San Francisco State University, found that rejection by one or both parents and efforts to change sexual orientation were significantly associated with higher risks of suicide and poorer health outcomes among this population.

Lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Reflecting these findings, the researchers called for educational, counseling, and training support for parents and caregivers of gay, lesbian, and bisexual youth. Providers who serve this population should assess and help educate the families about the impact of rejecting behaviors, providing anticipatory guidance, and referring families for counseling and support. These interventions can help make a critical difference in decreased risk and increased well being for GLBTQ youth.

Other researchers have found similar findings. Effie Malley, a senior prevention specialist at the federally-funded Suicide Prevention Center in Newton, Mass., has done her own research and released another study this month that shows gay teens have very high rates of suicide attempts. She says parents matter — and so do peers, teachers, and society.

PEI PROJECT SUMMARY

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

The GLBTQ Suicide Prevention and Education Program will be located in the Stonewall Center in Chico and will provide resources Countywide for youth and their families.

Meeting Community Needs

During the community input process the need for prevention and early intervention services in a safe, accepting environment for the GLBTQ population surfaced. The specific areas of service focused on information, referral, suicide prevention services, and education for the youth 14-25 and their family members.

The Stonewall Center located in Chico is an established GLBTQ resource center. It has been in existence for 18 years and has operated a youth driven social/discussion group for fourteen years. The group offers a safe comfortable environment to explore questions about sexuality and gender. The group follows a youth development model wherein the youth elect leadership and plan activities. This group is facilitated by peers and many times has members who are presenting with active suicidal ideation and severe depression. The group facilitators and other Stonewall staff do their best to provide effective referrals to mental health services, but realize that they need to be able to provide more resources to these youth. They would feel more effective if they had more education and tools in terms of suicide prevention, and the understanding of how to make successful referrals to crisis services and other mental health services.

The program will provide suicide prevention services and mental health education for GLBTQ individuals and their families. Furthermore, the program will enable the collaboration of service providers, improved linkages with Butte County Behavioral Health services, identification of persons at-risk, and coordination of training for agency/community volunteers and mental health professionals.

It is important to note that stigma associated with homosexuality and gender identity causes many affected individuals to be wary of "governmental" service providers, and of receiving services at typical governmental offices. Youth and family members often feel safer when talking to an individual who they know is GLBTQ or GLBTQ friendly; this is especially true during the "coming out stage". Trust is a most significant factor for the GLBTQ populations and the effort to reach out with trusted community liaisons will lead to improved prevention efforts and lessen the risk of suicide, depression, and other risky behaviors.

PEI PROJECT SUMMARY**Population**

This program will serve GLBTQ youth between 14 and 25 and their families who live in Butte County.

Location

The program will be located in the Stonewall Alliance Center in Chico.

Highlights of new or expanded projects including frequency and duration

The GLBTQ Suicide Prevention and Education program has the following goals:

- Train and educate Stonewall staff and volunteers to understand the signs and symptoms of suicide, depression, anxiety, and isolation.
- Train Stonewall volunteers in various suicide prevention techniques.
- Provide linkage with existing Behavioral Health services including the Crisis Stabilization Unit and Crisis Services.
- Provide educational groups for GLBTQ youth and their family members. These groups will expand the participant's knowledge about GLBTQ issues including isolation, depression, and risk of suicide, and provide options for prevention of negative outcomes.
- Educate members of Stonewall's community speakers group on the impact that rejecting behaviors have on GLBTQ in the process of coming out. The presentations will be made to parents, community members, human service professionals, those working with youth in academic and recreational settings on the impact of rejecting behaviors and how to decrease them.
- Participate in and implement community awareness events to increase community knowledge of GLBTQ suicide prevention, rejecting behaviors, and to reduce the stigma and discrimination associated with mental illness in the GLBTQ community.

Actions (with frequency and duration):

The GLBTQ Suicide Prevention and Education Program will:

- Provide regular information/referral and education hours at the Stonewall Center.
- Coordinate and recruit members for the youth and family educational groups. This will be an ongoing effort.
- Provide youth and family member education groups.

PEI PROJECT SUMMARY

- Develop educational presentations regarding GLBTQ mental health issues and the impact of rejecting behaviors.
- Coordinate and make a minimum of 2 presentations per month to local services providers, schools, and other community organizations.
- Participate in and implement community awareness events as described in the above strategies.
- Train Stonewall staff and volunteers in suicide prevention.

A contract clinician will be engaged to run a family member group and youth group as well as providing individual and family counseling as appropriate.

Milestones w/Timeline

Action	Milestone	Timeline
Establish Request For Proposal (RFP) process and award contract for services.	RFP process complete	June 2009
Convene stakeholders to ensure stakeholder participation in program implementation to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	June 2009
Convene meeting with BCDBH Evaluations Unit to identify how to collect data to determine if intended outcomes are met	Evaluation method has been defined and is ready to implement.	June 2009
Program implementation	A program implementation plan has been developed and is being executed.	July 2009
Develop educational materials	Education materials are developed, are available and in use.	July 2009 & ongoing
Provide Information, referral, and education to Stonewall	Format established	July 2009 and ongoing
Make education presentations to parents, community members, human service professionals, those working with youth in academic and recreational settings	Presentation materials developed. Presentations delivered	July 2009 and ongoing
Participate in regular PEI Committee	Staff participate in regularly PEI Committee	June 2009 and

PEI PROJECT SUMMARY

Action	Milestone	Timeline
meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects	meetings	ongoing
Program evaluation	Evaluation report complete and has been reviewed BCDBH staff.	July 2010

4. Programs

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	
GLBTQ Suicide Prevention & Education Program	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
Information and Referral	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
Presentations	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
Educational Groups – Family and youth groups	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
TOTAL PEI PROJECT ESTIMATED <i>UNDUPLICATED</i> COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 0	Individuals: 0	0
	Families: 0	Families: 0	
Projected ANNUAL count of individuals to be served			
Information and Referral	Individuals: 1040	Individuals: 0	0

PEI PROJECT SUMMARY

Program Title GLBTQ Suicide Prevention & Education Program	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June
Presentations	Families: 0	Families: 0	0
Educational Groups – Family and youth groups	Individuals: 720	Individuals: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Families: 0	Families: 0	0
	Individuals: 48	Individuals: 0	0
	Families: 64	Families: 0	0
	Individuals: 988	Individuals: 0	0
	Families: 64	Families: 0	

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

A key component of this service is to provide linkage for GLBTQ youth and their families to appropriate services. Information about and referral to Butte County Department of Behavioral Health services and community providers of mental health services will be provided.

6. Collaboration and System Enhancements

The GLBTQ Suicide Prevention and Education program will provide a key component to the entire youth mental health delivery system in Butte County. Though there has been an increase in awareness of the impact of GLBTQ issues on youth, the system has lacked a dedicated point of information and education for GLBTQ youth, their families, and professionals and community members who have often not known what to do when a GLBTQ youth sought them out for help.

PEI PROJECT SUMMARY**7. Intended Outcomes****Individual Outcomes**

1. The program will decrease the number of rejecting behaviors by parents of GLBTQ youth, therefore reducing the prevalence of suicide and depression amongst GLBTQ youth.
2. Stonewall staff and volunteers will be knowledgeable about the signs and symptoms of suicide and appropriate prevention actions thereby decreasing the numbers of suicide.
3. GLBTQ individuals and their families will feel less isolated and have an increased understanding of how to prevent depression and suicide

System and Project Outcomes

1. Increased collaboration between BCDBH, Human Services Agencies, and Stonewall Alliance Center
2. Decreased barriers and competent service provision for the GLBTQ community will result in increased services for GLBTQ individuals and their families.
3. The skill and capacity of community organizations and community leaders to serve the GLBTQ will be strengthened and enhanced.

8. Coordination with Other MHSA Components

The GBLTQ Suicide Prevention and Education program will provide a place of referral for youth and their families participating in the LINK program, Live Spot, and Mobile TAY programs. Conversely, staff of the GBLTQ Suicide Prevention and Education Program will provide training for MHSA youth program staff regarding issues for GBLTQ youth and families.

Representatives from all BCDBH PEI programs and services will meet regularly to develop effective collaborative relationships, which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding of unserved/underserved populations. Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

County: Butte

PEI Project Name: Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)

Date: May 6, 2009

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
F. 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 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 type="checkbox"/>

PEI PROJECT SUMMARY

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

The Community Workgroup concluded that there are few services and little emphasis on services for older adults in Butte County. In fact, services that focus on prevention and early intervention for community-dwelling older adults experiencing substantial emotional distress are non-existent in Butte County. Two primary PEI stakeholder planning groups ranked in-home and mobile services for older adults, and for transition aged youth as top priority in Butte County. Over half of the PEI survey respondents stated that “People Experiencing Extreme Isolation and/or Loss” have the greatest unmet needs for services related to the impact of trauma in their lives. Seniors are in a group that commonly have these issues. Half of the survey respondents stated that “elders who are isolated and/or experience loss” are at risk of suicide and need services for this condition.

In Butte County, 20% of the population is over the age of 59; as compared to the statewide proportion of 14%. Almost two-thirds of those seniors live in Chico and Paradise. Older people are disproportionately likely to die by suicide. The Centers for Disease Control and Prevention data show that:

- Although they comprise only 12% of the U.S. population, people age 65 and older accounted for 16% of suicide deaths in 2004.
- 14.3 of every 100,000 people age 65 and older died by suicide in 2004, higher than the rate of about 11 per 100,000 in the general population.

The *California Strategic Plan on Suicide Prevention* outlines a strong case for suicide prevention for older adults:

- The rate of suicide increases significantly with age. In California, adults over the age of 85 have the highest suicide rate in the state, at 22.5. Depression and chronic illness are significant risk factors for suicide among older adults. In addition to heightened suicide risk, depression is linked to multiple adverse health outcomes, including premature mortality and diminished quality of life. Depression rates are particularly high among older adults receiving in-home care or living in institutions and among those with chronic diseases.
- Depression is a significant risk factor for suicide in older adults, and it is also a condition that may go unrecognized and thereby remain untreated. Frequently, signs of mental health problems are missed because they are mistaken as a normal part of aging or they are misdiagnosed as a cognitive impairments that are increasingly common with advanced age...the majority of older adults who died by suicide having visited their physician within one month of their death.

PEI PROJECT SUMMARY

The stigma of mental illness is particularly difficult for older adults. As a generation, they are more likely to hold stigmatized views of mental illness; consequently, they may be reluctant to seek treatment. Often older adults are no longer driving and therefore accessing mental health services presents a barrier, especially in rural areas and counties such as Butte where services are not offered in all towns. During the MHSA CS&S stakeholder process, the need for transportation for seniors was a dominant community need. Not only does this create social isolation, but also a tendency for older adults to forego mental health services.

3. PEI Project Description: (attach additional pages, if necessary)

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

Action Statement

The Older Adult Suicide Prevention, Early Intervention, and Education Program (OASP) will reach out to older adults who are experiencing depression, anxiety, complicated grief and/or loss, trauma, or medication misuse, overuse, or mismanagement. The OASP will provide services that will prevent these symptoms from increasing to levels that may lead to ER visits, inpatient care, institutionalization, self harm, or suicide.

OASP will provide outreach, education, bio-psycho-social assessment, counseling (peer and professional), coaching, social opportunities, transportation, adult day health care, medication management assistance and other supportive services to help older adults avoid the progression of their symptoms. This proactive approach will help older adults avoid adverse health consequences, institutionalization, need for inpatient/stabilization service, and self-harm and/or suicide.

Meeting Community Needs

In Butte County, 20% of the population is over the age of 59, compared to the statewide proportion of 14%. Almost two-thirds of those seniors live in Chico and Paradise.

Older adults are at considerably higher risk for mental illness, particularly depression. According to national statistics, they are the most likely individuals to successfully complete suicide. A key finding of Enloe Medical Center, the primary hospital in Butte County, was that 29% of adults in this area had depression lasting two years or more, particularly people aged 65 and older (2007 Community Health Survey, Enloe Medical Center). Many older adults have chronic health conditions that contribute to signs and symptoms of mental illness, e.g. diabetes and stroke are very closely correlated to depression in older adults. In fact, the 2007 Community Health Survey shows that in Butte County 3.2% of adults suffer from or have been diagnosed with cerebrovascular disease (stroke), a rate higher than the statewide figure of 2.4%. More

PEI PROJECT SUMMARY

than 18% of adults older than age 65 have diabetes (Centers for Disease Control and Prevention). Butte County has a higher rate of this disease in adults (10.5%) than the state proportion of 7.1%.

PASSAGES, the local Area Agency on Aging which has served older adults for 28 years in Butte County, states that “Care Managers know that the incidence of mental illness and severe emotional distress among older clients is high; they have worked with older adult clients who have presented with symptoms/diagnoses of depression, bipolar disorder, complicated grief/loss, anxiety, PTSD, panic disorders, psychotic disorders, medication misuse, overuse and mismanagement; and obsessive-compulsive disorder.”

It is acknowledged that in Butte County, older adults who are experiencing initial symptoms of substantial emotional distress are not accessing mental health services in proportion to their numbers. These older adults are facing profound and unremitting sadness, grief/loss, social isolation, fear, physical symptoms; they frequently do not know the cause of these symptoms or that the proper early intervention treatment of older adults is generally successful. They may believe and accept that the nature of being old is to be sad; that depression is a “normal” part of aging. They often express the sentiment that these feelings are “their fault” and that they need to “pick themselves up by the bootstraps” if they want to feel better. If they have had treatment that did not include thorough education, support and follow-up, they may believe that treatment, in general, doesn’t work. Consequently, they may not seek help or disclose symptoms after that failed intervention.

The result of the lack of early identification and appropriate in-home intervention and services are substantial and include escalation of symptoms, institutional placement, self harm, and suicide.

Population

The target population is community-dwelling older adults (aged 60+), especially those who are experiencing depression, anxiety, complicated grief and/or loss, trauma, or medication misuse, overuse, or mismanagement. These older adults are likely to be experiencing symptoms that have not yet met the threshold of “medical necessity” used by Behavioral Health services and may not have come to the attention of law enforcement, emergency responders, or hospital personnel.

This program will reach out to older adults who have not accessed mental health services or are experiencing barriers to access such as stigma, ageism, lack of knowledge about treatment options, limited age-appropriate services, and inadequate support for treatment, transportation difficulties, and physical disability.

PEI PROJECT SUMMARY**Location**

County-wide, in homes of older adults or at convenient, accessible locations

Highlights of new or expanded projects including frequency and duration

This strategy is driven by the need to reach out to older adults in a manner that has been adapted to address the barriers to access experienced by older adults, coupled with the development of a system of care that is effective in addressing the special issues that older adults experience when struggling with substantial emotional distress.

OASP's approach is provide prevention/early intervention outreach to older adults and the general community with a message of hope and education about mental health problems and successful treatment options, while de-stigmatizing the issue for older adults, in particular.

Key components of this Outreach and Education program are:

Outreach and Education

- Presentations will be provided by OASP to groups who are likely to have family members, friends and neighbors who are older adults and may have initial symptoms of depression, anxiety, complicated grief and/or loss, trauma and/or may be struggling with medication use, misuse and overuse. These presentations will help the informal network identify older adults at risk of suicide and/or who may benefit from the assessment, coaching, medication management, social interaction opportunities, adult day health care, transportation and other support activities of the OASP.
- Providers of service to older adults will be contacted and provided information about aging, mental health issues and the services provided by OASP. These contacts will help providers improve their mental health knowledge and inform their practice with older adults; with information about the program, they will also identify and refer older adults who may benefit from the OASP.
- "Brown Bag clinics" will be hosted as an outreach tool. These clinics invite older adults to bring their medications (in a "brown bag") for review by a pharmacist working with OASP staff looking for medication interactions and contraindications. Education, informal assessment of mental health symptoms and Information about the side effects of certain medications will be shared with the older adults, particularly those with depression as a side effect.
- Collaboration between Butte County and the San Francisco Institute on Aging (SFIOA) will be explored with the goal of expanding SFIOA's Friendship Line to Butte County older adults. Trained older adult volunteers staff the Friendship Line.

PEI PROJECT SUMMARY

OASP will develop a menu of supportive services and provide these services to older adults experiencing substantial emotional distress. Clients will be assessed and a customized plan will be constructed through a partnership of client and OASP staff and clinicians.

Assessment

Nurses and social workers will comprehensively assess the bio-psycho-social elements of older adults who are referred and enrolled in the OASP. This assessment will pay particular attention to disease, chronic illness, medications, dysfunctional family dynamics, unresolved grief/loss, use of alcohol, history of trauma, and potential for self-harm and/suicide.

Action Plan Development and Implementation

Based on the assessment, customized care plans will be developed by the older adult client and the OASP assessment team. Intervention must include:

Comprehensive Bio-Psycho-Social Assessment: Assessment by social work and nursing disciplines, Care Plan Development and Implementation and ongoing monitoring for older adults whose abilities to manage their mental health care on an ongoing basis are extremely limited due to medical frailty, dysfunctional family/social dynamics, etc. The goal will be to avoid Emergency Room visits, crises, suicide, self neglect, exploitation, and placement in institutional settings.

Individualized Plan: A customized plan will be developed matching the needs of the older adult client with a wide array of intervention options, including, but not limited to:

- Individual Education:
 - Partnership with primary care physician, or psychiatrist regarding education of older adult about mental illness. For example, information would be shared, if appropriate, about common chronic diseases and how they may be related to mental health symptoms, e.g., the connection between diabetes and depression. Easy-to-understand fact sheets will be shared with clients on common mental health problems.
- Mental Health Counseling:
 - Mental health professionals with expertise and experience with older adults will provide mental health and substance abuse counseling. Counseling services will be provided through an appropriate combination of OASP clinicians, contracted licensed clinicians and peer counselors. Counseling will be offered to clients in

PEI PROJECT SUMMARY

their homes or at locations that provide easy access if home is not a viable location. All clients will be assessed for suicidal ideation and referred as appropriate to crisis services.

- Support groups dedicated to helping older adults cope with later life issues such as grief and loss, dealing with aging and physical disability, post retirement depression, PTSD, and substance abuse will be available and convenient for older adults. Activities will be located at places where older adults congregate, such as senior housing, and will facilitate socialization.
- Medication Support:
 - Evaluation of medication support needs.
 - Referrals to HICAP, a provider of objective Medicare Part D counseling services for assistance in obtaining the most appropriate coverage for the medications needed by older adult.
 - “Observed medication ingestion” for older adults who face challenges in following prescribed medication regimes,
 - Service authorizations for medication management machines (e.g., Monitored Automatic Medication Dispensers) or technologies like medical alert systems.
 - Education on the topic of psychotropic medications will also be provided, e.g., the common side effects of the beginning use of antidepressants and how to cope with those symptoms.
- Socialization Opportunities:

Socialization opportunities including home friendly visitations by volunteers or Senior Companions, telephone reassurance, and adult day health care.
- Adult Day Health Care Services:
 - Assessment and service from multiple disciplines (including nursing, speech therapy, occupational therapy, physical therapy, recreation) in order to provide support with recovery and to delay or prevent institutional placement.
 - When a participant is not on Medi-Cal, or has a high share of cost, assistance with payment will be provided for attendance at Adult Day Care.
- Dietetics:

A contract Registered Dietician will assess client’s nutritional risk and collaborate with the client to mitigate negative impacts on client’s mental health functioning due to poor nourishment, obesity, and unintentional weight loss related to depression.
- Monitoring:

PEI PROJECT SUMMARY

An individualized monitoring schedule and description will be devised for each older adult client. This schedule will take into account the wishes of the client, the assessment of the OASP clinician and the need to document the client's progress in a systemic fashion.

Summary

This outreach, education and customized intervention strategy takes a proactive and effective approach to providing access to education and intervention services for older adults experiencing substantial emotional distress. These approaches will prevent the escalation of mental health symptoms and prevent the adverse consequences of untreated symptoms, including suicide.

Actions (with frequency and duration):

- Outreach/Education to Community individuals who provide informal support to older adults at risk
- Outreach/Education to Service Providers
- Comprehensive Bio-Psycho-Social Assessment, including licensed clinician and nursing disciplines
- Individualized Plan Development, including the provision of a wide array of supportive services designed for older adults who are community-dwelling, including, but not limited to: individual education, counseling, medication support, socialization opportunities, adult day health care, and dietetics.
- Monitoring of success and continuing challenges; measurement of pre and post intervention mental health indicators
- Clients will have access to two tiers of service:
 - An initial tier of comprehensive assessment, an frequent schedule of intervention and monitoring by OASP staff
 - A secondary tier, post-stabilization that will have a focused reassessment, maintain payment for supportive services, with a less frequent monitoring contact schedule.

PEI PROJECT SUMMARY

Milestones w/Timeline

Action	Milestone	Timeline
Convene stakeholders to ensure participation in program design to ensure that community needs are met in the most appropriate and desired way.	Stakeholders have met	May 2009
Convene meeting with BCDBH Evaluations Unit to identify how to collect data to determine if intended outcomes are met	Evaluation method has been defined and is ready to implement.	June 2009
Program implementation	A program implementation plan has been developed and is being executed.	June 2009
Hire and train staff	Staff is hired and trained	July 2009
Create MOU's with adult day health care, licensed clinical social workers, volunteer programs, dieticians, and other professionals who will contract to provide services	MOU's are created	July 2009
Educate community about older adults and mental illness, perform outreach activities	Community and professionals have received information about older adults, mental illness and available services	July 2009 and ongoing
Conduct client assessments.	Assessments have been conducted.	July 2009 and ongoing
Develop customized plans with a wide variety of options for intervention with older adult's participation	Plans have been developed	July 2009 and ongoing
Connect participants with community services, through referral, arrangement, coaching, or program purchase	Participants received services	July 2009 and ongoing
Provide on-going customized support to identified older adults	Personalized support has been provided	July 2009 and ongoing
Transition participants to community services and their own support systems	Participants transition to appropriate services	July 2009 and ongoing

PEI PROJECT SUMMARY

Action	Milestone	Timeline
Participate in regular PEI Committee meetings to develop collaborations, problem-solve implementation challenges, and assist in evaluation of PEI projects	OASP Staff participated in regular PEI committee meetings	Ongoing
Program evaluation	Evaluation report complete and has been reviewed	July 2010

4. Programs

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	
Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)			
The Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)	Individuals: 0 Families: 0	Individuals: 0 Families: 0	0
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: Families:	Individuals: Families:	0
Projected ANNUAL count of individuals to be served:			
Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)	Individuals: 720 Families: 75	Individuals: 120 Families: 25	
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 700 Families: 50	Individuals: 100 Families: 20	0

PEI PROJECT SUMMARY

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

Butte County has an active Elder Services Coordinating Council, which will ensure collaboration among the wide variety of agencies that provide services for older adults. These include PASSAGES (Area Agency on Aging), Peg Taylor Adult Day Health Center, and Northern Valley Social Service.

BCDBH and other non-profit agencies will be relieved to have this service as a referral source for older adults. Multiple times practitioners feel helpless when an older adult asks for or needs mental health services because resources are a sparse commodity in Butte County.

6. Collaboration and System Enhancements

- Currently there are no older adult program in Butte County that provides suicide prevention and mental health education services for seniors. Adding this key element to the service delivery system will strengthen services for older adults and ensure they are not shuffled to services that 'don't quite fit their needs'.
- The outreach to caregivers of seniors, many times the significant other and a senior themselves, will be key in preventing caregiver burnout and depression.
- The Brown Bag Drug Consultations will provide a regularly scheduled time for seniors in the four main population centers in Butte County to have the combination of their medications reviewed by a physician with the purpose of identifying possible negative drug interactions.
- Providing suicide prevention and mental health awareness education will increase the expertise and experience in the mental health concerns of older adults for professionals who work primarily with older adults and who work with the general population. Nurses, social workers, counselors, doctors, MFT's will be professions that will benefit from this increased exposure through this program.
- The system of addressing mental health concerns has been characterized by a one size fits all philosophy and a you-come-to-us orientation. This new approach addresses the special mental health needs of older adults in a customized fashion eliminating barriers to specialized treatment and access for older adults. This way will lead to enhance quality of life for older adults, reduction in ER visits, institutionalization, in-patient admissions, PHF stays, and nursing home admissions and institutionalization.

This program will be sustained through MHSA funding and Medi-Cal Billing.

PEI PROJECT SUMMARY

7. Intended Outcomes**Individual Outcomes**

1. Decreased depression in participants as measured by the geriatric depression scale
2. Decreased risk for drug and alcohol as measured by the older adult alcohol and drug risk assessment Michigan alcoholism test geriatric version
3. Increased knowledge of drug interactions including those that may increase depression and anxiety
4. Decrease of caregiver strain index of older adults caring for their spouse or other relative

System and Project Outcomes

1. Increased effective early intervention in mental health issues and identification of suicide risk by a variety of professionals who work with older adults
2. Increased referrals for PEI services as the community and older adults learn they are available and that they need them
3. Skill set enhancement for the wide variety of professionals that interact with older adults
4. A Friendship Line specifically designed for older adults will be a part of the array of services for older adults in Butte County.
5. Increased collaboration between BCDBH and the wide variety of professionals that interact with older adults.

8. Coordination with Other MHSA Components

The Butte County Behavioral Health 23 Hour Crisis Stabilization Program funded by CS&S will offer immediate help to older adults to stabilize any mental health crisis. Older adults, who are homeless and often seek Emergency Room services, will be served in the CS&S Homeless Mentally Ill program.

This program will collaborate with other MHSA PEI programs in order to cross train other programs and increase appropriate referrals between services so that the residents of Butte County can receive the best service possible.

Representatives from all BCDBH PEI programs and services will meet regularly as the "PEI Committee" to develop effective collaborative relationships which will ensure that consumers are referred to programs that best fit their needs. This will also provide an avenue for staff training regarding unique issues of unserved/underserved populations.

PEI PROJECT SUMMARY

Furthermore it will be a venue to problem-solve implementation challenges with colleagues who will be experiencing similar challenges or have recently found solutions to similar challenges.

9. Additional Comments (optional)

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Promotoras for Gridley and Chico Apartments

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

County Name: Butte Date: 3/25/09
 PEI Project Name: Promotoras
 Provider Name (if known):
 Intended Provider Category: Ethnic or cultural organization
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 400
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 400
 Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Behavioral Health Counselor (1 FTE)	\$0	\$0	\$34,666	\$34,666
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$19,030	\$19,030
Total Personnel Expenditures	\$0	\$0	\$53,696	\$53,696
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost	\$0	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0	\$0
Total Operating Expenses	\$0	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Promotoras	\$0	\$0	\$246,304	\$246,304

PEI Revenue and Expenditure Budget Worksheet

	(To be identified through RFP process)	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Subcontracts	\$0	\$0	\$246,304	\$246,304
a.	4. Total Proposed PEI Project Budget	\$0	\$0	\$300,000	\$300,000
B. Revenues (list/itemize by fund source)					
	Federal Financial Participation	\$0	\$0	\$77,047	\$77,047
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$77,047	\$77,047
1.	Total Funding Requested for PEI Project	\$0	\$0	\$222,953	\$222,953
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.					

**BUDGET NARRATIVE
MHSA PEI
Promotoras**

ESTIMATED PERSONNEL

Employee Salary and Wages

Costs for salaries and wages amount to **\$34,666**. It includes costs for:

Behavioral Health Counselor 1 FTE at \$34,666

The function of this position will be to act as a liaison between BCDBH and the contracting agency. To provide culturally and linguistically appropriate services including screening, assessment, and case management services.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$19,030** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

No Operating Expenditures for this program

SUBCONTRACTS/PROFESSIONAL SERVICES

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Promotoras- **\$246,304**. This represents costs for a contract with a community based organization to meet a primary goal of the Latino and Hmong PEI Promotoras strategy of reducing disparities. It is designed to leverage resources by reaching individuals and families through current infrastructures that serve the Latino and Hmong communities. The strategy will employ a strength-based, wellness-focused approach to PEI that includes three kinds of activities: (1) outreach/education, (2) mental health consultation, and (3) early intervention that reduces risk factors and builds resilience for individual and families. Professional mental health consultants and “Promotoras” (community health promoters and community liaisons) will collaborate to accomplish this strategy leading to decreased barriers, increased service penetration, increased availability of and satisfaction with services.

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is **\$300,000**.
- B. Other revenues for this program are estimated at **\$77,047** in Federal Financial Participation.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$222,953. The total funding requested is the difference between the total expenditures of \$300,000 and \$77,047 in offsetting Federal Financial Participation.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: African American Cultural Center

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

County Name: Butte Date: 3/25/09
 PEI Project Name: African American Cultural Center
 Provider Name (if known):
 Intended Provider Category: Ethnic or cultural organization
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 375
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 375
 Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Behavioral Health Counselor (1 FTE)	\$0	\$0	\$34,666	\$34,666
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$19,030	\$19,030
Total Personnel Expenditures	\$0	\$0	\$53,696	\$53,696
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost	\$0	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0	\$0
Total Operating Expenses	\$0	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
African American Cultural Center	\$0	\$0	\$271,304	\$271,304

PEI Revenue and Expenditure Budget Worksheet

	(To be identified through RFP process)	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
a. Total Subcontracts		\$0	\$0	\$271,304	\$271,304
4. Total Proposed PEI Project Budget		\$0	\$0	\$325,000	\$325,000
B. Revenues (list/itemize by fund source)					
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$0	\$0
1.	Total Funding Requested for PEI Project	\$0	\$0	\$325,000	\$325,000
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.					

**BUDGET NARRATIVE
MHA PEI
African American Cultural Center**

**ESTIMATED PERSONNEL
Employee Salary and Wages**

Costs for salaries and wages amount to **\$34,666**. It includes costs for:

Behavioral Health Counselor 1 FTE at \$34,666

The function of this position will be to provide a culturally competent liaison between BCDBH and the African American Community Center consumers and staff. The individual in the position will collaborate in the development and implementation of various groups; provide information and referral to the array of mental health services in Butte County, and will provide on site mental health services.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$19,030** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

No Operating Expenditures for this program

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

SUBCONTRACTS/PROFESSIONAL SERVICES

African American Cultural Center - **\$271,304**. This represents costs for a contract with a community based organization providing a resource center to meet the needs of African Americans will be opened in the Southside neighborhood of Oroville, Butte County to serve as a place where the community can gather to express itself through cultural events and learn about and connect with services and agencies such as Behavioral Health. Behavioral Health staff will be located in the Center to provide services such as suicide prevention and mental health awareness activities. The center will serve as a bridge in the community between the people and the providers, utilizing trained community members as liaisons. The goal is to enhance families, increase access, reduce mental health crises, and strengthen the skill and capacity of organizations and leaders to serve the African American community.

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is **\$325,000**.
- B. No other revenues are anticipated for this program.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$325,000.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Integrated Primary Care and Mental Health

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

County Name: Butte Date: 3/25/09

PEI Project Name: Integrated Primary Care

Provider Name (if known): Butte County Department of Behavioral Health

Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 700

Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0

Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 700

Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Mental Health Clinician, Intern (6 FTE)	\$0	\$0	\$266,262	\$266,262
Medical Record Tech (1 FTE)	\$0	\$0	\$33,700	\$33,700
Psychiatric Technician (2 FTE)	\$0	\$0	\$67,643	\$67,643
Behavioral Health Counselor (6 FTE)	\$0	\$0	\$208,000	\$208,000
b. Benefits and Taxes @ %	\$0	\$0	\$278,826	\$278,826
Total Personnel Expenditures	\$0	\$0	\$854,431	\$854,431
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost				
b. Other Operating Expenses	\$0	\$0	\$22,337	\$22,337
Total Operating Expenses	\$0	\$0	\$22,337	\$22,337
3. Subcontracts/Professional Services (list/itemize all subcontracts)				

PEI Revenue and Expenditure Budget Worksheet

Psychiatrist	\$0	\$0	\$49,400	\$49,400
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$49,400	\$49,400
4. Total Proposed PEI Project Budget	\$0	\$0	\$926,168	\$926,168
B. Revenues (list/itemize by fund source)				
				0
Federal Financial Participation	\$0	\$0	\$808,996	\$808,996
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$808,996	\$808,996
1. Total Funding Requested for PEI Project	\$0	\$0	\$117,172	\$117,172
5. Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.				

**BUDGET NARRATIVE
MHA PEI
Integrated Primary Care**

**ESTIMATED PERSONNEL
Employee Salary and Wages**

Costs for salaries and wages amount to **\$575,605**. It includes costs for:

Mental Health Clinician, Intern 6 FTE at \$266,262

This position will be embedded in a community health clinic with the function of providing mental health assessments and evidenced-based brief mental health services for individuals with sub-acute mental health issues. They will identify individuals with SMH (serious mental Health Issues) and refer them to the appropriate services.

Medical Record Tech 1 FTE at \$33,700

The function of this position is to maintain consumer files and enter project data.

Psychiatric Technician 2 FTE at \$67,643

Psychiatric technicians will provide client monitoring and education support.

PEI Revenue and Expenditure Budget Worksheet

Behavioral Health Counselor 6 FTE at \$208,000

The function of this position will be to provide screening, and when appropriate linkage to other services, including more extensive mental health services

Employee Benefits

Benefits and Taxes. Benefits are estimated at \$278,826 and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

Total Operating Expenses amount to **\$22,337**.

- A. Facility Cost. **None**
- B. Other Operating Expenses. Other operating expenses are estimated at **\$22,337** and include costs for office supplies, transportation & travel, and literature tools.

SUBCONTRACTS/PROFESSIONAL SERVICES

Psychiatrist - **\$49,400**. The function of this position will be to provide psychiatric assessments and early intervention treatment and to train primary care staff in effective assessment, diagnosis and treatment of sub acute mental health issues.

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is **\$926,168**.
- B. Other revenues for this program are estimated at **\$808,996** in Federal Financial Participation.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$117,172. The total funding requested is the difference between the total expenditures of \$926,168 and \$808,996 in offsetting Federal Financial Participation.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Mobile TAY Project

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

County Name: Butte Date: 3/25/09

PEI Project Name: Mobile TAY
 Provider Name (if known): Butte County Department of Behavioral Health
 Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>60</u>
Total Number of Individuals currently being served:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>0</u>
 Total Number of Individuals to be served through PEI Expansion:	 FY 07-08 <u>0</u>	 FY 08-09 <u>0</u>	 FY 09-10 <u>60</u>
Months of Operation:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>12</u>

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Mental Health Clinician, Intern (1 FTE)	\$0	\$0	\$44,377	\$44,377
Behavioral Health Counselor (2 FTE)	\$0	\$0	\$69,333	\$69,333
Medical Record Tech (1 FTE)	\$0	\$0	\$33,700	\$33,700
Extra Help MH Interns (2 FTE)	\$0	\$0	\$32,000	\$32,000
b. Benefits and Taxes @ %	\$0	\$0	\$80,473	\$80,473
Total Personnel Expenditures	\$0	\$0	\$259,884	\$259,884
2. Operating Expenditures				
a. Facility Cost	\$0	\$0	\$18,000	\$18,000
b. Other Operating Expenses	\$0	\$0	\$88,000	\$88,000
Total Operating Expenses	\$0	\$0	\$106,000	\$106,000

c.

PEI Revenue and Expenditure Budget Worksheet

3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Psychiatrist	\$0	\$0	\$49,400	\$49,400
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
a. Total Subcontracts	\$0	\$0	\$49,400	\$49,400
4. Total Proposed PEI Project Budget	\$0	\$0	\$415,284	\$415,284
B. Revenues (list/itemize by fund source)				
				0
Federal Financial Participation	\$0	\$0	\$250,403	\$250,403
EPSDT	\$0	\$0	\$100,161	\$100,161
	\$0	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$350,565	\$350,565
5. Total Funding Requested for PEI Project	\$0	\$0	\$64,719	\$64,719
6. Total In-Kind Contributions	\$0	\$0	\$0	\$0

**BUDGET NARRATIVE
MHSA PEI
Mobile TAY**

ESTIMATED PERSONNEL

Employee Salary and Wages

Costs for salaries and wages amount to **\$179,410**. It includes costs for:

Mental Health Clinician, Intern 1 FTE at \$44,377

The function of this position would be to provide mental health services to consumers and their family. To participate as a team member in planning and delivery of project services to TAY's and their families. Co-occurring drug and alcohol issues are expected to be a factor in 80% of the cases, therefore the MHCi will have skill in providing services to individuals with co-occurring disorders.

Behavioral Health Counselor 2 FTE at \$69,333

The function of this position will be to provide case management services with the goal of assisting youth to accomplish their goals for mental health improvement and improvement life functioning domains. Co-occurring drug and alcohol

PEI Revenue and Expenditure Budget Worksheet

issues are expected to be a factor in 80% of the cases, therefore the BHC will have skill in providing services to individuals with co-occurring disorders.

Medical Record Tech 1 FTE at \$33,700

The function of this position is to maintain consumer files and enter project data.

Mental Health Intern – Extra Help (2 positions) at \$32,000

The function of this position will be to provide peer/family support services. Extra Help MH Interns will provide outreach, make home visits, assist with accessing services, and coaching on successful methods to respond to and help young people as they work to solve their problems.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$80,473** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

Total Operating Expenses amount to **\$106,000**.

A. Facility Cost. **\$18,000**

B. Other Operating Expenses. Other operating expenses are estimated at **\$88,000** and include costs for flexible funds, transitional housing, office supplies, travel & training, client support, phones and computers.

SUBCONTRACTS/PROFESSIONAL SERVICES

Mobile TAY -Psychiatrist - **\$49,400**. This represents costs for a contract with a psychiatrist to provide psychiatric assessments and early intervention treatment to project consumers.

TOTAL PROPOSED PEI BUDGETS

A. The overall expenditure level for this program is **\$415,284**.

B. Other revenues for this program are estimated at **\$250,403** in Federal Financial Participation and **\$100,161** in EPSDT.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$64,719. The total funding requested is the difference between the total expenditures of \$415,284 and \$250,403 in offsetting Federal Financial Participation and \$100,161 EPSDT revenue.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Gridley Live Spot

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

County Name: Butte Date: 3/25/09

PEI Project Name: Gridley Live Spot
 Provider Name (if known): Butte County Department of Behavioral Health
 Intended Provider Category: County Agency

Proposed Total Number of Individuals to be served:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>125</u>
Total Number of Individuals currently being served:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>0</u>
 Total Number of Individuals to be served through PEI Expansion:	 FY 07-08 <u>0</u>	 FY 08-09 <u>0</u>	 FY 09-10 <u>125</u>
Months of Operation:	FY 07-08 <u>0</u>	FY 08-09 <u>0</u>	FY 09-10 <u>12</u>

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Supervising Behavioral Health Education Specialist (1 FTE)	\$0	\$0	\$57,870	\$57,870
Behavioral Health Education Specialist (1 FTE)	\$0	\$0	\$35,533	\$35,533
Mental Health Clinician, Intern (1 FTE)	\$0	\$0	\$44,377	\$44,377
Extra Help- Behavioral Health Education Specialist	\$0	\$0	\$36,760	\$36,760
Extra Help- Mental Health Intern	\$0	\$0	\$16,000	\$16,000
b. Benefits and Taxes @ %	\$0	\$0	\$67,238	\$67,238
Total Personnel Expenditures	\$0	\$0	\$257,778	\$257,778
2. Operating Expenditures				
a. Facility Cost	\$0	\$0	\$18,000	\$18,000
b. Other Operating Expenses	\$0	\$0	\$72,247	\$72,247

PEI Revenue and Expenditure Budget Worksheet

Total Operating Expenses	\$0	\$0	\$90,247	\$90,247
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Youth Activity Support	\$0	\$0	\$6,000	\$6,000
Tattoo Removal	\$0	\$0	\$12,918	\$12,918
Speakers	\$0	\$0	\$4,000	\$4,000
a. Total Subcontracts	\$0	\$0	\$22,918	\$22,918
4. Total Proposed PEI Project Budget	\$0	\$0	\$370,943	\$370,943
B. Revenues (list/itemize by fund source)				
				0
Federal Financial Participation	\$0	\$0	\$57,785	\$57,785
EPSDT	\$0	\$0	\$36,175	\$36,175
	\$0	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$93,960	\$93,960
5. Total Funding Requested for PEI Project	\$0	\$0	\$276,983	\$276,983
6. Total In-Kind Contributions	\$0	\$0	\$0	\$0

**BUDGET NARRATIVE
MHA PEI
Gridley Live Spot**

**ESTIMATED PERSONNEL
Employee Salary and Wages**

Costs for salaries and wages amount to **\$190,540**. It includes costs for:

Supervising Behavioral Health Specialist 1 FTE at \$57,870

The function of this position would be to support all service strategies in the project as well as serve as liaison to established service collaborative with agencies working with children, youth, and their families.

Behavioral Health Education Specialist 1 FTE at \$35,533

The BHES would support all service strategies in the project as well as provide mental health education.

Mental Health Clinician, Intern 1 FTE at \$44,377

PEI Revenue and Expenditure Budget Worksheet

The function of this position would be to provide mental health services to consumers and their family. To participate as a team member in planning and delivery of project services to children, youth and their families.

Behavioral Health Education Specialist Extra Help at \$36,760

The BHES would support all service strategies in the project as well as provide mental health education.

Mental Health Intern Extra Help at \$16,000

This position will be filled by youth. The function of this position to provide positive peer role model and peer support to program participants.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$67,238** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

Total Operating Expenses amount to **\$90,247**.

- a. Facility Cost. **\$18,000**
- b. Other Operating Expenses. Other operating expenses are estimated at **\$72,247** and include costs for office supplies, program supplies, equipment, client transportation, travel/mileage, computers/printers for staff & clients, training events, snacks & event food, furniture, and scholarships & stipends.

SUBCONTRACTS/PROFESSIONAL SERVICES

Youth Activity Support- **\$6,000**. This represents costs for a contract with a community based organization to provide specialized support for youth empowerment activities. This will include special events, traditional community events, and mental health awareness events.

Tattoo Removal- **\$12,918**. This represents costs for a contract with a community based organization to implement a service provided to gang members who have tattoos from past gang association. Removal of these tattoos will help remove a barrier to employment.

Speakers- **\$4,000**. This represents costs for contracts to provide motivational speakers at special events and other program activities.

PEI Revenue and Expenditure Budget Worksheet

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is **\$370,943**.
- B. Other revenues for this program are estimated at **\$57,785** in Federal Financial Participation and **\$36,175** in EPSDT.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$276,983. The total funding requested is the difference between the total expenditures of \$370,943 and \$57,785 in offsetting Federal Financial Participation and \$36,175 EPSDT revenue.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Therapeutic Childcare

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

County Name: Butte Date: 3/25/09
 PEI Project Name: Therapeutic Childcare
 Provider Name (if known):
 Intended Provider Category: Other
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 134
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 134
 Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	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	\$0
Total Personnel Expenditures				
	\$0	\$0	\$0	\$0
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost	\$0	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0	\$0
Total Operating Expenses				
	\$0	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Therapeutic Childcare	\$0	\$0	\$400,000	\$400,000

PEI Revenue and Expenditure Budget Worksheet

	(To be identified through RFP process)	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
a. Total Subcontracts		\$0	\$0	\$400,000	\$400,000
4. Total Proposed PEI Project Budget		\$0	\$0	\$400,000	\$400,000
B. Revenues (list/itemize by fund source)					0
	Federal Financial Participation	\$0	\$0	\$115,571	\$115,571
	EPSDT	\$0	\$0	\$72,349	\$72,349
		\$0	\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$187,920	\$187,920
1.	Total Funding Requested for PEI Project	\$0	\$0	\$212,080	\$212,080
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.					

**BUDGET NARRATIVE
MHA PEI
Therapeutic Childcare**

ESTIMATED PERSONNEL:

No Salaries, Wages, and Benefits are budgeted in this program.

OPERATING EXPENSES

No Operating Expenditures are budgeted for this program.

SUBCONTRACTS/PROFESSIONAL SERVICES

Therapeutic Childcare- **\$400,000**. This represents costs for a contract with a community based organization that will provide specialized childcare for young children who are not able to maintain consistent placement in childcare due to behavior problems caused by family issues which put the children at risk of poor development. Children who need less intensive services will be identified and referred to appropriate services. Children will improve social functioning, well-being, social skills, and enter and complete Kindergarten. Parents will experience reduction in stress; staff will increase competence; and agencies will increase cooperation and efficient care management.

PEI Revenue and Expenditure Budget Worksheet

TOTAL PROPOSED PEI BUDGET

- A. The overall expenditure level for this program is **\$400,000**.
- B. Other revenues for this program are estimated at **\$115,571** in Federal
\$72,349 in EPSDT.

Financial Participation and
TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$212,080. The total funding requested is the difference between the total expenditures of \$400,000 and \$115,571 in offsetting Federal Financial Participation and \$72,349 EPSDT revenue.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Mental Health Awareness

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

County Name: Butte Date: 5/6/09
 PEI Project Name: Mental Health Awareness
 Provider Name (if known): Butte County Department of Behavioral Health
 Intended Provider Category: County Agency
 Proposed Total Number of Individuals to be served: FY 07-08 FY 08-09 FY 09-10 3100
 Total Number of Individuals currently being served: FY 07-08 FY 08-09 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 FY 08-09 FY 09-10 3100
 Months of Operation: FY 07-08 FY 08-09 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
Behavioral Health Education Specialist, Senior (1 FTE)	\$0	\$0	\$37,332	\$37,332
MH Intern- Consumer Coordinator (1 FTE)	\$0	\$0	\$16,000	\$16,000
	\$0	\$0	\$0	\$0
b. Benefits and Taxes @ %	\$0	\$0	\$23,268	\$23,268
Total Personnel Expenditures	\$0	\$0	\$76,600	\$76,600
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost				
b. Other Operating Expenses	\$0	\$0	\$33,071	\$33,071
Total Operating Expenses	\$0	\$0	\$33,071	\$33,071
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
NAMI	\$0	\$0	\$15,000	\$15,000

PEI Revenue and Expenditure Budget Worksheet

		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
a. Total Subcontracts		\$0	\$0	\$15,000	\$15,000
4. Total Proposed PEI Project Budget		\$0	\$0	\$124,671	\$124,671
B. Revenues (list/itemize by fund source)					0
	Federal Financial Participation	\$0	\$0	\$28,893	\$28,893
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$28,893	\$28,893
1.	Total Funding Requested for PEI Project	\$0	\$0	\$95,778	\$95,778
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.					

**BUDGET NARRATIVE
MHSA PEI
Mental Health Awareness Project**

**ESTIMATED PERSONNEL
Employee Salary and Wages**

Costs for salaries and wages amount to **\$53,332**. It includes costs for:

Mental Health Intern - Consumer Coordinator – 1 FTE at \$16,000

The consumer coordinator will work collaboratively with the BHES to train, recruit, and retain speakers; identify presentation locations dates and times and maintain accurate schedule. Additionally, the consumer coordinator will track consumer and family member’s statistics and coordinate distribution of speaker stipend. Will be actively engaged in development and implementation of mental health awareness events.

Behavioral Health Education Specialist Senior– 1 FTE at \$37,332

PEI Revenue and Expenditure Budget Worksheet

The BHES will assist with the overall implementation of the Stomp Out Stigma Project. This will include coordination of community awareness events; work collaboratively with consumer coordinator to train, recruit, and retain speakers; identify presentation locations dates and times and maintain accurate schedule.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$23,268** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

Total Operating Expenses amount to **\$33,071**.

- c. Facility Cost. None
- d. Other Operating Expenses. Other operating expenses are estimated at **\$33,071** and include costs for stipends, supplies & materials, training & recruitment events, and community awareness events.

SUBCONTRACTS/PROFESSIONAL SERVICES

Mental Health Awareness Project- NAMI- **\$15,000**. This program will reduce stigma and discrimination through community wide education presentations, a quarterly speaker series, and community awareness events organized and conducted by Stomp Out Stigma and National Alliance on Mental Illness (NAMI) in collaboration with other organizations.

TOTAL PROPOSED PEI BUDGETS

- C. The overall expenditure level for this program is **\$124,671**.
- D. Other revenues for this program are estimated at **\$28,893** in Federal Financial Participation.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$95,778. The total funding requested is the difference between the total expenditures of \$124,671 and \$28,893 in offsetting Federal Financial Participation.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: GLBTQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Suicide Prevention and Education Program

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

County Name: Butte Date: 3/25/09
 PEI Project Name: GLBTQ
 Provider Name (if known): Stonewall Alliance Center
 Intended Provider Category: Ethnic or cultural organization
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 988
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 988
 Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	Total
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages	\$0	\$0	\$0	\$0
_____	\$0	\$0	\$0	\$0
_____	\$0	\$0	\$0	\$0
_____	\$0	\$0	\$0	\$0
b. Benefits and Taxes @ _____ %	\$0	\$0	\$0	\$0
Total Personnel Expenditures	\$0	\$0	\$0	\$0
2. Operating Expenditures				
_____	\$0	\$0	\$0	\$0
a. Facility Cost	\$0	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0	\$0
Total Operating Expenses	\$0	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				

PEI Revenue and Expenditure Budget Worksheet

	GLTBQ- (Stonewall Alliance Center)	\$0	\$0	\$82,500	\$82,500
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
a.	Total Subcontracts	\$0	\$0	\$82,500	\$82,500
4.	Total Proposed PEI Project Budget	\$0	\$0	\$82,500	\$82,500
B. Revenues (list/itemize by fund source)					0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
			\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$0	\$0
1.	Total Funding Requested for PEI Project	\$0	\$0	\$82,500	\$82,500
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0

**BUDGET NARRATIVE
MHA PEI
GLBTQ Suicide Prevention and Education Program**

ESTIMATED PERSONNEL

No Salaries, Wages, and Benefits are budgeted in this program.

OPERATING EXPENSES

No Operating Expenditures are budgeted in this program.

SUBCONTRACTS/PROFESSIONAL SERVICES

Stonewall Alliance Center GLTBQ (Gay, Lesbian, Bisexual, Transgender, Questioning) Suicide Prevention and Education Program- **\$82,500**. This represents costs for a contract with a community based organization to decrease rejecting behaviors by parents of GLTBQ youth, increase staff knowledge about suicide, and increase understanding of how to prevent depression and suicide by providing suicide prevention services and mental health education for GLTBQ individuals and their families. Furthermore, the program will enable the collaboration of service providers, improved linkages with Butte County Behavioral Health services, identification of persons at-risk, and coordination of training for agency/community volunteers and mental health professionals.

PEI Revenue and Expenditure Budget Worksheet

Enclosure 3

Form No. 4

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is **\$82,500**.
- B. No other revenues are anticipated for this program.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$82,500.

PEI Revenue and Expenditure Budget Worksheet

PEI Project: Older Adult Suicide Prevention, Early Intervention and Education Program (OASP)

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

County Name: Butte Date: 3/25/09
 PEI Project Name: Older Adult Suicide Prevention
 Provider Name (if known):
 Intended Provider Category: Olde adult service center
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 0 FY 09-10 800
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09 0 FY 09-10 0
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 0 FY 09-10 800
 Months of Operation: FY 07-08 0 FY 08-09 0 FY 09-10 12

Proposed Expenses and Revenues	Total Program/PEI Project Budget			
	FY 07-08	FY 08-09	FY 09-10	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	\$0
Total Personnel Expenditures				
	\$0	\$0	\$0	\$0
2. Operating Expenditures				
	\$0	\$0	\$0	\$0
a. Facility Cost	\$0	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0	\$0
Total Operating Expenses				
	\$0	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
Older Adult Suicide Prevention	\$0	\$0	\$450,000	\$450,000

PEI Revenue and Expenditure Budget Worksheet

	(To be identified through RFP process)	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Subcontracts	\$0	\$0	\$450,000	\$450,000
^a	4. Total Proposed PEI Project Budget	\$0	\$0	\$450,000	\$450,000
B. Revenues (list/itemize by fund source)					
	Federal Financial Participation	\$0	\$0	\$288,927	\$288,927
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
	Total Revenue	\$0	\$0	\$288,927	\$288,927
1.	Total Funding Requested for PEI Project	\$0	\$0	\$161,073	\$161,073
5.	Total In-Kind Contributions	\$0	\$0	\$0	\$0
6.					

**BUDGET NARRATIVE
MHA PEI
Older Adult Suicide Prevention**

ESTIMATED PERSONNEL

No Salaries, Wages, and Benefits are budgeted in this program.

OPERATING EXPENSES

No Operating Expenditures are budgeted in this program.

SUBCONTRACTS/PROFESSIONAL SERVICES

Older Adult Suicide Prevention Program- \$450,000. This represents costs for a contract with a community based organization that will reach out to older adults who are experiencing depression, anxiety, complicated grief and/or loss, trauma, or medication misuse, overuse, or mismanagement. The OASP will provide prevention/early intervention services that will prevent these symptoms from increasing to levels that may lead to ER visits, inpatient care, institutionalization, self harm, or suicide. OASP will provide outreach, education, bio-psycho-social assessment, counseling (peer and professional), coaching, social opportunities, transportation, adult day health care, medication management assistance and other supportive services to help older adults avoid the progression of their symptoms. This proactive approach will

PEI Revenue and Expenditure Budget Worksheet

help older adults avoid adverse health consequences, institutionalization, need for inpatient/stabilization service, and self-harm and/or suicide.

TOTAL PROPOSED PEI BUDGETS

- A. The overall expenditure level for this program is \$450,000.
- B. Other revenues for this program are estimated at \$288,927 in Federal Financial Participation.

TOTAL FUNDING REQUESTED FOR PEI PROJECT; \$161,073. The total funding requested is the difference between the total expenditures of \$450,000 and \$288,927 in offsetting Federal Financial Participation.

PEI Administration Budget Worksheet

Enclosure 3

Form No. 5

County: Butte

Date: 3/25/2009

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2008-09	Budgeted Expenditure FY 2009-10	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator			\$0	\$0	\$0
b. PEI Support Staff			\$0	\$0	\$0
c. Other Personnel (list all classifications)			\$0	\$0	\$0
Administrative Analyst Evaluations		2	\$0	\$80,406	\$80,406
Administrative Analyst Fiscal Reporting		1	\$0	\$40,203	\$40,203
_____			\$0	\$0	\$0
_____			\$0	\$0	\$0
d. Employee Benefits			\$0	\$50,202	\$50,202
e. Total Personnel Expenditures			\$0	\$170,811	\$170,811
2. Operating Expenditures					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$0	\$94,231	\$94,231
c. Total Operating Expenditures			\$0	\$94,231	\$94,231
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$265,042	\$265,042
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$265,042	\$265,042
D. Total In-Kind Contributions			\$0	\$0	\$0

PEI Administration Budget Worksheet

**BUDGET NARRATIVE
MHSA PEI
Administrative Budget**

ESTIMATED PERSONNEL

Employee Salary and Wages

Costs for salaries and wages amount to **\$120,609**. It includes costs for.

Administrative Analyst Evaluations 2 FTE at \$80,406

This position will serve to monitor and evaluate PEI projects for statistic, compliance, and reporting purposes.

Administrative Analyst Fiscal Reporting 1 FTE at \$40,203

This Administrative position would directly monitor fiscal progress, create reports, and provide support for Program Manager.

Employee Benefits

Benefits and Taxes. Benefits are estimated at **\$50,202** and include FICA, health and dental coverage, SDI, workers compensation insurance, state and federal payroll taxes.

OPERATING EXPENSES

Total Operating Expenses amount to **\$94,231**.

A. Facility Cost - **None**

B. Other Operating Expenses. Other operating expenses are estimated at **\$94,231** and include costs for office expenses, travel & training, and special departmental expenses.

SUBCONTRACTS/PROFESSIONAL SERVICES

No subcontracts/ professional services are budgeted.

TOTAL PROPOSED PEI BUDGETS

A. The overall expenditure level for this program is **\$265,042**.

B. No other revenues are anticipated for the administrative budget.

TOTAL FUNDING REQUESTED FOR PEI ADMINISTRATION; \$265,042

Prevention and Early Intervention Budget Summary

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:	Butte
Date:	3/25/2009

#	List each PEI Project	Fiscal Year				Funds Requested by Age Group			
		FY 07/08	FY 08/09	FY 09/10	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	Mobile TAY	\$0	\$0	\$64,719	\$64,719	\$0	\$64,719	\$0	\$0
	Older Adult Suicide Prevention	\$0	\$0	\$161,073	\$161,073	\$0	\$0	\$0	\$161,073
	Integrated Primary Care	\$0	\$0	\$117,172	\$117,172	\$29,293	\$29,293	\$29,293	\$29,293
	Therapeutic Childcare	\$0	\$0	\$212,080	\$212,080	\$212,080	\$0	\$0	\$0
	Gridley Live Spot	\$0	\$0	\$276,983	\$276,983	\$276,983	\$0	\$0	\$0
	African American Cultural Center	\$0	\$0	\$325,000	\$325,000	\$162,500	\$97,500	\$0	\$65,000
	Promotoras	\$0	\$0	\$222,953	\$222,953	\$222,953	\$0	\$0	\$0
	Mental Health Awareness	\$0	\$0	\$95,778	\$95,778	\$0	\$23,945	\$47,889	\$23,945
	GLBTQ	\$0	\$0	\$82,500	\$82,500	\$0	\$61,875	\$20,625	\$0
	Administration	\$0	\$0	\$265,042	\$265,042	\$153,806	\$47,138	\$16,624	\$47,474
	Total PEI Funds Requested:	\$0	\$0	\$1,823,300	\$1,823,300	\$1,057,615	\$324,469	\$114,431	\$326,785

Local Evaluation of PEI Project

County: Butte**Date: May 6, 2009**

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name:

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

Therapeutic Childcare

1. b. Explain how this PEI project and its programs were selected for local evaluation.

Community meetings were held to clarify priorities for prevention and early intervention projects. The decision to perform an in depth evaluation of the Therapeutic Childcare project was based on both the community desire to better understand the process and outcomes for this vulnerable population. Another consideration was the availability of an established evaluation methodology including valid and reliable outcome measures.

2. What are the expected person/family-level and program/system-level outcomes for each program?

Person/Family level:

1. Children served will exhibit improvements in their socio-emotional well-being, greater developmentally appropriate parental attachment, better regulation of temperament, and increased social skills.
2. Improved social functioning will allow the children served to be maintained in an enriched pre-school setting.
3. Children served will enter and complete Kindergarten.
4. Primary caregiver (parent) will show a reduction in reported stress.

Program/system level:

1. Increased competence of staff through additional training in therapeutic childcare.
2. Increased inter-agency cooperation and efficient care management between social services, behavioral health, and education.

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

PERSONS TO RECEIVE INTERVENTION

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	12		12	12			12
Asian Pacific Islander	10		10	10			10
Latino	8		8	8			8
Native American	8		8	8			8
Caucasian	82		82	82			82
Other (Indicate if possible)							
<u>AGE GROUPS</u>							
Children & Youth (0-17)	48		48	48			48
Transition Age Youth (16-25)							
Adult (18-59)	72		72				72
Older Adult (>60)							
TOTAL	120		120	48			120

Total PEI project estimated *unduplicated* count of individuals to be served 120 (This is a two-year count of children & families in the Childcare component of the program. Average of 1.5 adults in 48 families)

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

The person/family level outcomes will be assessed through the TABS (Temperament and Atypical Behavior Scale; Bagnato, Neisworth, Salvia, and Hunt, 1999). Parent or guardian stress will be assessed through the Caregiver Strain Questionnaire (Branna, Heflinger, & Bickman, 1990) and satisfaction with services will be measured through the Youth Services Survey for Families (Brunk, 1999) which provides scales on cultural sensitivity and perceived effectiveness of services in addition to basic satisfaction.

Child/family measures will be gathered at the beginning of services and quarterly thereafter for two years. This regimen will allow for eight waves of data collection and will provide longitudinal data sufficient for meaningful evidence of change over time. In addition, if there are enough children and families enrolled in services, we will be able to apply hierarchical linear modeling to study how different early intervention treatment modalities, and or risk factors, differentially impact the trajectory of growth or change for children in those settings. Child educational setting will be continually tracked and assessed at the end of the two year study period, to show outcomes of maintaining pre-school care, then the subsequent achievements of entering and completing kindergarten.

5. How will data be collected and analyzed?

Therapeutic Childcare staff will collect data. All data will be confidential and tracked through a unique identifying number. Data will be entered by BCDBH evaluations unit staff and analyzed by Dr. Harold Baize using SPSS and the R statistical programming environment. Multivariate repeated measures analyses, such as latent growth modeling, will be implemented.

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

Cultural competence will be reflected in all phases of screening and childcare. Questionnaires, measures, newsletters and brief outcome reports for the families will be translated into Spanish and Hmong. Spanish and Hmong staff from BCDBH Connecting Circles of Care, a model multi-ethnic mental health service program, will be available to advise and assist Therapeutic Childcare staff and provide on-going training on cultural issues.

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

Quarterly assessments of fidelity will be completed based on established criteria of Therapeutic Childcare procedures. Trainings will be evaluated through post training surveys or participants.

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

A “dashboard” will be generated to graphically represent process and outcome data. The dashboard will be distributed to administrative staff and stakeholders. Brief evaluation reports will be produced quarterly that describes progress and outcomes in a consumer accessible format. Portions of the brief reports will be incorporated into both project and agency newsletters, shared other stakeholders, and the local media.

EXHIBIT G

**Prevention and Early Intervention Prudent Reserve Plan
FY 2007/08 - FY 09/10 PEI MENTAL HEALTH SERVICES ACT**

County BUTTE

Date 3/27/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 PEI Funding	\$1,558,258
2. Plus: PEI Administration	+ \$265,042
3. Sub-total	\$1,823,300
4. Maximum Prudent Reserve (50%)	<u>\$911,650</u>
5. Amount requested to dedicate to Prudent Reserve through this Plan	
A. FY 07/08 Allocation	+ \$506,300
B. FY 08/09 Allocation	+ \$405,350
6. Prudent Reserve Balance	<u>\$911,650</u>